PATHWAY TO 2025
STRATEGIC PLAN
2018 TO 2020
The Caribbean Public Health Agency is the Caribbean Region’s collective response to strengthening and reorienting our health system approach so that we are equipped to address the changing nature of public health challenges, which threaten development.

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Caribbean Public Health Agency

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<tr>
<td>CAREC</td>
<td>Caribbean Epidemiology Centre</td>
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<td>CARIPHLN</td>
<td>Caribbean Public Health Laboratory Network</td>
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<td>CCH</td>
<td>Caribbean Cooperation in Health</td>
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<td>CARICOM</td>
<td>Caribbean Community</td>
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<td>CDRTL</td>
<td>Caribbean Regional Drug Testing Laboratory</td>
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<td>CDs</td>
<td>Communicable Diseases</td>
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<td>CEHI</td>
<td>Caribbean Environmental Health Institute</td>
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<td>CFNI</td>
<td>Caribbean Food and Nutrition Institute</td>
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<td>CHRC</td>
<td>Caribbean Health Research Council</td>
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<td>CMS</td>
<td>CARPHA Member States</td>
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<td>COHSOD</td>
<td>Council for Human and Social Development (CARICOM)</td>
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<td>CRS</td>
<td>Caribbean Regulatory System</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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<td>Departmental Management Team</td>
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<td>DTL</td>
<td>Drug Testing Laboratory</td>
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<td>EB</td>
<td>Executive Board</td>
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<td>EMT</td>
<td>Executive Management Team</td>
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<td>EHS</td>
<td>Environmental Health and Sustainable Development</td>
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<td>FELTP</td>
<td>Field Epidemiology and Laboratory Training Programme</td>
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<td>GHSA</td>
<td>Global Health Security Agenda</td>
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<td>HIS</td>
<td>Health Information System</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>Health, Safety and Environmental Sanitation</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IGA</td>
<td>Inter-Governmental Agreement</td>
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IHR  International Health Regulations
ITS  Information and Technology Services
M&E  Monitoring and Evaluation
MS  Member States
MOH  Ministry of Health
MOU  Memorandum of Understanding
NCDs  Non-Communicable Diseases
NGO  Non-Governmental Organisation
OECS  Organisation of Eastern Caribbean States
OED  Office of the Executive Director
PAHO  Pan American Health Organization
RWH  Rainwater Harvesting
RHI  Regional Health Institutions
RM  Resource Mobilization
SDGs  Sustainable Development Goals
TAC  Technical Advisory Committee
VBD  Vector Borne Diseases
WHO  World Health Organization
As the Caribbean Public Health Agency (CARPHA) completes nearly five years in operations, it is my pleasure to share with you our strategic vision for the improved health and well-being of the peoples of our Region. Some notable accomplishments during that time have been the Tourism and Health programme (THP), the 6-Point Policy Package for healthier food environments to prevent childhood obesity, the Caribbean Regulatory System (CRS) on pharmaceuticals, launch of Caribbean Mosquito Awareness Week, the EvIDeNCe portal and the Drug Testing Laboratory in Jamaica accredited to ISO 17025.

However, there are some persistent health and environmental problems which are having major adverse impacts on the 17 million people of the CARPHA Member States (CMS) and threaten achievement of objectives of Caribbean Cooperation in Health (CCH) and the Sustainable Development Goals (SDGs). As small, open, and mostly tourism-dependent economies, we are vulnerable to external manmade or natural shocks.

Non-Communicable Diseases (NCDs) and obesity, over dependence on imported food, an ageing population, mosquito- and food-borne diseases, antimicrobial resistance, climate change and environmental degradation, extreme weather events, rising violence and injuries, and weak regulatory capacity for medicines and health technologies are among significant challenges.

While much progress has been made, the Region is not on track to meet the ambitious goals in CCH-IV or SDG Agenda 2030 in areas such as NCDs or regional health security without increased investment in cost effective public health and prevention policies.

Furthermore, the costs of the situation are simply not sustainable. Regional economies contracted in 2016, following a bare 1% growth in 2015. Meanwhile, health threats such as diabetes, hypertension and cancer are having a 4%-6% negative GDP impact, as evidenced by recent studies in Jamaica and Trinidad and Tobago by the Pan American Health Organization (PAHO) and Inter-American Development Bank (IDB).
The CARPHA Strategic Plan 2018-2020 is part of a realignment process of the Agency informed by CCH-IV and the SDG Agenda 2030, as well as available resources from CMS and partners. The plan is externally focused and contributes considerably to the regional public goods (RPGs) in CCH-IV priorities. Working with CMS and partners, CARPHA’s Strategic Objectives are to:

- Strengthen CMS HS through training, policies standards and guidelines, access to essential Laboratory Services through and Essential medicines through the Caribbean Regulatory System (CRS).
- Facilitate CMS reaching Agenda 2030 targets related to Regional Health Security, Environmental Health, Tourism and Health, and Climate Change and Health.
- Enhance CMS capacity to monitor and respond to priority public health concerns throughout the life-course.
- Equip CMS to collect, analyse, generate and use strategic information to guide policy development, programme planning and country response to address public health priorities.
- Utilise partnership building and resource mobilisation tools and strategies to facilitate CARPHA’s delivery of services that benefit CMS.

To support the plan, CARPHA must have the institutional capacity to support service delivery to CMS. The objective is to focus on strengthening service delivery through stewardship; improved use of information and communications technologies; economic use of funds; professional workforce; effective communications and strategic managing and planning. Smarter and innovative ways of working will be pursued, including use of networks that leverage CMS capacity.

CARPHA will also seek to implement a range of cost-effective solutions, public policies and health services measures, which have high return on investment (ROI), which are feasible and viable, and which require everyone to work together such as the WHO NCD “Best Buys”, and CARPHA 6-Point Policy Package for healthier food environments to prevent childhood obesity.
CARPHA is an effective platform to integrate, coordinate and focus efforts on common problems. A 2014 UWI study estimated that the public health services provided by the Agency had an economic rate of return of 23:1. However, investment needs to be increased to allow the Agency to realise its mission.

Nevertheless, we believe that together with our existing and new partners, both internal and external to CARPHA, we will work towards our mission as a professional organisation to build Member States capacity to prevent disease and promote health and wellness through leadership, partnership and innovation in Public Health.

Dr C. James Hospedales
Executive Director
As Small Island Developing States (SIDS), our region is highly vulnerable to natural and manmade shocks, and highly dependent on trade and imported food. Several preventable health and environment challenges represent significant threats to health and economic security. Mosquito-borne viral diseases such as Chikungunya and Zika have revealed large gaps in regional health security, which has a direct effect on economic sectors such as the tourism industry.

The population of the Region is undergoing a demographic shift, with the population over 60 years old expanding rapidly. The demographic shift is further complicated with the high, preventable chronic disease burden in the working age population that threatens the economic stability of Social Security institutions in the Caribbean. In this instance programmes focused on healthy aging become an economic imperative to reduce the cost burden related to chronic diseases and complications. With an increasing population and development, our countries have also become more vulnerable to environmental degradation coupled with the overarching issues of Climate Change and Global Warming. As a result, the Region has become to increasingly more vulnerable to dangerous storms, droughts and floods.

Though strides have been made in increasing food production and supply of pipe borne water to households, the developing agricultural, industrial and tourism sectors have increased pollutants to our waterways and oceans, threatening sustainable food security and sources of potable water for our populations.

Major gains have been made with communicable diseases (CDs). Vaccine preventable diseases such as polio, measles and rubella have been eliminated from the Region. HIV is no longer one of the top causes of death in the Region and vertical transmission has nearly been eliminated. Despite these achievements, the Caribbean still lags in meeting its global targets for Tuberculosis. Emerging and remerging infections continue to threaten the Region’s health security. Food borne outbreaks still pose a risk to the population and tourism industry, and the silent epidemic of Antimicrobial Resistance which can generate insurmountable health costs is a ‘disaster in slow motion’.
The Region’s biggest challenge however is the NCD epidemic which accounts for eight of ten deaths and most of the ever-increasing, preventable health care costs. Diabetes, ischaemic heart disease, strokes and cancers are among the top causes of death in adults in the Region. Studies in some Member States have shown that NCDs account for 3-8% negative impact on the GDP as it greatly affects productivity of the population while generating insurmountable costs to healthcare systems. In Trinidad and Tobago, in a new 2016 study, the economic impact of diabetes, hypertension and cancer were found to be $US1.2Billion (4.3% GDP), 40% in direct health costs and 60% in indirect costs to the economy.

In most countries, 40% or more of the adult population have three or more risk factors for NCDs, with persons 45-64 years and women at greater risk. Obesity among adults has reached epidemic proportions, particularly in women, driving increased rates of diabetes, cancer, cardiovascular disease, depression and anxiety, and employment related problems. Most alarmingly, obesity is emerging in children and adolescents: 1/5 to 1/3 being overweight or obese. More than 60% of the population in Member States is overweight and 20%-40% are obese.

Policy for the promotion of healthy food environments which requires a multi-sectorial approach has been made a regional priority by Heads of Government but behaviour change at an individual level is ultimately necessary, buttressed by supportive environments, and public education.

Increased sedentary lifestyles are also because of the built environment and lack of recreational spaces further promote obesity. So, the built environment has to be tackled, e.g., promoting use of alternative transport like biking and walking: good for the planet, good for health and good for energy security.

Alcohol and depression are the two major mental health issues in the Region with co-morbidities and co-benefits from action to prevent and control NCDs. Analysis of social determinants also shows linkages of tobacco use and obesity with poverty and lack education in Caribbean populations. Tackling these problems can also help to reduce inequity in our countries.

The trends for injuries and violence in the Region are also a reason for great concern, noting the linkages with alcohol consumption. Vehicular accidents, homicides and suicides are on the increase in many countries. These impact not only the families and individuals involved, but also are spawning an epidemic of fear and stress, and drive away visitors. Several countries are having epidemics of homicide, and the Caribbean rate overall of 30/100,000 is nothing to be proud about. Rates in USA 5/100K; Canada 1.5/100k, and UK 0.9/100K are benchmarks we can aim for.

Reflecting of the aforementioned, the road ahead is a challenging and complex one. There are several complex health and environment challenges which are undermining sustainable development prospects and progress. This underscores the multidimensional and multi-sectorial approach required.
WHO ARE WE

CARPHA is the new public health agency for the Caribbean, legally established in July 2011 by an Inter-Governmental Agreement (IGA) signed by the Caribbean Community (CARICOM) Heads of Government. CARPHA began operations in January 2013 with its formal launch on July 2, of the same year.

The establishment of CARPHA was grounded in the philosophy and principles of regional cooperation. Since 1973, with the signing of the Treaty of Chaguaramas, cooperation in health was identified as an important strategy to bolster health sector development. The Caribbean Cooperation in Health Initiative (CCH) was therefore established as the strategic framework to promote collaborative action in addressing the critical public health problems facing the Region.

The Agency is the principal institutional expression of the Caribbean Cooperation in Health (CCH) and a merger of five Regional Health Institutions (RHIs), three CARICOM entities: Caribbean Environmental Health Institute (CEHI), the Caribbean Regional Drug Testing Laboratory (CRDTL) and the Caribbean Health Research Council (CHRC), as well as two PAHO entities: the Caribbean Epidemiology Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI). The expectation of the resultant merger is a rationalization of operations of the previously operating RHIs and an enhanced scope and depth of support provided to Member States.

Figure 1: Transition of Regional Institutions into the Formation of CARPHA
As an institution of the CARICOM Community, the Agency is governed at the highest level by the Heads of Government and the Council of Ministers of Health of Member States (COHSOD) which are the principal policy making organs for the Agency. The Council appoints an Executive Board which provides general and specific policy directions to it, reviews performance of the Agency and conducts a periodic review of the IGA.

The Technical Advisory Committee (TAC) supports the functioning of the Board by advising on the scientific and technical areas of work, in particular on policies and strategies necessary for the fulfilment of the objectives of the Agency and prioritizing of programmes. Several Sub-TACs also contribute to the functioning of the TAC namely:

- Public Health Nutrition Advisory Committee (PHNAC)
- Laboratory Advisory Committee (LAC)
- Technical Advisory Committee on Pharmaceutical Policy (TECHPHARM)
- Training Advisory Committee (TrAC)
- Research Advisory Committee (RAC)
- Communications Technical Advisory Committee (C-TAC)
- Caribbean Public Health Laboratory Network (CARIPHLN)
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WHAT WE DO

The Agency’s services are guided by the functions established by the Inter-governmental Agreement (IGA) and the Caribbean Cooperation in Health, which establishes health priorities for the Region. These are aligned with the essential public health functions to assess needs, develop policy and assure quality. Accordingly, the Agency:

- Provides an evidence base for public health decision-making and policy in the Caribbean, including the definition, collection, maintenance and analysis of minimum data sets, research, health situation analysis, critical analysis of the impact of social and other determinants of health and response to public health interventions;
- Provides accurate, reliable, timely and relevant public health information to various Caribbean and international audiences; including an Annual Report on the State of Public Health in the Caribbean region;
- Provides support to Member States to build capacity and coordinates the development of regional standards, guidelines and networks related to laboratory practice;
- Coordinates required response and builds capacity of Member States to effectively respond to public health crises in the Caribbean;
- Provides leadership in defining effective public health interventions in the Caribbean and development and adaptation of relevant models for various circumstances;
- Enhances national capacities to deliver public health goods and services to address new and emerging public health priorities in the Caribbean, through on-going teaching, training and collaboration with Member States;
- Builds strategic partnerships with regional and international partners and engenders multi-sectoral action both at regional and national levels to address public health issues, mobilises resources for priority public health issues of the Region;
- Monitors global agreements and developments that may impact on public health;
- Monitors and reports on measures to attain the approved objectives of the CCH.
Cognizant of the characteristics and challenges of the merger of five agencies, CARPHA in its infancy conducted its first strategic planning exercise in 2013. This was done through a collaborative process with varying stakeholders including 21 Member States, PAHO/WHO, CARICOM and other regional and international partners. The resultant first plan (2014-2019) concentrated on building the institutional capacity and uniting the Agency while providing service to Member States. This plan was one element of a wider vision towards the goals of ‘Destination 2025’. The year 2025 corresponds to the target date for some major health objectives, with regards to non-communicable diseases, the top cause of mortality and morbidity in the Region. This landmark year will also guide the Agency towards the work needed in the last five years of the Agenda 2030 to meet the targets of the SDGs.

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**EVALUATION**

- CMS Consultation Mechanism
- Haiti Strategy
- Engagement Strategy
- Wider Sectorial Engagement

- Increased Human Resources Capacity
  - Increased Technology Capacity
    - FELTP Institutionalised
    - IHRs Implemented

- Partnership Policy
  - New Network Piloted
  - Stakeholder Engagement Strategy
  - Network Supported

- New Programmes Identified
  - Monitoring & Evaluation For Results
  - RM Strategies
  - Communication Strategies

- Human Resources Normalized
  - Integrated Management Supported by ICT
  - New Facilities

**Figure 2: Summary of Destination 2025**
The Agency in its first four years of operation has faced several major public health and financial challenges, and has weathered these with the support of Member States, key regional and international partners and dedicated staff as key stakeholders. The Agency is now positioned to survive as a major contributor to the public health goals of the Region in accordance with CCH.

Guided by recommendations of Member States, the Executive Board and the Council of Ministers of Health (COHSOD) the Agency took advantage of its second planning phase to realign the functioning and services of the Agency. The foundation of this new plan is its alignment to regional and international frameworks namely the CARICOM Strategic Plan (2015-2019), the Caribbean Cooperation in Health Framework-CCH IV (2016-2025) and the Sustainable Development Goals-Agenda 2030 (SDGs). The expected results of this realignment would be more externally focused Agency grounded in customer service and performance. The revised strategic plan forms the principal guiding document for this transition and for mobilizing resources and partners, over the next three years.
The use of a partnership approach and working with stakeholders from a wide range of sectors have been instrumental in the success that CARPHA has achieved to date. Our Member States have been active partners in shaping and being the beneficiary of our work. Our International Development Partners have also bought into our vision and provided both technical and financial resources to the Agency. Public-private sector partnerships models have been utilised especially in the tourism sphere and through the creation of the CARPHA Foundation. Within the CARICOM system, increasingly the Agency is working using a multisectoral approach to achieve public health gains.

Our regional and international academic and civil society allies have facilitated our evidenced based approaches to public health and advocacy for impactful changes at the local level respectively. Combined, all these collaborations have played a part and will continue to support the advancement of the work of CARPHA.
The Vision, Goal and Mission are grounded in the mandate and the guiding principles of the Agency.

**GOAL**
A Caribbean in which people are resilient, living longer and healthier lives in a more supportive environment.

**MISSION**
As a professional organisation to build Member States capacity to prevent disease and promote health and wellness through leadership, partnership and innovation in Public Health.

**VISION**
Healthy People, Healthy Spaces, Healthy Caribbean.
MANDATE

The Inter-governmental Agreement which created the Agency distinctly outlines the objectives and mandate agreed by Heads of Government which defines the work of the Agency.

1. To promote the physical and mental health and wellness of people within the Caribbean;
2. To provide strategic direction, in analysing, defining and responding to public health priorities of the Caribbean Community;
3. To promote and develop measures for the prevention of disease in the Caribbean;
4. To support the Caribbean Community in preparing for and responding to public health emergencies;
5. To support solidarity in health, as one of the principal pillars of functional cooperation in the Caribbean Community; and
6. To support the relevant objectives of the CCH as approved by the Council.

CARPHA PRINCIPLES

- **Health Equity**: CARPHA is committed to health equity so that all sectors of society will benefit equitably from its operations.
- **Regional Solidarity**: CARPHA will always operate from the philosophical foundation of regional solidarity and functional cooperation.
- **Evidence-Informed Innovation**: CARPHA embraces an evidence-informed approach in the planning, implementation and evaluation of its programmes.
- **Collaboration and Partnership**: CARPHA values working with others in order to achieve a collaborative advantage by using an “all of society” approach.
- **Service Excellence and Cost-consciousness**: CARPHA strives for quality at the highest standards and to deliver value for money, conscious of the challenging financial situations faced by CMS.
- **Integrity and Ethics**: CARPHA is committed to adhering to principles of integrity and ethics in all of its operations.
Strategic Priorities

CARPHA has identified areas of focus which are grounded in the needs of CARPHA Member States and will contribute to the achievement of its mission. These priorities are aligned to principal regional and international health frameworks namely the CARICOM Strategic Plan, the Caribbean Cooperation in Health (CCH IV) and the Sustainable Development Goals (SDGs).

Figure 3: Strategic Priorities of the Realigned CARPHA Strategic Plan

1. Health Systems Strengthening
2. Safety and Health Environments
3. Healthy Living throughout the Life Course
4. Strategic Information for Evidence-Based Decision Making
5. Partnership and Resource Mobilisation
6. Institutional Capacity to Support Service Delivery to CARPHA Member States
STRATEGIC PRIORITY 1: HEALTH SYSTEMS STRENGTHENING

CARPHA will continue to strategically address elements of the WHO building blocks for health systems, cognizant of the work of other regional actors, especially PAHO/WHO. The Agency will concentrate efforts on building human resources for health, a major output for all current technical programmes; access to affordable essential medicines and medical technologies through the CRS; access to essential laboratory services, laboratory strengthening programmes and networks; and policy, standards and guidelines that address public health issues.

STRATEGIC OBJECTIVE:

To better equip CARPHA Member States to strengthen their health systems through improved human resource development; policies, standards and guidelines; access to essential laboratory services and essential medicines through the Caribbean Regulatory System.

STRATEGIC OUTCOME:

CARPHA Member States are effectively applying competencies; adopting policies, standards and guidelines; improving access to essential medicines and essential laboratory services.
Intervention Priorities

1. Deliver a suite of targeted public health programmes to develop human resource capacity of Member States in applied public health competencies.

2. Implement Caribbean Regulatory Systems (CRS) and pharmacovigilance mechanisms to improve access to safe, affordable essential drugs.

3. Strengthen regional laboratory systems and network through the Caribbean Public Health Network (CARIPHLN) to safely and accurately detect and characterize pathogens, environmental threats and ensure pharmacovigilance through modern, secure, affordable and appropriate diagnostic tests or devices.

Intervention Outcomes

1. Cadre of professionals with improved public health competencies.

2. Increased access of CMS to affordable and safe essential drugs.

3. CMS with efficient, robust laboratory systems (including networks) exhibiting timely monitoring and responses to biological and environmental threats and unsafe pharmaceuticals.
Several preventable environmental challenges represent threats to health and economic security of the Region. The total population of the Member States is just over 17 million people, ranging from 5,000 to 10 million (median approximately 100,000) in some Member States. In addition, there are nearly 50 million stay over and cruise ship arrivals per year. This therefore necessitates adequate measures that maintain a healthy environment for citizens and visitors to prevent, contain or mitigate the effects of disease outbreaks. The Agency will continue to work with CMS and partners to support elements of programmes related to environmental health and health impacts of climate change, tourism and health and Regional Health Security to achieve these goals.

**STRATEGIC OBJECTIVE:**

To facilitate CARPHA Member States achievements of the Agenda 2030 targets related to Regional Health Security, Environmental Health (food, water, toxic chemicals, waste management, occupational health and safety, climate change ecosystem degradation) and Tourism and Health.

**STRATEGIC OUTCOME:**

CARPHA Member States have improved public health capacity to support regional health security, environmental health and tourism and health programmes in meeting targets of the Agenda 2030.
Intervention Priorities

1. To support and enhance capacity of CMS to advance targets of the Agenda 2030 related to the management of environmental health threats related to food, water, air quality, toxic chemicals, occupational health and safety, climate change and ecosystem degradation.

2. To enable CMS to prevent, respond and manage public health through a coordinated approach to implementation of the Global Health Security Agenda (GHSA) Roadmap for the Caribbean Region.

3. To enable CARPHA Member States to prevent, control and respond to the debilitating effects of mosquito borne disease through traditional and innovative integrated vector management strategies/measures.

4. Improve capacity to provide cost-effective, quality, health, food safety and environmental sanitation (HSE) solutions to the HSE threats impacting on sustainable tourism in the Caribbean through real-time early, alert and monitoring systems for tourism based illnesses, training and certification; HSE standards and multi-sectoral partnerships.

Intervention Outcomes

1. CMS have advanced the targets of Agenda 2030 through increased capacity to identify and manage environmental health threats.

2. CMS are more resilient and prepared to respond to public health emergencies and disasters minimizing human, economic and reputational impact.

3. CARPHA Member States are effectively applying integrated vector management strategies/measures to mitigate, respond and control mosquito borne disease and have tested approaches that strengthen community links and leverages technology.

4. Improved CMS capacity and partnerships between the tourism and health sectors to provide real-time, relevant and accurate surveillance data to monitor mitigate and respond to tourism based public health threats to minimize economic and reputational damage and to inform service delivery policies and plans.
STRATEGIC PRIORITY 3: HEALTHY LIVING THROUGHOUT THE LIFE COURSE

Life expectancy in the Region has increased over the past decades. Health, wellbeing and lifespan are influenced by complex interactions between biological, environmental and socioeconomic factors throughout life. CARPHA in this iteration of strategic planning will continue to support Member States with initiatives that will contribute to improving quality of life and reduce risks and morbidity at all stages of the life cycle.

STRATEGIC OBJECTIVE:

To enhance CARPHA Member States to monitor and respond to priority public health concerns throughout the Life Course.

STRATEGIC OUTCOME:

CARPHA Member States are better equipped to improve and maintain the health and well-being of the population through the Life Course.
Intervention Priorities

1. To provide support to CMS to improve Food and Nutrition Security through the development of policies, guidelines and standards including implementation of the 6-point policy package for healthy food environments using a collaborative, multi-sectoral approach.

2. To support the use of the Chronic Care model for prevention, management and control by enhancing the management of priority NCDs through development and implementation of clinical guidelines and monitoring of physician practices and treatment cascades in primary care.

3. To strengthen CMS capacity to prevent, respond and contain outbreaks of communicable diseases and to maintain high levels of coverage for vaccine preventable diseases.

Intervention Outcomes

1. CMS effectively applying policies, guidelines and standards for improved food and nutrition security.

2. Improved management of patients with priority NCDs in Primary Care.

3. CMS are better equipped to prevent, respond and contain outbreaks of communicable diseases.

4. CMS are able to sustain gains and respond to new threats to vaccine preventable diseases.
STRATEGIC PRIORITY 4: STRATEGIC INFORMATION FOR EVIDENCE-BASED DECISION MAKING

CARPHA is cognizant of the critical role of the use of strategic information in effective decision making at all levels in CMS to facilitate effective planning and management. CARPHA is committed to ensuring that high quality, reliable strategic information (surveillance, research, monitoring and evaluation and knowledge translation) for health is routinely available, accessible and relevant to all CMS. The Agency looks forward to continued collaboration with CMS in fulfilling its mandate to provided strategic direction, in analyzing, defining and responding to public health priorities of the Caribbean Community.

STRATEGIC OBJECTIVE:

To better equip CARPHA Member States to collect, analyse, generate and use strategic information (surveillance, research, monitoring and evaluation and knowledge translation) to guide policy development, programme planning and country response to address public health priorities.

STRATEGIC OUTCOME:

CARPHA Member States are effectively using strategic information for policy development, programme planning and country response to address public health priorities.
Intervention Priorities

1. To build capacity of CMS surveillance in the areas of communicable diseases; non-communicable diseases and its risk factors and environmental hazards to provide and utilize reliable, timely and relevant public health information.

2. Develop a surveillance strategy that is responsive to the evolving public health situation, rationalizes the existing systems, reduces reporting burden, uses innovative technology and multi-sectoral stakeholder participation.

3. Strengthen Monitoring and Evaluation Systems to enable effective evidence based public health interventions, programmes and policies.

4. To conduct and provide support to CMS to implement research activities on relevant public health priorities in support of CCH IV.

5. To improve the availability of strategic information obtained from research and data management to inform health policy and programmes in Member States.

Intervention Outcomes

1. Functional surveillance systems in CMS as evidenced by key surveillance outputs (Analytical Reports) to inform public health decisions.

2. Surveillance system which is cost-effective, integrated and is response to the evolving public health situation.

3. Monitoring and Evaluation (M&E)
   i. CMS with improved public health programming and planning based on:
      • M&E System design
      • M&E capacity development (training, mentoring, coaching, supportive supervision)
      • Reporting on national and global public health commitments (CCH IV; SDGs, PAHO KPIs)
      • Evaluation of public health interventions, programmes and policies.
   ii. A Caribbean Public Health Agency with a robust performance monitoring and evaluation system demonstrating its value to Member States and International Partners through:
      • M&E training (staff)
      • Performance monitoring and reporting
      • Programme Evaluation
      • Project design and efficiency measurement

4. Improved availability and utilization of research data in policy, programme design and health service delivery.

5. Evidence available to inform policy and programmes to respond to public health priorities.
STRATEGIC PRIORITY 5: PARTNERSHIPS AND RESOURCE MOBILISATION

CARPHA and its Member States recognize that progress in regional public health requires coordinated action across all segments of society to address underlying social and environmental determinants of health. The Agency also acknowledges that it requires a diversified resource (financial and other) base to sustainably and effectively deliver on its mandate in CCH IV. CARPHA must continue to forge strategic partnerships with a range of institutions that provide us with technical expertise, guidance and funding.

Drawing from regional and international public sector (health and non-health), bi-lateral and multilateral agencies, private sector, civil society, academic and research institutions as well as the media: the Agency must accelerate its resource mobilization drive to build collaborative networks and partnerships with organisations that share our purpose, vision and values.

STRATEGIC OBJECTIVE:

To utilize partnership building and resource mobilization tools/strategies to facilitate CARPHA’s delivery of services that benefit CMS.

STRATEGIC OUTCOME:

CARPHA’s funding portfolio increased and diversified to enable sustained delivery of services to CMS through an enhanced partnership approach.
Intervention Priorities

1. Strengthen existing and build new partnerships to respond to regional health priorities.

2. Develop sustainable financing mechanisms to support CARPHA’s delivery of services that benefit CMS.

Intervention Outcomes

1. Multi-sectoral partnerships strengthened to respond to regional health priorities.

2. CMS receive services from CARPHA supported by a diversified finance portfolio.
STRATEGIC PRIORITY 6: INSTITUTIONAL CAPACITY TO SUPPORT SERVICE DELIVERY TO CARPHA MEMBER STATES

CARPHA must have adequate capacity in order to effectively and efficiently deliver the required services to member states. Adequate financing of the entity is critical to facilitate the required human resources, information technology and a conducive physical work environment. Effective, strategic planning and management and strengthened ability of CARPHA’s governance structures to provide effective leadership are essential components to facilitate delivery of the Agency’s mandate. Strengthening institutional capacity in all areas must therefore be a CARPHA priority.

STRATEGIC OBJECTIVE:

To strengthen the Agency’s capacity to support service delivery to CMS through stewardship; improved use of information technology; economic use of funds; professional workforce; effective communications and effective strategic managing and planning.

STRATEGIC OUTCOME:

An organisation internationally recognized for its efficient work having an impact on public health in the Caribbean staffed with motivated, dedicated professionals.
Intervention Priorities

1. Recruit, develop and retain skilled Caribbean professionals performing in a unified environment supportive of learning and fostering excellence.

2. Develop region wide sustained, evidence informed information, education and communication mechanisms/strategies that targets citizens, policy makers, partners and public health practitioners to prevent disease and to support the health and wealth being of the citizens and visitors to the Region.

3. Deliver successful, targeted, timely and integrated communications based on clear methodologies and outcomes which reflects the value of CARPHA’s work to all stakeholders.

4. Establish clear and accessible internal and external communication practices which support organisational performance.

5. Support revenue generation activities and implement control mechanisms that ensure the Agency’s resources are maximised and spent efficiently.

6. Procure good and services in a timely, fair, transparent and ethical manner ensuring value for money.

7. Maintain an environment that is conducive to the health and safety of staff.

8. Provide improved infrastructure for:
   
   i. Real time data management by health information team.
   
   ii. Staff’s primary business processes.
   
   iii. Efficient and effective interaction with CMS for service delivery.

9. Support revenue generation activities and implement control mechanisms that ensure the Agency’s resources are maximized and spent efficiently.

Provide support to the Governance bodies (Council of Ministers, Executive Board, TAC) of CARPHA to ensure effective decision-making and accountability that supports successful implementation of the Agency’s agenda.

10. Strengthen agency strategic planning mechanisms by using a results and performance based approach to strategic planning and management.

Intervention Outcomes

1. A highly skilled, cohesive organization recognized for its excellence in public health grounded in its knowledge of CMS.

2. Stakeholders are empowered/better informed on varying public health issues contributing to prevention of disease and health and well-being of citizens and visitors to the Region.
3. Well-informed stakeholders who understand and are aware of the work of the agency.

4. i. Improved stakeholder relations, perceptions and experience.

   ii. Improved interdepartmental and intradepartmental relationships and collaboration.

5. Effectively functioning finance department that maximizes resources available to the Agency and functions under standard ethical procedures.

6. Timely completion of activities according to procurement plan and budget.

7. i. Documented incidents related to health and safety of staff addressed in a timely manner to the satisfaction of staff.

   ii. Decrease in incidents related to health and safety of staff at all campuses.

8. i. Uninterrupted information technology (IT) systems to support health information functions of the agency.

   ii. Decreased downtime of IT systems.

   iii. Cost savings due to virtual interactions with CMS.

9. Key decisions of the governance bodies are translated to action by the Agency.

10. Improved organizational capacity to efficiently and effectively carry out its mandate.
RESOURCING THE STRATEGIC PLAN

In 2017, the region faced several health and environmental threats, the social and economic costs of which are simply not sustainable. However, there are many cost-effective solutions to these challenges. It however requires everyone to work together to increase attention, synergy and investment to achieve the environmental and economic resilience goals of the region. CARPHA represents a good platform, as the only regional public health agency, to provide an integrated and coordinated response to preventing disease; promoting and protecting health; and responding to public health emergencies.

The CARPHA Technical Advisory Committee (TAC) recently concluded that to meet regional and global targets in health and environment, CARPHA needs triple the investment, as the core funding affords a very basic level of public health services, particularly in areas of regional health security, laboratory services and networks, surveillance and emergency response. This has been partially offset by success in resource mobilization and partnerships, but these project resourced activities are not sustainable. Additional investment is urgently needed for implementing cost effective public health programs in CCH-IV where the Agency has a mandate, and comparative advantage, but not the requisite resources.

Therefore, implementation of the strategic plan will require significant commitments from CARPHA member countries, sound management of the Agency’s financial resources, support from International Development Partners (IDPs), and developing new and innovative funding mechanisms. To maximise its financial resources, CARPHA has approached budgeting using a results-based methodology which is aligned to the Agency’s strategic objectives. This approach will enable CARPHA to address the needs of member states, while promoting efficiency, transparency, and improvement in the quality of service provided in CCH-IV.

The current resources for the plan comprise Member States (MS) annual budget of US$4.63M (US$4.40M in quotas from MS and US$0.23M from Fee-based services) and committed resources of US$3.76M from IDPs. CARPHA is indeed fortunate to have the continued support of our IDPs, such as the European Union (EU), Inter-American Development Bank (IDB), National Cancer Institute (NCI), Public Health Agency of Canada (PHAC), Public Health England (PHE), United States Centres for Disease Control and Prevention (CDC), and World Health Organization/Pan-American Health Organization (WHO/PAHO), being our major financial partners. CARPHA also leverages partnerships with its sister agencies within CARICOM such as the security cluster, and social and economic institutions, to deliver on its public health mandate.
With its current resources and staffing structure, the Agency is only able to provide a low level of services to Member States. The gaps are represented in the resource mobilization needs for the period 2018 to 2020 based on a Current/Low-level of services (Please see Table 1 below).

**TABLE 1: CURRENT EXPENDITURE (Current/Low Level of Services)**

<table>
<thead>
<tr>
<th>Details</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>$3,441,597</td>
<td>$3,441,597</td>
<td>$3,529,595</td>
<td>$10,412,789</td>
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<tr>
<td>Strategic Priority Area 1</td>
<td>$1,385,959</td>
<td>$1,385,959</td>
<td>$1,421,396</td>
<td>$4,193,313</td>
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<td>Strategic Priority Area 2</td>
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<td>$1,337,425</td>
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<td>Strategic Priority Area 3</td>
<td>$2,274,809</td>
<td>$2,274,809</td>
<td>$2,332,973</td>
<td>$6,882,581</td>
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<tr>
<td>Strategic Priority Area 4</td>
<td>$219,943</td>
<td>$219,943</td>
<td>$225,567</td>
<td>$665,453</td>
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<tr>
<td>Strategic Priority Area 5</td>
<td>$914,141</td>
<td>$914,141</td>
<td>$937,515</td>
<td>$2,765,797</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>$8,678,489</td>
<td>$8,678,489</td>
<td>$8,900,390</td>
<td>$26,257,369</td>
</tr>
<tr>
<td>Funded By Core Resources</td>
<td>$(4,626,855)</td>
<td>$(4,626,855)</td>
<td>$(4,626,855)</td>
<td>$(13,880,565)</td>
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<tr>
<td>Funded By PAHO-BWP Resources</td>
<td>$(850,000)</td>
<td>$(850,000)</td>
<td>$(850,000)</td>
<td>$(2,550,000)</td>
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<tr>
<td>Funded By Other IDPs</td>
<td>$(2,909,134)</td>
<td>$(2,759,134)</td>
<td>$(2,759,134)</td>
<td>$(8,427,402)</td>
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<tr>
<td>Resource Mobilization Needs</td>
<td>$292,500</td>
<td>$442,500</td>
<td>$664,401</td>
<td>$1,399,402</td>
</tr>
</tbody>
</table>

Given existing staffing levels and no quota increases after five (5) years of operation, at least 15 core staff positions are fully or partially funded by IDPs, with laboratory costs, surveillance and capital expenditure being funded from Member States resources. The risk is that when these projects end, there would not be sufficient Member States resources to continue funding all of the standard public health posts.

Areas currently funded in whole or in part by IDPs include Regional Health Security, Caribbean Regulatory System (CRS) for medicine and health technology, Monitoring and Evaluation (M&E), FELTP, Anti-Microbial Resistance (AMR), Vector Borne Diseases and Control, Cancer Registry Hub, Mortality and Morbidity Surveillance, Tourism and Health, Research & Research Ethics, Behavioral Sciences, among others. A major limitation is that this funding does always provide the above services to all Member States.
Therefore, to provide the required level of services to Member States as outlined in this strategic plan, which supports attainment of CCH-IV, CARICOM’s strategic plan and SDGs, the Agency will require additional resources. This is particularly applicable in the area of Non-Communicable Diseases. Tackling Non-Communicable Diseases (NCDs), which although a leading cause of death and a significant contributor to public health expenditure in CARPHA member states, does not attract the same level of support from IDPs as Communicable Diseases. Please see Table 2 below for details of required expenditure for the Strategic Plan.

The Agency intends to accelerate its resource mobilization drive to provide sufficient funding to fully execute our strategic plan for the period 2018-2020, through deepening our partnerships with Member States; existing and new IDPs; the private sector and also exploring other funding mechanisms. Building on the existing structures and policy framework for resource mobilization and partnerships, CARPHA intends to leverage the lessons learnt from its first five (5) years of operation towards attaining the goals of this strategic plan. Further, it shall increase its efforts to utilise some of the new mechanisms it has established such as the CARPHA Foundation and the Stop Epidemics There and Here (SETH) Fund. We also intend to convene an annual Partners Forum to facilitate the coordination of the technical and financial support to CARPHA and simultaneously to showcase its achievements and progress in the implementation of the plan. We invite you to work with us in contributing to improving the well-being of the peoples of the Caribbean.
MONITORING PROGRESS

CARPHA recognizes the benefit of positioning M&E within the broader context of performance management. The Agency has developed a broad management strategy aimed at achieving results with improved performance as the central focus. CARPHA is not only concerned with the production or supply of performance information, but is also focused on clarifying objectives, developing indicators, and collecting and analyzing data on results. Performance management encompasses performance measurement, but is broader. It is equally concerned with generating management demand for performance information, that is, with its uses in programme, policy, and budget decision-making processes, and with establishing organizational procedures, mechanisms and incentives that actively encourage its use.

In an effective performance management system, achieving results and continuous improvement based on performance information are central to the management process. CARPHA will engage in performance measurement at several different levels (operational, management, financial) as it seeks to measure how well the objectives articulated in this plan are being met.

In terms of monitoring and evaluation, operationally there will be:

Annual Executive Board Meeting
To review and report on achievement of strategic outcomes and approve work programmes.

Quarterly Meetings of the Executive Management Team
To review progress reports from Departments to ensure achievement of strategic outcomes; identify challenges, adjust plans as needed.

Monthly Meetings of the Departmental Management Team
To monitor activities and achievement of outputs; identify successes, manage available resources, highlight challenges and recommend programme adjustments as indicated.

Annual Full Performance Review
To review results/performance against annual targets, and adjust work programmes and plan for the following year.

Individual Performance Review
To develop work objectives aligned to CARPHA strategic objectives; assess achievement of individual work objectives and provide feedback to enable performance improvements (CARPHA Performance Planning and Evaluation Form).

Member State Surveys
To evaluate the service delivery from a Member States perspective and adopt mechanisms to improve delivery of services to stakeholders at Member State level.
This plan is a living document and will be reviewed regularly by the CARPHA Executive Management Team and Executive Board. Changes occur quickly in an operating environment such as public health, and CARPHA must have the ability to adapt to changes in the environment and to the changing needs of Member States.