VISION
A Caribbean in which the health and wellness of the people are promoted and protected from disease, injury and disability, thereby enabling human development in keeping with the belief that the health of the Region is the wealth of the Region.

MISSION
To provide strategic direction in analysing, defining and responding to public health priorities of the Caribbean, in order to prevent disease, promote health and respond to public health threats and emergencies.
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FOREWORD

The Caribbean Public Health Agency (CARPHA) is pleased to present its inaugural report as the newest international public health agency of the 21st century. This report is in keeping with the values of the Agency, which are founded on the belief that reputation and credibility are vital in the fulfilment of its mandate. In light of this, CARPHA embraces an approach that is centred on service excellence and protecting the integrity of the Organisation.

It has been a long road to the establishment of CARPHA and the 2013 Corporate Inaugural Report commences with an historical background on the beginnings of the Agency. It then examines the Agency’s key functions, while focusing on how it has responded to the public health priority needs of CARPHA Member States. During its inaugural year of operation, it became evident that supporting solidarity in health remained a primary part of the Agency’s commitment.

As CARPHA positioned itself to positively impact regional health outcomes through programmes for prevention of disease, injury and disability and the promotion and protection of health, the importance of resource mobilisation was underscored. CARPHA, however, demonstrated that it is a solid investment choice as it became even more efficient with precious resources. In addition, the Agency utilised partnerships, networks and alliances to leverage existing resources and expertise in addressing major public health issues.

Effectively managing the organisational transition of five regional health institutions (RHIs) into one single unified agency posed yet another challenge. However, successful implementation of this change management process has resulted in the integration of a CARPHA management framework, consolidation of information, communication and technology (ICT) and consolidation of the Agency’s human resource capacity.

After a full year of operation, including the hosting of two signature events, the official launch ceremony of the Agency and the first Annual Scientific Conference under the CARPHA banner, the Caribbean Public Health Agency is well-poised to become a recognised public health player, not only in the Region, but globally.
ESTABLISHING CARPHA
BACKGROUND

THE MANDATE for the Caribbean Community (CARICOM) to pursue a strategic framework for the development of the health sector in Member States was established in the Treaty of Chaguaramas (1973), which identified functional cooperation in health as an important area for integration. Hence, the Caribbean Cooperation in Health Initiative (CCH) was developed in line with the CARICOM principle of functional cooperation.

CARICOM Health Ministers adopted the CCH INITIATIVE in 1984 to optimise the utilisation of resources, promote technical cooperation among member countries, and to develop and secure funding for the implementation of projects in priority health areas. The concept promotes collective and collaborative action to solve critical health problems, best addressed through a regional approach, rather than by individual country action. The Regional Health Institutions represent examples of CCH.

CCH I identified the regional health priorities and provided a framework for regional collaborative action among CARICOM Member States (CMS) and signalled the launch of the initiative, which was approved by CARICOM Heads of Government in 1986. CCH-1 had a signal achievement in the elimination of measles.

CCH II 1997 – 2001: A New Vision for Caribbean Health and CCH III 2010 – 2015: Investing in Health for Sustainable Development, in keeping with CCH I, charged Member States with the responsibility of investing in the health of people in the Region. A mandate was given to ensure the highest attainable level of socio-economic development, to reduce inequalities in health and to mobilise traditional and non-traditional stakeholders in tackling health challenges and building sustainable health systems.

Significant efforts were made during these years, to promote partnerships with national, regional and international agencies to secure additional resources for the collective programmes. In this regard, the Pan American Health Organisation – the Regional Office for the Americas of the World Health Organisation (PAHO/WHO) has been the major partner, providing invaluable technical and financial resources.

THE CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)

In 2002, in line with the CCH priorities, the 15 Heads of Government of the Caribbean Community (CARICOM) mandated the CARICOM Secretariat to conduct A REVIEW OF THE REGIONAL HEALTH INSTITUTIONS (RHIs) to determine how they could better serve the health needs of the Caribbean region. This review, through a systematic evaluation and analysis of options, explored the roles of the five existing RHIs, namely the Caribbean Epidemiology Centre (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Environmental Health Institute (CEHI), the Caribbean Regional Drug Testing Laboratory (CRDTL) and the Caribbean Health Research Council (CHRC), to determine how the health needs of the Region could be better met.

Members States identified the development of A SINGLE PUBLIC HEALTH AGENCY FOR THE CARIBBEAN as the best way forward and on March 12th 2010, the CARICOM Heads of Government APPROVED the plans for the implementation of CARPHA, which mandated that the Agency become a fully functional agency by 2014.

THE RATIONALE for the Caribbean Public Health Agency is grounded in the philosophy and principles of regional functional cooperation and integration and is in keeping with the establishment of a Caribbean Single Market and Economy. The public health challenges of the Caribbean demand the strengthening and rationalisation of the former regional health institutions to enhance synergies and provide more efficient and effective services. The optimal solution was therefore the amalgamation of these institutions into a single public health agency with a broader...
and more comprehensive mandate. The new Agency would be best placed to address new and emerging threats to public health in a more effective and timely manner.

**CARPHA IS INTENDED TO** incorporate the functions of the RHs and provide the opportunity to rationalise those functions and address the existing gaps, thereby increasing the scope and depth of support provided to Member States in addressing common health challenges. Additionally, it is envisaged that the Agency would have the capacity to more effectively build partnerships and mobilise resources, as well as to provide support to the Regional Negotiating Mechanism, other similar bodies and Member States in the negotiation of trade and other agreements to maintain and strengthen the links between health and development.

CARPHA is the newest expression of CCH. Among its core functions, specified in the Inter-Governmental Agreement (IGA) establishing CARPHA is, “Implementation of measures to attain the approved objectives of the CCH. The CCH-3 framework and eight priority areas therefore play a key role in determining the work of CARPHA. Thus at the regional level, the prevention and control of communicable and non-communicable diseases is a major priority of the Agency.

CARPHA’s laboratories, public health surveillance and information systems, training and research programs also constitute important parts of the regional health system and provides capacity for member states which may be too small to have all the needed public health capacities. Several of the CCH-3 priorities corresponded to functions of the former RHs, e.g., communicable diseases, environmental health, food and nutrition, and now form part of CARPHA, following the merger.
The good ship CARPHA was well-conceived and planned, her keel was well-laid and she had a peerless group of architects.

Launch of CARPHA, 2 July 2013

...A culmination of years of work, negotiations and discussions...an example of how the Caribbean has looked at health as being a contributor to wealth. CARPHA really constitutes a collective Caribbean response to the major public health of the Caribbean. (This is) the first time we have been able to pool together the parts of our public health response into one particular agency.

32nd Regular Meeting of the Conference of Heads of Government of the Caribbean Community (CARICOM), July 2011

As the new public health agency in the Caribbean, CARPHA’s work would fall into the preventive-promotion-protection portion of the Universal Health Coverage spectrum and given the high cost benefit ratio for public health interventions, it should be well-resourced in order to achieve its mandate.

PAHO has committed itself to promoting and facilitating the achievement of universal health coverage and looks forward to working together with CARPHA to strengthen efforts in the Caribbean towards this goal.

Launch of CARPHA, 2 July 2013

We acknowledge the efforts of CARICOM and the region’s Ministers of Health to create a stronger system for the Caribbean. We see some parallels between the efforts that our country has gone through and the efforts of Caribbean countries to put some structure, more capacity and strength around the public health system for the betterment of the citizens of the Caribbean. We are pleased with that.

28th Pan American Sanitary Conference, September 2012

...A Centre of Excellence that would increase the ability to collaborate with the international agencies and enhance the research and development capacity of the region.

Second Annual Partners’ Meeting of CARPHA, 13 June 2011

CARPHA came into existence because of several reports, which indicated the need to restructure the public health systems. Agreed at the Heads of Government Meeting as the best formula for bringing together, making an impact and serving the public health agenda of the Region.

Interview, September 2012
CARPHA as presently conceived will be an asset to our Region, providing, as it will, a laboratory and surveillance system that is highly responsive to natural disasters and innovation in information, education and communication techniques envisaged to connect the national public health priorities in a coherent and constructive manner.

Inaugural Meeting of CARPHA Executive Board, September 2011

CARPHA is consistent with the new modalities for achieving cost effectiveness and value for money that have become a clarion call by most development agencies and no less so for us in the Caribbean Community.

Second Annual Partners’ Meeting of the CARPHA, June 2011

The Caribbean has a range of public health needs and it’s possible for this regional organisation to increase the capacity of the region overall as well as of the individual national public health agencies. We are enthused about working with the leadership of CARPHA. We look forward to supporting this agency going forward.

28th Pan American Sanitary Conference, September 2012

CARPHA will fill the gap in the provision of public health services in our Region.

CARPHA Executive Board Meeting, September 2012

We are privileged to be part of the creation of something new, better, that will set a milestone in public health and that we can feel proud of our contribution…

First CARPHA Partners’ Meeting, June 2010

CARPHA’s intergovernmental structure is critical for balancing the Agency’s mandate with Member States’ priorities and needs against the agendas of different stakeholders… CARPHA should be the leading agency in addressing the common public health challenges faced by the Member States as identified in the CCH III.

Inaugural Meeting of CARPHA Executive Board, September 2011
It is a tribute to this community that CARPHA is the final link in the chain of actionable recommendations of which the Caribbean Cooperation in Health, the Pan Caribbean Partnerships against HIV/AIDS and the elements of the Port-of-Spain Declaration, unite to Stop Chronic Non-Communicable Diseases, are critical components.

Fourth Meeting of the Secretary-General, CARICOM, and Heads of Community Institutions, 2011

Today, we inaugurate our own public health agency and in so doing, a dream has become reality. A dream that many public health practitioners have had for many decades.

Inaugural Meeting of CARPHA Executive Board, September 2011
**1973**
CARICOM acknowledges need for functional cooperation in health. CCH initiative developed.

**1984**
CCH initiative adopted by CARICOM.

**1986**
CCH Phase I Regional Health Priorities identified for collaborative action within CARICOM.

**1997-2001**
CCH Phase II underscoring responsibility to invest in the health of the Region in order to attain regional development goals. Focus on strengthening partnership with PAHO/WHO

**2002**
CARICOM mandated to review RHIs to determine how they could better serve regional needs

**2007**
 Ministers of Health of CARICOM agree to the formation of a single public health agency for the Caribbean. Steering committee and project management team established to guide the process.

**2008**
CARPHA steering committee established.

**2010**
Mandate given to establish a fully functioning CARPHA by 2014. CARICOM Heads of Government approved plans for the implementation of CARPHA at their Inter-Sessional Meeting on 12th March 2010.

**2011**
On 2 July 2011, CARPHA becomes a legal entity. CARPHA Steering Committee hands over to the CARPHA Executive Board on 23rd September, 2011 at its inaugural meeting held in Washington DC.

**2013**
CARPHA officially launched 2nd July 2013, Headquartered in Trinidad and Tobago with campuses in Saint Lucia and Jamaica.
FIVE INTO ONE

The year 2013 was the first year of operation of the Caribbean Public Health Agency (CARPHA). It was a year filled with excitement at the potential to make a difference in people’s lives in the Caribbean and anxieties about the challenges of change associated with the birth of the new Agency. Many persons and agencies, especially the Caribbean Community (CARICOM) and the Pan American Health Organisation (PAHO), are deserving of thanks. CARPHA is proud to be the major new expression and instrument of Caribbean Cooperation in Health (CCH).

The Agency represents the integration of the five previous Regional Health Institutions (RHIs), namely: the Caribbean Epidemiology Centre (CAREC), the Caribbean Environmental Health Institute (CEHI), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Health Research Council (CHRC), and the Caribbean Drug Testing Laboratory (CRDTL). Building on the many decades of service of these institutions, CARPHA seeks to improve effectiveness, efficiency and synergy in the delivery of its regional public health services.

This report summarises technical and managerial highlights and perspectives for the way forward. It should be noted that this report is complemented by the Report of the External Auditor for 2013.

This first year was one of intense change and transition for the new Agency. It involved coming to terms with the new legal and governance arrangements, working to unify the “five into one”, developing a Strategic Plan to 2025 in a participatory manner with Member States, and undertaking major restructuring and change processes, while continuing to provide services to Member States and building partnerships to support the work.

I commenced as Executive Director on 18 February, taking over from Dr Jerome Walcott, interim Director, and joining Mr Jenner Caprice, Director of Corporate Services, and Dr Donald Simeon, Director of Training, Research and Policy Development. Dr Babatunde Olowokure joined as Director of Surveillance, Disease Prevention and Control in September, completing the Executive Management Team. Building an effective leadership team and strengthening teamwork overall are priorities for the Agency going forward.

The Inter-governmental Agreement (IGA) establishing CARPHA specifies a broad range of functions, reflecting the range of public health functions of the five previous institutions and including measures to attain the objectives of the CCH initiative, now in its third iteration. The IGA and CCH-3 provided major frameworks for operation during the year, along with major regional and international agreements such as the Port of Spain Declaration, the Millennium Development Goals (MDGs), the International Health Regulations (IHR) and the Global Monitoring Framework for Non Communicable Diseases (NCDs).

On July 2, an official launch of the Agency took place in Port-of-Spain. In attendance were Dr Denzil Douglas, Prime Minister of St Kitts and Nevis and CARICOM Head with responsibility for human development and health; Ambassador Irwin Laroque, Secretary General of CARICOM; Dr Carissa Etienne, Director of PAHO; Dr Fenton Ferguson, Minister of Health of Jamaica and Chairman of the CARPHA Executive Board; and Dr Fuad Khan, Minister of Health of Trinidad and Tobago, as well as several other government ministers from CARPHA Member States, the diplomatic corps, media, and the staff of the Agency and Ministry of Health in Trinidad and Tobago.

PARTNERSHIPS

Partnerships and alliances are critical to CARPHA’s success in addressing public health and development priorities. PAHO remains a core partner, with on-going collaboration in many areas. A framework agreement for US $600,000 was signed for 2013, and US $550,000 was received, which provided much-needed support for strategic planning activities and the immunisation programme. In October, per the CARPHA/
PAHO Framework Agreement, a joint planning exercise was conducted and a 2014-15 biannual work plan drafted, with an indicative budget of US $1.7 million.

The partnership with the European Union (EU) was strengthened, with the start of an institutional strengthening project that focuses primarily on management information systems, governance, and staff development. This is an important project for the fledgling Agency. The EU/CARIFORUM was also engaged, regarding the possibility of accessing support from the 11th European Development Fund (EDF) for some of the priority issues facing the Region in health such as climate change and health, NCDs and violence prevention.

The US Centers for Disease Control (CDC) is a major financial and technical partner of CARPHA. Two grants were in force last year – one on strengthening Monitoring and Evaluation in Ministries of Health and one for the Caribbean Field Epidemiology and Lab Training Programme (FELTP). During the year, negotiations also commenced on a 5-year, US $4.5million project to strengthen public health services in the Region, which will commence in 2014. In many other areas, close collaboration with CDC continued, including the response to the Chikungunya situation.

Partnership with United Nations Environment Programme (UNEP) was strengthened and a grant for US $99,000 was implemented to prepare a major project on water management. The CARPHA Saint Lucia campus has agreed to serve as the project-coordinating unit for the main project when it comes on stream in 2014. Water resources management will increasingly become a strategic issue for the Region. UNEP’s Caribbean coordinator, Dr Nelson Andrade, accepted the offer to serve on the CARPHA Technical Advisory Committee (TAC).

The German Technical Cooperation (The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH or GIZ) continued to be a strong partner, coordinating two major projects from the CARPHA Saint Lucia campus. These are collectively known by the acronym “CATS” – Caribbean Aqua-Terrestrial Solutions. Under the first component, support was provided mainly in the area of water and sanitation to Saint Lucia and Belize, and contributed significantly to mobilisation of works in these countries to offset costs. Under the second component, detailed work plans for five focal Marine Protected Areas (MPAs) were developed and in-country workshops were conducted.

Argentina has expressed interest in collaborating with the Region, and several Ministers and senior officials in health, CARICOM and the Director of PAHO visited Buenos Aires for meetings. An agreement was signed for support in a range of areas including labs, NCDs and pharmaceutical quality. Operationalisation will be pursued in 2014.

Given the importance of travel and tourism to the Region, and that industry’s vulnerability to health and environmental threats, agreement was reached with Caribbean Tourism Organisation (CTO) to work jointly on developing a regional programme entitled, “Improving health, safety and environmental conditions to enhance the quality, sustainability and competitiveness of the Caribbean’s tourism industry.”

**GOVERNANCE**

Three meetings of the CARPHA Executive Board were held, in Trinidad and Tobago, Washington DC, and via virtual means. Minister Fenton Ferguson of Jamaica provided excellent service as Chairman, handing over to Minister Colin Riley of Montserrat in October. The Board considered a number of strategic, managerial, and political issues during the year, and inter-alia agreed on the importance of childhood obesity and the need for joint work with the Council for Trade and Economic Development (COTED), evaluation of the Port-of-Spain NCD declaration and work in the area of tourism, health and environment in partnership with the Caribbean Tourism Organisation (CTO).

The need for investment in CARPHA and public health programmes in Member States received much attention, particularly following the withdrawal of PAHO from the Caribbean Epidemiology Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI). CARPHA commissioned an advocacy paper from the UWI Health Economics Unit entitled, “Estimating the Economic Value of the Public Health Coverage Provided by CARPHA.” Following peer review, this paper will be used as an input to a strategic think tank on finance and resource mobilisation. The new Strategic Plan of the Agency was also a major focus for engaging the Board.
A more comprehensive report of the work of the Board is contained later in this report.

Discussions took place with Trinidad and Tobago's Ministry of Foreign Affairs and with Jamaica and Saint Lucia regarding the Headquarters (HQ) Agreements for CARPHA. However, these HQ agreements were not concluded and will be a priority to address in 2014.

During the year, visits were received from the French departments of Martinique, Guadeloupe and French Guyana, with Martinique being their designated representative for two years. Discussions were held regarding the French departments becoming members of CARPHA. Meetings were subsequently held and letters exchanged with the French Ambassador to the Organisation of American States (OAS), as well as with the French Minister of Health. With the French departments recently becoming members of the Association of Caribbean States, conditions are favourable to join CARPHA.

**FINANCIAL SITUATION**

The Agency operated with an approved budget for the year of US $6.06 million, and expended US $5.98 million. Of the budget, quota collections from Member States represent US $4.17 million of which US $3.7 million (89%) was collected during the year. Funding from international partners totalled US $1.4 million during the year, with PAHO/WHO, EU, Centers for Disease Control (CDC), Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and United Nations Environment Programme (UNEP) being the major contributors. Funding from miscellaneous sources and income from service amounted to US $233,000. The Agency commenced with reserves of US $2.7 million, representing cash balance transfers from CAREC and CFNI, former PAHO institutions, and ended the year with just over US $1.8 million in reserves.

Full awareness of the financial situation developed during the first few months of the year, particularly the challenges faced from the reduction in PAHO's financial support of CAREC and CFNI, which had been approximately US $2 million per year in direct inputs of mainly senior staff. These financial obligations had to be supported through the CARPHA core quota budgets, which had been frozen for the period 2013-2014. PAHO also previously provided other high level support, such as legal, treasury, planning, IT, and communication, which also fell on CARPHA's core budgets from 2013. Financial sustainability is therefore a critical issue for the young Agency, and both short and longer-term strategies have been developed.

CARPHA will pursue all sources for a balanced portfolio: Member State contributions, grants and projects, income from service lines of work, and gifts and donations, coupled with cost control and other measures to offset core costs. Discussions on a variety of measures have commenced, including the establishment of a trust fund, a possible health and environment levy on tourism arrivals to the Region, and intensified resource mobilisation and partnership efforts. A complete account of the financial situation and a strategy for the way forward is contained later in this report.

Following strategic planning, a new structure was designed to better align with the mandates of the IGA, and to harmonise staff benefits across the Agency, in line with qualifications and experience. The Caribbean Centre for Development Administration (CARICAD) undertook a skills audit of all staff. Restructuring was then undertaken, including interviewing the majority of staff for positions in the new structure. A staff development plan has been prepared, including technical and managerial development training for 2014 and beyond.

Steps were taken towards a single administrative organisation including email, website and moving to a “cloud-based” solution to facilitate staff working from anywhere.

**PHYSICAL FACILITY**

Planning for the new CARPHA and national public health laboratory facility was advanced by visits from United Nations Office for Project Services (UNOPS) with the facilitation of PAHO/WHO. The three potential sites were assessed, including staying at Federation Park, Port-of-Spain. Trinidad and Tobago decided on a site for the construction of the new joint facility in Valsayn, six miles east of Port of Spain. Design works would commence in early 2014. There are many cost effective public health solutions and “best buys”, many of which require multiple sectors to take
joint action, including civil society and the private sector. It is within the scope and vision of CARPHA that the work of the Agency, in collaboration with Member States and partners, can significantly improve health, productivity and development prospects for the Region. Investment in public health in Member States and in CARPHA at the regional level would be needed to realise this vision.

THE STRATEGIC PLAN

The Strategic Plan of the Agency, developed in a participatory manner with Member States, CARICOM, and PAHO, provides a roadmap for the way ahead. It will be realised in two six-year plans, and four three-year work programmes. The plan includes targets of reducing premature mortality from NCDs and injuries by 25% by 2025, reversing the epidemic of childhood obesity, eliminating HIV transmission, realising a smoke-free Caribbean by 2020, reductions in dietary salt, sugar and fat consumption, improving quality and coverage for chronic care and achieving the requirements of the International Health Regulations (IHR). It will be important to integrate key aspects of CARPHA’s work into the overall CARICOM strategic plan currently under development.

Within the Region, CARPHA represents part of the initiative to rationalise regional institutions by combining the five into one, thus realising an integrated public health agency that is well-positioned to respond to the post-2015 development agenda. The vision of CARPHA is to become a household word in the Region and a recognised player on the global public health field within 5 years.

To help it on the path to 2025, CARPHA’s Strategic Plan identifies five strategic priorities over the next six-year period, each with specific objectives, in order to improve health and development prospects in Member States. For greater cost effectiveness, first, the Agency will strive to meet member state needs by taking a regional approach, while taking account of diverse needs, capacities and opportunities. A diversity desk is being opened in this regard, with initial focus on Haiti. The Organisation of Eastern Caribbean States (OECS) will be engaged as a bloc, as will the UK Overseas Territories (UKCOTs). Interactions with Country Member States (CMS) will be strengthened through engagement in the priority setting, planning and evaluation process. CARICOM regional policy-making mechanisms will be leveraged, e.g., Council for Human and Social Development (COHSOD) and COTED, working closely with the directorate of COHSOD, as many policies to achieve health and supportive environments lie outside of the health sector.

The second strategic priority is to strengthen core public health services to member states in surveillance, laboratory, training, research, information, monitoring and evaluation (M&E), and to work with them to meet global and regional commitments e.g. CCH, IHR, Rio +20, and the NCD global targets. Strengthening of the Agency’s core capacities and service expertise will be needed, and targeted resource mobilisation for core services to specific Member States or groups will be pursued.

Given the multi-sectoral nature of health, CARPHA will work with a range of stakeholders to fulfil its mandate. Careful role and responsibility definitions with PAHO/WHO will be needed. The third priority builds on the need for the creation of new partnerships and networks on a programme/issue basis, including all sectors – public, academia, private sector and civil society, within an ethical framework. Specific objectives include developing vibrant networks of collaboration such as a Pan Caribbean laboratory network and establishing a Caribbean Health Partnership Forum to share information, identify successful practices and catalyse the formation of specific joint action networks/alliances. The strategy will include strengthening staff competencies in partnership skills and building alliances and networks.

The fourth priority is developing and sustaining the organisation, which underpins all other objectives. New, value-added programmes for the Region will be established, e.g., tourism and health, violence and injury prevention, a regional health communication campaign, and the Field Epidemiology Training Programme. Resource mobilisation strategies will be intensified and a resource mobilisation unit has been created within the office of the Director. The work on the economic value of CARPHA services will be further developed and the value of their investment in the Agency will be communicated to stakeholders.

CARPHA represents a unique effort in the Region to merge five organisations into one. The final strategic priority is therefore one of unifying the Agency for action, which
will be a focus for 2014 - 2016. Specific objectives include development of an integrated management framework; staff training and development; implementing information and communication technology to support consolidation; internal communication strategies and the design and construction of the new physical facility.

In closing, on a personal note, it is an honour and privilege to serve as the Agency’s first Director. I sincerely thank all those who have supported the Agency during the year, particularly the staff of the Ministries of Health in Member States, staff of the Agency, CARICOM and PAHO, and other development partners.
The CARPHA Executive Board, as outlined in the Inter-Governmental Agreement, has the responsibility for charting the directions of the Agency by approving its strategic plan and administrative policies; approving the appointment of the Agency’s directors and membership of the technical advisory committees (TAC); devising mechanisms for the prompt exchange of information among its members and between the Board and the various stakeholders; promoting cooperation in education and public awareness related to public health; supervising the mobilisation and disbursement of resources and all other fiduciary matters related to accountability and good governance; and monitoring the transition of the Regional Health Institutions into CARPHA.

Indeed, this is quite a challenging task, particularly as the Agency is the first of its kind in the Region. However, under the leadership of Dr Fenton Ferguson, Board Chairman and Minister of Health, Jamaica, the CARPHA Board responded superbly to its mandate during the Agency’s first year of operation.

The following summarises items, decisions and actions performed by the CARPHA Executive Board for the year 2013

GOVERNANCE

Three executive board meetings were convened, surpassing the requirement of at least two meetings a year for the first two years of operation. Nominations to the TAC of Mr Nelson Andrade Colmenares of the United Nations Environment Programme (UNEP) and Professor John Kirton, Head of the G-8/G-20 Research Unit, University of Toronto were accepted by the Board. In turn, nominees were notified and accepted invitations to serve and participated in the 2nd CARPHA Technical Advisory Committee.

HUMAN RESOURCES

Dr Donald Simeon was appointed as Director – Research, Training and Policy Development effective 1 January 2013. Approval was provided for restructuring following strategic planning and for all employees to be paid at the rate assessed by the Agency’s job evaluation exercises, thereby harmonising remuneration levels across three campuses.

Further, the Executive Board provided feedback on a draft of staff rules.

TRANSITION OF REGIONAL HEALTH INSTITUTIONS (RHIS)

Approval was given to transfer all assets from the Caribbean Food and Nutrition Institute (CFNI) to CARPHA and the transfer was completed and all information has been retained by CARPHA.

A decision to restructure the Environmental Health and Management division to ensure a public health response under CARPHA was taken and action taken accordingly.

FINANCE

The Board approved the budgetary expenditure of US $6,064,622 for the financial year 2013 and made a request for half-yearly financial reports. Reports were prepared, presented and accepted by the Board.

Approval was provided for the establishment of a Finance and Audit Committee. Subsequently, the Finance and Audit Committee was established and the first Meeting held.

The Board agreed that Ministers on the Executive Board should advocate with their Ministers of Finance for timely payment of CARPHA quotas and requested that the CARICOM Secretariat raise among Country Member States (CMS) the need to give consideration to an increase in CARPHA quota contributions from the year 2015.
RESOURCE MOBILISATION

Approval was provided for a Resource Mobilisation Subcommittee of the Executive Board to be established.

The Board noted the need for and requested that there be greater advocacy efforts by CARPHA through the CARICOM Secretariat and CARIFORUM for resource allocations in the 11th European Development Fund (EDF).

The development of draft guidelines to inform the acceptance of gifts and donations with regards to public-private partnerships and sponsorships was requested and the Agency was mandated to prepare for review and subsequent approval.

In addition, an advocacy paper on the benefits of investing in CARPHA/Public Health as part of a multi-pronged strategy for financial sustainability of the Agency was commissioned. The Paper, “Estimating the Economic Value of the Public Health Coverage” was prepared by the University of the West Indies (UWI) Health Economics Unit.

PUBLIC HEALTH PRIORITIES

Given the NCD priority and in particular, increasing obesity among children, the Board approved initiatives on the prevention of childhood obesity, including the engagement of trade and health officials, and the establishment of a Research to Policy Committee to guide CARPHA’s response. A Technical Advisory Committee was established to guide the regional response.

With the decommissioning of the Caribbean Food and Nutrition Institute (CFNI), the Board agreed that the public health nutrition component of CARPHA must be rebuilt and/or strengthened and included as part of the Agency’s strategic plan, if the Agency is to adequately respond to the NCD situation.

Also approved, was a partnership with the Caribbean Tourism Organisation (CTO) to improve health and environmental conditions in the Caribbean tourism industry. Several meetings were held with the Chief Executive Officer of the CTO, and joint resource mobilisation efforts are underway.

STRATEGIC PLANNING

With the preparation of the strategic plan underway, the Board requested increased participation and input from Member States in the strategic planning process. Accordingly, 21 member states participated in the strategic planning workshop held in September 2013 to develop the Agency’s Strategic Plan to destination 2025.

To guide the focus of the Agency during 2013, an amalgamated work plan for 2013 (based on the merging of the five former RHIs) was prepared and accepted by the Executive Board and circulated to CMS.

The Executive Board is committed to successfully charting a course of sustainability for CARPHA and requests continued support from CMS, particularly as it relates to the investment of resources in the Agency, which remains a critical success factor in the realisation of better health and environment outcomes and development prospects for the people of the Caribbean.
REPORT OF THE TECHNICAL ADVISORY COMMITTEE (TAC)
DR PATRICK MARTIN, CHAIRMAN

The CARPHA Technical Advisory Committee (TAC) is an organ of CARPHA pursuant to Article 6 of the Inter-Governmental Agreement (IGA). The Executive Director, subject to the approval of the Executive Board, appoints members. The TAC advises the Executive Board on the scientific and technical areas of the Agency’s work programme to ensure the highest possible level of process quality and integrity.

During 2013, the work of the TAC was guided by decisions arising from its first and second meetings. The first meeting was held from 1 - 2 July 2013 in Port of Spain, Trinidad and Tobago, prior to the official launch of CARPHA; the second meeting was held on the 26 September, prior to the CARICOM Council for Human and Social Development (COHSOD) and the PAHO Directing Council Meetings in Washington, D.C., USA.

The initial focus of members was TAC’s governance arrangement. It was decided to establish sub-technical advisory committees (sub-TACs) to address CARPHA’s priority health and functional subjects. TAC members also contributed to the development of the 2014 - 2019 Strategic Plan, the 2014 - 2016 Work Programme and the 2014 CARPHA/PAHO Work Programme. Key partnerships and networks were identified for asserted attention. An overview of decisions and other key issues are presented below as the Report of the TAC for 2013 (See Appendix 2: TAC Members Complete TAC 2013 Report).

SUB-TECHNICAL ADVISORY COMMITTEES

In order to further define the role of the TAC and to ensure good governance, technical stewardship and an outcome and impact orientation, an inventory and preliminary analysis of existing Technical/Scientific Advisory Committees were conducted and considered.

The following sub-TACs were identified as essential in order to focus on priority thematic and functional areas:
1. Public Health Nutrition Advisory Committee (PHNAC)
2. Training Advisory Committee (TrAC)
3. Research Advisory Committee (RAC)
4. Laboratory Advisory Committee
5. Communications Advisory Committee
6. Violence and Injury Prevention Advisory Committee
7. Travel and Health Advisory Committee
8. TECHPHARM
9. HIV/AIDS Advisory Committee
10. Environmental Health and Sustainable Development Advisory Committee
11. Mental Health Advisory committee

During 2013, three sub-TACs were established.
- The Public Health Technical Nutrition Advisory Committee. This sub-TAC will provide guidance on the Public Health Nutrition Work Programme, with emphasis in the first instance on combating childhood obesity. Its membership includes the Chair of the parent TAC; public health officials from CMS and technical experts from PAHO, University of South Hampton, CARICOM and other regional institutions such as Caribbean Agricultural Research and Development Institute (CARDI), Caribbean Association of Nutritionists and Dieticians (CANDI), Caribbean Association for Home Economics (CAHE), Regional Nursing Body (RNB) and Tropical Medicine Research institute (TMRI), as well as persons with experience in health economics education, communication. Also represented are civil society (through the Healthy Caribbean Coalition).

- Training Advisory Committee (TrAC). The sub-committee will address the training function articulated in the CARPHA IGA. Committee membership includes the Programme Manager, Health Sector Development of the CARICOM Secretariat, CARPHA’s Deputy Executive Director and Director of Research, Training and Policy Development, and representatives from the US Centers for Disease Control (CDC) Field Epidemiology Training Program (FETP) branch, and the CDC Caribbean Regional Office (CRO).

This sub-TAC will serve as the steering committee for the CR-FELTP (Caribbean Field Epidemiology and Lab Training Programme). As such, the TrAC will incorporate representation from the existing FELTP programme.
managers and selected CARPHA FELTP team members.

A CARPHA Communication Specialist will provide services as required for project implementation. Draft terms of reference have been prepared to govern its scope of work. The first meeting is scheduled for 10 April 2014, prior to the Executive Board Meeting in Jamaica.

- Research Advisory Committee (RAC): The first meeting of the RAC was held in November 2013 and the terms of reference were agreed upon. Members are to advise on the development, implementation and updating of CARPHA’s research policies and research agenda; advise on translation of research findings to policy, programmes and practice; support the dissemination of research findings, especially through the hosting of the Annual Research Conference; assess applications for funding under the CARPHA Research Grants Programme; and liaise with and maintain partnerships/collaborations with researchers, Ministries of Health, universities and other research organisations.

The primary work focus since its November meeting has been preparations for the 59th CARPHA Scientific Conference scheduled for May 2014 in Aruba.

PARTNERSHIPS

Strategic alliances and partnerships are critical to CARPHA’s fulfilment of its regional public health mandate. The TAC concurred with the recommendations of the Executive Management Team (EMT) that CARPHA forge strong and sustainable partnerships with sister CARICOM agencies. In response to a call for submission of projects for consideration under the 11th EDF, the Caribbean Disaster Emergency Management Agency (CDEMA) has prepared and submitted a project proposal to address disaster risk-reduction, which includes a component to be led by CARPHA. Under an IDB project, the Caribbean Community Climate Change Centre (CCCCC) is addressing climate change. CARPHA will lead the climate change and health component.

STRATEGIC PLAN

The TAC and the EMT focused on the development of a strategic plan to articulate CARPHA’s orientation and direction. The strategic plan was designed to maximise responsiveness to the legitimate needs of CARPHA Member States. It was determined that CARPHA must operationalise a robust mechanism to promptly and adequately process requests from Member States. This mechanism will be developed commensurate with available capacities and resources. A staff position has been created to ensure CARPHA’s response is equitable, considering the Member State diversity, with particular reference to Haiti. Recruitment is planned for 2014.

WORK PLAN

Under the IGA, the TAC has oversight responsibility for the CARPHA work plan. Secretariat support is needed to support this function, whose resources will be finalised in 2014.

CARPHA/PAHO AGREEMENT

During 23 - 24 October 2013, planning sessions were conducted between PAHO and CARPHA, to develop a CARPHA/PAHO Biennium Work programme. CARPHA’s technical staff prepared a draft work programme for review by PAHO. It is expected that the sum of US$1.7 million will be allocated to the finalised and agreed CARPHA/PAHO work programme for 2014/15.

HUMAN RESOURCE DEVELOPMENT

One of CARPHA’s functions is to assist in the development of human resources for health within the Region’s public health sector. The TAC recommended a mechanism for mentoring staff and university students in the areas of public health and environmental health. This initiative will form part of the CARPHA Staff Development and Training Plan, and will be funded under the CARPHA/EU Programme Estimate Support to the Effective Management of CARPHA. The process of mentoring for university students began in 2013 with seven interns participating in the internship programme and one research project under UWI Mona’s doctoral programme in Public Health.

SUPPORT TO HAITI

After Haiti joined CARPHA in August 2013, the TAC recommended a mission to ascertain views and to better
appreciate the new member’s unique situation and needs.

The Executive Director visited Haiti in June 2013 as part of a CARICOM Mission during which, the President of Haiti made an explicit request for support on health matters to the CARICOM Secretariat.

CARPHA’s Director, Surveillance, Disease Prevention and Control Division, paid another visit in December 2013. Several areas were discussed and prioritised, and the following next steps and recommendations were agreed upon:

- Prioritisation of support - Cancer, nutrition, disability data centre, entomology, laboratory strengthening, surveillance, pharmaceutical quality control, drug resistance, research, training and M&E
- Mechanism for communication to be established
- CARPHA to appoint a ‘Regional Diversity’ post with focus on Haiti
- Work plan between Haiti and CARPHA to be developed
- Further discussion on Disability Data Centre – CARPHA to provide terms of reference (ToR)
- Communication and collaboration with PAHO
- Human resource development – secondments and staff exchanges
- Quota contribution
- Proposed follow-up visit in the first quarter of 2014

DOCUMENTATION AND COMMUNICATION

At its September 2013 meeting, the TAC determined that as an implementing focal point, CARPHA may be a model for sister CARICOM agencies on the issue of forging greater synergies and productivity. A project to document the processes used to establish CARPHA was recommended and accepted. Following discussions with the International Development Research Centre (IDRC) and the University of the West Indies, both entities agreed in principle, to pursue the project on the basis of scholarship, with the requisite attention paid to the social and management perspectives of the transition to CARPHA.

CONCLUSION

2013 was a productive year for the CARPHA TAC, as it sought to find its bearings while offering stewardship advice to the EMT and sub-TACs. Several priorities have been identified for 2014. They include the strengthening of the governance and management structure of the TAC and sub-TACs, the establishment of a mechanism to accomplish greater oversight of the CARPHA work plans and the inclusion of an expert in health economics in its membership.

The TAC is pleased with the new programme areas being pursued, in particular tourism and health, and climate change and health. Their outputs and outcomes are critical to the Region’s health and sustainable development agenda. The TAC notes the considerable work done by the EMT in resolving and re-positioning the Saint Lucia office’s work portfolio. That office will now assertively attend to the subjects of environmental health, environmental management and sustainable development.

Overall, CARPHA’s first year of operation was one of steady progress towards the achievement of its strategic goals and objectives. The EMT deserves the highest commendations for continuing to astutely navigate the perilous waters of institutional infancy. CARPHA is confidently addressing its mission of preventing disease and promoting and protecting health.
THE CCH III AGENDA

‘Implementation of measures to attain the approved objectives of the CCH.’ CARPHA IGA, 2011

Regional Health Priorities CCH III

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Sub-priorities</th>
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</thead>
<tbody>
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<td>1. COMMUNICABLE DISEASES</td>
<td>Diseases of epidemic potential: Vector-borne diseases, food and water borne diseases, respiratory illnesses, vaccine preventable illnesses, HIV/AIDS, tuberculosis</td>
</tr>
<tr>
<td>2. NON COMMUNICABLE DISEASES</td>
<td>Risk factors: Poor nutrition, tobacco use, physical inactivity, alcohol abuse. Health conditions: Cardiovascular diseases, cancers, diabetes, chronic respiratory illnesses</td>
</tr>
<tr>
<td>3. FOOD AND NUTRITION</td>
<td>Nutritional deficiency diseases, Obesity and co-morbidities</td>
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<tr>
<td>7. HEALTH SYSTEMS</td>
<td>Health information systems: National information systems, surveillance health research and M&amp;E. Medical products and services: Lab, pharmaceuticals. Health financing and risk/disaster management</td>
</tr>
</tbody>
</table>

CARPHA’s response to CCH III

The Caribbean Corporation in Health (CCH) outlines the identified regional public health priorities, agreed goals and objectives to guide public health responses at both the regional and national levels. Eight priorities have been identified and through its work, CARPHA addresses these health priorities and contributes towards the attainment of the set goals.
2013
IN REVIEW
SURVEILLANCE

Surveillance And Response

Surveillance and response are fundamental public functions of the Agency in support of CARPHA Member States (CMS). Surveillance provides decision makers with evidence through analysing minimum data sets, health situation analyses and critical analyses of the impact of social and other determinants of health, so that appropriate responses can be developed.

Planned Outputs 2013:

- Implement InfoBase, a central storage system for surveillance disease data at CARPHA
- Provide technical support to CMS to strengthen national mortality surveillance systems
- Provide International Statistical Classification of Diseases and Related Health Problems, version 10 (ICD-10) morbidity coding training for the Region
- Provide technical support and guidance in the area of statistical techniques, data analysis and data reporting to Member States
- Prepare and disseminate periodic morbidity and mortality reports

Key Achievements:

- Progress made towards full implementation of InfoBase at CARPHA
- Timely production and dissemination of routine regional surveillance reports
- Technical support provided to strengthen national and regional mortality surveillance systems
- Morbidity coding training for CMS using ICD-10.
- Thirty-one (31) country-years of mortality data from Member States were compiled and provided to PAHO for inclusion in the annual PAHO Health Situation in the Americas.

Overview of Activities:

PREPARATION AND DISSEMINATION OF INFORMATION

During 2013, CARPHA provided technical support to countries by taking the lead in compiling reports and facilitating frameworks through which policy decisions can be made.

In relation to communicable diseases, communication to CMS and other stakeholders detailing specific guidelines and advisories highlighting the need for heightened surveillance was prepared and circulated for Severe Acute Respiratory Infections (SARI); Middle East Respiratory Syndrome Coronavirus (MERS CoV); dengue fever and chikungunya virus. In addition to the circulated documents, the first virtual meeting with CMS using video conferencing technology was conducted to present scientific information of heightened public health importance. This first meeting addressed the need for strengthening country and regional surveillance particularly for dengue, chikungunya virus, SARI and MERS CoV. Fourteen countries participated in this session and commended the use of virtual technology.

CARPHA also produced and disseminated weekly reports on cases of severe acute respiratory infection from sentinel Member States and on the regional distribution of influenza and other respiratory viruses under surveillance. These reports informed further technical support to CMS in areas of identified need.

SURVEILLANCE SYSTEMS

Activities in relation to mortality included the successful installation and pilot of the revised mortality data capture and reporting system (Mortbase 7) in Dominica; the maintenance of the Caribbean Mortality Coders Network and the provision of technical support in the area of ICD-10 mortality coding and underlying cause of death selection provided to Aruba, Anguilla, Jamaica and St Vincent and the Grenadines.

Technical support to establish an improved, integrated food-borne disease (FBD) surveillance and response was also provided throughout the year. This included providing support to Belize - to improve integrated food-borne disease (FBD) surveillance and response; to Bermuda - for the improvement of laboratory based food-borne disease surveillance (including food testing and integration of data); and to Turks and Caicos - to strengthen integrated food-borne disease surveillance and response, including response to outbreaks.

Technical support was also provided to strengthen the SARI/ARI surveillance systems, particularly in Belize. CARPHA collaborated with the Regional Dengue Programme (RDP) in Costa Rica to address dengue surveillance and reporting of dengue data to PAHO. The Agency agreed to strengthen the Integrated Management Strategies (IMS)-Dengue activities in the Caribbean and plans to assist with IMS-Dengue workshops for Eastern Caribbean Countries (ECCs) and a project on improving dengue surveillance within the Americas.

2013 also saw the implementation of a central surveillance database system (InfoBase) at CARPHA, which is a central storage system for surveillance disease data, that replaces separate, independent disease databases and promotes standardisation of data capture, enhanced data-validation techniques and improved ease of reporting and data dissemination. This will enhance CARPHA’s surveillance system, preparation of reports and support to CARPHA Member States (CMS).

During 2013, work was also done in the area of laboratory surveillance. In particular, support was provided for the development of an algorithm to strengthen laboratory reporting (hence surveillance and response) to CMS and the laboratory procedures, results and reporting mechanisms of laboratory data.

Population surveys
In the area of non-communicable diseases, support was provided to CMS for the planning, conduct and data analysis of risk factor surveys including the WHO STEPS survey. A data analysis workshop was conducted in Saint Lucia, 22-24 May 2013, which enabled the preparation of the final survey report. Advisory services were provided to St Vincent and the Grenadines on sampling strategies and the WHO STEPS methodology for the completion of its Implementation Plan; and a planning forum was hosted for the implementation of the Risk Factor Survey using the STEPS methodology in Bermuda.

On-going surveillance support in the area of communicable diseases include the provision of technical support for the Burden of Illness (BOI) population survey, in relation to food borne diseases. Support was specifically provided to Belize in the conduct of the second phase of the BOI population survey, including the analysis of data and to Bermuda in the preparation of its report.
Communicable Diseases

VECTOR BORNE DISEASES (VBD)

Planned Outputs 2013

- Provide assistance to and work with Member States in strengthening their vector control programmes, especially with respect to preparedness for the possible introduction of chikungunya into the Region. This thrust emphasised the need for the monitoring and evaluation of programmes to make them more evidence-based in order to effectively target control efforts.
- Strengthen national integrated food-borne disease surveillance and food safety programmes in CMS
- Strengthen integrated FBD laboratory surveillance at the regional level (CARPHA) and national level
- Coordinate on-going Burden of Illness (BOI) studies

Key Achievements:

- Strengthened Vector-borne Diseases (VBD) programmes through building capacity in specific member states to identify key vector mosquito species
- Conducted vector surveillance using a more scientific approach
- Prepared to ensure a timely and appropriate response to possible outbreaks of chikungunya
- Strengthened integrated food-borne disease surveillance and food safety programmes, including building capacity in outbreak investigation and food safety in five CMS
- Published seven manuscripts on the Burden of Illness studies in seven countries
- Established FBD testing at CARPHA Saint Lucia and strengthened FBD laboratory surveillance in 3 CMS
- Strengthened previous PAHO partnerships (under CAREC) to continue working with CARPHA in the areas of integrated FBD and food safety, PNLAC, BOI studies and One Health
- Presented three papers at the Regional Health Research Conference
- Established new strategic alliance with the Caribbean Tourism Organisation (CTO) for the development of a regional Tourism and Health Programme

Overview of Activities:

DENGUE

During 2013, CARPHA continued to work with the respective Vector Control Units in member states to strengthen their dengue prevention and control programmes. The following are some of the key activities undertaken by the Agency during the year.

- Training workshops were held in Antigua and Grenada where vector control personnel were taught basic techniques in the microscopic identification of mosquitoes of public health importance, vector control and surveillance strategies.
- Technical assistance was also given to Antigua for the development of an operational plan for vector control and a protocol for the inspection and identification of mosquito breeding sites.
- Capacity was built by training staff from Saint Lucia and Sint Maarten who participated in a two-week attachment programme in the Entomology Unit at CARPHA.
- The staff was introduced to different aspects of vector biology, control and surveillance and methods of insecticide resistance testing.

Regional surveys have shown that water storage drums/barrels are the main breeding sites for Aedes aegypti mosquitoes. A pilot study was set up in a community in Grenada to determine the most productive Aedes aegypti container for targeted control. In Barbados, underground junction boxes were shown to be cryptic breeding sites for mosquitoes. Technical assistance was given in the development of two pilot studies to assess the contribution of the junction boxes to the mosquito infestation levels on the island. Based on the evidence from the studies, interventions will be made and evaluated to determine their effectiveness.

Assistance was given to St Vincent and the Grenadines to improve its vector surveillance techniques through the use of ovitraps. Training sessions were held in the field with respect to the correct placement and servicing of ovitraps and discussions were held with a view to addressing some of the operational issues faced by the programme. Assessments were conducted on the structure and operations of the vector control programmes in St Eustatius.
and Sint Maarten and recommendations were made for improving programme delivery.

During the year, collaboration with the Regional Dengue Programme (RDP) in Costa Rica continued and focused on strengthening the dengue surveillance systems and promoting the use of Integrated Vector Management (IVM) as part of the Integrated Management Strategies (IMS) for dengue prevention and control activities in the Caribbean. The cost-effective use of resources in the decision-making process is crucial to IVM and it is only through a collaborative approach among vector control personnel, epidemiologists, clinicians and laboratorians can one begin to effectively control dengue. Jamaica and Guyana are two CMS that have completed and initiated their IMS-Dengue plans. As part of their activities, a workshop on IVM was held for Vector Control Managers and the Entomologist. CARPHA provided assistance in co-facilitating the workshop.

A joint CARPHA-PAHO team visited Guyana and conducted an assessment of Guyana’s IMS-Dengue activities to ascertain progress, identify challenges in execution of the plan and revise the plan based on the availability of resources in-country.

CHIKUNGUNYA

In preparation for the possible introduction of chikungunya (CHIKV) into the Region and building on the Caribbean workshop that was held in 2012, CARPHA conducted sensitisation sessions with clinicians and health care workers in St Eustatius and Sint Maarten. A virtual session was also held with Chief Medical Officers, National Epidemiologists, Laboratory Directors and Chief Environmental and Vector Control Officers to provide information and assistance in preparing for CHIKV outbreaks.

FOOD BORNE DISEASES (FBD)

Strengthening of the integrated food-borne disease surveillance and food safety programmes was done through the provision of on-going support to CMS in the areas of:

- Integrated FBD surveillance
- Revision of outbreak response protocols
- Development of policies and implementation of plans of action for improving FBD surveillance and food safety
- Assistance with outbreaks
- Provision of in-country workshops and training on integrated FBD surveillance and food safety, outbreak investigation and laboratory isolation
- Establishment of food testing at CARPHA Saint Lucia
- Technical support to strengthen Regional laboratory surveillance of FBD at CARPHA

Technical support to strengthen regional laboratory surveillance of FBD

CARPHA provided technical support for the development of an algorithm to strengthen laboratory reporting (hence surveillance and response) to CMS. Technical support was also provided to the CARPHA laboratory for bacteriology procedures, phage typing and implementation of pulse field gel electrophoresis (PFGE), including joint development of an instructional PFGE video for presentation at the regional PulseNet Latin America and the Caribbean Annual Meeting in June.

Burden of Illness Studies

Precise information on the BOI is needed to help guide FBD control efforts. In response to this data gap, the WHO launched an Initiative to Estimate the Global Burden of FBD in collaboration with multiple partners in 2006 and developed a rigorous approach for BOI estimation worldwide.

In order to better understand the epidemiology of FBD, measure its burden and impact, and develop appropriate prevention and control measures, PAHO/WHO and CAREC, in collaboration with Member States and strategic partners, executed a Caribbean BOI study from 2008-2012 in seven countries (Barbados, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Trinidad and Tobago). The goal of these BOI studies was to provide evidence-based information to guide the allocation of limited resources intended for the health agenda, determine appropriate intervention measures and ensure the sustainability of Caribbean tourism economies.

As of January 2013, CARPHA in collaboration with PAHO, continued the regional BOI studies in the Caribbean, published the studies completed in seven countries, completed the study in Belize and initiated the study in Antigua and Barbuda. CARPHA provided technical assistance and coordinated with countries and PAHO for the submission, revision and proofing of seven countries’ specific BOI papers (Barbados, Saint Lucia, Grenada, Jamaica,
Dominica, Guyana, and Trinidad and Tobago) for publication in a special issue of the Journal of Public Health Nutrition (JPHN). These papers are now available online at http://www.icdbrb.org/what-we-do/our-library/journal-of-health-population-and-nutrition/.

These BOI studies are the first to be conducted by the CMS to estimate the prevalence and burden of age and FBD. The findings are profound and have provided valuable information to guide appropriate FBD reduction efforts and food safety policy interventions for the Caribbean.

Non Communicable Diseases (NCDs) and Life Course

Planned Outputs 2013:

• Finalise Human Papilloma Virus (HPV) project entitled, “Evaluating the effectiveness of the HPV test as the primary screening modality in the Caribbean”
• Collaborate with international partners to strengthen the surveillance of NCDs in the Caribbean (cancer, nutrition, injury)
• Complete the proposal to the International Development Research Centre (IDRC) for the evaluation of the Port of Spain (POS) Declaration on NCDs
• Provide technical support for the planning, implementation, data analysis and preparation of report manuscripts for STEPS and other NCD risk factor surveys
• Support the development of interventions for the prevention and control of NCDs
• Develop Food and Nutrition Security Policies for planning purposes
• Provide technical assistance for the validation of a self-training, web-based introductory course on “Nutrition, Food Safety and Health in Emergencies in the Caribbean”

Key achievements:

• Proposal to IDRC completed, submitted and approved
• Collaborated with international partners to develop a plan for strengthening NCD and Cancer surveillance in the Caribbean
• Worked with PAHO to finalise a proposal for an HPV Prevalence and Vaccine Acceptability Study
• Provided technical support for the implementation of risk factor surveys in three CARPHA Member States (CMS) as well as for data analysis and report writing in 2 other countries
• Developed capacity in the use of the new WHO indicators for assessing Infant and Young Child Feeding (IYCF) practices in two CMS
• Provided technical support for the implementation of the nutrition component of a National Health and Nutrition Survey in one CMS
• Provided technical support for the development of National Food and Nutrition Security Policies in two CMS
• Collaborated with other organisations to produce a Policy Brief on “The role of fish and seafood in food and nutrition security in the Caribbean”

Overview of Activities:

NUTRITION

Technical cooperation in the area of nutrition pursued during 2013 was primarily in keeping with the Regional Strategy for NCDs. CARPHA provided support to Montserrat and Dominica to help collect and analyse data, which was used to develop their National Food and Nutrition Security Policies and Plans of Action. Assistance was also provided to the Government of Trinidad and Tobago in the development of their Nutrition Standards for feeding children in schools. CARPHA also provided technical support for the review of the Caribbean Recommended Dietary Allowances (RDAs) for use in the Caribbean.

CARPHA staff reviewed the British Virgin Islands Draft Vending Machine Policy and Cabinet Note. The main objectives of a Vending Machine Policy are to:

• Provide direction for the development of policies for public buildings and other facilities, mandating healthier choices in vending machines.
• Increase the range of healthier food and beverage choices available in vending machines in public buildings.
• Promote an environment that encourages healthier eating in line with the goal of reducing healthcare costs by promoting individual health.
• Support the growth of markets in the area of healthier
foods.

• Assist vending operators in identifying healthier food and beverage choices.

• Encourage discussions on healthy living.

CARPHA participated in the Trinidad and Tobago Ministry of Health’s meeting to discuss the evaluation of the recently conducted Primary School (Standard 3) Nutrition Quiz Competition and to plan for the 2013/2014 competition scheduled for November 2013. CARPHA is the Chair of the sub-committee which is responsible for developing the READER, procedures manual, sensitisation package, developing questions for all stages of the competition, planning and conducting teacher sensitisation workshops, organising the judging, developing other supporting materials such as brochures and other hand outs for teachers and judging at the competition.

In collaboration with the Ministry of Health, Trinidad and Tobago and the National Schools Dietary Services Limited (School Feeding Programme), CARPHA revised and upgraded the READER to a reference document for primary schools, which will be co-authored by CARPHA, Ministry of Health and the National Schools Dietary Services Limited.

RISK FACTOR SURVEILLANCE
CARPHA participates in the WHO STEPwise approach to Surveillance (STEPS) of risk factors. These surveys are a simple, standardised method for collecting, analysing and disseminating data for chronic disease risk factors. By using the same standardised questions and protocols, all countries can use STEPS information not only for monitoring within-country trends, but also for making comparisons across countries.

In 2013 technical support was provided to CMS for planning, implementation, analysis of data and writing of reports on surveys of the risk factors of chronic diseases. Support included the preparation of the CMS’ STEPS survey implementation plans. This involved identifying appropriate sampling strategies, finalisation of survey questionnaire and survey organisation to facilitate data collection as well as supporting and participating in media activities.

CARPHA facilitated workshops for the training of interviewers and provided technical assistance for the finalisation of a manuscript on the risk factor survey, which was submitted for an oral presentation at CARPHA’s 58th Annual Health Research Conference.

CARPHA supported St Vincent and the Grenadines in the implementation of the nutrition component of the STEPS Risk Factor Survey by training its data collectors, coders and data entry personnel. This entailed development of training manuals for data collection and the use of the software for data entry and analysis, which were facilitated by two workshop sessions.

Technical support was also provided for the analysis and interpretation of data using the WHO Anthro and WHO AnthroPlus software. This entailed development of a training manual and the facilitation of three-day workshops in each country.

CANCER
Cancer is one of the four NCD health conditions and as such is a priority in the Region, given that NCDs is the leading cause of both morbidity and mortality in the Caribbean. Much of the work undertaken by CARPHA to help tackle this health condition involves partnerships with key players operating in the Region. This includes PAHO/WHO, National Cancer Institutes, African-Caribbean Cancer Consortium (AC3), civil society, Fox Cancer Centre and the Healthy Caribbean Coalition.

The focus during 2013 to address this health condition included:

• Developing strategies to improve prevention and control of cervical cancer in the Caribbean.

• Preparing a webinar series and meeting on NCD and Cancer Surveillance to be held in conjunction with the 2014 CARPHA conference.

• Finalising the protocol for the HPV Prevalence and Vaccine Acceptability Study to be implemented in two CMS.

• Providing technical support to St Kitts and Nevis and St Vincent and the Grenadines for the implementation of the HPV Prevalence and Vaccine Acceptability study.

• Facilitating the provision of financial support from Australia for cervical cancer prevention initiatives, to be implemented through our civil society partner, the Healthy Caribbean Coalition and in collaboration with PAHO.

• Conducting a sensitisation session on “Trans fats and their health risks” as part of an Industry Awareness
Seminar on Healthy Foods in Trinidad to sensitise the food industry on the need to reduce trans-fats in manufactured foods.

- Facilitating the Training of Trainers for the Baby Friendly Hospital Initiative (BFHI) in Trinidad. This entailed preparation of training materials, presentations and arrangements for clinical practicals.

**OBESITY**

During 2013, a sub-Technical Advisory Committee (sub-TAC) - Public Health Nutrition Advisory Committee was established to provide guidance to CARPHA on the scientific and technical areas of its Public Health Nutrition Work Programme, paying particular attention to the area of childhood obesity. The Committee comprises diverse and experienced experts representing CMS, academia, agriculture, research institutions and associations for nutrition, home economics and nursing.

The Committee has an advisory role in the following areas:

- Reviewing scientific evidence on effective strategies, policies and programme interventions for addressing obesity
- Providing technical guidance to support implementation of related policies
- Developing regional plans for responding to nutritional issues
- Stakeholder consultations and dialogue with policymakers
- Advocacy approaches for bringing attention to nutrition issues affecting various populations
- Mobilisation of partners and resources for the implementation of policies, plans and programme interventions
- Developing indicators and targets for monitoring and evaluating regional and country performance
- Capacity building in public health nutrition needed at country and regional levels

The Committee will provide guidance on the scientific and technical areas of its Public Health Nutrition Work Programme, which would span the entire life-course — pregnancy, infancy, childhood, adolescence, adulthood and senescence. A phased approach to the execution of its functions will be taken. Childhood obesity will be the area of focus in the first phase.

A planning meeting of an expert group on the subject will inform the development of a Plan of Action for the promotion of healthy weights and the prevention of childhood obesity. The expert group is expected to meet in March 2014.
Strategic Information plays a critical role in the provision of the evidence base for public health decision making and policy in the Caribbean. Within CARPHA strategic information functions are implemented by two units: the Health Information and Data Analysis (HAD) Unit within the Surveillance, Prevention and Disease Control Division (SPDC), and the Monitoring and Evaluation (M&E) Unit in the Research, Training and Policy Development Division. The nature of this core function is cross-cutting and therefore reflected in all areas of CARPHA’s work in addressing public health priorities in keeping with the 2013 annual Work Plan.

Planned Outputs 2013:
• Promote research for health, and monitoring and evaluation (M&E)
• Advise governments and other stakeholders on research for health and on M&E matters
• Strengthen national and regional health research systems
• Provide mechanisms to support priority research
• Build and strengthen national and regional M&E systems
• Share the Region’s scientific outputs
• Facilitate the development of evidence-based health policies
• Facilitate evidence-based practices
• Develop national and regional capacity in health research and M&E

Key Achievements:
• Successfully hosted the 58th Annual Health Research Conference in Barbados
• Conducted the first Research to Policy Meeting - Draft Regional Plan of Action for Combating the Childhood Obesity Epidemic
• Conducted the first Town Hall Meeting/Public Lecture – Childhood Obesity in Barbados
• Disbursed seven research grants for the implementation of Health Research Agenda for the Caribbean.
• Conducted HIV/AIDS National Strategic Plan Evaluations in Trinidad and Tobago and Jamaica

Overview of Activities:

DISSEMINATION OF HEALTH RESEARCH FINDINGS
The Annual CARPHA Research Conference has been successfully hosted every year since 1956. The 58th Annual Conference, held in Barbados had record numbers of participants and papers. The primary purpose of the Conference is the dissemination of research findings conducted by and for the Caribbean. This facilitates the exposure to and the uptake of current and cutting edge research to enable the evidence-based development of policies and programmes. The Conference also plays a key role in nurturing young Caribbean researchers, as the delegates comprise both experienced and budding scientists. A third critical role of the Conference is to facilitate the development of partnerships and collaborations among stakeholders.

The 58th Annual CARPHA Health Research Conference, themed “Child Health”, was co-hosted by the Ministry of Health, Barbados at the Barbados Hilton Resort in April 2013. The 2013 Conference was unique in many ways. Not only was it the first significant activity executed by CARPHA since becoming operational in January 2013 but it also featured several innovations.

CONFERENCE HIGHLIGHTS
• For the first time since its inception, the Conference had a theme – Child Health.
• A Town Hall meeting was hosted prior to the official start of the Conference.
• A Research to Policy meeting was hosted prior to the official start of the Conference.
• 217 delegates participated in the Conference, the majority of whom represented 18 countries from the Caribbean. The other countries represented were the United States of America, the United Kingdom, Canada and New Zealand.
• 177 research papers and five feature lectures were presented in the areas of Child Health, Non-Communicable Diseases, Communicable Diseases, Family Health, Nutrition, Health Services, Clinical Studies and Mental Health.
• There were also five feature lectures presented by
internationally renowned health research luminaries:
° Prof. Rainford Wilks: “Facing the CNCD epidemic in developing countries: Community based participation research”
° Prof. Susan Walker: “Promoting child development: The role of the health sector”
° Prof. Celia Christie-Samuels: “Virtual elimination of vertical transmission of HIV and syphilis in the Caribbean”
° Prof. Alan Jackson: “Achieving healthy growth in childhood”
° Prof. Gail Wyatt: “The lasting effect of abuse and violence on mental health and relationships”

• Two Caribbean research leaders, both of whom began their research careers by making presentations at at the Conference were honoured at the Annual Awards Banquet:
° Prof. Rainford Wilks (Jamaica) - “For Outstanding Leadership in Research and Epidemiology in the Caribbean”
° Prof. Celia Christie-Samuels (Jamaica) - “For Outstanding Achievement in the areas of Child Health and HIV Research”

• Prizes were awarded for outstanding research papers. There were unprecedented ties for both the David Picou Young Researcher Award and the Student Prize. The winners were:
° “David Picou Young Researcher Award”
   - Dr S. Malcolm (Turks & Caicos Islands) - Paper entitled, “Nutritional status, knowledge, practices and lifestyle characteristics among Turks and Caicos Islands elementary school children”
   - Dr S. Jankie (Trinidad & Tobago) - Paper entitled, “In-vitro activities of fluoroquinolones entrapped in non-ionic surfactant vesicles against ciprofloxacin-resistant bacteria strains”
° “Student Prize”
   - Dr JO Rodgers (Bahamas) - Paper entitled, “Prevalence of and risk factors for syphilis among HIV-infected patients attending the outpatient clinics at Princess Margaret Hospital, Nassau, The Bahamas”
   - Dr K. Rivers (Bahamas) - Paper entitled, “Association between obesity and impaired glucose tolerance among high school adolescents in New Providence, Bahamas”
° “Poster Prize”
   - Dr F. Hill-Briggs et al (Trinidad & Tobago) - Paper entitled, “The Penal Health Centre, Trinidad, diabetes patient self-care study”

• Special Issue of the West Indian Medical Journal: CARPHA (CHRC) was negotiated with the West Indian Medical Journal (WIMJ) for the publication of seven full-length papers of research presented at the 2013 Conference. The aim is to enable the publication of outstanding research papers with critical policy and programme relevant findings that were not likely to have been published otherwise.

Satellite Meetings/Workshops
The presence of the Conference delegates as well as the Region’s Chief Medical Officers who met on 29-30 April, presented a unique opportunity to host a number of meetings and training events. These included:

Town Hall Meeting
The first ever CARPHA Town Hall Meeting/Public Lecture on Childhood Obesity was held on Tuesday 30 April at the Lloyd Erskine Sandiford Centre at 7.00pm. The panellists included Prof. Anne St John, Consultant Paediatrician, UWI, Barbados; Ms Dianne Broome, Nutrition Officer, Ministry of Health, Barbados; Ms Christine Bocage, Public Health Nutritionist, CARPHA; and Mr Kenneth Griffith, Fitness/Exercise Professional, Barbados. Dr Joy St. John, Chief Medical Officer, Barbados chaired the Meeting. Hon. John Boyce, Minister of Health, Barbados delivered welcoming remarks. After the presentations by the panellists, the floor was opened and a lively discussion ensued.

There were over 70 members of the community present and they expressed their concerns about the seriousness of Childhood Obesity – both in terms of its high and increasing prevalence as well as the consequences thereof. They also proffered suggestions regarding the reasons for the epidemic, as well as policies and interventions, which they believed would be effective.
Research to Policy Meeting

The Research to Policy meeting was held on Wednesday 1 May at the Barbados Hilton Resort with the theme, “Combating the Childhood Obesity Epidemic.” There were over 40 delegates present including the Chief Medical Officers of the CMS, the Region’s leading health researchers as well as representatives of professional associations and civil society. The presenters included:

- Prof. Alan Jackson (Obesity in Childhood: The Medical Problem is a Symptom of Society)
- Ms Christine Bocage (Childhood Obesity: Current Situation in the Caribbean)
- Ms Shelly-Ann Hunte (Current Childhood Obesity Policies, Programmes and Initiatives in the Caribbean)
- Dr Enrique Jacoby and Ms Monica Bolis (The Obesity Epidemic and the Law)

The meeting was important in highlighting childhood obesity as an urgent public health problem and saw Regional commitment made to the establishment of a “Public Health Nutrition Advisory Committee” as a sub-TAC of CARPHA to provide guidance and oversight to CARPHA on the scientific and technical areas of its public health nutrition work programme.

International Workshop on Alzheimer’s Disease and Related Dementias

This workshop was held from April 30 to May 1 and the objectives were to:

- Identify dementia-related research priorities and initiate research through Canada-Caribbean collaboration.
- Discuss the quality and use of data on the aging population in the Caribbean.
- Provide opportunities to initiate the design of research protocols and funding possibilities in important areas of Alzheimer’s disease and related dementias.
- Provide training to participants in diagnosis, treatment and care of dementia, as well as in the Innovative Methods of Collaborative Practices model.
- Create networking opportunities between Canada and the Caribbean.

Cancer Registry Workshop

The African-Caribbean Cancer Consortium hosted a Cancer Registry Workshop on 1 May 2013. The objectives were to:

- Emphasise the value of establishing research-cancer registry collaborations.
- Demonstrate how cancer registry data have been used in different kinds of studies and how cancer registries have helped in moving research.
- Highlight the potential impact of cancer registries on the development and the implementation of cancer control policies, effective cancer screening, treatment strategies, interventions and research.
- Engage in an interactive panel discussion on the role of policymakers in the development of a supportive legal and social framework for operating successful cancer registries.

RESEARCH-RELATED ACTIVITIES

The following research-related activities were conducted during the 2013 reporting period:

- Nutrition Coordinators were surveyed to determine the status of childhood obesity policies, programmes and initiatives in the Region.

- A qualitative and quantitative assessment of the M&E training workshops that had been conducted was undertaken to determine their outcomes. The programme was further tailored to ensure maximum effectiveness. Following this and an internal review of training material, the M&E unit completed the development of a training strategy for strengthening the training delivered in M&E in November 2013.

- An end-of-term evaluation of Trinidad and Tobago’s “One Year HIV/AIDS Transitional National Strategic Plan (NSP) 2010 – 2011” was undertaken following a request from the HIV/AIDS Coordinating Unit within its Ministry of Health. The mission took place at the Ministry of Health from 7-11 January 2013 and incorporated four regional experts from Jamaica, Suriname and Guyana as part of CARPHA’s “learn by doing” approach to undertaking evaluations. The evaluation focused on the Strategic Information components of the NSP.

- CARPHA planned and led an evaluation of the National HIV Strategic Plan 2007-2012 in partnership with the Jamaica National Family Planning Board and
the Ministry of Health. The planning mission for the evaluation took place from 2-5 April 2013 and the evaluation mission occurred from 23 June – 2 July 2013. The evaluation focused on the Enabling Environment and Human Rights and Prevention components of the Strategic Plan and involved regional peer experts in order to promote a “learning by doing” approach, to arrive at practical recommendations for moving the national response in Jamaica forward. The evaluation also included a cost efficiency component.

- There was a mission to Ministry of Health, Wellness, Human Services and Gender Relations (MOHWHSGR) Saint Lucia to develop an evaluation protocol and matrix for an outcome evaluation of the Universal Health Care Diabetes and Hypertension Pilot Project from 23–27 September. An evaluation of the Universal Health Care Pilot Project was undertaken with assistance from two regional peers and Ministry staff from 3-8 November 2013. As part of this last mission, the evaluation team presented its preliminary findings to the project’s stakeholders (including the Minister, Permanent Secretary and Chief Medical Officer) for review and feedback.

- A mapping exercise was also undertaken to outline the roles of regional M&E agencies; provide an inventory of activities conducted in the 12 President’s Action Plan for AIDS Relief (PEPFAR) countries; and to use this information to improve communication and collaboration on M&E activities in the region.

Research Grants Programme
In 2013, 16 proposals were received for consideration under the research Grants programme. Seven were approved for funding to the tune of US $31,340.73. The Research Grants Programme plays an important role in supporting the research efforts of junior researchers. Funding is reserved for projects to be conducted by emerging researchers often in collaboration with experienced scientists. Only research topics identified in the Health Research Agenda are eligible for funding under the Programme. This strategic decision was taken to support the implementation of the Agenda.

POLICY-RELATED ACTIVITIES
As part of its mandate to provide leadership in health to the region, CARPHA pioneered several policy-related activities, in addition to actively serving on regional committees charged with leading areas of public health importance during the 2013 reporting year. The following are brief descriptions of the policy-related activities undertaken by CARPHA in 2013.

CARPHA’s Plan of Action for the Prevention and Control of Childhood Obesity
A proposal for the development of a Plan of Action for CARPHA for responding to the childhood obesity epidemic in the Region was completed in 2013. The Public Health Nutrition Advisory Committee reviewed and accepted the paper and agreed that a workshop would be held in March 2014 with key stakeholders to develop the Plan.

Policy Brief on Effective Interventions for Prevention of Childhood Obesity
Preparations commenced for a Policy Dialogue on Effective Interventions for the Prevention of Childhood Obesity in the Region, scheduled for April 2014. The objectives of the dialogue will be to:

- Present available research evidence on interventions for prevention of childhood obesity, which have been evaluated for effectiveness, including cost-effectiveness.
- Recommend, based on the available evidence, options for implementation in the Caribbean.
- Obtain stakeholder views about interventions that can be successfully adopted or adapted to the Caribbean setting.
- Identify critical next steps at regional (CARPHA) and country levels.

A Policy Brief to inform deliberations during the dialogue is also under preparation. It is expected that the participants at the dialogue would include Chief Medical Officers, Programme Managers (Nutrition and Health Promotion) in CMS and select members of CARPHA’s Public Health Nutrition Advisory Committee.
Establishing Norms and Standards
CARPHA provided technical support to countries, by taking the lead in compiling reports and facilitating frameworks through which policy decisions can be made.

The following draft documents were revised:
• Ministry of Health, Trinidad and Tobago Childhood Obesity Prevention Policy
• Food and Nutrition Policy for the Commonwealth of Dominica

Clinical Guidelines
In collaboration with relevant stakeholders, a number of clinical guidelines were revised and developed, and a monitoring and evaluation data repository was reviewed and re-designed as detailed below.
• Maternal Care in Pregnancy in the Caribbean
  • The Maternal Care in Pregnancy Clinical Guidelines document was finalised for printing. It is to be officially launched and disseminated to the relevant stakeholders in 2014. The main objective of the guidelines is to document standards for adequate care that should be given to pregnant women to ensure as far as possible, a safe pregnancy and the birth of a healthy baby.
• Managing Hypertension and Managing Diabetes in the Caribbean
  • Guidelines committees were convened for the revision of the Managing Hypertension and Managing Diabetes in Primary Care Guidelines. The revision of the guidelines is to be completed in 2014, after which, they would be printed and disseminated to stakeholders.
• Monitoring and Evaluation Data Repository
  • The M&E Unit reviewed and re-designed the Repository for M&E Information in the Caribbean and integrated it into CARPHA’s website. This online portal will make M&E material and resources more readily accessible to M&E practitioners working in health throughout the region.

Support to Regional Entities
During 2013, CARPHA provided technical assistance to the CARICOM Health Desk in the preparation of several documents during the year. For the XXIV Council for Human and Social Development (COHSOD) - “Developing the Ideal Caribbean Person: Promoting Healthy Lifestyles” - held in May 2013, CARPHA prepared the papers, “Strategic Actions for Addressing the Changing Epidemiology of Chronic Diseases” and “Diet, Food and Nutrition and Physical Activity in Schools”.

At the XXXV Council for Trade and Economic Development (COTED) in November 2013, The Executive Director made a presentation calling for collaboration between COTED and COHSOD to reduce obesogenic environments in the Caribbean. COTED concluded that trade and health-related issues are areas for joint attention to foster improved sustainable development prospects in the Caribbean. COTED approved the establishment of a small joint working group coordinated by CARPHA, Office of Trade Negotiations, and CARICOM, with input from relevant others, to prepare for a joint meeting of COTED and COHSOD in 2014, and a wider engagement with the regional food manufacturing industry and importers. COTED recommended that the joint meeting prioritise the issues for consideration and outline the timelines for implementation, monitoring and reporting. In this regard preparatory work is ongoing.

Monitoring and Evaluation

Planned Outputs 2013
• Provide technical assistance to CMS to develop M&E plans, M&E Chapters in National Strategic Plans, data-driven reports and data collection tools
• Establish an on-line repository of M&E resources
• Train health professionals in Basic and Advanced M&E
• Host M&E Technical Working Group Meetings
• Develop an M&E Community of Practice
• Pilot innovative M&E Capacity Building approaches
• Conduct evaluations of national health responses, incorporating capacity building approaches

Key Achievements
• M&E technical assistance:
  • M&E Action for the HIV and AIDS Coordinating Unit, Trinidad and Tobago
  • Technical report for the laboratory at the JGF Hospital in St. Kitts and Nevis
  • M&E Framework and an M&E Plan for the Health Sector in Dominica
  • Guidance for countries reporting on PEPFAR indicators
• Data-driven report for the civil society HIV response in Guyana
• M&E report for the Ministry of Health, Wellness and the Environment in St. Vincent and the Grenadines
• M&E Framework for the HIV Strategic Plan in Antigua and Barbuda
• HIV MARP data collection for the Ministry of Health in Suriname
• Analysis of data-management for the HIV response in Suriname
• Completed an assessment of M&E technical assistance provided
• Re-designed the Repository for M&E Information in the Caribbean and integrated it into the CARPHA website
• Trained 78 health professionals in Basic Monitoring and Evaluation in St. Kitts, Trinidad and Barbados
• Trained 66 health professionals in Advanced Monitoring Evaluation in St. Vincent, St. Lucia, Trinidad and Grenada
• Completed a qualitative and quantitative assessment of M&E training
• Hosted M&E Technical Working Group Meetings in February, March, May and April 2013
• Mapped the M&E roles of regional agencies
• Hosted an M&E intern from St. Maarten
• Evaluations:
  • End-of-term evaluation of the Trinidad and Tobago ‘One Year HIV and AIDS Transitional National Strategic Plan 2010 - 2011’
  • End-of-term evaluation of the Jamaica National HIV Strategic Plan 2007-2012
  • Outcome evaluation of the St. Lucia Universal Health Care Diabetes and Hypertension Pilot Project

Overview of Activities

MONITORING AND EVALUATION
CARPHA is the premier M&E capacity building organization in the region. The Agency works with Ministries of Health, National Commissions and civil society in Member States to advocate for M&E, develop M&E capacity and implement M&E systems with a view to ensuring data-driven decision making and improving performance management. Equipped with a five-member M&E Unit, the Agency work is guided by an M&E Training Strategy which includes a range of innovative approaches to capacity building for M&E, including the roll out of Basic and Advanced M&E Training Courses; the provision of tailored technical assistance to develop M&E plans, M&E Chapters in National Strategic Plans, data-driven reports and data collection tools; the piloting of M&E innovations; the maintenance of an online Repository for M&E related resources; the development of an M&E Community of Practice; M&E internships; and, the conduct of impact and outcome evaluations of national programmes. On an annual basis the M&E unit produces a ‘State of M&E Practice in the Caribbean’ Report and an annual assessment of capacity building efforts with a view to continuously strengthening and tailoring the Agencies efforts.
LABORATORY SERVICES AND NETWORKS

The Mission of CARPHA Laboratory Services is to contribute to improving the health status of Caribbean people by working with and advancing the capabilities of CMS in laboratory technology, and related public health disciplines, through the state-of-the-art validated laboratories, provision of methods, technical cooperation, service, advice, expertise, training, technology transfer and research.

To ensure the CARPHA Laboratory’s success in fulfilling its mission in the Caribbean, the laboratory should have the capability to implement the following twelve (12) core functions:

1. Reference, referral and laboratory network coordination
2. Reference material resource
3. Communicable, non-communicable and chronic disease prevention, control, and surveillance
4. Monitoring, alert and response
5. Environment health and protection
6. Drug control and testing
7. Scientific advice
8. Laboratory improvement and regulation (Quality Assurance); public health policy development
9. Integrated data management
10. Public health-related research
11. Training and education of public health professionals
12. Partnerships and communication

Planned Outputs 2013
• Provide medical laboratory services to CMS including reference and referral services
• Provide drug testing laboratory services
• Provide environmental health laboratory services
• Contribute to and support surveillance of communicable and non-communicable diseases for prevention and control
• Monitor Regional Surveillance Systems for signalling alerts and provide technical assistance for response
• Contribute and support public health research for disease prevention and control
• Contribute and support integrated data management for disease prevention and control
• Oversee laboratory improvement and regulation (Quality Assurance)
• Provide training

Key Achievements
• Introduced new molecular methodologies for detecting chikungunya
• Successfully installed BSL-3 lab
• Accreditation of the Saint Lucia Lab
• Acquired the McGill Project for field crops (soil and water testing)
• Successfully initiated the pre-qualification for the accreditation of the Jamaica Drug Testing Laboratory
• Provided requisite lab services to support all other CARPHA public health functions
• Provided on-going laboratory services for CARPHA’s public health functions, including support for surveillance of elimination of measles, rubella and congenital rubella syndrome by the Expanded Programme on Immunisation (EPI), testing for influenza and respiratory viruses, bacterial pathogen identification and antibiotic sensitivity testing.

Overview of Activities IN 2013
CARPHA’s specialised laboratories in Trinidad and Tobago, Jamaica and Saint Lucia provide support for the surveillance, prevention and control of important public health problems in the Region.

The BSL-3 laboratory, a gift of the government of Canada, is very important for strengthening of regional surveillance capacity, which will support testing primarily for chikungunya, yellow fever, tuberculosis, and influenza. Installation was preceded by consultations with members of the surrounding community, per requirements of the Environmental Management Agency, which also permitted other matters of concern to the community to be addressed.

In addition to being the Regional Reference Public Health Laboratory, a WHO National Influenza Centre (NIC) for the Caribbean and a PAHO/WHO accredited laboratory for Measles and Rubella in support of the Expanded Programme on Immunization (EPI), the laboratory continued to be a member of two networks - Regional System for Vaccines in
For countries that are not CARPHA Member States, laboratory services provided by the EPI Programme funded by PAHO

CARPHA’s Microbiology Laboratory processed 5315 test requests with approximately 65% corresponding to primary diagnostic investigations, while the remaining requests were for confirmation and reference testing. All the results provided by this laboratory are integrated into the Regional Surveillance System.
The most frequently requested tests (23%) were for measles and rubella, which is a part of the regional surveillance for the elimination of measles, rubella and congenital rubella syndrome (CRS) by the EPI. This was followed by influenza and other respiratory viruses (21%) and bacterial pathogen identification/antibiotic sensitivity (15%) (See Figure 3).

IMPROVED CAPABILITY
CARPHA’s Microbiology Laboratory is a Regional Reference Public Health Laboratory, a WHO National Influenza Centre (NIC) for the Caribbean and a PAHO/WHO accredited laboratory for measles and rubella in support of the EPI; the last was reassessed in 2013. The laboratory is also a member of the Regional System for Vaccines in the Americas (SIREVA) and the HIV-Drug Resistance Technical Cooperation Network for Latin America and the Caribbean.

In 2013, CARPHA improved its capability to detect diseases with the introduction of new molecular methodologies for detecting the chikungunya virus. This formed part of the Agency’s preparation for chikungunya and was quickly put into practice with the first autochthonous cases of chikungunya in the region in December 2013. CARPHA remains prepared to provide timely support to CMS by testing samples from suspected cases.

CARPHA referred only 2% of samples received to its referral laboratories at the Massachusetts Supranational TB Reference Laboratory for M. tuberculosis culture and antibiotic sensitivity and to specialist laboratory branches of the Centers for Disease Control (CDC), USA for diagnostic tests that are rarely requested. With the commissioning of a BSL-3 laboratory in 2014, CARPHA will be capable of undertaking a greater range of tests.

The Environmental Health Laboratory (EHL) in Castries, Saint Lucia analysed 993 samples for 3224 tests from various sectors. The vast majority of the samples analysed at the EHL in 2013 were water samples. The graphs below illustrate the types of samples received (See Figure 4) and the types of tests performed (See Figure 5).
WATER TESTING
Tourism Sector
The EHL continued monitoring stored and piped drinking water on a monthly basis for approximately eleven major hotels. This testing ensured that water consumed by hotel guests and staff met the WHO’s guidelines for drinking water, thus ensuring their health and safety.

The laboratory also continued to monitor the sewage discharges of the larger hotels in Saint Lucia that have their own sewage treatment plants. This monitoring of sewage discharge confirmed that effluent discharged met the requirements for disposal to sensitive marine waters, waters used for recreation as well as waters containing coral reefs, sea grass beds, or mangroves. Additionally, sampling and testing were also done on the bacteriological quality of beaches associated with these hotels, and their swimming pools and hot tubs. Most of these hotels consistently met with the recommended guidelines for safe contact recreational activities.

BOTTLED WATER SECTOR
Microbiological and chemical testing of bottled and raw water (from source) continued at the request of many of the processors of bottled water in Saint Lucia and the Saint Lucia Bureau of Standards (SLBS). This testing is required by SLBS to certify compliance with the National Bottled Water Standard for Saint Lucia.

INDOOR AIR QUALITY (IAQ)
Indoor air quality (IAQ) is a major concern for CMS because of its impact on human health. CARPHA recognises that poor IAQ can be dangerous to workers’ health and wellbeing. CARPHA investigates and recommends practical solutions for the prevention and/or minimisation of IAQ problems in businesses, schools and other institutional buildings. It provides flexible guidance to employers to help them keep their buildings free of pollutants or conditions leading to poor indoor air quality. It also provides information on IAQ management practices, staff awareness and technical training.

During the reporting year, CARPHA responded to eleven (11) requests from both private and Governmental agencies. The incidents investigated ranged from poor air circulation to mould infestation and inadequate ventilation. In most cases, investigations revealed the existence of occupational health hazards resulting from poor IAQ. Mould growth in buildings is a serious issue and investigations revealed the presence of toxic species in some cases.
PHARMACEUTICAL TESTING
The Pharmaceutical Quality and Drug Testing Laboratory in Kingston, Jamaica received 133 pharmaceutical products during 2013. After evaluation of documentation submitted and availability of pharmacopoeial monographs and reference standards, additional supporting documentation was requested from submitting agencies for 54 products. No responses were received from the agencies despite repeated follow-up with the agencies concerned. Seventy-nine (79) products were accepted for registration.

Of the products that were registered, 71% were submitted by Barbados, 23% by Jamaica and 5% by the Organisation of Eastern Caribbean States (OECS) Pharmaceutical Procurement Service.

Only one sample was received for proficiency testing during the year. The performance of the laboratory was satisfactory.

All of the products received from member states were submitted for pre-registration assessments. None of the submissions related to the surveillance programme of the laboratory. It is not possible to achieve economies of scale for pre-registration requests as only single items are submitted. Giving regard to the high cost of reference standards and the necessity for the laboratory to perform additional method verification analyses in respect of these submissions, strategies for cost containment will need to be considered.

Laboratory Improvement And Regulation (Standards And Quality)
CARPHA’s laboratories support Member States in their efforts to prevent and control diseases and other public health threats. This was achieved in 2013 through a process of continued improvements, building capacity in Member States and providing sound technical advice.

CONTINUOUS IMPROVEMENT
CARPHA actively participates as a key member of the Technical Working Group for the implementation of Laboratory Quality Management Systems-Stepwise Improvement Process (LQMS-SIP) for strengthening laboratory quality systems towards accreditation for all medical laboratories in the Caribbean.

QUALITY AND ACCREDITATION
CARPHA’s Environmental Health Laboratory underwent its biannual site assessment by the Canadian Association for Laboratory Accreditation (CALA) in July 2013. This assessment is a regularly scheduled requirement of ISO/IEC 17025:2005 accreditation. The assessment included an examination of the quality manual, procedures manual, and the accredited tests. The laboratory was successfully accredited to ISO/IEC 17025:2005 and certified to undertake pH, total suspended solids, and residual chlorine and turbidity tests.

Figure 9: CALA Certificate of Accreditation

During 2013, the EHL continued participating in proficiency testing administered by CALA. This participation is an essential element of laboratory quality assurance and is required to maintain and keep accreditation. In addition to providing the laboratory with an indication of its performance related to the accuracy of analysis, successful participation in proficiency testing demonstrates to stakeholders that they can have confidence in the validity of the laboratory’s results. The Laboratory participated in the analysis of a number of physicochemical and microbiological tests in water.
CARPHA’s Pharmaceutical Quality and Drug Testing Laboratory is currently seeking to become a WHO prequalified laboratory. WHO inspected the laboratory in March/April 2012 and submitted a report. The laboratory is currently in the process of resolving the non-conformances noted in the report. Due to the transition of the Drug Testing Lab (DTL) into CARPHA, extensive changes to the application documents are required, in addition to revision and finalisation of the quality management system documentation and management review procedures.

### REVISION OF QUALITY SYSTEM

As a result of the transition to CARPHA and associated operational changes, it was necessary to revise all Quality Management System documentation to reflect these changes. In addition, revision of technical standard operating procedures (SOPs) as a consequence of changes to analytical techniques and the commissioning of new equipment became necessary. Fifteen technical SOPs were revised in our Pharmaceutical Quality and Drug Testing laboratory. Discussion has been initiated on the harmonisation of general SOPs across the three campuses. An internal audit was also performed.

### PERFORMANCE VERIFICATION AND CALIBRATION PROGRAMME

CARPHA seeks to ensure that its laboratory equipment is of the highest standards and has engaged external service providers to perform calibration of reference weights and inspection and verification of analytical balances and top loading balances. External service providers also performed scheduled preventative maintenance of equipment. Performance verification tests and calibrations were conducted in-house on testing equipment as outlined in the calibration schedule that was prepared at the beginning of the year. No performance deficiencies with scientific equipment were noted in CARPHA’s Pharmaceutical Quality and Drug Testing laboratory. The EHL identified performance problems with the Autoclave in the microbiology laboratory. Repairs were carried out to restore functionality. The laboratory was however unable to identify a company that could perform performance verification and qualification for this piece of equipment.

### BUILDING CAPACITY

In collaboration with PAHO, final activities of the project, Strengthening Laboratory Capacity and Biorisk Management in CAREC and CAREC Member Countries (IGA0031-2012 (4015-11 PAHO) were concluded. These included needs assessments to determine national public health laboratory services’ preparedness to detect, contain and respond to emergencies caused by high-risk agents in the following Member States:

- Saint Lucia, 28 January 2013
- Dominica, 4 February 2013
- Bahamas, 20 February 2013
- St Kitts, 10 June 2013
- Aruba, 1 July 2013

Capacity building for laboratory personnel was also conducted during these missions for the implementation of biosafety measures as part of a robust laboratory quality management system (See section on Training and Education below).

Monitoring activities were conducted with Member States to determine implementation of site assessment recommendations provided in 2012 and 2013.

![Figure 10: Participants Complete Exercise during Biorisk Management for the Laboratory and Infectious Substances Shipping Workshop, St Kitts](image)

CARPHA’s EHL sits on two committees at the Saint Lucia Bureau of Standards: The CODEX Food Safety Committee, and the Tourism Technical Committee. The Food Safety Committee revises standards related to food production and the Tourism Technical Committee revises standards related to tourist sites, attractions, guesthouses and hotels. These committees meet approximately every two months.

### SCIENTIFIC ADVICE

Other core functions of the CARPHA laboratories are to serve as a resource and coordination point for expert advice...
within its specific areas of expertise, to share information and to provide advice to relevant stakeholders. In this regard during 2013, the following was provided to CARPHA Member States:

CARPHA provided laboratory services to Belize and Barbados in the area of vaccine preventable diseases via an assessment of the SARI/ARI surveillance system with emphasis on the re-introduction of Indirect Fluorescent Antibody (IFA) testing at the laboratory in collaboration with CDC and PAHO. For Barbados, this also included a follow up visit to revisit Polymerase Chain Reaction (PCR) testing and conduct a PCR training workshop for laboratory staff.

In support of the Vector-borne Disease Programme, laboratory support was provided to Antigua and Barbuda to strengthen entomological surveillance; and St Vincent and the Grenadines received support regarding the appropriate use of ovitraps for entomological surveillance and evaluation of entomological surveillance activities. With the changes in HIV/AIDS management in the Region, the expansion and sustainability of the Regional HIV response, laboratory support was discussed with all CMS in May to determine the role of CARPHA laboratories in the Region’s response. The details are to be finalised in further consultation with CARICOM/Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and PAHO HIV Caribbean Office (PHCO).

A gap assessment to meet the international requirements for the accreditation of the Analytisch Diagnostisch Centrum (ADC) was conducted in Curaçao with support from CARPHA.

In response to a request from the Saint Lucia Air and Seaport Authorities (SLASPA) the storage facilities of the Saint Lucia SLASPA were assessed to determine their capacity for the safe and proper storage of hazardous chemicals imported into Saint Lucia, and to provide recommendations for the safe storage of hazardous chemicals.

Safe chemical handling and storage are both necessary elements of effective chemical management. As the first point of entry, the chemical storage facilities of SLASPA need to be constantly monitored and evaluated to ensure that the safe handling and storage procedures are being maintained. Facilities must have the capacity to safely accommodate various chemicals that have different handling and storage requirements. This is to ensure that materials are handled and stored in conditions that limit the possibility of adverse impacts and exposure to humans and the natural environment. Storage facilities also need to have proper response mechanisms in cases where stored chemicals are released or damaged either through improper handling or as a result of a disaster. Environmental Health Laboratory Staff were responsible for performing the assessment of the storage facilities at SLASPA, and providing recommendations where deficiencies were identified.

**Integrated Data Management**

**LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)**

During this period, CARPHA began working towards the implementation of a Laboratory Information Management System (LIMS) for all laboratories within CARPHA. LIMS is a software-based laboratory and information management system that offers features that support a laboratory’s operations. A properly functioning LIMS would allow the laboratories to properly track their samples from sample receipt to disposal, enable report writing to be less time-consuming, and allow for linkage between inventory and samples tested, thereby permitting better tracking of laboratory inventory.

CARPHA’s Microbiology Laboratory in Port-of-Spain, Trinidad and Tobago is using a 10-year-old in-house application as a basic intra-laboratory operational and
reporting tool. However in early 2013, the laboratory staff undertook onsite usability testing of the new BIKA LIMS. This was followed by an on-site visit during April – May 2013 by a consultant. Further acceptance testing and population of the database revealed application issues that have not been adequately resolved. The consultant’s report indicated the need for incorporation of some Phase 2 requirements for the initial implementation to effectively provide epidemiology surveillance reporting, in addition to routine LIMS functionality feeding into the Quality Management System.

The Data Management Unit of the laboratory continued to support the Surveillance Unit by providing routine weekly (syndromic alerts) and monthly (dengue) reports along with ad-hoc requests to identify trends and sentinel events that indicate emerging health problems.

It is anticipated that with the full implementation of the new LIMS there will be greater accessibility to relevant data for internal stakeholders.

The existing LIMS at the EHL in Castries, Saint Lucia is non-functional and lab staff have reverted to keeping hard copy data entry logs in a physical logbook. Worksheets and chain of custody sheets are manually stored.

The EHL changed the procedure for storage of certificates of analysis and invoices. In the past, these were stored in hard copy in file folders for a period of at least three years. In an effort to reduce the amount of paper printed and kept at the laboratory, these are now stored electronically on the CARPHA server with backup copies on the Laboratory Supervisor’s computer and the CARPHA intranet. Only where the client specifically requests a hard copy, are Certificates of Analysis and invoices printed.

Staff at the EHL have met with the consultant for the establishment of LIMS and briefly described the flow of work at the Saint Lucia laboratory, and shared with him all chain of custody, worksheet, and equipment inventory information that he required. The laboratory is waiting for a Gap Assessment to be conducted and a LIMS Specification Report to be produced for this laboratory.

For the reporting year 2013, laboratory data remained the sole custody of the client or project for which the work was performed. Laboratory data was not shared unless the client requested otherwise. In December 2013, it was decided that laboratory test results that are indicative of possible human health concern would be reported to the relevant government agency. This reporting mechanism will be established in 2014.

In 2012, the Drug Testing Laboratory in Kingston, Jamaica commenced a preliminary search for a possible LIMS solution for the laboratory to facilitate improvement in the efficiency of laboratory processes, inventory control, report preparation and data security and backup. Following the merger into CARPHA, a consultant was engaged to study the operations at the laboratory and produce a gap analysis and needs assessment report. The consultant worked with staff at the laboratory over a period of one week in April 2013. Subsequently, the report was developed and after extensive review, was finalised in November 2013. The development and implementation of a system appropriate to the needs of the laboratory will follow. It is anticipated that this phase will be completed by early 2015.

In anticipation of the LIMS, an electronic archive of all hardcopy instrument and equipment records, quality management and quality assurance records, training records and annual reports was created.

Projects

ESTABLISHMENT OF BSL-3 TESTING CAPACITY
The project, “Enhanced Biological Security and Disease Surveillance in the Caribbean” is being implemented under the auspices of the Global Partnership against the Spread of Weapons and Materials of Mass Destruction, in order to enhance biological security (biosecurity), biological safety (biosafety) and regional capacity in the Caribbean to quickly and accurately detect and diagnose a deliberate disease outbreak.

During the final quarter of 2013, CARPHA obtained the requisite national permits including the Certificate of Environmental Clearance, and the Approval for Site Access by the local sub-contractor for the installation of the modular Biosafety Level 3 (BSL-3) laboratory at the Port of Spain campus. The three modular containers were delivered.
in December 2013 and a team of Bio-containment Field Specialists from the manufacturer, Germfree Laboratories completed the installation (See timeline photos below). It is expected that the facility’s commissioning and official handover by the Department of Foreign Affairs and Trade Development, Canada would be completed by May 2014.

The second phase was held in Argentina in June and in addition to continuing to develop the analytical techniques of the participants, the opportunity was afforded to observe and learn from the quality management system in operation at the Argentine laboratory.

The final phase took place in November 2013. Training was conducted in the laboratories from which the participants had been selected - Guyana, Jamaica, Suriname and Trinidad and Tobago. While this component also included analytical techniques, greater emphasis was placed on good laboratory practices. A brief assessment of the compliance of the laboratory with Good Laboratory Practice (GLP) was done. The facilitator concluded that the DTL was observing GLP satisfactorily. Recommendations were made to revise some SOPs and guidance was provided for the resolution of some areas of non-conformance. The programme also offered the opportunity to foster regional cooperation and sharing of technical expertise.

His Excellency Mr Ariel Fernandez, Ambassador of Argentina to Jamaica and Ms Margareta Sköld, PAHO Country Representative in Jamaica, participated in the opening exercise in March, and the closing exercise in November. The Ambassador expressed the hope that future cooperative activities may be developed in the area of medicine regulation.

Strengthening of Official Medicine Control Laboratories (OMCL) in Caribbean Countries

Technical staff at the DTL, as well as staff from National Medicines Control laboratories in Guyana, Jamaica, Suriname and Trinidad and Tobago participated in the PAHO/Argentinian Fund for Horizontal Cooperation (FOAR) Project for the Strengthening of OMCLs programme. The programme was designed to strengthen the performance of OMCLs in the Caribbean. The programme comprised three phases. The first phase was held at CARPHA DTL in March 2013. The first phase focused primarily on analytical techniques. Facilitators from the national laboratory of Argentina conducted the training.

The second phase was held in Argentina in June and in addition to continuing to develop the analytical techniques of the participants, the opportunity was afforded to observe and learn from the quality management system in operation at the Argentine laboratory.

His Excellency Mr Ariel Fernandez, Ambassador of Argentina to Jamaica and Ms Margareta Sköld, PAHO Country Representative in Jamaica, participated in the opening exercise in March, and the closing exercise in November. The Ambassador expressed the hope that future cooperative activities may be developed in the area of medicine regulation.
CARPHA plays a critical role in coordinating effective responses to public health crises in the Caribbean. The Agency provided support to Member States with a number of outbreaks and emergency situations. These included norovirus in the Turks and Caicos Islands, hepatitis A in Belize, a suspected tuberculosis outbreak in Saint Lucia, rotavirus in Guyana, and a comprehensive regional response to the introduction of chikungunya (CHIKV). Support was provided to Saint Lucia and St Vincent and the Grenadines after a sudden tropical storm at Christmas time.

**Planned Outputs 2013**
- Coordinate effective responses to public health crises in the Region
- Effective management of chemicals

**Key Achievements**
- Coordinated a comprehensive regional response to CHIKV
- Provided support to Saint Lucia after the tropical storm of December 2013

**Overview of Activities**

**MONITORING ALERTS**
CARPHA’s laboratories continued to support the Regional syndromic surveillance of food borne, respiratory and vector-borne diseases with key findings. Influenza A H1N1 (pdm09) continued to circulate in six CMS. Dengue was identified in eight CMS; circulating serotypes were Dengue Types 1 and 4, while Dengue Type 2 was noted in one CMS. Co-circulation of dengue and leptospirosis was identified in three CMS whilst Norovirus was identified in two CMS.

**ALERTS AND OUTBREAKS**
Five alerts for outbreaks occurred during 2013 that required a response from the Microbiology Laboratory and the provision of technical assistance to Member State Laboratories to ensure their adequate response as per table

<table>
<thead>
<tr>
<th>Month</th>
<th>Country</th>
<th>Situation and Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Turks and Caicos Islands</td>
<td>Situation: An acute gastroenteritis outbreak in a hotel setting began in December 2012. Response: Diagnostic services provided identified norovirus as the causative agent.</td>
</tr>
<tr>
<td>March</td>
<td>Saint Lucia</td>
<td>Situation: Tuberculosis outbreak. Response: Technical assistance provided to the national laboratory.</td>
</tr>
<tr>
<td>June</td>
<td>Belize</td>
<td>Situation: An acute gastroenteritis outbreak began in March. Response: Diagnostic services provided identified hepatitis A as the causative agent.</td>
</tr>
<tr>
<td>October</td>
<td>All Member States</td>
<td>Cholera alert was circulated to provide guidelines to CMS laboratories and to monitor their capacities to respond.</td>
</tr>
<tr>
<td>December</td>
<td>All Member States</td>
<td>CHIKV alert of the first autochthonous cases in the region was circulated to provide guidelines to CMS laboratories; CARPHA laboratory initiated the process to increase its capacity for testing samples from suspected cases.</td>
</tr>
</tbody>
</table>
In Belize, CARPHA investigated an acute gastroenteritis outbreak that began in March 2013. The diagnostic services provided by the lab identified hepatitis A as the causative agent. Support was also provided to investigate and identify an acute gastroenteritis (AGE) cluster in Freeport, Bahamas in February 2013 and in Barbados in June 2013.

A rotavirus outbreak was identified in Guyana in March 2013 and the necessary technical support was provided to contain and prevent its spread. CARPHA also provided support for the investigation of Norovirus outbreaks occurring in Barbados, Belize, Bermuda and the Turks and Caicos Islands.

In Saint Lucia, a tuberculosis outbreak was investigated in March 2013 and technical assistance was provided to the national laboratory to improve current testing methodologies.

**CHOLERA**

A mapping tool for the “Haiti Elimination of Cholera Plan of Action” was developed in collaboration with CARICOM and PAHO. This was submitted by PAHO in May 2013. CARPHA proposed to support this initiative in the areas of water and sanitation, epidemiological health and environmental surveillance, with input primarily from CARPHA’s Trinidad and Saint Lucia campuses.

In October 2013, CARPHA issued a cholera alert to provide guidelines to laboratories in CMS to monitor their capacities to respond given the situation in Hispaniola.

**CHIKUNGUNYA OUTBREAK**

In December 2013, CHIKV was detected for the first time in the Caribbean in French Saint Martin. CARPHA coordinated with both French and Dutch authorities and worked with Caribbean health authorities to ensure the ability to identify cases quickly and mount a coordinated public health response, including identification and management of cases, integrated vector control, surveillance and effective risk communication to the public. CARPHA’s laboratories increased capacity for testing samples.

A multidisciplinary incident management team (IMT) was established to coordinate CARPHA’s response to the situation and to support CMS in their response. The IMT held a virtual conference with CMS on December 12th, 2013 to provide them with a situation update and outline the guidelines to be used as part of the CMS preparedness strategy.

As part of the comprehensive response, CARPHA laboratories initiated the process to increase its capacity for testing samples from suspected cases of CHIKV, in response to the alert of the first autochthonous cases in the Region.
To aid public education and inform behaviour change to specifically reduce mosquito-breeding sites, CARPHA produced an action pictogram asking householders to spend 10 minutes per week identifying mosquito-breeding sites in order to manage their environment.

TROPICAL STORM

In December 2013, severe rains and high winds due to a low-pressure trough system, hit the Eastern Caribbean islands of Saint Lucia, St Vincent and the Grenadines, and Dominica causing significant destruction. Torrential rains and high winds generated by the trough led to overflowing rivers and flooding which caused widespread infrastructure damage.

Following the declared disaster, CARPHA, along with other collaborating agencies and stakeholders, engaged in post-disaster recovery efforts to the affected countries. In the absence of pipe borne water supplies and shortages, people in communities resorted to spring and river waters. Given the widespread use of untreated water supplies, the Agency provided assistance in facilitating access to emergency water treatment solutions through contributions from Operation Blessing, the US Centers for Disease Control and Procter and Gamble. Along with PAHO, CARPHA also participated in a field assessment in the local community of Canaries in Saint Lucia.
ENVIRONMENTAL HEALTH AND SUSTAINABLE DEVELOPMENT (EHSD)

The Environmental Health and Sustainable Development component of CARPHA’s mandate is responsibility for supporting Member States in addressing issues emanating from human activities in the environment that impact on human health and livelihoods. This can be distilled down to actions in four broad thematic areas, namely:

1. Water (including fresh and coastal waters and their nexus with land)
2. Solid waste
3. Chemicals and hazardous substances
4. Air quality (indoor and ambient)

Given the complexity of interconnections among these areas, an ecosystems approach is used in addressing issues. CARPHA provides national level and regional level support at both the technical and policy levels, often with the support of donor funding.

Planned Outputs 2013

- Ongoing assessments for indoor air quality for commercial and institutional buildings
- Building resilience to climate change, enhancing water security and maintenance of ecosystem functioning
- Environmental management capacity and capability
- Environmental health information
- Promoting policies that facilitate recycling, waste reduction and adoption of cleaner production practices
- Collaboration with the private sector to promote cleaner production approaches and investment in appropriate technologies
- Greening commercial industry and institutional sectors

Key Achievements

- Compiled Water Safety Plan data, which is presently utilised by policy makers for technical and financial investment decisions regarding water infrastructure
- Facilitated capacity-building activities to achieve sound chemicals management, and the protection of human health and the environment
- Continued work in occupational health and safety to safeguard the social, mental and physical wellbeing of workers across the region
- Facilitated access to emergency water treatment solutions for hard hit communities in Saint Lucia and St Vincent and the Grenadines in the aftermath of low-level trough system which damaged water systems

Overview of Activities

WATER, LAND AND ECOSYSTEMS MANAGEMENT IN CARIBBEAN SIDS (IWEco Project)

The Integrating Water, Land, Resources and Ecosystem Management in the Caribbean Small Island Developing States (IWEco) Project aims to implement an integrated approach to water, land and ecosystems services management through policy, institutional and legislative reforms; implementation of effective appropriate technologies to accelerate contribution to global targets on access to safe and reliable water supplies; improved sanitation and contributing to improved ecosystem functioning in the Caribbean.

Ten Small Islands Developing States (SIDs) participated in the project and during the reporting period. CARPHA continued technical support to the countries in the recruitment of the national coordinators in Jamaica, St Kitts and Nevis, Saint Lucia and St Vincent and the Grenadines. Discussions were held with the Bahamas National Focal Point in advance of their participation in the project.

Work commenced on the potential monitoring indicators for the national projects. A first draft of the Monitoring Indicators Framework was completed and submitted to the United Nations Environment Programme (UNEP) for consideration. During the fourth quarter, work continued on the development of the national sub project documents for the eight participating countries in addition to the three technical regional subproject documents.

CARIBBEAN AQUA-TERRESTRIAL SOLUTIONS (CATS) PROGRAMME

The Caribbean Aqua-Terrestrial Solutions (CATS) Programme
which runs from 2013 to 2017 has two components – the first, “Improving the Adaptive Capacity of Rural Economies” and “Natural Resources to Climate Change”, enhances the climate change adaptive capacity of agriculture and forestry management systems. The second component, “Improving the Management of Coastal Resources and Conservation of Marine Biodiversity in Caribbean Countries”, supports the climate change adaptation capacity of individuals, institutions and civil society to sustainably manage marine and coastal ecosystems with a particular focus on coral reefs, mangrove forests and their uses.

Eight CMS are participating in this programme. Under Component 1 of the programme, technical support was provided mainly in the area of water and sanitation. The Programme contributed to critical needs in the mobilisation of work to offset costs.

During the reporting year, under Component 2, CARPHA undertook work on the formulation of detailed work plans for five focal Marine Protected Areas (MPAs) and facilitated in-country workshops in five Eastern Caribbean Countries, with local MPA management stakeholders and personnel. Vehicles, patrol vessels, outboard engines and diving equipment were purchased for focal MPAs.

SAINT LUCIA NORTH WEST COAST DEMONSTRATION PROJECT TO IMPROVE COASTAL WATER QUALITY - PHASE 2
CARPHA was commissioned by the Government of Saint Lucia to conduct Phase II of a water quality demonstration project for the North West Coast of Saint Lucia. The overall project sought to improve recreational water quality along the North-West Coast of Saint Lucia through the implementation and demonstration of best practices for pollutant discharge reduction.

During the reporting period, CARPHA consulted key stakeholders regarding identified pollution “hot spots” as part of the public awareness and advocacy aspects for the Project. CARPHA analysed and provided options for water pollution remediation at some of the high-risk sites in the study area. CARPHA also provided policy and watershed planning recommendations and developed guidelines for best management practices to minimise land-based sources of marine pollution.

WATER SAFETY PLAN DEVELOPMENT
CARPHA supported the Saint Lucia Water and Sewage Company (WASCO) in the implementation of a Water Safety Plan (WSP) for the water supply systems that service the Mabouya Valley and Dennery communities in Saint Lucia. The Dennery Pilot highlighted several systemic issues, which were further explored through studies conducted by interns, including:

- Conducting sanitary surveys for informal spring sources that become important during times of water stress
- The challenges of data collection for linking water quality with epidemiology
- Developing water safety audit protocols for use by the government of Saint Lucia in regulating the Water and Sewerage Company (WASCO).

The data and information compiled by the Project have already been used extensively by WASCO and the Government of Saint Lucia for technical and financial investment decisions made with respect to water infrastructure in the pilot site.

BUILDING WATER SECURITY RESILIENCE THROUGH RAINWATER HARVESTING (UNDER PILOT PROGRAMME FOR CLIMATE RESILIENCE - PPCR)
CARPHA is working with six CMS to establish best practices and build capacity in the design and installation of Rainwater Harvesting Systems for applications in business enterprises in the Caribbean. The project is in its planning stage along with project development specialists for the Caribbean Community Climate Change Centre (5Cs). A work plan is to be submitted for approval by the Inter-American Development Bank following sign-off by the 5Cs within the first quarter of 2014.

CARICOM MCGILL UNIVERSITY REGIONAL FOOD SECURITY PROJECT- ENVIRONMENTAL QUALITY COMPONENT
The CARICOM McGill University Regional Food Security Project focused on, “Improving the Nutrition and Health of CARICOM Populations”.

CARPHA’s role involved the collection and analysis of soil and water samples (irrigation and runoff) from farms under various cropping and land management regimes to
determine the effectiveness of improved agronomic and soil conservation practices and correlate these with changes in crop yields.

The project identified the need for public awareness-raising actions within the communities upstream of the farms with respect to pollution of the river that is being used for crop irrigation, as it constitutes a public health threat.

**SOUND MANAGEMENT OF CHEMICALS IN ST VINCENT AND THE GRENADINES**

The Project entitled Strengthening National Capacity for the Sound Management of Chemicals in St Vincent and the Grenadines was a three-phased initiative that contributed to the environmentally sound management of chemicals in that country. The project was undertaken as part of the Government of St Vincent and the Grenadines’ commitment to meet its obligations under the Strategic Approach to International Chemicals Management (SAICM) and aimed to strengthen national capacities of the country for sound chemicals management.

A high level consultation was held in April 2013 to detail the elements of the National Strategic Approach Implementation Plan (NSAIP). Outputs of this consultation fed into the formulation of the NSAIP prepared by CARPHA. A Train the Trainer Workshop was convened in May 2013 and targeted secondary school teachers. The focus of the training was on areas such as chemical inventory, chemical storage guidelines, and the Global Harmonised System of Chemical Information, basic laboratory safety and chemical protective clothing.

**EFFECTIVE CHEMICALS MANAGEMENT IN SAINT LUCIA**

The Effective Chemicals Management Project sought to contribute to the integrated and effective management of chemicals by strengthening the policy and regulatory framework for chemicals management, improving the understanding and knowledge of the use and management of chemicals, and developing capacity for safe disposal and/or treatment of chemical waste.

CARPHA conducted a series of workshops on the safe handling of chemicals to the following groups: farmers, port personnel, laboratory personnel and retailers. One hundred and sixty-four (164) persons were also trained. Deliverables of the project included training manuals for the various target groups, and a database of Persistent Organic Pollutants (POPS) and hazardous chemical stockpiles. CARPHA also updated the existing National Chemicals Profile Report to include chemicals used in schools.

**DEVELOPMENT OF THE OECS MODEL WATER POLICY AND LEGISLATION**

During the reporting year, work proceeded with the development of the draft OECS Model Water Policy and Legislation. CARPHA met with national stakeholders in St Vincent and the Grenadines under the aegis of the Central Water and Sewerage Authority (CWSA) to present the Synthesis Report and gain inputs into the development of the draft policy and legislation. Representatives from the water sector within the target countries and regional Organisations (Caribbean Water and Sewerage Association, Caribbean Water and Wastewater Association) considered the draft documents and made recommendations for its enhancement.

The final versions of the Model Water Policy and Model Water Act were submitted to the OECS Secretariat. Preliminary discussions have been held with the OECS Secretariat on moving the Integrated Water Resources Management (IWRM) agenda forward in the OECS sub-region. Suggestions are that the countries should solicit US-AID so that additional financial support is granted to help adoption of the policy and law as appropriate to national circumstance and requirements. The Caribbean Water and Sewerage Association (CAWASA) was a key collaborator in this initiative and will likely play a significant future role.

**IMPROVING THE NUTRITION AND HEALTH OF CARICOM POPULATIONS (IDRC-MCGILL UNIVERSITY) – ENVIRONMENTAL ASSESSMENTS FOR FIELD CROPS (SOIL AND WATER)**

CARPHA conducted research and training into improving the nutrition and health of CARICOM populations through sustainable agricultural technologies that increase food availability and diversity of food choices. CARPHA’s role was to train farmers and agricultural officers in soil and water sampling and the importance of chemical and physical parameters of soil as they relate to plant growth and environmental impact as well as the testing of water and soil samples taken from St Kitts and Saint Lucia. The analyses
performed for the Baseline Study were presented at a one-day “Interactive Information Dissemination” workshop at the University of the West Indies, St Augustine Campus and would assist with decision-making as it concerns crop productivity and possible human or environmental health concerns.

MAINSTREAMING SAINT LUCIA’S NATIONAL PLAN OF ACTION THROUGH A NORTH WEST COAST WATER QUALITY DEMONSTRATION PROJECT - PHASE II

CARPHA worked with the Ministry of Sustainable Development, Saint Lucia to refine and validate the Watershed Rapid Hotspot Risk Assessment Tool developed under Phase 1. CARPHA’s role involved undertaking an assessment of select hotspots and developing and prioritising management strategies for prevention, remediation and control of Land Based Sources (LBS) pollutants. Other objectives included costing the remediation actions (direct interventions and operating costs) and developing a series of best practice protocols for typical economic sectors. It is anticipated that these protocols would be used to develop national guidelines and standards for operating businesses and organisations in an environmentally sound manner.

CARPHA has developed environmental assessment checklists for implementation in boat yards, marinas, garages, paint manufacturing companies, schools, hotels, animal farms, vegetable farms and small communities. CARPHA also collected and tested water samples from locations selected for assessment and developed best practice guidelines for target groups.
INFORMATION AND COMMUNICATION

Provision of accurate, timely relevant information on public health issues in the Caribbean is a core function of the Agency. With support from the Pan American Health Organization (PAHO), good progress was made with branding, as the Agency produced redesigned stationery, a corporate brochure and CARPHA branded promotional items.

The website was also redesigned and work continues with the goal of improving its functionality and ease of use. Additionally, there was an increased use of both traditional and social media to highlight health issues affecting the Region. A bimonthly e-newsletter was introduced featuring major achievements of the work of the Agency. Planning also began for the production of the Annual Report on the State of Public Health in the Region.

Planned outputs 2013

- Publish and disseminate scientific, technical and surveillance information and publications
- Promote a CARPHA brand as the sole regional public health agency responsible for addressing the public health priorities of the Region
- Utilise the CARPHA launch and the Annual Scientific Research Conference as mechanisms to promote and brand CARPHA
- Re-design the CARPHA website to reflect the new brand (5 regional health institutions (RHIs) into one unified single public health agency)
- Strengthen internal communication methods
- Utilise traditional and social media strategies to increase positive media coverage and meet the communication needs of stakeholders

Key Achievements

- Produced and disseminated reports and peer reviewed articles
- Acquired branding and promotional materials to ensure a clear understanding of the roles and responsibilities of CARPHA
- Coordinated and hosted the launch of CARPHA, utilising branded collateral material and used the Annual Scientific Conference as a promotional vehicle for CARPHA
- Coordinated and launched a re-designed CARPHA website
- Developed and produced a bi-monthly newsletter and distributed regular internal communication briefs
- Increased development and distribution of media releases, media conferences, media interviews and enhanced social media presence utilising YouTube, Facebook and Twitter messages

Overview of activities

In keeping with the Communication function outlined in the Inter-governmental Agreement for the establishment of CARPHA, the Agency has been making great strides in its effort to provide accurate, reliable, timely and relevant public health information to stakeholders.

BRANDING

In its first year of operation, CARPHA began the process of creating a unique and favourable brand identity, while utilising a range of communication methods geared at enhancing visibility and building robust stakeholder relationships.

Following Board approval of the logo symbol, the Agency’s most visible branding element, CARPHA went about the business of acquiring materials for its prominent display. Some of these included banner signage, re-designed stationery, a corporate brochure and promotional items. At the same time, Communication, in collaboration with Information Technology (IT), put their heads together to create a re-designed website featuring the work of the Region’s new unified single public health agency.

WEBSITE

Recognising the importance of sharing experiences, best practices, lessons learned and information that is evidence informed, CARPHA recently embarked upon its second iteration of the corporate website, which promises a responsive design that matches all forms of digital media, from desktops to laptops, tablets and smartphones. Additional web features will take the form of interactive forums, large product and/or service images, greater content, multi-language options aimed at reinvigorating interactions with all CARPHA Member States (CMS), as well as accessibility for persons with disabilities, such as the visually impaired.
Official Launch

PROMOTING CARPHA AS THE SOLE REGIONAL PUBLIC HEALTH AGENCY

After being legally established on July 02, 2011 by an inter-governmental agreement signed by Caribbean Member States, the official launch of the Agency, CARPHA, was held on its 2nd anniversary, July 2nd 2013. CARPHA had already begun operations in January 2013. The historic ceremonial launch took place at the National Academy for Performing Arts (NAPA), Port of Spain, Trinidad and Tobago.

The CARPHA launch promoted CARPHA as the sole public health agency for the Caribbean region.

Objectives included:

- Building awareness of CARPHA within the national, regional and international communities.
- Promoting a recognisable and reputable CARPHA brand.
- Instilling a sense of belonging and pride to internal and external stakeholders.

The ceremony was well attended by approximately 200 persons from throughout the Caribbean region and the USA. Prior to the start of the official ceremony, those in attendance witnessed the symbolic signing of the European Union’s (EU) Agreement, which provided CARPHA with essential financial support. His Excellency Robert Kopecky, Head of the EU Delegation for the Region and CARPHA Director, Dr C. James Hospedales, signed the Agreement.

The two-hour long programme featured speeches from CARPHA Chairman, Dr Fenton Ferguson; PAHO Director, Dr Carissa Etienne; CARICOM Secretary General, Ambassador Irwin LaRocque; CARPHA Executive Director, Dr C. James Hospedales; Minister of Health, Trinidad and Tobago, Dr Fuad Khan; Head of the European Union Delegation, Ambassador Robert Kopecky and Prime Minister of St Kitts and Nevis and CARICOM Lead for Health, Dr Denzil Douglas. Guests also enjoyed listening to pre-recorded congratulatory messages and were entertained by live steel pan, a violinist duo and later, a cocktail reception.

In his feature address, Dr Denzil Douglas, described CARPHA as “an example of functional cooperation and a triumph of the spirit of regionalism”. He told the packed auditorium that in the area of health, the establishment of CARPHA has been an outstanding illustration of what can be gained by acting collectively to achieve outcomes that benefit all citizens across the Region, minimising the inequities and maximising the efficiencies. He stated that CARPHA is a timely gift to the people of the Caribbean, one that would result in their health being promoted and protected from disease, injury and disability.

Executive Director, CARPHA, Dr C. James Hospedales took the opportunity to emphasise the need for investment from member states and partners, if the Agency is to achieve its goals. He publicly thanked development partners such as the Public Health Agency of Canada, Department of Foreign Affairs and International Trade, Canada, the US Centers for Disease Control and Prevention and Public Health England. Dr Hospedales especially thanked the European Union for providing support for core institutional strengthening to the tune of US$2.2 million, and the Government of Trinidad and Tobago for its support with the imminent construction of a new CARPHA headquarters and laboratory.

COMMUNICATION SUPPORT TO CARPHA PROGRAMMES AND ACTIVITIES

Communication provided able support at the 58th Annual Scientific Research Conference in Barbados. Corporate branded materials including conference banners, an exhibition booth and videos helped to boost brand recognition. Media and public relation opportunities were also seized resulting in maximum coverage, particularly in the host country, Barbados.

REPORTS AND PUBLICATIONS

Several reports and publications were prepared and disseminated during 2013. Primarily, the CARPHA Weekly Update on Influenza and Severe Acute Respiratory Infection (SARI) Surveillance and the CARPHA dengue reports.

Peer reviewed articles published in 2013 notably include “Leading causes of death in the English and Dutch speaking Caribbean” during the period 2000 – 2008 and several others addressing the burden of gastrointestinal and food borne diseases in Saint Lucia, Grenada, Trinidad and Tobago, Dominica and Guyana.

Monitoring and evaluation reports for CCH III in relation to
specific activities conducted in Dominica, Jamaica, Trinidad and Tobago and Suriname were also prepared. A full listing of reports and publications at Appendix 4.

MEDIA AND PUBLIC RELATIONS

Through its Communication Unit, CARPHA communicates its value for investment to stakeholders. There was increased positive media as radio, print and television journalists conducted interviews with CARPHA’s Executive Director and other members of the executive and senior management team on public health issues affecting the Caribbean. In addition to the production and regional distribution of media releases and videos, regular health related updates via the website, Facebook, Twitter and You Tube also contributed to a significant increase in social media activity.

NEWSLETTER

Internal stakeholders and regional partners benefitted from the introduction of a bi-monthly e-newsletter, which highlighted the major achievements and work of the Agency. In addition, an e-bulletin provided staff with regular “bytes” on the goings-on at the Agency.

COMMUNITY RELATIONS

2013 also saw CARPHA strengthening community relations, particularly within the community of its Trinidad and Tobago headquarters.

In collaboration with Laboratory Services, Communication coordinated several public consultations prior to the installation of the Agency’s BSL-3 laboratory. Talks gave the neighbouring residents an opportunity to share their concerns on the proposed project, thereby assisting CARPHA in ensuring appropriate environmental management. CARPHA continues to engage with the residents who are often apprised and even participate in the activities of the Agency.

CARPHA remains cognisant of the critical role communication plays in supporting member states and other stakeholders in health promotion, disease prevention and control, as well as environmental protection.

In light of this, the Communication Unit looks forward to implementing innovative and cost effective strategies that would assist in branding CARPHA as the Caribbean region’s primary source for public health information, knowledge and programmes.
TRAINING DELIVERED

Member countries benefitted from the training offered by CARPHA throughout 2013 through over 50 workshops, seminars and programmes. Training was offered in the following areas:

- Monitoring and evaluation
- Automated Medical Mortality Data Software
- Use of WHO Anthro and Anthro Plus Software
- Data analysis using EPI, STATA to report and analyse the data collected in the Risk Factor Survey
- Research skills
- Biorisk management for laboratory and shipping of infectious substances
- Influenza testing methods
- Laboratory training in sample preparation for identification of food-borne pathogens
- Safe management of chemicals
- Safe management of chemicals in the retail sector and farm sector
- Vector control
- Mortality coding
- Train the trainer programmes

Caribbean Regional Field Epidemiology and Laboratory Training Programme

In October 2012, the Caribbean Epidemiology Centre (CAREC) and PAHO secured a US CDC Cooperative Agreement of US $5 million over five years to support the development of a Caribbean Regional Field Epidemiology and Laboratory Training Programme (CR-FELTP), in eleven Caribbean countries under the President’s Emergency Plan for AIDS Relief (PEPFR) regional partnership.

The goal of the CR-FELTP is to build epidemiology and laboratory capacity through applied, real-world training that addresses current and future public health needs in the Caribbean region. This on-the-job programme of learning in service is intended to strengthen public health systems and infrastructure, and will also be a key component of the IHR response, as it relates to human resource capacity to implement the IHR.

After determining capacity needs and training structure in the first year of the programme (2012/2013), in project year two (2013/2014), partners collaborated to develop learning...
objectives and curriculum content for Level I of the CR-FELTP. CARPHA also hosted a programme orientation and training workshop for Caribbean stakeholders who will take on the roles of Country Coordinators and Programme Mentors.

**Professional Development**

CARPHA remains committed to ensuring that the region has a knowledgeable and well-trained human resource pool that is able to deal with public health challenges as they arise. CARPHA’s staff was exposed to several training opportunities for professional development. Some of these included:

- Participating in international conferences and meetings
- Food safety training
- Advanced BSL-3 Work Practices and Procedures
- Molecular diagnostics for infectious diseases
- Infectious substances shipping and Biorisk management
- “Measurement Uncertainty for Molecular Diagnostics for Infectious Diseases and for Microbiological Examinations”
- Caribbean Climate Online Risk and Adaptation tool
- Workshop on Caribbean Regional HIV Case-based Surveillance conducted by the National Alliance of State and Technical AIDS Directors (NASTAD)
- International meeting on the control of the Aedes aegypti mosquito
- Workshop on building human resource capacity in vector control in the Caribbean
- Workshop on the Essentials of Occupational Health and Safety
- Identification, assessment and inventory of waste disposal sites
- The economic analysis of NCDs held at PAHO Headquarters
- Workshop: Case studies on climate change in mountainous regions

CARPHA staff also participated in several technical meetings over the reporting period in areas such as non-communicable diseases, baby friendly hospital initiatives, food and nutrition security, HIV response in the Caribbean, food and nutrition standards for feeding school children and the implementation of the Caribbean Laboratory Quality Management Systems Stepwise Improvement Process towards accreditation.
PARTNERSHIPS AND RESOURCE MOBILISATION

Partnerships and alliances to address public health and development priorities were pursued as a critical strategy during the year, and all departments were encouraged to foster partnerships for health priorities, including traditional and non-traditional partners. CARPHA sought to develop relationships with the CARICOM Secretariat as a core partner and CARPHA representatives visited the new Secretary General and senior staff, including finance, human resources, legal and resource mobilisation. This opened the door to discussions with Australia for funding in 2014 and beyond. Good discussions were held with the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) on complementary roles and actions.

These visits also brought to the fore, the possibility of partnerships with other regional institutions to deliver our regional public goods. For instance, the Caribbean Community Climate Change Centres in Belize (CCCCC) and CARPHA will be executing a component of a project funded by the Inter-American Development Bank on Climate Change and Health. Partnership discussions were also pursued with the Caribbean Disaster and Emergency Management Agency (CDEMA) and CARPHA is included in a disaster risk reduction project submitted by CDEMA for 11th European Development Fund (EDF) funding consideration.

Partnerships

Planned Outputs 2013:
• Maintain current partnerships in the delivery of technical programmes
• Explore and develop new partnerships to support the CARPHA areas of work

Key Achievements:
• Partnership with the Caribbean Tourism Organisation (CTO) to develop a regional Tourism and Health Programme
• Memorandum of Understanding with the Healthy Caribbean Coalition
• Joint CARICOM, PAHO, University of the West Indies and CARPHA International Development Research Centre (IDRC) research proposal – “The CARICOM Political Declaration on NCDs Seven Years On: An Evaluation to Accelerate Further Multi Sectoral Implementation” was awarded a financial grant
  • Prepared advocacy paper with the University of the West Indies Health Economics Unit – “Estimating the Economic Value of the Public health Coverage Provided by CARPHA”
  • Continued technical collaboration with PAHO in the areas of nutrition, food safety, tuberculosis and vector control
  • Maintained partnerships for the environmental health and management portfolio with the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ), the Caribbean Environmental Health Institute (CEHI) and CARICOM

Overview of Activities:
Building partnerships and engaging in collaborative efforts is an important aspect of CARPHA’s mandate as articulated in the strategic plan’s priority area #3 – Partnership Approach to Health Priorities. During the period under review, the Agency engaged many of its stakeholders and forged new linkages as it teamed up with various organisations to fulfil its mandate. All departments within CARPHA sought to foster relationships with organisations with similar interests, thereby ensuring that the opportunities to respond to the public health needs of the Region were enhanced. Consequently, CARPHA was involved in the following collaborative efforts:

The University of the West Indies (UWI)
• In collaboration with CARICOM, PAHO and The UWI, a joint proposal to IDRC, “The CARICOM Political Declaration on NCDs Seven Years On: An Evaluation to Accelerate Further Multi Sectoral Implementation” was prepared and awarded a research grant for US$700,000.

The objective is to evaluate, seven years on, the implementation of the CARICOM NCD Summit Political Declaration in order to learn lessons that would support and accelerate its further implementation and inform the attainment of United Nations High Level Meeting (UNHLM) on NCDs commitments. This will be done through eight sub-objectives as outlined below:

A. **To add to knowledge on the implementation of the Port of Spain Declaration within CARICOM**
members by:
1. Determining the extent to which the 27 commitments in the Port of Spain Declaration are reported to have been implemented and the national and other characteristics associated with high levels of implementation within the 20 CARICOM countries and territories.
2. Determining the adequacy of currently available data to assess trends in disease and risk factors from the year 2000; supporting the provision of baselines for the WHO NCD targets and indicators agreed at the 2013 World Health Assembly; and recommending data requirements, targets and indicators to monitor the potential health impact of POS and WHO up until 2025.
3. Undertaking in-depth case studies in 8 - 10 countries and territories in order to determine:
   a. The agreement between reported implementation of the 27 commitments and substantive changes (effective implementation).
   b. The degree of use of multi-sectoral approaches including the engagement of civil society, the private sector and Government ministries in addition to Health.
   c. Factors associated with success and those associated with difficulties in achieving (a) and (b), including the national political impact.
   d. The evidence that exists on the impact of the implementation on risk factors and health outcomes.
4. Undertaking in-depth analyses of the success of policy development and implementation on the following selected major themes:
   a. Documenting tobacco control measures against the reporting tool of the Framework Convention on Tobacco Control within all CARICOM countries and investigating factors associated their successful implementation.
   b. Estimating the potential for revenue generation for NCD prevention and control from taxes on tobacco and alcohol.
   c. Undertaking an evaluation of the development, implementation and potential impact of Caribbean Wellness Day.

B. To add to knowledge on the regional and international impact of the Port of Spain Declaration by:
5. Determining the degree to which regional and international bodies have met their Port of Spain commitments.
6. Assessing the impact of the Port of Spain Declaration regionally and internationally, including its role in instigating and shaping the UNHLM.

C. To build capacity by:
7. Using the lessons learnt from this evaluation to detail an action plan and implementation strategy that:
   a. Fills gaps identified in the Port of Spain implementation.
   b. Takes account of the multi-sectoral approach and opposed interests.
   c. Includes resources required and potential sources for sustainable financing.
   d. Improves upon the monitoring of Port of Spain, monitors the WHO NCD targets, and includes the development of an indicator of investment in prevention and health promotion.

D. To communicate this knowledge to appropriate audiences by:
8. Disseminating the lessons learnt from this evaluation nationally, regionally and globally to inform the attainment of commitments from the Port of Spain Summit Declaration and the UN High Level Meeting on NCDs.

PAHO/WHO
• Partnered with the PAHO/WHO sub-regional office to host a Meeting of National Tuberculosis Managers from selected Caribbean countries. This meeting was held in Port of Spain, where a plan of action was developed for improving the management of tuberculosis in these countries with the support of PAHO/WHO and CARPHA.
• Teamed up with the PAHO-Veterinary Public Health Advisor for the Caribbean to map out a plan of action for joint collaboration on the development of integrated food-borne diseases and other zoonosis databases (to include food and animal data in addition to clinical
Also discussed, were country activities regarding the promotion of the integrated/one health approach for food-borne diseases and other zoonoses along with a Leptospirosis One Health Project in Dominica.

- Joined forces with PAHO, Jamaica to work on technical cooperation activities in Member States. Areas discussed included:
  - Baby-Friendly Hospital Initiative
  - Nutrient Cost Analysis
  - Micronutrient project, St Kitts and Nevis
  - Food Composition Tables Review
  - Nutrition and Health Survey, St Vincent and the Grenadines

- Collaborated with PAHO Health Analysis Unit and Queensland University of Technology (QUT) to initiate discussions on CARPHA becoming a WHO Family of International Classifications Collaborating Centre (WHO FICCC) in the area of health information (morbidity and mortality).

GIZ

- Collaborated on a GIZ/CEHI/CARPHA/CARICOM Regional Project on Improving Management of Coastal Resources and the Conservation of Marine Biodiversity in selected CARICOM countries (Belize, Grenada, Dominica, Guyana, Jamaica, St Kitts and Nevis, Saint Lucia and St Vincent and the Grenadines).

- Collaborated with GIZ/CARICOM on Aqua-Terrestrial Solutions (CATs) for Belize.

CARICOM

- Collaborated on the McGill/CARICOM Food Security Project on water and soil analyses.

- Collaborated with the CARICOM Climate Change Centre in Belize (SCs) to find ways to strengthen collaboration and joint programming between initiatives executed by the SCs and those executed by CARPHA’s Environmental Health and Management Unit, specifically the IWECO Project and the GIZ Aqua-Terrestrial Solutions Programme.

United Nations Population Fund (UNFPA)

- Collaborated with the United Nations Population Fund (UNFPA) and the Ministry of Planning and Sustainable Development, Trinidad and Tobago to strengthen the accuracy and timeliness of mortality data from Trinidad and Tobago.

Caribbean Tourism Organisation (CTO)

- CARPHA and the Caribbean Tourism Organisation have agreed to co-operate on the development of CARPHA’s Tourism and Health Programme to improve health and environment conditions within the tourism sector. The organisations have agreed to collaborate on:
  - Health monitoring and response in the tourism industry
  - Food safety and environmental health training
  - Joint resource mobilisation
  - Health and wellness in the tourism workforce

Additionally, CARPHA hosted discussions with several stakeholders to determine opportunities for future collaboration. These opportunities are described below:

- Held discussions with PAHO’s sub-regional advisor for food safety in Panama on continued collaboration on the following activities for which CARPHA is the Caribbean focal point/coordinator:
  - Global foodborne network (GFN)
  - PulseNet Latin America and the Caribbean Network (PNLAC)
  - Global Burden of Illness studies

- Discussed joining forces with the PAHO Dengue Group to pilot entomological and epidemiological indicators for dengue in two or three CMS

- Discussed working with PAHO to develop a vector control manual for the Caribbean region

- Discussed the possibility of collaborating with the International Agency for Research on Cancer (IARC) to develop a grant proposal to seek funding for implementing the IARC protocol for HPV in some Caribbean countries
• The Caribbean Natural Resources Institute (CANARI) invited CARPHA to be a member of the Green Economy Action Learning Group (ALG)

• Participated in meetings with the Fox Cancer Centre / African Caribbean Cancer Consortium (AC3) and Centre for Community Alliance for Research, California, USA to discuss possible areas for collaboration

• Collaborated with the Queensland University of Technology (QUT), Australia to develop a strategy to support strengthening of health information management in CMS

CARPHA continues to recognise the contributions of other regional and international health organisations to the advancement of health. The Agency also recognises the benefits of the synergies that are created through these partnerships and will continue to seek out other avenues where partnerships in health can redound to the benefit of the people of the region.

A complete listing of collaborations and partnerships during 2013 can be found in Appendix 3.

RESOURCES MOBILISATION

The health of the Region, in part, depends on CARPHA’s ability to provide a collective response to public health emergencies and threats, and on on-going public health development needs for the people of the Caribbean.

In order to achieve effective delivery of these services, as well as the financial sustainability of the Agency, aggressive resource mobilisation and support from development partners are imperative.

Planned Outputs 2013

• Source extra-budgetary funding for the delivery of programmes that address the key public health issues of CAPHA member states

Key achievements

• Obtained funding for the strengthening of systems to support Monitoring and Evaluation (M&E) in the Caribbean

• Obtained funding for programmes in the areas of laboratory services and surveillance including hotel based surveillance and research studies related to cancer

• Developed grant proposals to improve environmental health, including climate change adaptation and food security

• Obtained funding for corporate services, particularly in areas such as integrated management systems and human resources, geared at improving the effective management of CARPHA

Overview of Activities

Resource mobilisation is an important function of CARPHA. It is used to help address the Region’s public health priorities and is in keeping with Article 5 (j) of the IGA, which governs the operations of the Agency. During its first year of operations, CARPHA challenged its technical staff to become actively engaged in the resource mobilisation process. This challenge was accepted and resulted in the preparation of several grant proposals, which were submitted to development partner agencies for consideration. CARPHA was also the recipient of resources, based on proposals developed on its behalf by Organisations that support CARPHA’s mission and vision.

Grant proposals were developed in the following areas:

MONITORING AND EVALUATION

• Year two of the three-year Cooperation Agreement with the Centers for Disease Control (CDC) (2012-2015). The objective of the project is to strengthen the Monitoring and Evaluation systems in the Caribbean.

• Work Plans and Budget for Phase 2 (2013-2015) of the CARICOM/PANCAP (PAN Caribbean Partnership Against HIV/AIDS) Global Fund Grant. CARPHA will conduct programme evaluations and provide technical assistance in the area of monitoring and evaluation.

LABORATORY

• “Strengthening of the Official Medicine Control Laboratories (OMCL) in Caribbean Countries”,
developed by PAHO and funded by the Government of Argentina through the Argentinian Fund for Horizontal Cooperation (FOAR).

SURVEILLANCE DISEASE PREVENTION AND CONTROL

• Initiated discussions with the Universities of Lethbridge and Guelph and others on collaborating on a food security project for submission for funding to the International Development Research Centre (IDRC).

• Collaborated with the Caribbean Tourism Organisation on a proposal to the Inter-American development Bank (IADB) to improve health and environment conditions in the Caribbean’s tourism industry, including funding for an Information, Monitoring and Response System (hotel based surveillance) to improve health safety, quality, sustainability, profitability and competitiveness in the Caribbean tourism industry.

• Developed in collaboration with the Fox Chase Cancer Centre, a grant proposal on improving cancer registration and conducting a multicentre study of head and neck cancer to the National Institutes for Health (NIH).

• Collaborated with the NIH on a proposal to support research to characterise and reduce stigma associated with cancer in order to improve health in low and middle-income countries. The proposal will facilitate the study, documenting and comparing of knowledge, attitudes, practices and behaviour related to reducing stigma to improve health among Afro-Caribbean people, African Americans and Africans.

ENVIRONMENTAL HEALTH

• Developed the full-sized IWECO Project Proposal for Antigua and Barbuda, Barbados, Cuba, Dominican Republic, Grenada, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines and Trinidad and Tobago.

• Collaborated with the Universities of Lethbridge and Guelph, Novus Environmental Inc. and Intelligent Health Solutions Inc. to submit a grant proposal to the International Development Research Centre (IDRC) on climate change adaptation and mitigation measures in health and agriculture to assure food safety and security.

CORPORATE SERVICES

• Prepared and submitted Programme Estimate No 1, “Support to the effective management of the Caribbean Public Health Agency”, to the European Union for approval. This project will provide funding for the establishment of integrated management systems, human resource transition procedures and the streamlining of CARPHA’s governance.

Proposal to CDC

Strengthening Public Health Systems in the Caribbean Region by supporting CARPHA under the President’s Emergency Plan for AIDS Relief (PEPFAR) CDC-RFA-GH14-1404

The importance of strong national public health systems that contribute to health protection in the Region has been highlighted several times in the last decade, with a number of infectious diseases threatening health security in the Caribbean. However, HIV remains a leading cause of morbidity and mortality in the Caribbean and chronic non-communicable diseases continue to prove to be a growing, formidable force within the regional health system. A major obstacle to effectively responding to these regional public health challenges is the weak health systems in the Caribbean.

This project is therefore intended to strengthen CARPHA’s institutional capacity to enable it to support improvement of public health services and systems in the Caribbean region for HIV and other diseases of public health importance. This will be achieved through four main objectives:

• Strengthening CARPHA’s epidemiology and surveillance
• Strengthening public health laboratory systems and services
• Strengthening CARPHA’s health information systems
• Building capacity in the areas of Behavioural Science and Health Economics.

Overall, this project, in consultation with individual member states, will consider individual country needs as a starting
point, with the goal of strengthening regional and national efforts to improve health systems. Implementation of this project will therefore support the collective, coordinated and coherent implementation of actions for targeted member states and may serve to encourage other CMS to review their own systems and accelerate implementation of similar or related activities.
MANAGEMENT AND ADMINISTRATION/ CORPORATE SERVICES

While there is no function #13 in the IGA, CARPHA refers to its corporate function as Function 13. The corporate function comprises human resources, information technology, facilities and general services and finance and procurement under the corporate services directorate.

Human Resources

In 2013, HR worked diligently to facilitate the integration of the five RHIs into one, a process that is continuing. A range of initiatives was undertaken, including staff orientation to the performance planning and evaluation system. Additionally, management retreats were held with the participation of CARICOM, to explore the challenges of change and deepen relationships among senior managers. A Departmental Management Team (DMT) was established to strengthen teamwork and to provide support to the Executive Management Team in the delivery of CARPHA's mandate and services. Continued strengthening of teamwork will be a priority in 2014 and beyond.

During CARPHA's first year of operation, HR received a mandate to facilitate the full integration of the Regional Health Institutions (RHIs) with a view to fostering and inculcating a cohesive and single culture reflecting the new Agency's shared values. Additionally, there was the need to ensure that the Agency was adequately staffed with a cohort of well-trained, informed and motivated personnel. Consequently, HR embarked upon a series of activities geared towards bringing the Agency to a point in which it could fulfil its regional responsibility of providing efficient and effective service to Member States.

STAFF ORIENTATION AND PERFORMANCE PLANNING

During the first quarter of the reporting period, orientation sessions for all the organisation's units were conducted to ensure that there was a complete understanding of the policies, rules and regulations within which employees were expected to function. HR undertook group sessions with the Trinidad and Tobago and Saint Lucia campuses, geared towards sharing information and fielding questions and concerns. Similar sessions were also conducted on the Jamaica campus during the second quarter. A key activity objective was to bring all units on board with the adapted Performance Planning and Evaluation System (PPES), which would provide the basis for year-end evaluations and staff contract renewals for 2014.

MANAGEMENT RETREAT

In recognition of the need to promote and create a platform for cross-collaborative work, and in realisation of the fact that an integrated work plan could not begin to materialise without first creating a cohesive team, the Agency brought together a core group of senior managers from all three campuses in an effort to begin to build relationships in the month of May. "Getting to We" was the theme and focus of the retreat, which was facilitated by Dr Fred Nunes, a management consultant who specialises in engineering organisational change, building teams and coaching senior managers. The principal objectives of the retreat were to:

- Explore the magnitude of the change challenges for all participants
- Begin to deepen relationships among senior managers—towards becoming a strong, cohesive management team committed to meaningful collaboration
- Guide the team towards achieving a clear, shared vision
- Deepen the operational understanding of CARPHA's mission and its implications for working on developing a process of strategy formulation

ESTABLISHMENT OF DEPARTMENTAL MANAGEMENT TEAM

During the reporting period, the Departmental Management Team (DMT) was established. This team's purpose is to provide support to the Executive Management in the delivery of CARPHA's mandate, with primary responsibility for the management of operational activities at CARPHA. The Team met monthly and sometimes more frequently during the change period, during which it embarked upon an important exercise to provide inputs into the creation of a new organisational structure for CARPHA. The group also dealt with issues of administrative and managerial concern and made recommendations for the improvement of processes, all geared towards improving the way we work.

REVISIONS TO CARPHA STAFF RULES

At the 7th Executive Board Meeting, the revised Staff Rules document was presented. This document is a work in
progress, as HR attempts to further adapt it to CARPHA’s unique shape. At this meeting, HR received a directive to make revisions in order to bring the rules in line with CARICOM’s. Following this, at the 9th Board Meeting a decision was taken to have members review the proposed revisions to the Staff Rules and submit any recommendations for additions or amendments as appropriate. The rules would also be vetted for compliance with regional labour legislation and good industrial relations practice. The final document will be presented to the 10th Executive Board in April 2014.

CHANGE PROCESS
In the third quarter of the reporting period, the change process was accelerated, beginning with the development of a Change Management Policy and Procedure through which Corporate Services/HR would facilitate all the necessary activities. Developments in the process included the identification of a Change Coordinator and a communication approach involving consultations with staff, designed to inform and advise on proposed decisions and to solicit feedback on the response to the change process.

There were also consultations with representatives from the newly established CARPHA Staff Association and regular staff meetings to provide timelines and updates as the year progressed. Staff members were invited to have weekly dialogues, one-on-one, with a representative of Human Resources and a member of the Executive Management Team to voice their concerns and clarify issues.

Every opportunity was taken to include our offices in Saint Lucia and Jamaica by making full use of CARPHA’s Microsoft Office 365 technology for video conferencing.

ORGANIZATIONAL STRUCTURE
During the last quarter of the year, activities intensified with significant work being done to review and revise the structure of the Agency into one that would stimulate a better, more collaborative way of working and improve the Agency’s capacity to deliver high quality services to the member states. This work produced a comprehensive new structure (See CARPHA organogram attached in Appendix 7) and a listing of positions required to deliver the work of the Agency. This analysis revealed the need to staff the Agency with 14 additional posts.

Internal Selection Process
In October, following the official approval of the new structure, all positions were declared vacant and internal announcements were made with an invitation to all staff to apply for any position on the establishment in which they had an interest. A competitive selection process ensued with some staff members expressing interest in new positions, thus signalling a shift of career focus for them. The conclusion of this revolutionary period in the life of the Agency saw a significant staff reshuffle as well as changes in position descriptions and titles to more accurately reflect new roles and responsibilities.

In November, the selection process was completed and by 31 December, persons selected to continue a contractual relationship with CARPHA were issued new contracts with effect from 1 January 2014. The selection process resulted in the separation of three employees and the transfer of eight to other divisions within CARPHA.

As at 31 December, the number of positions on the establishment stood at 106 with 15 funded vacancies and 91 occupied positions. During the year, 17 persons were added to the complement of staff.

SKILLS AUDIT
In September, the Agency engaged the Caribbean Centre for Development Administration (CARICAD) to undertake an audit of the skills of the current staff of the Agency. The primary purpose of the audit was to identify the skills and knowledge currently available to the Agency and the skills and knowledge required to deliver its mandate in order to appropriately assign current staff as well as recruit the right people in the future. The results of this audit would also provide the Agency with critical information for facilitating staff development and training.

Information Technology
Information technology at CARPHA is managed by the Information Technology Services Department (ITS) within the Corporate Services Directorate. The department has a mandate to use IT as a strategic resource for transformation and innovation at the Agency by enabling a knowledge-
based, learning organisation and contributing to CARPHA’s leadership in public health and in collaborative efforts among Member States and partners to lengthen and improve the quality of the lives of the peoples of the Americas.

Planned Outputs 2013:
Acquire and install CARPHA corporate software
- Implement one unified IT platform across CARPHA Campuses
- Expand the CARPHA Network infrastructure to accommodate VoIP telephone extension-to-extension calling among CARPHA campuses
- Implement corporate accounting package
- Implement and upgrade surveillance software

Key Achievements:
- Installation of Microsoft 365 and Windows 7 across campuses
- Acquisition and installation of standard hardware and security features
- Hosting virtual meetings using Lync
- Implementation of CARPHA Internet and Intranet
- Implementation of the new Laboratory Information System

Overview of Activities:
Prior to CARPHA, each Regional Health Intuition (RHI) operated with its own IT infrastructure, which included software and hardware, telephony and websites with administrative support from their respective parent organisations, e.g., PAHO and CARICOM. An immediate objective and challenge was the acquisition of corporate software to facilitate connectivity between the three campuses in Trinidad and Tobago, Jamaica and Saint Lucia. In order to satisfy CARPHA’s needs, the following activities were undertaken during the year:

NEW HARDWARE AND SOFTWARE
After reviewing the options, a decision was taken to use the Microsoft Office 365 software along with Microsoft Windows 8. The software was implemented in March 2013 for all staff across campuses. Microsoft Office 365 includes SharePoint and Lync along with familiar Office Productivity Suite programs such as Outlook, Word, Excel and Power Point. Office 365 allows for cloud collaboration and integration using email, video and audio conferencing, instant messaging, document sharing and search and retrieval. Thus, it could facilitate online meetings among staff across all campuses, using a variety of mobile devices.

One significant benefit of such connectivity is the ability to conduct interviews using the Lync application, in cases where applicants were not from the host countries, thus resulting in cost savings in the recruitment process. Another benefit is the facilitation of virtual meetings with technical counterparts across CMS. One such successful meeting was the meeting of 50 – 60 persons representing Vector Control Officers, Chief Environmental Officers, Chief Vector Officers, epidemiologists and laboratory directors to discuss the Chikungunya situation in the Caribbean.

To bring all campuses to a common standard with appropriate hardware and security features, new laptops and security devices were implemented at the three campuses. This process is ongoing.
INTEGRATION OF CARPHA CAMPUSES
The ITS department also worked on networking the Jamaica and Saint Lucia offices to allow for Voice-over Internet Protocol (VoIP) extension-to-extension phone calls within CARPHA offices. In addition, it allows the ITS department to better manage the hardware and software at those locations. This, together with the Office 365 suite of software is expected to reduce the cost of phone calls between CARPHA offices.

CARPHA also worked with local providers, Digicel and TSTT in Trinidad and Tobago to provide solutions to increase bandwidth, mobile connectivity and Direct Voice- E1/T1, resulting in lower call rates and flat rate calling for mobile phones within the company’s network.

This will greatly improve the efficiency of communication with member countries as well as allow staff working in the field to communicate cost effectively with their colleagues and member countries.

IT SUPPORT FOR CORE FUNCTIONS
Surveillance Tools
The InfoBase platform for surveillance data was configured using the open source application DHIS2 (District Health Information System 2). This platform provides a framework that will facilitate data transfer between the Laboratory Information Management System and DHIS2. This system is currently being upgraded to accommodate aggregate data reporting.

The Laboratory Information Management System (LIMS) is in its final stages of full implementation. The application is currently running parallel to the existing LIMS to ensure all the required functions perform as required. Additionally, this will give us an opportunity to correct programming bugs that are discovered.

COMMUNICATION
Website/Internet
With the assistance of PAHO, ITS was able to implement a basic website to help increase the visibility of CARPHA. Limitations to the software supporting the website led to the decision to switch to a platform that facilitated greater, more advanced functionalities. The new website, www.carpha.org is mobile friendly and enables CARPHA to:

• Manage event registrations for workshops and conferences
• Disseminate news and information to stakeholders
• Publish a video library of training material
• Provide a library of publications
• Provide support to visitors
FACILITIES AND GENERAL SERVICES

The Facilities and General Services Unit within Corporate Services is responsible for overseeing and managing the maintenance of CARPHA’s infrastructure, asset management, telephone and communication system, transportation, housekeeping, security and health and safety.

Planned Outputs 2013:
• Ensure the smooth relocation and amalgamation of the RHIs at the CARPHA Headquarters
• Outfit all offices assigned to staff coming from the RHIs and ensure suitability for immediate occupancy
• Refurbish all offices at the CARPHA Headquarters
• Re-surface the CARPHA grounds

Key Achievements:
• Relocation of former RHIs to one campus – from St Augustine to Port of Spain
• Refurbishment of all campuses to maintain fair working environments

Overview of Activities:

FACILITY MAINTENANCE
CARPHA’s campuses in Trinidad and Tobago (the headquarters), Saint Lucia and Jamaica are all aged and significant ongoing maintenance work and repairs must be done in order to keep them pristine, functional and safe.

Trinidad and Tobago Campus
The facility that CARPHA HQ now occupies has been in existence since 1948 and housed the former Caribbean Epidemiology Centre (CAREC) since 1975, with some building additions and repairs done over the years. Further renovations were necessary since CARPHA needed to house the staff of the former RHI -Caribbean Health Research Council (now called Research Training and Policy Development Unit (REPDU)). While some of the works were cosmetic, they were necessary to ensure the comfort and safety of the staff. The works involved aesthetically enhancing five offices, one of which was converted from laboratory space into the Deputy Director’s office. This was done so that the Deputy Director’s office would be in close proximity to the offices of the other members of the Executive Management Team.

Additional space was required to house the staff of the Field Epidemiology Training Programme (FELTP), which is also housed on the CARPHA HQ campus. Building “J” was renovated to house these new members of staff. Five offices were renovated and retrofitted and are expected to be occupied early in 2014 (See Figure 28).

Given the staff changes under the change management process, including the recruitment of persons to new positions under the new CARPHA structure, office allocations and layouts were further modified to accommodate all staff. Following this, the offices were treated for termites, which are a perennial problem on the compound.

The physical condition of some of the buildings is of concern from primarily a safety perspective. A proposal to the Government of Trinidad and Tobago to finance the conversion and refurbishment of the unused molecular laboratory to accommodate several offices is being prepared and will be negotiated. This will facilitate the relocation of several units including Finance, FELTP, Surveillance and Communication, along with a new backup server room, to a safer, more comfortable work environment.
The Trinidad and Tobago campus now boasts an additional facility with the construction and installation of the BSL-3 laboratory.

Saint Lucia Campus
The building housing the Saint Lucia campus, formerly the Caribbean Environmental Health Institute (CEHI) was built in 1991 and is approximately 23 years old. Owned by the Government of Saint Lucia, CARPHA occupies the western half of the building while the Sir Arthur Lewis Community College occupies the eastern half. It is a two-story structure with the bottom floor comprising a laboratory, three offices and two bathrooms. The top floor comprises a conference room, a kitchen, two bathrooms and 13 offices.

Like the Trinidad campus, critical repairs were necessary during 2013 and included repairs to air conditioning units, servicing the water pump, replacing lighting fixtures, the rehabilitation of the kitchen facilities, which involved the replacement of counter tops and retiling both ceiling and floor tiles. External work included painting the external building and paving the parking lot, which was in a dilapidated condition.

Jamaica Campus
The CARPHA Jamaica Campus, formerly the Caribbean Drug Testing Laboratory (CRDTL) office, was built in 1980 and is a two-story structure, comprising laboratories, offices, a conference room and a small kitchenette. The facilities are shared with the Government Chemist’s office. The DTL does not have adequate space for its effective operations. Among the challenges are:

- Lack of adequate storage for chemicals and solvents, which jeopardises safety and could compromise inventory control
- Cramped quarters in which staff are required to operate
- Lack of bathrooms in the building
- Poor condition of the aged cupboards in the chemistry laboratory
- Major deficiencies in the microbiology laboratory

The Executive Director has written to the Permanent Secretary in the Ministry of Health, Jamaica and further engagement on this matter is expected.

Some aesthetically pleasing works have also been done internally on the building. Additionally, some Pest Control Services were done to prevent and minimise pest infestations.

EMERGENCY MANAGEMENT PLAN
The Plan was drafted in 2013 and is currently awaiting review by Headquarters, the Jamaica Fire Service and D&L Safety Ltd. An orientation session along with staff training will be conducted when the document is finalised.

Fire Alarm System
Supreme Fire Service changed all fire extinguishers in May 2013. In December, the fire alarm system was fully serviced. It was recommended that the current system be changed, as there are no smoke detectors and 116 volts are being used at each pull station, which could result in electrical shock.

During a recent inspection by the Jamaica Fire Brigade, the unsuitability of storage arrangements especially as regards flammable solvents was highlighted. It was also recommended that smoke detectors be installed in the building.
The laboratory’s equipment has not been insured since November 2013 as the company through which coverage had been secured in the past, advised that until CARPHA is registered in Jamaica, business could not be conducted with the Agency. This is of great concern especially having regard to the aforementioned observations by the Fire Department.

MICROBIOLOGY LABORATORY
The WHO inspected the Microbiology Laboratory in March/April 2012. In their report, the inspectors noted major deficiencies in the facilities, stating that the rooms were not in compliance with the requirements for sterility tests. The WHO informed that until these are corrected, they are unable to prequalify the Microbiology laboratory.

NEW CARPHA/NATIONAL PUBLIC HEALTH LABORATORY (NPHL) FACILITY
The United Nations Office for Project Services (UNOPS) - Latin America and Caribbean Regional Office in collaboration with ARUF Trinidad and Tobago, presented the design brief for the new building to co-locate CARPHA/NPHL offices and laboratories in Port of Spain. The brief included aspects of site analysis, requirements, architectural proposals (as well as laboratory planning), building systems, building sustainability and project planning including costing.
FINANCIAL REPORT

Overview

CARPHA commenced operations on January 1st 2013, having assumed the functions of the former five Regional Health Institutions. Given the economic challenges faced by most Member States of the Region and the inherent uncertainties associated with Member State quota funding, the Agency recognized as a first priority, the need for the development of a financing strategy that would ensure the on-going sustainability of its operations. This strategy identified the need for developing sustainable financing mechanisms; building partnerships with local, regional and international agencies and implementing management and internal control systems that promote both transparency and optimization in the use of resources. The Financing Strategy lends support to CARPHA’s 12 Year Strategic Plan, which in addition to addressing the issue of sustainability, seeks to ensure that the Agency is focused on both the Region’s key public health priorities and CARPHA’s ability to effectively respond to emerging public health threats and outbreaks.

Notwithstanding the uncertain economic environment, the Agency completed a very successful start-up year. The commitment of Member States was demonstrated by way of strong financial support to the organization. External donor support provided critical resources that allowed for the enhancement of institutional capacity through the planned establishment of Integrated Management Systems, development of strategic and operational plans; review of human resource transition procedures and streamlining of governance processes.

The management of resources and maintenance of expenditure within budgeted parameters were of critical importance to CARPHA during its first year of operations. Approximately 71% of the Agency’s approved budget of US $6,064 million was allocated to personnel costs and general operating expenditure. The Agency was successful in maintaining its core expenditure within budgeted limits. This could be attributed primarily to investments made during 2013 in relation to information and communications technology upgrades and the use of external resources to support core staffing positions.

BUDGETED SOURCES OF FUNDING

Article 16 of the Intergovernmental Agreement establishing CARPHA makes provision for CARPHA to be funded through:

I) Annual contributions from Member States and Associated Member States

II) Contributions from other states or entities both within and external to the Region

III) Grants in relation to research, information collection and dissemination, advisory services, projects, capacity building or any other purpose consistent with the outlined objectives of the Agency

IV) Other sources or mechanisms for sustainable financing, including the establishment of a trust or reserve fund

The Agency’s budgeted Sources of Funding for 2013 were estimated as follows:

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member State Quota Contributions</td>
<td>US $ 4,173,919</td>
</tr>
<tr>
<td>Grant Funding</td>
<td>1,212,099</td>
</tr>
<tr>
<td>Carry Forward Surpluses</td>
<td>2,771,000</td>
</tr>
<tr>
<td>Fee Based Income</td>
<td>146,640</td>
</tr>
<tr>
<td>Total</td>
<td>US $8,303,660</td>
</tr>
</tbody>
</table>

ASSESSED QUOTA CONTRIBUTIONS

CARPHA’s quota budget of US $4,173,919 for 2013 was derived from amalgamated quota budgets of the five Regional Health Institutions as shown below:

<table>
<thead>
<tr>
<th>Regional Health Institution</th>
<th>Quota Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean Epidemiology Centre (CAREC)</td>
<td>$ 2,613,854</td>
</tr>
<tr>
<td>Caribbean Environmental Health Institute (CEHI)</td>
<td>$ 473,340</td>
</tr>
<tr>
<td>Caribbean Food and Nutrition Institute (CFNI)</td>
<td>$ 412,269</td>
</tr>
<tr>
<td>Caribbean Health Research Council (CHRC)</td>
<td>$ 355,001</td>
</tr>
<tr>
<td>Caribbean Regional Drug Testing Laboratory (CRDTL)</td>
<td>$ 319,455</td>
</tr>
<tr>
<td><strong>Total Quota Budget</strong></td>
<td><strong>$ 4,173,919</strong></td>
</tr>
</tbody>
</table>
The Agency also inherited US $8,160,377 in accumulated arrears from the Regional Health Institutions. The combined indebtedness of Member States to CARPHA at January 1, 2013 therefore totalled US$12,334,296. Notwithstanding this significant level of indebtedness by Member States, CARPHA received strong financial support during 2013. Contributions totalling US $3,697,351 were received from 15 Member States. This amount represented 89% of budgeted quota receipts for the year. Of this amount received, US$98,181 represented contributions made towards dues owing prior to December 31, 2012. Indebtedness to the Agency totalled US$8,636,945 at the end of the financial year.

Donor and international agency funding played an important role in enabling CARPHA to meet its programmatic objectives and strengthen its internal management and governance systems. The Agency exceeded its resource mobilization targets in 2013, recording project receipts of over US $1.5 million.

Most significantly, the Agency received institutional capacity building support through a European Union grant valued at €1.5 million. Implementation of this project began in June 2013 with the approval of a Start-up Programme Estimate valued at €92,000. This grant was intended to assist in streamlining the governance of CARPHA, enhancing the institutional capacity of the organization and promoting the work of the Agency amongst its constituent Member States and key partners. Further disbursements under this grant are to be made in 2014.

Further institutional strengthening support was received from the Department of Foreign Affairs and International Trade of Canada (DFAIT), through the provision of funding for the equipping of a biological containment laboratory, in the amount of US$142,653. The laboratory, which was donated by DFAIT at a cost of CAN$2.5 million, is expected to be commissioned during the early part of 2014.

In relation to funding for programmatic activities, CARPHA inherited two significant projects aimed at enhancing the monitoring and evaluation capabilities of the Region with respect to HIV/AIDS. These projects were previously implemented by the CHRC. During 2013, the Agency received funding for HIV AIDS under the Global Fund arrangement, in the amount of US$297,565, whilst US$300,000 in funding was provided through the CDC grant for monitoring and evaluation.

During 2013, the Agency signed a Notice of Award with the US Centers for Disease Control and Prevention, which transferred the responsibility for implementation of the Caribbean Regional Epidemiology and Laboratory Training project from PAHO to CARPHA. The project, which is in its second year of implementation has a total value of up to US$5,000,000 and is to be implemented over a 5-year period. The funding allocation of US$925,000 for year 2 is to be disbursed in 2014.
CARPHA’s Environmental Health and Environmental Management Unit was responsible for providing counterpart support in the execution of two significant projects funded by the German Government, through the German Technical Cooperation (GIZ). These projects provide direct environmental support to 8 CARPHA Member States, focusing on the protection of coastal and marine resources and the adaptation of rural and agricultural sectors to the effects of climate change. The projects have also provided infrastructural upgrade support to the CARPHA campus in St Lucia, to enable it to accommodate the GIZ Project Management Unit. The upgrade, which commenced in 2012, was completed in 2013 at a cost of US$65,000. The unit also received a grant of US$99,000 to further the development of a full project proposal for submission to the Global Environment Fund (GEF) Secretariat for consideration.

CARPHA’s portfolio of projects is summarized below:

<table>
<thead>
<tr>
<th>Donor/Funding Agency</th>
<th>Project Title</th>
<th>Total Grant Amount</th>
<th>Direct Funding Received in 2013</th>
<th>Grant Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Foreign Affairs and International Trade Canada (DFAIT)</td>
<td>Support for the enhancement of Biological Security and Disease Surveillance Capabilities at CARPHA</td>
<td>CAN$2,500,000 (Includes Direct Laboratory Infrastructural Support)</td>
<td>US$142,764</td>
<td>Jan-June 2013</td>
</tr>
<tr>
<td>European Union</td>
<td>Institutional Strengthening of CARPHA</td>
<td>€1,510,000 (US$1,917,000)</td>
<td>US$117,211</td>
<td>Jun 2013-2017</td>
</tr>
<tr>
<td>US Centers for Disease Control and Prevention (CDC)</td>
<td>Caribbean Regional Epidemiology and Laboratory Training (CRELTP)</td>
<td>US$5,000,000</td>
<td>*US$ -</td>
<td>Oct 2012- Sept 2017</td>
</tr>
<tr>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH</td>
<td>1) Coastal Resources Management and Conservation of Marine Biodiversity in the Caribbean 2) Adaptation of Rural Economies and Natural Resources to Climate Change</td>
<td>€11,000,000 (US$13,970,000) (Direct Country Support)</td>
<td>US $20,335</td>
<td>Jan 2013-Dec 2016</td>
</tr>
<tr>
<td>International Development Research Centre</td>
<td>CARICOM Food Security Project</td>
<td>US$568,275</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Project Receipts</td>
<td></td>
<td></td>
<td>US$1,595,239</td>
<td></td>
</tr>
</tbody>
</table>

*N8: Phase I of the project was implemented by PAHO. Funding arrangements are to be finalized for full project implementation by CARPHA in 2014.

CARRY FORWARD SURPLUSES
The Agency received US$2,771,000 in unrestricted carry over cash reserves from the former PAHO supported RHI centres – CAREC and CFNI. These funds provided important start up working capital and a basis for the establishment of a reserve fund for the CARPHA.

MISCELLANEOUS REVENUE

<table>
<thead>
<tr>
<th>Actual Receipts</th>
<th>Annual Budget</th>
<th>Percentage variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>US $240,638</td>
<td>US $146,640</td>
<td>64%</td>
</tr>
</tbody>
</table>
Miscellaneous revenue comprises service fee income, generated from both laboratory and consultancy services provided by the Environmental Health and Environmental Management Unit of CARPHA. Miscellaneous revenue targets for the year were surpassed as the Agency recorded in excess of US$161,000 in billings for environmental services. The Environmental Laboratory invoiced US$80,315 for water quality testing services provided to the private sector. Consultancy billings by that Unit accounted for US$87,862 and related primarily to contracts engaged in for the conduct of Indoor Air Quality and Environmental Assessments.

Revenue was also generated through the hosting of the 58th Annual Scientific Council Conference held in Barbados in May through registration, exhibition fees and sponsorship. The amount of US$65,513, which was generated was used to defray the costs associated with the hosting of the event.

EXPENDITURE

Budgeted Expenditure for 2013 was estimated at US$6.064 million of which 81% would be covered by core resources and 19% by projects funds. The Agency was successful in ensuring that actual overall expenditure for both core and project activities did not exceed overall budgeted limits. Core expenditure amounted to US$4.58 million for the year whilst project spending totalled US$1.58 million (see Project Related Receipts and Expenditure Appendix 9).

Personnel costs remained the Agency’s most significant expenditure category and in line with other technical knowledge based organizations, accounted for 62% of overall expenditure. The Agency increased its staff complement to 93 officers as of December 31, 2013, at a recorded annual cost of US $3.85 million. Approximately 15% of staff costs were funded through external CDC, PAHO, PANCAP and UNEP grants.

Training, workshops and meeting costs represented the second largest item of expenditure, accounting for 11% of overall expenditure, with approximately 55% being covered by external grant funding.

General operating expenditures including the costs of office supplies, maintenance, security, utilities and insurance accounted for 9% of expenditure for the year.

A summary of CARPHA’s Expenditure for the year is highlighted as follows:

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORY</th>
<th>ACTUAL EXPENDITURE</th>
<th>BUDGETED EXPENDITURE</th>
<th>BUDGET VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US $</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CORE</td>
<td>PROJECT</td>
<td>TOTAL</td>
</tr>
<tr>
<td>Personnel Remuneration and Benefits</td>
<td>3,274,694</td>
<td>575,487</td>
<td>3,850,181</td>
</tr>
<tr>
<td>Training, Workshops and Meetings</td>
<td>308,052</td>
<td>372,911</td>
<td>680,963</td>
</tr>
<tr>
<td>General Operating Expenses</td>
<td>505,416</td>
<td>23,364</td>
<td>528,780</td>
</tr>
<tr>
<td>Laboratory Operations</td>
<td>158,874</td>
<td>43,789</td>
<td>202,663</td>
</tr>
<tr>
<td>Equipment</td>
<td>153,216</td>
<td>141,818</td>
<td>295,034</td>
</tr>
<tr>
<td>Public Awareness and Education</td>
<td>27,099</td>
<td>14,840</td>
<td>41,939</td>
</tr>
<tr>
<td>Outsourced Technical Services</td>
<td>124,769</td>
<td>406,479</td>
<td>531,248</td>
</tr>
<tr>
<td>Research</td>
<td>31,340</td>
<td>-</td>
<td>31,340</td>
</tr>
<tr>
<td>Total</td>
<td>4,583,460</td>
<td>1,578,688</td>
<td>6,162,148</td>
</tr>
</tbody>
</table>
CASH FLOW AND LIQUIDITY
The Agency ended the year with just over US 1.8 million in unrestricted cash reserves representing approximately 4 months of working capital. As at December 31, 2013, restricted reserves related to the CARPHA staff Provident Fund totalled US$325,474. This amount is temporarily invested in a 4% interest bearing bonus savings deposit account.

Project restricted resources amounted to US$70,378 and reflected unutilized resources to be refunded to the European Union under the Start Up Programme Estimate for CARPHA Institutional Strengthening.

Given the importance of managing cash flow and liquidity in light of the uncertainty of the timely receipt of assessed quota contributions, the Agency has established a Finance and Audit Committee to provide support to Management, both in relation to budget formulation and investment planning. The Committee has agreed to meet quarterly.

NEXT STEPS
Notwithstanding the completion of a satisfactory start-up year for CARPHA, the Agency continues to be concerned about the economic challenges confronting Member States. These challenges both increase the risk of Member State default and increase the difficulty faced by the Agency with respect to receiving approval for quota budget increases. In recognition of this fact, Management has developed a financing strategy aimed at diversifying the financial resource base of the Agency, thereby minimizing the financial burden on Member States and enhancing the financial stability of the organization. The key elements of this strategy include:

- Strengthening CARPHA’s management and internal accounting control systems to facilitate greater cost control and accountability
- Focusing on Donor and International Agency support through the establishment of a resource mobilization unit and the orientation of all technical staff with respect to project proposal development
- The establishment of a CARPHA Foundation and a Trust Fund that will augment the resource base of the Agency
- The establishment of a Working Capital Reserve fund that would be financed through operating surpluses and collection of quota arrears. CARPHA would aim to maintain this fund at a level that would provide between 3 – 6 months of working capital.
- Marketing existing fee-based laboratory services whilst exploring other avenues for revenue generation through private sector engagement.
- Expanding CARPHA’s Membership base to include non-CARICOM Regional Member States
- Reducing costs through technical partnership arrangements involving the use of interns and other short-term expertise.

Whereas it is hoped that these investments are expected to place CARPHA on a path of financial sustainability, there is however acknowledgement that the Agency’s short-term success will continue to hinge on the support it receives from its Member States. Consequently, CARPHA intends to place significant emphasis on demonstrating its importance and relevance to the Region and in so doing it intends to ensure that the service value that it provides to Member States is communicated to ministerial and agency stakeholders at all levels.
THE WAY FORWARD

The region has made progress through CCH-1, -2 and -3, including the elimination of indigenous measles, scaling up prevention and control of HIV/ AIDs, and elevating the NCD challenge to the global level. However, many significant challenges remain that threaten health and development, and which will need to be included in a re-fashioned CCH-4, including the threat of emerging/re-emerging infectious diseases; poverty-inducing NCDs and obesity; the demographic shift; high levels of injuries and violence; and ongoing environmental degradation and climate change – an existential threat to Small Island Developing States (SIDS).

Yet there are many cost effective public health solutions and “best buys”; many of which require multiple sectors to take joint action, including civil society and the private sector.

It is within the scope and vision of CARPHA that the work of the Agency, in collaboration with member states and partners, can significantly improve health, productivity and development prospects for the region. Investment in public health – in disease prevention, health promotion and protection measures in member states, and in CARPHA at regional level, will be needed to realise this vision.

The 2014-2019 CARPHA Plan: “Pathway to 2025”, developed in a participatory manner, outlines the strategic directions for CARPHA’s first six years of operation, and guides the way forward for the Agency. The 2014-2016 Work Programme outlines the CARPHA programme for three years; it is further detailed in the 2014 Annual Work Plan and Budget.

![Figure 38: CARPHA Strategic Plan](image-url)
Based on the above priority areas and objectives, the focus of CARPHA’s work during 2014 would be as follows:

**Strategic Priority 1: CMS Health Needs Addressed Through A Regional Approach**

The specific needs of CMS have been identified through several sources, including a CARPHA Health Situation Analysis in October 2013, National Health Plans and consultations with Ministry of Health personnel.

To address the health priorities the following regional mechanisms will be pursued during 2014:

- As a CARICOM institution, focus will be placed on leveraging the CARICOM mechanisms, i.e., Councils of Ministers and their various fora to bring health and environmental issues to the table, and to foster the necessary collective and supportive responses across councils and sectors. A similar approach will be applied to understand and utilise the OECS, Dutch and UK Overseas Territories (UKOT) mechanisms for the benefit of the health of the Region’s citizens. Given the interest of the French Departments, the French mechanism will also be explored to ensure that every existing political grouping mechanism is clearly understood and utilised to advance the regional health agenda.

- Building and strengthening regional technical networks around essential public health functions and health themes. These networks will build a cadre of professionals across CMS with increased support mechanisms and collaborative efforts and initiatives to maximise resources, both technical and financial. Regional networks to be pursued during 2014 include:
  - Caribbean Public Health Laboratory Network for strengthening Regional Health Systems, through increased access to high quality Laboratory Services in CMS. And other networks of professionals at national level such as health communicators and environmental health officers to facilitate the implementation of agreed work

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The Strategic Plan identifies five Priority Areas to guide the Agency on its pathway to 2025:

<table>
<thead>
<tr>
<th>STRATEGIC PRIORITY</th>
<th>STRATEGIC OBJECTIVES</th>
</tr>
</thead>
</table>
| 1. CMS HEALTH NEEDS ADDRESSED THROUGH A REGIONAL APPROACH | SO 1.1 To establish mechanisms and networks to ascertain and address the varying priority needs of CMS.  
SO 1.2 To establish mechanisms and networks to ascertain and address the varying priority needs of CMS. |
| 2. SUPPORT TO CMS IN THE EXECUTION OF THEIR PUBLIC HEALTH FUNCTIONS | SO 2.1 To provide effective and efficient leadership and support to CMS for health promotion, disease prevention and control, and environmental protection.  
SO 2.2 To develop and strengthen the capacity of CMS health systems to deliver and respond to their core regional and global public health and environmental obligations. |
| 3. PARTNERSHIP APPROACH TO HEALTH PRIORITIES | SO3.1 To strengthen and expand public, private and civil society partnerships and networks within an ethical framework, at the regional and international levels to improve Public Health in CMS. |
| 4. DEVELOP AND SUSTAIN THE ORGANIZATION | SO4.1 To identify and address the needs of the changing environment through innovation, resource mobilisation and efficient, effective and evidence-based strategies.  
SO4.2 To establish sustainable stakeholder relationships through the communication of the value of our products and services.  
SO4.3 To increase investment in regional public health services through effective communication and strategies. |
| 5. UNITY FOR ACTION | SO5.1 To create an environment within CARPHA that enables staff to unify and perform effectively. |
plans and projects at national level.

• Other networks of professionals at the national level such as health communicators and environmental health officers, to facilitate the implementation of agreed work plans and projects at national level.

**Strategic Priority 2: Support To Cms In The Execution Of Their Public Health Functions**

Support to CMS in the execution of their public health functions involves providing support in key areas such as laboratory, surveillance and response, research, health communication and training.

These public health functions will be provided in support of communicable diseases, non-communicable diseases, environmental health and sustainable development.

To strengthen core functions the focus will be as follows:

**Laboratory**

• Provide on-going environmental laboratory services, water quality testing, air quality, etc.
• Provide high quality laboratory services – medical, drug testing and environmental
• Develop and maintain a functioning Laboratory Information Management System (LIMS)
• Develop CMS laboratory workforce to meet core International Health Regulations (IHR) capacities
• Ensure safe, effective drugs of good quality are selected for use through strengthened national work plans and surveillance programmes based on Caribbean priorities

**Surveillance**

• Timely reporting from CMS to enable timely production of regional surveillance reports
• Revision of NCD minimum data set to include global indicators and web-based reporting
• Ongoing support for NCD risk factor surveillance for greater data to policy action
• Commence surveillance for violence and injury at national and regional levels
• Strengthen and expand surveillance for food and nutrition e.g. nutritional status of infants and young children, growth monitoring programmes, food consumption surveys
• Strengthen multi-sectoral surveillance of food borne diseases including burden of illness
• Become a WHO Family of International Classifications Collaborating Centre (WHO-FIC-CC)
• Develop regional vector-borne disease surveillance plans
• Develop model epidemiology-environmental data linkages for improved policy and planning

**Research**

• Ongoing monitoring and evaluation of CCH
• Revise the Health Research Policy for the Caribbean
• Host Annual Scientific Conference
• Conduct research into the trans-fat acid content of processed food in pilot countries
• Conduct needs assessment for Tourism and Health Programme, to improve planning
• Provide training to build capacity and skills in health, food safety, environment and tourism
• Include M&E action plans /chapters in national strategic health plans

**Human resources for Health**

• Train CARPHA staff in appropriate training techniques, e.g., adult learning
• Implement FELTP project to build a competent public health workforce in the Caribbean
• Develop a cadre of staff trained in vector identification and control methods
• Conduct ongoing training to strengthen national mortality data collection
• Strengthen capacity of environmental health officers
• Provide increased training in the areas of health information and data analysis, fundamentals of M&E, grant writing, and research methods

**Communication**

• Develop regional health communication strategy
• Develop communication plan including material for at least two health priorities
• Train CARPHA and CMS personnel in communication techniques including communication for behavioural impact
• Facilitate the publication and dissemination of
To address specific health priorities the focus will be on the following:

**Non-communicable diseases**
- Assess the implementation and enforcement of CMS' Framework Convention on Tobacco Control commitments to inform action
- Contribute to the evaluation of the Port of Spain Declaration on non-communicable diseases (NCDs) to accelerate multi-sector action
- Develop evidence-informed policies on food and nutrition security and supportive systems along with mechanisms to enable programme implementation at national levels
- Develop health settings for NCD prevention and control with emphasis on schools, and workplaces and supportive tools including food-based dietary guidelines.
- Revise, publish and disseminate diabetes mellitus and hypertension clinical guidelines

**Communicable diseases**
- Vector control – update policy recommendations and guidelines for vector-borne diseases in the context of integrated vector control management (dengue, CHIKV, malaria, etc.)
- International Health Regulations (IHR) – develop a regional strategy to support CMS to meet IHR requirements
- Food Borne Diseases (FBD) – strengthen outbreak response and integrated FBD programming
- Develop Tourism and Health Programme, including collaborative programming with the Caribbean Tourism Organisation

**Family and community health**
- Develop, publish and disseminate neonatal guidelines
- Publish and disseminate maternal guidelines

**Environmental health and sustainable development**
- Develop health, safety and environment monitoring guidelines
- Develop regional and national environmental health plans
- Re-establish the network of Environmental Health Officers and streamline with the Environmental Health and Sustainable Development sub-TAC
- Strengthen national and regional initiatives addressing water and air quality, and chemical management
- Develop regional guidelines for national policies and programmes on workers' health
- Initiate a regional response to climate change and health including organising a regional seminar on climate change, health and the environment
- Implement current environmental management projects including:
  - Caribbean Aqua-Terrestrial Solutions (CATS) Programme: Adaptation of Rural Economies and Natural Resources to Climate Change (GIZ-CARICOM) - (Belize, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines);
  - CATS Programme: Management of Coastal Resources and Marine Biodiversity in the Caribbean (GIZ-CARICOM) - (Belize, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines);
  - Integrating Water, Land and Ecosystems Management in Caribbean SIDS (GEF-IWEco) (Antigua and Barbuda, Barbados, Cuba, Dominican-Republic, Grenada, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines, Trinidad and Tobago)
  - Regional Strategic Programme for Climate Resilience focusing on large scale Rainwater Harvesting (Haiti, Jamaica, Dominica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines)
  - Initiate new project areas including identification, assessment and inventory of waste disposal sites in CMS

**STRATEGIC PRIORITY 3: PARTNERSHIP APPROACH TO HEALTH PRIORITIES**

The principle of partnerships is key to CARPHA's work, given that we are small, and that the determinants of health status lie in other sectors to a large extent. The concept is to develop and build partnerships first at CMS level within
the health sector, then expand to whole of government, fostering collaboration across sectors, and then to the wider society, including the private sector and civil society, within an ethical frame. The focus during 2014 will be on developing and implementing a partnership strategy and developing a model for regional institutional partnerships for public health and the environment, and sustainable development. Also planned for 2014 is a CARPHA Partners’ Meeting to review CARPHA’s strategic plan and identify areas for collaboration and partnership including advocacy, technical assistance and resource mobilisation.

Key partnerships to be pursued during 2014 include:

**Regional Institutions**
- CARICOM – CARPHA, now as the single, unified regional health institution, will guide the implementation of the health agenda as identified in the CARICOM Strategic Plan and CCH.
- CARICOM Office for Trade Negotiations – To address NCDs and obesogenic environments and in preparation for a joint COTED/COHSOD (Council for Trade and Economic Development and Council for Human and Social Development) during 2014.
- Caribbean Community Climate Change Centre – CARPHA will be executing a component of an Inter-American Development Bank-funded project, “Caribbean Strategic Programme for Climate Resilience”.
- Caribbean Disaster and Emergency Management Agency (CDEMA) – Implementation of the health component of a project for disaster risk reduction submitted for consideration under the 11th European Development Fund (EDF).
- Caribbean Tourism Organisation (CTO) - An MOU will be signed in 2014 for improving health, safety and environmental conditions to enhance the industry’s quality, sustainability and competitiveness.
- Caribbean Development Bank – To support strengthening the financial sustainability of CARPHA.

**Bi Lateral/ National**
- Argentina – Continue partnership in keeping with the agreement signed in 2013 between CARPHA, CARICOM, PAHO and Member States to support the strengthening of laboratories, pharmaceutical quality and NCDs.

**International**
- PAHO/WHO – A core partner in implementing the CARPHA/PAHO Biennium Work Plan.
- US Centers for Disease Control (CDC) – Implement collaborative projects, including the FELTP project, monitoring and evaluation among CMS, and strengthening public health services in the Caribbean region.
- European Union (EU) – Continue implementation of current programme for institutional strengthening: information systems, governance, human resources and communication. Also to continue to advocate through CARICOM and CARIFORUM for greater support for health in development programmes and integration of health in other sectoral initiatives, e.g., in the 11th EDF.
- Inter-American Development Bank (IADB) – Provide support to the IADB-Government of Trinidad and Tobago project, “Health Services Support Programme”, and collaborate on Tourism, Health and Environmental programming.
- World Bank – For support to finance various NCD initiatives such as specific interventions according to health priorities among the countries of the Organisation of Eastern Caribbean States (OECS).
- United Nations Environment Programme (UNEP) – Through Dr Andrade’s contributions to the CARPHA TAC, continue to address environmental priorities and pursue joint funding initiatives to respond to CMS needs.
- GIZ – Maintain the current collaboration for the Caribbean Aqua-Terrestrial Solutions, in particular to prepare detailed work plans for five focal marine protected areas.
- France – Develop relationships further with the French Departments and Institute Pasteur.

**Civil Society**
Through the Memorandum of Understanding referred to under Function 9, CARPHA and the Healthy Caribbean Coalition (HCC) will pursue joint collaborative efforts to address NCDs and their risk factors and determinants.

**Private Sector**
CARPHA Corporate and Civil Society Partnering Policy will guide collaboration with the private sector during 2014. Of particular interest are collaborations with insurance
companies, banks, telecommunication networks and sporting bodies. Given the need to engage the food and beverage industry as we address obesogenic environments, CARPHA will also pursue collaborations with selected food and beverage industries in keeping with the policy. In addition, the establishment of a CARPHA strategy for health partnership and a Caribbean Health Partners’ Forum will be initiated during 2014.

**Strategic Priority 4: Develop And Sustain The Organization**

The identified strategies to develop and sustain the organisation, call on CARPHA to particularly develop new value added programmes, to develop creative resource mobilisation strategies and to promote CARPHA as a good investment in health.

Planned activities for 2014 are as follows:

**Tourism, Health and Environment programming**
With seed funding provided by CARPHA and the Ministry of Tourism, Antigua and Barbuda. Funding will also be pursued from the IADB.

The overall goal is the improvement of health, safety, quality and sustainability of the Caribbean’s tourism industry including health and wellness in the tourism workforce. The programme will take an integrated approach, including awareness and communication, training in food safety and environmental management, improved coastal and recreational water quality through implementation of environmental management systems and guidelines, strengthening surveillance and rapid response, standards and certification, and partnership and collaboration with the Caribbean Tourism Organisation and the Caribbean Hotel and Tourism Association.

**Climate change, health and the environment**
A large part of the CARPHA response is related to the added impositions of climate change. As such, the targeted interventions in the main thematic areas (water/wastewater; solid waste; hazardous waste/chemicals and air) are regarded as responding to climate change. Climate change is a crosscutting issue, which is also closely linked to disaster risk vulnerability reduction and response to disasters (climate variability or long term climate change).

- **Water, Land and Wastewater Resources Management**
  This area addresses water quality as well as water quantity issues, recognising that availability impacts the health of persons who may have little choice but to use poor quality water for potable purposes. Initiatives will focus on assessments for capacity-building and on-the-ground interventions, as well as guide future plans and policies. A holistic approach, focusing on watersheds and impacted coastal areas, will be used to reduce risk and improve health benefits.

- **Solid Waste Management**
  Waste management has focused on promoting the adoption of suitable waste diversion strategies, and providing support for awareness and training in these areas. Great focus has been placed on identifying opportunities for diverting tyres, plastics, ferrous and non-ferrous metals, etc., away from landfills. This is particularly important given the limited land space in SIDS and the potential for direct and indirect human exposure to leachate and potential infectious, toxic and carcinogenic effects. It also provides for assisting with direct interventions such as abatement of asbestos containing materials through training.

- **Chemicals and Hazardous Substances Management**
  Chemicals and hazardous substances management focuses on safe storage and disposal of obsolete chemicals, and on the safe handling of chemicals in the workplace, safe use of agrochemicals and those used commercially and industrially. This thematic area has seen awareness-building and capacity training across a wide group of stakeholders.

- **Air Quality Management**
  Concerns over air quality, particularly in closed building environments have been increasing, given the ageing of the infrastructure of buildings that were constructed decades ago. Proper maintenance of air handling units that were installed when the buildings were originally commissioned is often not observed. As a result, workers’ health is being negatively impacted and there is loss of productivity due to associated illnesses. Similarly, ambient air quality is emerging as a health
issue in urban environments, particularly those with high traffic volumes. Of concern are vulnerabilities of critical facilities such as hospitals, health clinics, nursing homes and laboratories, along with schools and residential neighbourhoods that are in close proximity to major roadways. Spatial planning considerations in the context of air quality nuisances from commercial operations such as livestock rearing and processing, quarrying and heavy industries in proximity to nearby communities is becoming a pressing need.

STRATEGIC PRIORITY 5: Unity for Action

In order to create an environment within CARPHA, which enables staff to unify and perform effectively, the focus for 2014 will be on strengthening management functions in the areas of governance, human resources, finance and procurement, information technology, corporate communication and general services, including health and safety, and facilities.

GOVERNANCE

- Strengthen governance structure and system including:
  - Conduct of Executive Board Meetings
  - Conduct of Technical Advisory Committee (TAC) Meetings
  - Streamline sub-TACs to support oversight of CARPHA functions and key health priorities
  - Standardisation, documentation and dissemination of revised and developed operational, corporate and administrative procedures

HUMAN RESOURCES

As CARPHA continues to evolve, 2014 will be a year of exciting challenges as the Agency continues to maintain the gains made in 2013, respond to new and emerging public health concerns that require a continuous shifting of priorities and develop new strategies. Given the foreseen challenges, HR will:

- Pursue the creative use of resources and networks to ensure that the Agency has the human resources to provide critical services to member countries.
- Continue promotion and realisation of a cohesive culture.
- Staff the Agency with a representation of Caribbean nationalities, in particular nationals of CMS.
- Facilitate the continued development of our young professionals into high performing leaders and managers, within the framework of a comprehensive succession plan.
- Pay attention to the gender and age profile of the Agency with a view to creating a more balanced workforce.
- Ensure high impact of training and development to realise return on investment.

FINANCE AND PROCUREMENT

As outlined in the Next Steps section of the financial report, the focus during 2014 will include the following:

- Increasing integrity and accuracy of financial reporting and strengthening internal controls
- Diversification of CARPHA’s income base through the establishment and institution of:
  - CARPHA Foundation
  - CARPHA Trust Fund
  - Fee for service and cost sharing to extend range and impact of service
- Enhanced core and project reporting
- Effective and efficient financial planning and reporting
- Standardisation of finance and procurement procedures across CARPHA campuses
- Resource mobilisation
- Pursue 11th EDF
- Promotion of CARPHA as a good investment in health

INFORMATION TECHNOLOGY

Work will continue in 2014, with the implementation of the EU Grant, which would implement an integrated information management system at CARPHA. Activities will include:

- Reviewing current technology, evaluating internal IT reporting processes, assessing current and necessary network architecture as well as reviewing application architecture.
- Conducting an IT systems audit and IT security risk assessment and social network analyses.
- Conducting a software assessment and gap analysis and data management analysis and reviewing the structure of the Information Management Framework.
- Developing IT policies and procedures.

Once fully implemented, CARPHA would be better
positioned to effectively liaise with off-site offices and manage virtual meetings with considerable cost savings. Additionally, with the full implementation of InfoBase and LIMS applications, CARPHA would be well-positioned to better serve member countries.

This preliminary work will enable the implementation and operation of a CARPHA integrated management system including ERP, LIMS, Info Base, etc., operating on modern hardware with appropriate software on modern networking infrastructure to support CARPHA's IT needs.

COMMUNICATION
CARPHA views communication as a critical, cross-cutting function for all aspects of its operation. In this regard, corporate communication will focus on:

- Ensuring CARPHA becomes a household name in the Caribbean region. As such, effort will be placed on developing and strengthening the CARPHA brand, building media networks to aid in the dissemination of information and the overall promotion of the Agency.

- Developing communication policies to guide both internal and external communication as well as supporting standard operating procedures and guidelines to ensure a strong and unified CARPHA voice.

- Establishing a corporate responsibility programme at each campus with support from the EU under the current programme estimate.

GENERAL SERVICES
New Carpha Campus
Planning for the new CARPHA and national public health laboratory facility was advanced by missions from the United Nations Office for Project Services (UNOPS) with the facilitation of PAHO/WHO. The three potential sites were assessed, including staying at Federation Park, Port-of-Spain. Trinidad and Tobago decided on a site for the construction of the new joint facility in Valsayn, six miles east of Port of Spain. Design works will commence in early 2014.

Trinidad and Tobago Campus
CARPHA, while waiting to be relocated to new premises, remains committed to ensuring that staff are safe, comfortable and secure on all campuses. It is to this end that a decision was taken to relocate staff from the Surveillance, Disease Prevention & Control Division (SDPC), Finance Unit and the Research, Evaluation and Policy Development Unit (REPDU) to a more secure building on the compound. This building was once used as a Laboratory, but will now be converted to office space. The works to be done include:

- Reconfiguring the central air conditioning to accommodate offices in the CDC building
- Redesigning the internal space: shift walls, carve windows
- Planning the layout of the space by Department
- Sanitising the space
- Repositioning electrical equipment as required

Due to the age of the compound the campus is in need of asphalt resurfacing. This request was sent to the Ministry of Health, with the expectation of a favourable response. The existing sewer system will also be evaluated during the year, given recent challenges with the sewer.

Health Safety & Security projects for 2014
The projects planned for 2014 to promote health safety and security include:

- Acquisition of a Fire Certificate, in order to be compliant with the Trinidad and Tobago Occupational Health and Safety Act
- Establishment of an internal Emergency Response Team
- Installation of two CCTV Cameras
- Operationalisation of the Business Continuation Plan for CARPHA

Jamaica Campus
The shared facilities with the Government of Jamaica Chemist’s Office are in need of repairs to enable a safe working environment for the CARPHA staff. The following are identified improvements to the building to be made in 2014:

- Repairs to the roof
- Painting of interior and exterior walls
- Repairs to windows
- Construction of restroom facilities for the staff
- Refurbishing of the cupboards in Room PH8
Saint Lucia Campus

Some repair work is needed for this 23-year-old building. Repairs to be done during 2014 include:

1. Repairing of the housing for the gas cylinder for the lab.
2. Repairing of the storage room and housing for water pumps located on the outside of the building.
3. Replacement of the grill on the chemical storage door in the lab.

CONCLUSION

The Agency has completed its first year of operation, continuously providing its regional public health services, and responding to emergencies, while undertaking strategic planning with member states and restructuring to be more efficient and fit for purpose. The integrated public health platform of CARPHA is well-positioned in the emerging post-2015 agenda, and offers much possibility for improving health and development prospects of people of the Caribbean. The overriding challenge facing the Agency is financial sustainability. Increased investment from member states and partners, combined with sound management of existing resources and cost control will be needed to realise the Agency’s full potential.
<table>
<thead>
<tr>
<th>ACRONYMS AND ABBREVIATIONS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC3</td>
<td>Africa Caribbean Cancer Consortium</td>
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<tr>
<td>ADC</td>
<td>Analytisch Diagnostisch Centrum</td>
</tr>
<tr>
<td>AGE</td>
<td>Acute Gastroenteritis</td>
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<tr>
<td>ALG</td>
<td>Green Economy Action Learning Group</td>
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<tr>
<td>B1O</td>
<td>Burden of Illness</td>
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<tr>
<td>BSL-3</td>
<td>Biosafety Laboratory Level 3</td>
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<tr>
<td>CAIHE</td>
<td>Caribbean Association for Home Economics</td>
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<tr>
<td>CALA</td>
<td>Caribbean Association for Laboratory Accreditation</td>
</tr>
<tr>
<td>CANARI</td>
<td>Caribbean Natural Resources Institute</td>
</tr>
<tr>
<td>CANDi</td>
<td>Caribbean Association of Nutritionists and Dieticians</td>
</tr>
<tr>
<td>CARDI</td>
<td>Caribbean Agricultural Research and Development Institute</td>
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<tr>
<td>CAREC</td>
<td>Caribbean Epidemiology Centre</td>
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<tr>
<td>CARIBVET</td>
<td>Caribbean Animal Health Network</td>
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<tr>
<td>CARICAD</td>
<td>Caribbean Centre for Development Administration</td>
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<tr>
<td>CARICOM</td>
<td>Caribbean Community</td>
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<tr>
<td>CCCCC</td>
<td>Caribbean Community Climate Change Centre</td>
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<tr>
<td>CARIFORUM</td>
<td>Forum of the Caribbean Group of African, Caribbean and Pacific (ACP) States</td>
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<tr>
<td>CARPHA</td>
<td>Caribbean Public Health Agency</td>
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<tr>
<td>CATS</td>
<td>Caribbean Aqua-Terrestrial Solutions</td>
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<tr>
<td>CAWASA</td>
<td>Caribbean Water &amp; Sewerage Association</td>
</tr>
<tr>
<td>CCH</td>
<td>Caribbean Cooperation in Health</td>
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<tr>
<td>CCROH</td>
<td>Caribbean Consortium for Research in Environmental and Occupational Health</td>
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<tr>
<td>CDs</td>
<td>Communicable diseases</td>
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<tr>
<td>CDC-CRO</td>
<td>Centres for Disease Control &amp; Prevention-Caribbean Regional Office</td>
</tr>
<tr>
<td>CDEMA</td>
<td>Caribbean Disaster Emergency Management Agency</td>
</tr>
<tr>
<td>CEHI</td>
<td>Caribbean Environmental Health Institute</td>
</tr>
<tr>
<td>CFNI</td>
<td>Caribbean Food and Nutrition Institute</td>
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<tr>
<td>CHIKV</td>
<td>Chikungunya virus</td>
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<tr>
<td>CHRC</td>
<td>Caribbean Health Research Council</td>
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<tr>
<td>CMLF</td>
<td>Caribbean Medical Laboratories Foundation</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<tr>
<td>CMS</td>
<td>CARPHA Member States</td>
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<tr>
<td>COHSOD</td>
<td>Council for Human and Social Development</td>
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<tr>
<td>CRA</td>
<td>Caribbean Regulatory Authority</td>
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<tr>
<td>CRDTL</td>
<td>Caribbean Regional Drug Testing Laboratory</td>
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<tr>
<td>CR-FELTP</td>
<td>Caribbean Regional Field Epidemiology and Laboratory Training Programme</td>
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<tr>
<td>CRS</td>
<td>Congenital Rubella Syndrome</td>
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<tr>
<td>CTO</td>
<td>Caribbean Tourism Organisation</td>
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<tr>
<td>CWASA</td>
<td>Central Water &amp; Sewerage Authority</td>
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<tr>
<td>DHS</td>
<td>District Health Information System</td>
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<tr>
<td>DfAFT</td>
<td>Department of Foreign Affairs and International Trade</td>
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<tr>
<td>DMT</td>
<td>Drug Testing Laboratory</td>
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<tr>
<td>DTL</td>
<td>Department Management Team</td>
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<tr>
<td>ECC</td>
<td>Eastern Caribbean Countries</td>
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<tr>
<td>EDF</td>
<td>European Union Development Fund</td>
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<tr>
<td>EHLD</td>
<td>Environmental Health Laboratory</td>
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<tr>
<td>EMT</td>
<td>Executive Management Team</td>
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<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<tr>
<td>FBD</td>
<td>Food-borne diseases</td>
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<tr>
<td>FELTP</td>
<td>Field, Epidemiology and Laboratory Training Programme</td>
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<tr>
<td>GEF</td>
<td>Global Environmental Fund</td>
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<tr>
<td>GFN</td>
<td>Global Foodborne Network</td>
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<tr>
<td>GIZ</td>
<td>The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH</td>
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<tr>
<td>GIZ</td>
<td>Health Data Analysis</td>
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<tr>
<td>HDA</td>
<td>Human Papilloma Virus</td>
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<tr>
<td>HPV</td>
<td>Human resources for health</td>
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<tr>
<td>HRA</td>
<td>Inter-American Development Bank</td>
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<tr>
<td>HRA</td>
<td>International Agency for Research on Cancer</td>
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<tr>
<td>IARC</td>
<td>Indoor air quality</td>
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<tr>
<td>IDRC</td>
<td>International Development Research Centre</td>
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<tr>
<td>IDROH</td>
<td>International Health Regulations</td>
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<tr>
<td>IMT</td>
<td>Incident Management Team</td>
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<td>IGA</td>
<td>Inter-Governmental Agreement</td>
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<tr>
<td>IHS</td>
<td>Integrated Management Strategies</td>
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<tr>
<td>IMS</td>
<td>Integrated Vector Management</td>
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<tr>
<td>IVM</td>
<td>Integrating Water, Land, Resources and Ecosystems Management in Caribbean Small Island Developing States</td>
</tr>
<tr>
<td>IWRM</td>
<td>Integrated Water Resource Management</td>
</tr>
<tr>
<td>JPHN</td>
<td>Journal of Public Health Nutrition</td>
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<tr>
<td>JPHN</td>
<td>Land Based Sources of Marine Pollution</td>
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<tr>
<td>LIMS</td>
<td>Laboratory Information Management System</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MERS CoV</td>
<td>Middle East Respiratory Syndrome Coronavirus</td>
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<tr>
<td>MERS CoV</td>
<td>Marine Protected Areas</td>
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<tr>
<td>MRG</td>
<td>Mortality Reference Group</td>
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<tr>
<td>NAPA</td>
<td>National Academy for the Performing Arts</td>
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<tr>
<td>NAPHL</td>
<td>National Public Health Laboratory</td>
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<tr>
<td>NCGs</td>
<td>National Strategic Approach Implementation Plan</td>
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<tr>
<td>NIC</td>
<td>National Influenza Centre for the Caribbean</td>
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<tr>
<td>NIH</td>
<td>National Institute for Health</td>
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<tr>
<td>NSL</td>
<td>National Strategic Plan</td>
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<tr>
<td>OECs</td>
<td>Organisation of Eastern Caribbean States</td>
</tr>
</tbody>
</table>
OMCL  Official medicine Control Labs  SIDS  Small Island Development States
PAHO  Pan American Health Organisation  SIREVA  Regional System for Vaccines in the Americas
PEPFAR  The United States Presidents' Emergency Plan for  SLASPA  Saint Lucia Air and Sea Ports Authority
HIV/AIDS Relief  SLBS  Saint Lucia Bureau of Standards
PHAC  Public Health Agency of Canada  SOPs  Standard Operating Procedures
PHCO  PAHO HIV Caribbean Office  TAC  Technical Advisory Committee
PHNAC  Public Health Nutrition Committee  TECHPHARM  Technical Advisory Committee on
PNLAC  Pulse Net Latin American and the Caribbean Network  Pharmaceutical Policy
PPCR  Pilot Programme for Climate Resilience  TMRI  Tropical Medicine Research institute
PPES  Performance Planning and Evaluation System  TrAC  Training Advisory Committee
PS  Permanent Secretary  UNEP  United Nations Environmental Programme
QA  Quality assurance  UNOPS  United Nations Office for Project Services
QUT  Queensland University of Technology  UWI  University of the West Indies
RAC  Research Advisory Committee  VBD  Vector-borne Disease
RDP  Regional Dengue Programme  VoIP  Voice-over Internet Protocol
REPDU  Research, Evaluation and Policy Development Unit  WASCO  Water & Sewerage Authority, Saint Lucia
RHiS  Regional Health Institutions  WHO  World Health Organisation
RNB  Regional Nursing Body  WHO-FICCC  Family of International Classifications
SAICM  Strategic Approach to International  Collaborating Centre
Chemicals Management  WIMJ  West Indian Medical Journal
SARI  Severe Acute Respiratory infections  WINDREF  Windward Islands Research & Education Foundation
SDPC  Surveillance, Disease Prevention & Control Division  WSP  Water Safety Plan
LIST OF APPENDICIES

Appendix 1  Executive Board Members 2012/2013
Appendix 2  Technical Advisory Committee (TAC) members 2012/2013
Appendix 3  Services provided to Member States
Appendix 4  CARPHA Reports and Publications 2013
Appendix 5  Collaborations and Partnerships 2013
Appendix 6  2013 Port of Spain Declaration Progress Indicator
Appendix 7  CARPHA Organogram and Staff Listing 2013
Appendix 8  Status of Member States Quota Contributions at December 31, 2013
Appendix 9  Project related Receipts and Expenditure (unaudited)
APPENDIX 1  EXECUTIVE BOARD MEMBERS 2012/2013

EXECUTIVE BOARD MEMBERS 2012-2013

1. Hon. Dr. Fenton Ferguson, Minister of Health, Jamaica (Chairman Oct 2012 Sept 2013)
2. Hon. Dr. Bheri Ramsaran, Minister of Health, Guyana
3. Dr. Florence Duperval Guillaume, Minister of Health, Haiti
4. Dr. Richard Visser, Minister of Health and Sport, Aruba
5. Ms Christine Sookram, Permanent Secretary, Ministry of Health, Trinidad & Tobago
6. Dr Rhonda Sealey-Thomas, Chief Medical Officer, Antigua & Barbuda
7. Dr. Merceline Dahl-Regis, Chief Medical Officer, Bahamas
8. Dr. Luis Galvao, Assistant Director (Ag.) PAHO/WHO
9. Ms. Myrna Bernard, Officer in Charge, Human and Social Development, CARICOM Secretariat
10. Dr. Marthelise Eersel, Permanent Secretary, Ministry of Health, Suriname
11. Mr. Luis de Shong, Permanent Secretary, Ministry of Health St. Vincent & The Grenadines

EXECUTIVE BOARD MEMBERS 2012-2014

1. Hon. Colin Riley, Minister of Health, Montserrat (Chair from October 2013 – September 2014)
2. Hon. Dr. Fenton Ferguson, Minister of Health, Jamaica (Chairman Oct 2012 Sept 2013)
4. Hon. Hubert Hughes, Chief Minister and Minister of Health, Anguilla (Oct 2013-Sept 2014)
5. Ms Christine Sookram, Permanent Secretary, Ministry of Health, Anguilla (Oct 2013-Sept 2014)
6. Ms Desiree Lewis, Permanent Secretary, Ministry of Health, Turks & Caicos Islands
7. Ms. Cointha Thomas, Permanent Secretary, Ministry of Health, St. Lucia
8. Dr. Elizabeth Ferdinand, Chief Medical Officer, Barbados
9. Dr. Michael Pitts, Director of Health Services, Belize
10. Dr. Arlette Bravo-Prudent, Depart of Public Health, Martinique
11. Ms. Sharline Koolman-Wever, Ministry of Health, Aruba
12. Dr Ernest Pate, Representative, Office Caribbean Programme Cooperation, PAHO/WHO
13. Dr Douglas Slater, Assistant Secretary General, Directorate Human and Social Development CARICOM Secretariat
APPENDIX 2  TAC MEMBERS 2012 – 2014

TAC MEMBERS 2012 – 2014

1. Dr Patrick Martin, Chief Medical Officer St Kitts and Nevis, Chair
2. Dr Merlene Fredericks, Chief Medical officer Saint Lucia
3. Dr Shamdeo Persaud, Chief Medical Officer, Guyana
4. Dr Irad Potter, Chief Medical officer, British Virgin Islands
5. Dr. Marvin Manzanero, Chief Medical Officer, Belize
6. Dr George Mitchell, Chief Medical officer, Grenada
7. Dr Ron Ballard, Associate Director Laboratory Science, CDC Atlanta
8. Dr Eliane Chatigny, Assistant Deputy Minister, Public Health Agency of Canada (PHAC)
9. Dr Robert Shearer, Director Portfolio, Office of International Affairs, Public Health Agency of Canada (PHAC)
10. Prof. John Kirton, University of Toronto (joined September 2013)
11. Mr. Nelson Andrade Colemanares UNEP (joined September 2013)
## APPENDIX 3  SERVICES PROVIDED TO MEMBER STATES

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TECHNICAL SUPPORT/ ASSISTANCE/ COOPERATION PROVIDED IN 2013</th>
</tr>
</thead>
</table>
| ANGUILLA               | • Contributed to the finalization of the Anguilla Food and Nutrition Policy.  
                          • Technical support provided for the implementation of the Risk Factor Survey using the STEPS methodology                                                                                                                                                     |
| ANTIGUA & BARBUDA      | • Assisted with the preparations for convening a food safety policy and FBD outbreak investigation workshop  
                          • Conduct of a Burden of Illness (BOI) preparation workshop on November 22, for the initiation of the burden of illness study in Antigua and Barbuda  
                          • Conduct of a foodborne disease (FBD) outbreak investigation workshop, November 21, 2013  
                          • Conducted discussions to determine their laboratory capacity for FBD testing  
                          • Conducted workshop on Identification of mosquitoes of public health Importance for vector control staff  
                          • Continued technical advice for development of a Food safety policy document  
                          • Ongoing technical support for the preparation of BOI study proposal  
                          • Provided technical assistance in area of vector control  
                          • Provided technical assistance to produce an M&E Framework for HIV National Strategic Plan.  
                          • Provided technical support to commence the burden of illness study.  
                          • Reviewed draft food safety policy                                                                                                                                                                                                                       |
| ARUBA                  | • Auditing of processed death certificates to verify data quality. June 25-28, 2013  
                          • Began discussion geared towards providing technical support for establishing a cancer registry  
                          • Conducted a sub-regional workshop for Bio-risk Management and Shipping of Infectious Substances (BRM/ISST) for the Dutch Antilles held in Aruba and included the participation of Bonaire, Curacao, St. Marten, Saba, and St. Eustatius. Fourteen (14) participants were trained and certified. 30th June – 5th July, 2013  
                          • In collaboration with PAHO, conducted a laboratory quality systems gap assessment for the Aruba National Laboratory 1st July, 2013  
                          • Physician training in the correct completion of the medical cause of death certificate  
                          • Pilot of the mortality data capture and reporting software application Mortbase 7                                                                                                                                                     |
| BAHAMAS                | • Bio-risk Management for the Laboratory and Infectious Substances Shipping training  
                          • Conducted Bio-risk Management and Shipping of Infectious Substances Training (BRM/ISST) 18 to 22 February, 2013  
                          • In collaboration with PAHO, conducted a laboratory quality systems gap assessment, 20 February, 2013  
                          • Provided technical assistance to investigate Acute gastroenteritis (AGE) cluster in Freeport Bahamas February 2013  
                          • Provided technical support for data analysis and interpretation of data collected in the Survey of Risk Factors for chronic diseases                                                                                                                                 |
| BARBADOS               | • A PCR training workshop was conducted for laboratory staff  
                          • Conducted an assessment of the SARU ARI surveillance system in collaboration with CDC and PAHO  
                          • Conducted basic M&E Training for regional Ministry of Health staff before the 58th Annual CARPHA Scientific Meeting in Barbados  
                          • Conducted Data Analysis Workshop using STATA, this two-day workshop preceded CARPHA’s 58th Annual Scientific Meeting in Barbados  
                          • Follow up visit based on a recommendation made during the August mission to revisit the PCR testing done in country  
                          • Provided technical assistance during an Acute gastroenteritis (AGE) outbreak at a Psychiatric Hospital in Barbados in June 2013  
                          • Provided technical assistance in developing a programme for monitoring and evaluation of underground utility junction boxes which facilitate mosquito breeding.  
                          • Provided technical support for an AGE outbreak investigation July 17th – 19th, 2013  
                          • Provided technical support in the area of ICD-10 mortality coding and underlying cause of death selection.                                                                                           |
COUNTRY TECHNICAL SUPPORT/ASSISTANCE/COOPERATION PROVIDED IN 2013

BELIZE
- Conducted an assessment of the SARI/ARI surveillance system with emphasis on re-introduction of IFA testing in the laboratory in collaboration with CDC and PAHO
- Continued support for finalization of the Belize Burden of Illness (BOI) study, cleaning and analysis of the population and laboratory survey data and preparation for writing of the BOI country report
- Facilitated the analysis of the data from the BOI study using a standard template
- Laboratory Training in Sample Preparation for identification of food-borne pathogens
- Ongoing technical support (following in country training conducted in September 2013) for implementation of routine microbiological testing of food and environmental samples at the Belize agricultural health laboratory from January 2014
- Provided technical assistance for improving integrated food-borne disease (FBD) surveillance and response.
- Provided technical assistance for the conduct and documentation of the Burden of FBD Illness capacity-building studies
- Provided technical support for the strengthening of the SARI/ARI surveillance system
- Reviewed the laboratory procedures and results and reporting mechanisms of laboratory data to the Ministry of Health
- Supported the conduct of the second phase of the Belize Burden of Illness (BOI) population survey
- Technical assistance during a Hepatitis A outbreak in Belize

BERMUDA
- Continued technical support for production and dissemination of Bermuda’s Burden of Illness country report and paper for publication
- Continued technical support for Salmonella Typhimurium project in Bermuda
- Facilitated a Train-the-Trainer advanced food safety and certification workshop for the Ministry of Health during June 24-28 2013
- Facilitated a Train-the-Trainer advanced food safety and certification workshop for the Environmental Health Department during November 26-28 2013
- Facilitated an integrated surveillance meeting on November 29 and mapped out a plan of action for 2014 for improving foodborne diseases surveillance, hotel based surveillance and food and environmental safety training in the tourism industry in Bermuda
- Provided on-going technical assistance for the conduct and documentation of the Burden of FBD Illness capacity-building studies
- Technical support provided for the planning and implementation of Risk Factor Surveys using the STEPS methodology

BRITISH VIRGIN ISLANDS
- Reviewed the Draft Vending Machine Policy and Cabinet Note
- Supported the revision of the Food and Nutrition Security Policy and Plan of Action

CAYMAN ISLANDS
- Technical support provided for the finalization of the Risk Factor Survey Report
**COUNTRY**

**CURACAO**

- Conducted a gap assessment to meet the international requirements for the accreditation of the Analytisch Diagnostisch Centrum (ADC).

**DOMINICA**

- Commissioned the procurement of dive equipment, patrol/utility vessels and outboard engines to support work in the Soufriere-Scott’s Head Marine Reserve
- Conducted Infectious Substances Shipping and Bio-risk Management training 29 January to 1 February, 2013
- Donated a vehicle under the Caribbean Aqua-Terrestrial Solutions (CATS) Programme to support work in the Marine Protected Area
- Facilitated the development of a guide was developed (including indicator reference sheets) for reporting on key PEPFAR indicators for Caribbean countries, to ensure consistency and improved reporting.
- In collaboration with PAHO, conducted a laboratory quality systems gap assessment of the national laboratory, 4 February, 2013
- Provided technical support for a Dengue type 4 outbreak
- Responded to a request for assistance to produce an M&E framework for the Health Sector in line with the National Strategic Plan
- Supported St. Georges University in their submission of an NIH grant proposal for reviewing the prevalence of Leptospirosis in the Caribbean region.
- Supported the finalization of the Dominica Food and Nutrition Policy including presenting to key Ministers during August 2013.
- Supported the production of an M&E Plan for the Ministry of Health in June 2013.

**GRENADA**

- Commissioned the procurement of dive equipment, patrol/utility vessels and outboard engines to support work in the Molinière-Beauséjour Marine Protected Area
- Conducted workshop on Identification of Mosquitoes of Public Health Importance for vector control staff
- Conducted Advanced M&E Training Workshop for Ministry of Health Staff.
- Conducted preliminary discussions on “Wellness Promotion” programmes
- Conducted training workshop on the WHO AnthroPlus Software (Software developed by WHO to assess nutritional status of children 5-19 years) June 25 – 27, 2013
- Correct completion of the medical cause of death certificate Training
- Donated a vehicle under the Caribbean Aqua-Terrestrial Solutions (CATS) Programme to support work in the Molinière-Beauséjour Marine Protected Area
- Mosquito identification; vector control and surveillance techniques; insecticide resistance testing training
- Provided technical assistance in area of Vector Control
- Provided technical support for completion of Report on Grenada’s Chronic Disease Risk Factor Survey
- Provided technical support in the area of physician training in the correct completion of the medical cause of death certificate 24-25April.
- Technical support in the preparation of a protocol/proposal for the collection at school, specific health data (weight and height initially for the 5-19 age group) for improved child health surveillance
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TECHNICAL SUPPORT/ ASSISTANCE/ COOPERATION PROVIDED IN 2013</th>
</tr>
</thead>
</table>
| GUYANA       | • Conducted assessment to determine feasibility of set up of insectary and transfer of insecticide resistance testing technology  
• Facilitated a food sampling workshop for collection of foods and provided practical field training in the sampling and collection of foods for microbiological food analyses  
• In collaboration with Community Support and Development Services Inc (CSDS) - the agency coordinating the civil society component of the national response under the USAID Supported Guyana HIV/AIDS Reduction and Prevention (GHARP II) Project, facilitated the development of a data driven report for the non-government sector, focusing on most at risk populations 8-14 April 2013.  
• Ongoing technical support for implementation of action plan for improving integrated foodborne surveillance and food safety in Guyana, as well as laboratory surveillance of foodborne diseases  
• Provided technical assistance during a Rotavirus outbreak in Guyana, March 2013  
• Provided technical support for improving integrated FBD surveillance in collaboration with PAHO Guyana, including initiating discussions with the Laboratory, Epidemiology and Environmental health departments on implementing the integrated FBD action plan revised in March 2013  
• Reviewed and provided feedback on Guyana’s Strategic Plan on NCDS  
• Technical assistance in the evaluation and revision of Guyana’s Integrated Management Strategies for Dengue (IMS-Dengue) plan  
• Technical assistance provided to strengthen capacity in integrated Foodborne Diseases (FBD) surveillance and response, including integrated response to outbreaks including the conduct of pathogen-specific food safety training  
• Commissioned the procurement of dive equipment, patrol/utility vessels and outboard engines to support work in the Marine Protected Areas  
• Conducted first phase of real time PCR training at the National Public Health Laboratory, 25-27 February, 2013  
• Conducted M&E Assessment leading to the development of an M&E Plan  
• Donated a vehicle under the Caribbean Aqua-Terrestrial Solutions (CATS) Programme to support work in the Marine Protected Area  
• Facilitated a 5-day training workshop on ICD-10 mortality coding and Underlying Cause of Death-selection. Representatives from the Planning Institute of Jamaica, the Registrar General’s Department, the Ministry of Health, the Statistical Institute of Jamaica and several hospitals attended the workshop. October 18-22, 2013.  
• Facilitated workshop for Vector Control Managers  
• Provided technical support the Minister of Health in the smoke-free legislation process  
• Provided technical support to the Minister of Health in the smoke-free legislation process  
• Recruited a Country Coordinator for the IWEco Project  
• Conduct needs assessment of vector control programmeme  
• Initiated planning for the revision of the Food and Nutrition Policy October 2013.  
• Provided technical support for planning the National Survey on Risk Factors of chronic diseases |
COUNTRY

ST. KITTS & NEVIS

- Basic Monitoring & Evaluation workshop
- Commissioned the procurement of dive equipment, patrol/utility vessels and outboard engines to support work in the
- Conducted a Basic M&E workshop for Ministry of Health staff
- Donated a vehicle under the Caribbean Aqua-Terrestrial Solutions (CATS) Programme to support work in the Marine Protected Area
- In collaboration with PAHO, conducted a laboratory quality systems gap assessment of the National Laboratory, 10th June, 2013
- Provided technical assistance to the Laboratory Manager and related staff members of the JGF Hospital in St. Kitts and Nevis to analyze and report on routinely collected M&E data.
- Recruited a Country Coordinator under IWEco Project
- South-East Peninsula Marine Management Area
- Technical support provided for finalizing plans and logistics for implementation of the HPV study for women 30 years and over
- Technical support provided in ICD-10 mortality coding and underlying cause of death selection
- Training provided for health personnel to implement the HPV Study.
- A scoping exercise to determine the anticipated waste stream profile of the St. Judes Hospital (when re-commissioned) was conducted in November based on assessments at the current temporary hospital location.
  - Assessment of storage facilities of the Saint Lucia Air And Sea Ports Authority – January 2013
  - Biorisk Management for the Laboratory and Infectious Substances Shipping Training
- Conducted as part of the project on Strategic Approach to International Chemicals Management (SAICM) a safety Training Workshop
- Conducted Bio-risk Management and Shipping of Infectious Substances Training (BRM/ISSST) which included participants from Dominica, 29 January to 1 February, 2013.
- Conducted Outcome Evaluation of Universal Health Care Diabetes and Hypertension Project
- Conducted workshop for members of the Saint Lucia Dental and Medical Association on The Proper Diagnosis and Treatment of Conditions related to Chemical Exposure.
- Created a database for POPs and hazardous chemical stockpiles and updated the National Chemicals Profile Report to include chemicals used in schools under the project on Strategic Approach to International Chemicals Management (SAICM)
- Delivered Advanced M&E Workshop for Ministry of Health staff
- Donated an engine for the patrol vessel for the Soufriere Marine Management Area (SMMA) under the Caribbean Aqua-Terrestrial Solution (CATS) Programme
- Facilitated conference call with the Ministry of Health to provide feedback on testing carried out on environmental samples taken from the laboratory to determine a plan for improving TB testing at the Saint Lucia laboratory
- In collaboration with PAHO, conducted a laboratory quality systems gap assessment of the National Laboratory, 28 January, 2013
- Recruited a Country Coordinator for the IWEco Project
  - Safe Management of chemicals by Port Personnel training
  - Safe Management of chemicals by Retail Staff training
  - Safe Management of chemicals by Retail Staff training
  - Safe Management of Farm Chemicals training
  - Strengthening TB testing for the national laboratory
- Technical assistance for analysis of risk factor survey data and interpretation of survey data
- Technical assistance provided in collaboration with PAHO/WHO in March 2013, for investigation and management of a suspected TB outbreak and for strengthening the TB programme
- Technical support provided for preparation of risk factor survey report and manuscript for submission to CARPHA scientific conference.
- Technical support provided for the completion of the data collection in the national chronic disease risk factor surveys and for preparing their risk factor survey data set for data analysis.

SAINT LUCIA

- Corporate Inaugural Report 2013
### COUNTRY

#### ST. MAARTEN

- A representative from the Ministry of Public Health, Social Development and Labour, St. Maarten attended the 5-day training workshop on ICD-10 mortality coding and Underlying Cause of Death-selection held in Jamaica. Funding was provided by CARPHA. October 18-22, 2013.
- Conducted needs assessment of the vector control programme, June 18th – 21st 2013

#### ST. VINCENT & THE GRENADINES

- Commissioned the procurement of dive equipment, patrol/utility vessels and outboard engines to support work in the South Coast Marine Park in the South Coast Marine Conservation Area
- Conducted Advanced M&E Training for Senior Ministry of Health staff
- Conducted training for the conduct of the National Health and Nutrition Survey
- Donated a vehicle under the Caribbean Aqua-Terrestrial Solutions (CATS) Programme to support work in the Marine Protected Area
- Implemented the Project on Strategic Alliance for International Chemicals Management (SAICM) Safety Training Workshop, St. Vincent and the Grenadines including the conduct of a workshop on Chemicals Management in Schools and the conduct of a one-day consultation on policy directions
- Mosquito surveillance techniques
- Provided technical advice and assistance in methods of entomological surveillance
- Provided technical advice to St. Vincent and the Grenadines in sampling strategies for the completion of their Implementation Plan for survey of risk factors of chronic diseases
- Recruited a Country Coordinator for the IWEco Project
- Safe Management of Chemicals training
- Supported the preparation and printing of 110 copies of Annual Report on National Strategic Plan Indicators
- Technical support provided for finalizing plans and logistics for implementation of the HPV study for women 30 years and over.
- Technical support provided for the planning and implementation of Risk Factor Surveys using the STEPS methodology
- Training provided for health personnel to implement the HPV Study.
- Worked with the Ministry of Health, Wellness and the Environment (MOHWE) to complete a data-driven report for the Ministry.

#### SURINAME

- Developed a data-driven report for the National AIDS Program utilizing data collected on the psycho-social support being provided to people infected and affected by HIV.
- Provided equipment for use in measuring heights as part of the anthropometric measurements in the survey of risk factors for chronic disease done in 2013.
- Technical support provided for the planning and implementation of Risk Factor Surveys using the STEPS methodology
- Technical support provided to improve reporting on HIV Programming targeting Most at Risk Populations
COUNTRY

TRINIDAD & TOBAGO

• Completed the Evaluation of the Transitional National HIV/AIDS Strategic Plan and presented findings and recommendations to the Ministry of Health
• Conducted a Grant Proposal Writing Workshop, co-hosted with the Faculty of Medical Sciences, UWI St. Augustine.
• Conducted Basic M&E Training for staff of the Ministry of Health
• Conducted preliminary discussions on “Wellness Promotion” programmes
• Assisted in sourcing the necessary information and data required for a case study being conducted by PAHO in collaboration with Ministry of Health. The study will document the decline in cardio-vascular disease-related mortality and investigate possible causative factors.
• Assisted with the development of the draft Food Frequency Questionnaire for Trinidad and Tobago (TRT) Salt Study to be conducted in collaboration with the Ministry of Health and Pan American Health Organization (PAHO), Trinidad and Tobago Office
• Co-facilitated a workshop for the HIV & AIDS Coordinating Unit (HACU), Ministry of Health, and the use of Epilinfo 7 for data analysis and reporting.
• Conducted a 2-week training in Breastfeeding Counselling during June 10-21, 2013
• Conducted basic Research Skills Workshop for Psychiatric and Medical Social Workers
• Facilitated a 2-day training workshop on Automated Medical Mortality Data Software (MMDS) for staff members of the Central Statistical Office, Trinidad & Tobago. This training was in collaboration with the Ministry of Planning & Sustainable Development, Trinidad & Tobago and the United Nations Population Fund. November 12-13, 2013
• Facilitated a 5-day training workshop on ICD-10 mortality coding and Underlying Cause of Death-selection. This training was in collaboration with the Ministry of Planning & Sustainable Development, Trinidad & Tobago and the United Nations Population Fund August 12-16, 2013
• Following an evaluation of the Strategic Information Components of the Transitional National Strategic Plan in Trinidad and Tobago 2010-2011, the M&E Unit worked with the HIV and AIDS Coordinating Unit to develop an M&E Action Plan for addressing the recommendations put forth by the evaluation team.
• Grant Proposal Writing and Stable Isotope Research Workshop
• Held discussions with the University and the Ministry of Health on continuing burden of FBD study to assess the burden of illness among tourists in Tobago
• Provided technical support to the HIV & AIDS Coordinating Unit (HACU), Ministry of Health, in the area of HIV case-based surveillance.
• Regional Basic Monitoring & Evaluation
• Spearheaded the initial meeting for the development of National Standards for Feeding School Children on July 18th 2013. Attended a second meeting on July 29, 2013. A draft set of Nutritional Standards for School children was developed.
• Supported the preparation of a Ministry of Health Data Analysis Plan for the Men’s Health Study

TURKS & CAICOS ISLANDS

• Facilitated a Train-the-Trainer advanced food safety and certification workshop in January 2014
• Followed up with the Ministry of health
• Provided technical advice for building laboratory capacity for FBD testing at the hospital laboratory in Providenciales
• Provided technical assistance for investigation, management and the prevention and control of future outbreaks of Norovirus January 2013
• Provided technical assistance for strengthening capacity in integrated Foodborne Diseases (FBD) surveillance and response, including integrated response to outbreaks; the conduct of pathogen-specific food safety training and the inclusion of the major tourist based hotels in weekly syndromic data collection as a starting point to the initiation of a hotel based surveillance system
• Provided technical support for planning for the implementation of the survey of risk factors of chronic diseases.
• Provided technical support for strengthening integrated FBD surveillance and response including response to outbreak protocols
• Supported the revision of the Food and Nutrition Policy
• Supported the revision of the Food and Nutrition Policy
## APPENDIX 4  CARPHA REPORTS AND PUBLICATIONS 2013

### Reports and Publications

**Periodic Reports**

- CARPHA Weekly Update on Influenza and Severe Acute Respiratory Infection (SARI) Surveillance
- CARPHA dengue reports
- Global Fund Round 9 Grant (PANCAP) — Phase II Quarterly Reports

### Peer Reviewed Articles


### Date

- Epidemiologic Weeks 1 - 49, 2013. Reports Published January 14 - December 18, 2013
- 2012 CARPHA Undifferentiated Fever, Reported Dengue Cases and Dengue Serotypes Isolated (as of 11 March 2013)
- 2013 CARPHA Undifferentiated Fever, Reported Dengue Cases and Dengue Serotypes Isolated (as of 7 October 2013)
- 2013 CARPHA Undifferentiated Fever, Reported Dengue Cases and Dengue Serotypes Isolated (as of 6 November 2013)
- Quarterly Mar, June, Sep, Dec 2013


Reports

Implementation of a Strategy to Pilot Test an M&E Framework and Toolkit in the Education Sector of Jamaica

CARPHA Mid-Year Progress Report on the CDC Cooperative Agreement

Evaluation of the Strategic Information Components of the Trinidad & Tobago Transitional Strategic Plan 2010-2011

Monitoring of the Implementation of OCH III

Guyana HIV/AIDS Reduction and Prevention Programme (GHARP II)

St. Vincent and the Grenadines Health Sector Report

Health Sector Monitoring and Evaluation Plan, Dominica


Monitoring and Evaluation Framework for the Health Sector

End-of-Term Evaluation of the St. Lucia Universal Health Care Diabetes and Hypertension Pilot Project.

CARPHA Annual progress Report on the CDC Cooperative Agreement Year 1

National HIV Strategic Plan Indicator Reporting: The Suriname Situation

The Effectiveness of M&E Training 2013

Monitoring & Evaluation Action Plan based on the Evaluation of the Strategic Information Components of the Trinidad & Tobago Strategic Plan 2010-2011


Evaluation Report on the Effectiveness of Monitoring and Evaluation Technical Assistance provided to Ministries of Health

December 2013

March 2013

March 2013

March 2013

April 2013

April 2013

June 2013

June 2013

July 2013

August 2013

September 2013

September 2013

October 2013

November 2013

November 2013

November 2013
### APPENDIX 5  COLLABORATIONS AND PARTNERSHIPS 2013

#### LIST OF COLLABORATIVE PARTNERS

<table>
<thead>
<tr>
<th>PARTNERS</th>
<th>AREAS OF COLLABORATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNESCO/CARICOM</td>
<td>Final report of the Pilot Study of four HIV-related indicators in the Education Sector, Jamaica (UNESCO/CARICOM Funded Project):</td>
</tr>
<tr>
<td>UWI, WINDREF, University of Guyana, Suriname University</td>
<td>Preparation of the report on the contribution of Regional Research Institutions to the implementation of the Health Research Agenda for the Caribbean - this includes an analysis of their 2011-2012 Annual Reports, including their Research Projects and Publications. The participating institutions include The University of the West Indies, Faculties of Medical Sciences – Cave Hill, St. Augustine, Mona and the Bahamas; Windward Island Research and Education Foundation (WINDREF), St George’s University; University of Guyana, Faculty of Medical Sciences; and Suriname University, Faculty of Medical Sciences.</td>
</tr>
<tr>
<td>CDC</td>
<td>Preparation and submission of the Continuation Application for Year 2 of the 3-year Cooperation Agreement with the United States Centers for Disease Control and Prevention [CDC] (2012-2015). The project is for the strengthening of M&amp;E systems in the Caribbean (1.2M USD).</td>
</tr>
<tr>
<td>CARICOM/PANCAP Global Fund</td>
<td>Preparation and submission of Work Plans and Budget for Phase 2 (2013-2015) of the CARICOM/PANCAP Global Fund Grant. CARPHA will conduct programme evaluations and provide technical assistance in the area of M&amp;E. The Global Fund has approved the budget for Phase 2 and the Memorandum of Understanding between CARICOM and CARPHA is being prepared.</td>
</tr>
<tr>
<td>CARIBBEAN CONSORTIUM FOR RESEARCH IN ENVIRONMENTAL AND OCCUPATIONAL HEALTH (CCREOH)</td>
<td>Participation in the Advisory Board meeting of the Caribbean Consortium for Research in Environmental and Occupational Health (CCREOH) project, which is being conducted by the Tulane University and the University of Suriname. The Ministry of Health in Suriname is a main partner in this project, which addresses three main areas: Gold mining related Mercury contamination; agricultural pesticide use; and medicinal plants and nutriceuticals.</td>
</tr>
<tr>
<td>PAHO/GOVERNMENT OF ARGENTINA</td>
<td>Under the project “Strengthening of the Official Medicine Control Laboratories (OMCL) in Caribbean Countries”, which was developed by PAHO and funded by the Government of Argentina through the Argentinian Fund for Horizontal Cooperation (FOAR), laboratory analysts from Trinidad and Tobago, Guyana, Suriname, Jamaica and CARPHA Drug Testing Laboratory received training in analytical techniques. This is a three-part programme aimed at strengthening and capacity-building of OMCLS in Caribbean countries. The second activity scheduled to be held in Argentina in June, will include five participants who will receive additional training at the National Lab of Argentina. The third component will have professionals from Argentina visiting the laboratories of the trainees to assess progress on implementation of GLP and provide additional guidance on site.</td>
</tr>
<tr>
<td>CARIBVET</td>
<td>Requested to be member of the regional Caribbean Animal Health Network, CaribVET steering committee, responsible for veterinary public health related activities in the region.</td>
</tr>
<tr>
<td>REGIONAL DENGUE PROGRAMME (RDP)</td>
<td>Collaboration with Regional Dengue Programme (RDP) in Costa Rica. Discussions held on the following: o Dengue surveillance and reporting of dengue data to PAHO o Partnership to strengthen the IMS-Dengue activities in the Caribbean o Plans to assist with IMS-Dengue workshop(s) for ECCs o Project on improving dengue surveillance within the Americas</td>
</tr>
<tr>
<td>PAHO</td>
<td>Collaboration between CARPHA and PAHO Health Analysis Unit to obtain data from the CARPHA member countries for inclusion in the PAHO Health Situation in the Americas – 2013 Basic Indicators.</td>
</tr>
</tbody>
</table>
Collaborated with CARICOM and PAHO, on a mapping tool for the “Haiti Elimination of Cholera Plan of Action”. This was submitted by PAHO in May 2013. CARPHA proposed to support this initiative in the areas of water and sanitation, epidemiological health and environmental surveillance, from its Trinidad and St Lucia campuses.

Held discussions with the Caribbean Tourism Organization (CTO) regarding partnership with CTO and relevant others, to improve health and environment conditions. CARPHA and CTO agreed to actively collaborate on four topics: health monitoring and response in the tourism industry; food safety and environmental health training; joint resource mobilization; and health and wellness in the tourism workforce. Other technical partners to be included would be the CDC Cruise Vessel Sanitation Program, the UK Public Health England and the Public Health Agency of Canada.

Initiated discussions with Universities of Lethbridge and Guelph and others on collaborating on a food security project for submission for funding to IDRC.

Held a meeting with PAHO-Veterinary Public Health Advisor for the Caribbean and mapped out a plan of action for join collaboration on the development of integrated food-borne disease and other zoonoses database's (to include food and animal data in addition to clinical data). Also discussed country activities regarding the promotion of the integrated/one health approach for food-borne disease and other zoonoses along with a leptospirosis one health project in Dominica.

Discussions with PAHO sub-regional advisor for food safety in Panama on continued collaboration on the following activities for which CARPHA is the Caribbean focal point/coordinator: global foodborne network (GFN), PulseNet Latin America and the Caribbean network (PNLAC) and Global Burden of Illness studies.

Collaboration on TC activities in member countries. Areas discussed included:
- Baby-Friendly Hospital Initiative,
- Nutrient Cost Analysis,
- Micronutrient project St. Kitts and Nevis,
- Food Composition Tables review,
- Nutrition and Health Survey, St. Vincent and the Grenadines.

GIZ/CEHI/CARPHA/CARICOM Regional Project on Improving Management of Coastal Resources and the Conservation of Marine Biodiversity in Selected CARICOM Countries (Belize, Grenada, Dominica, Guyana, Jamaica, St. Kitts & Nevis, St. Lucia and St. Vincent and the Grenadines).

Development of the full-sized GEF/UNEP/UNDP/CARPHA/CEHI Integrated Water and EcoSystems Project Proposal. Countries: Antigua & Barbuda, Barbados, Cuba, Dominican Republic, Grenada, Jamaica, St Kitts & Nevis, St Lucia, St Vincent & the Grenadines, Trinidad & Tobago.

McGill CARICOM Food Security Project – water and soil analyses. Countries: St Kitts & Nevis, St Lucia (note: there are additional countries beyond scope of CARPHA’s Environmental Health/Environmental Management Unit (EH/EM): Guyana and Trinidad & Tobago)

The Caribbean Natural Resources Institute (CANARI). The Green Economy is one that results in improved human well-being and social equity, while significantly reducing environmental risks and ecological scarcities (UNEP). It is a multidisciplinary approach, which focuses on Energy, Water, Waste, Ecosystems, Human Habitat, and Human Health etc.

Participated in the meeting with the CARICOM Climate Change Centre in Belize (SCs) 25 – 27 May. This was geared towards strengthening collaboration and joint programming between initiatives executed by the SCs and those executed by CARPHA EH/EM Unit, specifically the IWECO Project and the GIZ Aqua-Terrestrial Solutions Programme.
GIZ/CARICOM/CARPHA (CEHI) Aqua-Terrestrial Solutions (CATS) Programme (Jamaica)

The Technical review was undertaken of concept notes, proposals and bids submitted for funding by agencies in the target countries to the CATS programme. A Mission to Jamaica was undertaken for the Coastal Component of the Programme including:

i. Field visits to Fish Sanctuaries and Marine Protected Areas (MPA) and consultations with the MPA managers and rangers

ii. Meetings with national and regional organisations involved in the management of Marine Protected Areas e.g. Fisheries Division and National Environmental Protection Agency

IARC

The protocol for HPV research currently being conducted by IARC in developing countries was shared with CARPHA. Countries in Latin America are among the participating Countries, and there is interest to get participation from the Caribbean countries also. Discussions are ongoing regarding the possibility of collaborating to develop a grant proposal to seek funding for implementing the IARC protocol in a few Caribbean countries.

NATIONAL INSTITUTES FOR HEALTH (NIH)

About the possible collaboration for submission of a proposal to the National Institutes for Health (NIH) call for proposals to support research to characterize and reduce stigma to improve health in low and middle income countries. The proposal being discussed will facilitate the study and documenting of and comparing of knowledge, attitudes, practices and behavior related to reducing stigma to improve health among Afro-Caribbean, African Americans and Africans;

POTENTIAL PARTNERS

MORTALITY REFERENCE GROUP (MRG)

There are plans to initiate discussions with the MRG group on CARPHA becoming a collaborating centre for the WHO-FIC network.

QUEENSLAND UNIVERSITY OF TECHNOLOGY, AUSTRALIA

Initiated discussions with the Queensland University of Technology, Australia on possible collaboration to provide training in the area of ICD-10 morbidity coding; this activity is proposed for December 2013.

PAHO/FAO/HEALTH CANADA

Partnership and Collaboration on “One Health” approach and subsequent multidisciplinary projects with PAHO, FAO, Health Canada and CARPHA member countries

FOX CHASE CANCER CENTRE

Begun discussions with Fox Chase Cancer Centre to establish collaboration for preparing a grant proposal on improving cancer registration for submission to the NIH.
## APPENDIX 6
### 2013 PORT OF SPAIN DECLARATION PROGRESS INDICATOR

#### Appendix 6

**NCD Progress Indicator Status / Capacity by Country in Implementing NCD summit Declaration**

- **Updated September 2013**

<table>
<thead>
<tr>
<th>POS NCD #</th>
<th>NCD Progress Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.14</td>
<td>NCD Plan</td>
</tr>
<tr>
<td>4</td>
<td>NCD budget</td>
</tr>
<tr>
<td>2</td>
<td>NCD Summit convened</td>
</tr>
<tr>
<td>2</td>
<td>Multi-sectoral NCD Commission appointed and functional</td>
</tr>
</tbody>
</table>

### COMMITMENT

| 3 | FCTC ratified |
| 3 | Tobacco taxes >50% sale price |
| 3 | Smoke Free indoor public places |
| 3 | Advertising, promotion & sponsorship bans |

### TOBACCO

| 7 | Multi-sector Food & Nutrition plan implemented |
| 7 | Trans fat free food supply |
| 7 | Policy & standards promoting healthy eating in schools implemented |
| 8 | Trade agreements utilized to meet national food security & health goals |

### NUTRITION

| 9 | Mandatory labelling of packaged foods for nutrition content |

### PHYSICAL ACTIVITY

| 6 | Mandatory PA in all grades in schools |
| 6 | Mandatory provision for PA in new housing developments |
| 10 | Ongoing, mass Physical Activity or New public PA spaces |

### EDUCATION / PROMOTION

| 12 | NCD Communications plan |
| 15 | CVD multi-sectoral, multi-focal celebrations |
| 10 | ≥50% of public and private institutions with physical activity and healthy eating programmes |
| 12 | ≥30 days media broadcasts on NCD control/yr (risk factors and treatment) |

### SURVEILLANCE

| 11, 13, 14 | Surveillance: - STEPS or equivalent survey |
| 11, 13, 14 | - Minimum Data Set reporting |
| 11, 13, 14 | - Global Youth Tobacco Survey |
| 11, 13, 14 | - Global School Health Survey |

### TREATMENT

| 5 | Chronic Care Model / NCD treatment protocols in ≥50% PHC facilities |
| 5 | QCC CVD or diabetes demonstration project |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| √ | In place | ± | In process/partial | X | Not in place | * | Not applicable | □ | No information | ☐ | Recent update |
Caribbean Public Health Agency (CARPHA)
Executive Director

APPENDIX 7  CARPHA ORGANOGRAM AND STAFF LISTING 2013

**DIRECTOR – CORPORATE SERVICES**

FINANCIAL RESOURCES MGT.
- Chief Finance Officer
- Accountant
- Project Accountant
- Budget Officer (RFELTP)
- Assistant Accountant
- Finance Assistant

INFORMATION TECHNOLOGY MGT.
- Information Technology Manager
  - Systems Analyst/Developer
  - Systems Administrator
- User Support / Trainer

FACILITIES MGT.
- Facilities Manager
  - Health, Safety & Security Logistics
  - Maintenance
  - Transport & Reception

PROCUREMENT
- Procurement & Materials Mgr.
  - Procurement Assistant
  - Inventory Clerk

HR MANAGEMENT
- HR Manager
- HR Officer
- HR Assistant

KNOWLEDGE MGT. & COMMUNIC.
- Communications Manager
  - Communications Officer (2)

**DIRECTOR - SURVEILLANCE , DISEASE PREVENTION & CONTROL**

LABORATORY SERVICES & NETWORKS (LSN)
- Head - Laboratory Services and Networks & Laboratory Director
- Head – Bacteriology Unit
- Head – Virology Unit
- Molecular Biologist
- Laboratory Technologist II (3)
- Laboratory Technologist I (2)
- Laboratory Manager (Env. Health & Mgt.)
- Laboratory Technologist (2)
  - Data & bio-risk management
  - Bio-Safety & Data Manager
  - Data Entry Technician
  - Quality mgt/operations
  - Quality/Operations Manager
  - Laboratory Assistant

ENVIRONMENTAL HEALTH & MGT. (ST LUCIA)
- Head – Environmental Health & Management
- Snr. Tech. Officer – Env. Mgt.
- Technical Officer – Env. Health
- Technical Officer – Env. Health – Assessments
- Environmental Engineer
- Technical Officer – Info. & IT Administrator

DRUG TESTING LABORATORY (JAMAICA)
- Head – Drug Testing Laboratory
  - Snr. Chemist
  - Chemist
  - Quality/Safety Manager
  - Lab Technologist 1 (3)
  - Laboratory Assistant
  - Administrator

NON-COMUNICABLE DISEASES AND LIFE COURSE (NCD)
- Head — Non-comunicable Diseases (NCD)
  - Snr. Technical Officer – NCD
  - Technical Officer – NCD
  - Snr. Technical Officer – Nutrition
  - Technical Officer – Nutrition

COMMUNICABLE DISEASES AND EMERGENCY RESPONSE (CDE)
- Head — Communicable Diseases and Snr.
  - Technical Officer – CDE
  - Technical Officer – CDE
  - Snr. Technical Officer — Vector Borne Diseases

HEALTH INFORMATION & DATA ANALYSIS (HDA)
- Head — Health Information & Data Analysis (HDA)
  - Snr. Technical Officer – HDA
  - Technical Officer – HDA
  - Technical Officer – HDA
  - Data Entry Clerk

TOURISM & HEALTH PROGRAMME (THP)
- Programme Coordinator – Tourism & Health

REGIONAL DIVERSITY PROGRAMME (RDP)
- Programme Coordinator – Regional Diversity

REGIONAL FIELD EPIDEMIOLOGY AND LABORATORY TRAINING PROGRAMME (FELTP)
- Programme Coordinator
  - Assistant Prog. Coordinator

ADMINISTRATIVE SUPPORT

106
EXECUTIVE DIRECTOR

Specialist — Resource Mobilisation & Partnerships
Snr. Project Officer
Executive Assistant

DIRECTOR - RESEARCH, TRAINING & POLICY DEVELOPMENT
Snr. Training Specialist
Curriculum Development Specialist (FELTP)
Snr. Health Policy Analyst
Research Scientist
Health Promotion Officer
Policy Analyst
Research Assistant
Head — Monitoring & Evaluation (M&E)
M&E Specialist
M&E Officer (3)
### APPENDIX 8  STATUS OF MEMBER STATE QUOTA CONTRIBUTIONS AT DECEMBER 31

#### Status of Member State Quota Contributions at December 31, 2013

<table>
<thead>
<tr>
<th>Member State</th>
<th>Arrears (Jan 1, 2013)</th>
<th>Current 2013</th>
<th>Total (Jan 1 - Dec 31, 2013)</th>
<th>Received (Jan 1 - Dec 31, 2013)</th>
<th>Due Dec 31, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anguilla</td>
<td>-</td>
<td>18,476</td>
<td>18,476</td>
<td>18,476</td>
<td>-</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>24,400</td>
<td>41,722</td>
<td>66,122</td>
<td>41,722</td>
<td>24,400</td>
</tr>
<tr>
<td>Aruba</td>
<td>-</td>
<td>35,026</td>
<td>35,026</td>
<td>-</td>
<td>35,026</td>
</tr>
<tr>
<td>Bahamas</td>
<td>50,844</td>
<td>235,244</td>
<td>286,088</td>
<td>235,254</td>
<td>50,834</td>
</tr>
<tr>
<td>Barbados</td>
<td>14,494</td>
<td>316,927</td>
<td>331,421</td>
<td>30,314</td>
<td>301,107</td>
</tr>
<tr>
<td>Belize</td>
<td>125,849</td>
<td>54,649</td>
<td>180,498</td>
<td>54,649</td>
<td>125,849</td>
</tr>
<tr>
<td>Bermuda</td>
<td>(4,488)</td>
<td>43,695</td>
<td>39,207</td>
<td>39,207</td>
<td>-</td>
</tr>
<tr>
<td>British Virgin Islands</td>
<td>7,841</td>
<td>20,568</td>
<td>28,409</td>
<td>28,409</td>
<td>-</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>-</td>
<td>20,994</td>
<td>20,994</td>
<td>20,994</td>
<td>20,994</td>
</tr>
<tr>
<td>Commonwealth of Dominica</td>
<td>278,360</td>
<td>41,722</td>
<td>320,082</td>
<td>-</td>
<td>320,082</td>
</tr>
<tr>
<td>Grenada</td>
<td>161,142</td>
<td>41,722</td>
<td>202,864</td>
<td>-</td>
<td>202,864</td>
</tr>
<tr>
<td>Guyana</td>
<td>84,774</td>
<td>265,200</td>
<td>349,974</td>
<td>271,521</td>
<td>78,453</td>
</tr>
<tr>
<td>Jamaica</td>
<td>7,020,696</td>
<td>798,803</td>
<td>7,819,499</td>
<td>818,646</td>
<td>7,000,853</td>
</tr>
<tr>
<td>Montserrat</td>
<td>33,123</td>
<td>21,326</td>
<td>54,449</td>
<td>67,990</td>
<td>(13,541)</td>
</tr>
<tr>
<td>Netherland Antilles</td>
<td>78,968</td>
<td>87,303</td>
<td>166,271</td>
<td>-</td>
<td>166,271</td>
</tr>
<tr>
<td>St Kitts &amp; Nevis</td>
<td>-</td>
<td>41,722</td>
<td>41,722</td>
<td>41,722</td>
<td>-</td>
</tr>
<tr>
<td>St Lucia</td>
<td>94,931</td>
<td>41,722</td>
<td>136,653</td>
<td>41,722</td>
<td>94,931</td>
</tr>
<tr>
<td>St Vincent &amp; the Grenadines</td>
<td>34,766</td>
<td>41,722</td>
<td>76,488</td>
<td>-</td>
<td>76,488</td>
</tr>
<tr>
<td>Suriname</td>
<td>-</td>
<td>140,674</td>
<td>140,674</td>
<td>140,674</td>
<td>-</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>145,524</td>
<td>1,846,381</td>
<td>1,991,905</td>
<td>1,846,381</td>
<td>145,524</td>
</tr>
<tr>
<td>Turks &amp; Caicos Islands</td>
<td>9,153</td>
<td>18,321</td>
<td>27,474</td>
<td>-</td>
<td>27,474</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,160,377</td>
<td>4,173,919</td>
<td>12,334,296</td>
<td>3,697,351</td>
<td>8,636,945</td>
</tr>
</tbody>
</table>
APPENDIX 9

PROJECT RELATED RECEIPTS AND EXPENDITURE (UNAUDITED)

Annex II

Project Related Receipts and Expenditure
(Unaudited)

US $

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Expenditure</th>
<th>Institutional Strengthening of CARPHA (European Union)</th>
<th>Caribbean Regional and Epidemiology and Laboratory Training (CDC)</th>
<th>Establishment of an Expanded HIV/AIDS Monitoring and Evaluation Unit (CDC)</th>
<th>CARICOM/ PANCAP Global Fund for HIV &amp; AIDS Round 9 Grant (Pan Caribbean Partnership against HIV &amp; AIDS)</th>
<th>Support for the enhancement of Biological Security and Disease Surveillance Capabilities at CARPHA (DFAT)</th>
<th>Integrating Water, Land and Ecosystems Management in Caribbean SIDS (UNEP/World Bank GEF)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$117,721</td>
<td>$ -</td>
<td>$300,000</td>
<td>US $261,534</td>
<td>US $550,000</td>
<td>US $142,764</td>
<td>US $75,000</td>
<td>$1,447,019</td>
<td></td>
</tr>
<tr>
<td>Staff and Other Personnel Costs</td>
<td>$29,883</td>
<td>$230,096</td>
<td>$190,627</td>
<td>$137,139</td>
<td>$ -</td>
<td>$33,020</td>
<td>$620,765</td>
<td></td>
</tr>
<tr>
<td>Training Workshops and Meetings</td>
<td>21,678</td>
<td>6,854</td>
<td>118,125</td>
<td>67,362</td>
<td>132,884</td>
<td>41,267</td>
<td>14,917</td>
<td>403,087</td>
</tr>
<tr>
<td>General Operating Expenditure</td>
<td>-</td>
<td>11,892</td>
<td>8,699</td>
<td>4,922</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>25,513</td>
</tr>
<tr>
<td>Laboratory Reagents and Supplies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>39,539</td>
<td>6,604</td>
<td>-</td>
<td>46,143</td>
</tr>
<tr>
<td>Capital Expenditure</td>
<td>-</td>
<td>-</td>
<td>17,114</td>
<td>-</td>
<td>-</td>
<td>64,647</td>
<td>-</td>
<td>81,761</td>
</tr>
<tr>
<td>Public Awareness and Education</td>
<td>15,766</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15,766</td>
</tr>
<tr>
<td>Contracted Technical Services</td>
<td>9,899</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>268,832</td>
<td>-</td>
<td>30,000</td>
<td>308,731</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>$47,343</td>
<td>48,629</td>
<td>$374,034</td>
<td>$262,911</td>
<td>$578,394</td>
<td>$112,518</td>
<td>$77,937</td>
<td>$1,501,766</td>
</tr>
<tr>
<td>Net Due to (From) Projects</td>
<td>$70,378</td>
<td>($48,629)</td>
<td>($74,034)</td>
<td>($1,377)</td>
<td>($28,394)</td>
<td>$30,246</td>
<td>($2,937)</td>
<td>($54,747)</td>
</tr>
</tbody>
</table>