



# 12<sup>th</sup> Meeting Caribbean National Epidemiologists and Laboratory Directors September 17 – 19 2014

## **Working Group**

Thursday, September 18, 2014

11:52 AM

### **Guidelines for group work**

1. Provide feedback on plans (CARPHA's plans to introduce 2015) for country reporting on NCD indicators
  - a. Global targets
  - b. Other core indicators
2. Provide feedback on the feasibility of collection and reporting of the food and nutrition indicators
3. Identify in country challenges for continuous data collection and reporting on indicators
  - a. Global targets and indicators
  - b. Other core indicators
  - c. Food and nutrition
4. Technical support required by countries to facilitate timely reporting
  - a. NCDs and risk factors
  - b. Food & nutrition
  - c. Rationale for required support
5. Suggested timeline required for beginning of reporting for 2015

Leader:	Dr James
Rapporteur:	Dr Wellington
Countries represented:	Anguilla, Aruba, Barbados, Cayman Islands, Curacao, Jamaica, Grenada, St Vincent & the Grenadines
Time started:	11:55am

## Plans for implementing NCD and Nutrition Surveillance

1. Need to Streamline systems to better collect and use hospital discharge information
  - a. Most countries had draft or final NCD plans.
    1. Different stages of implementation
    2. Plans were synchronized with international indicators and targets
  - b. Policies in place for some countries to have routine surveys conducted
2. Feasibility (F&N indicators)
  - a. Started collecting data for children entering primary and secondary school.
  - b. Primary care level provides opportunities for data collection.
  - c. School health programmes and surveys also provide opportunity for data collection
  - d. Possibility of collect form 5 (16-18 year olds).
  - e. Generate information from child health cards
  - f. Can use well baby visits to collect more information. Need to include private paediatricians
  - g. Get access to surveys sent to FAO
3. Challenges
  - Decentralisation of data
  - Little buy-in from private health sector for NCD and nutrition data
  - Little or no inter sectoral collaboration
  - Change in age groupings means gaps in data from previous surveys
  - No legislation for NCD reporting
  - Access and utility of data
  - Quality of data collected (key fields missing such as age and sex)
  - Insufficient Manpower and Motivation at the field level
  - Developing MOUs among sector
  - Capacity for morbidity coding limited
  - Acquiring cooperation from departments (currently seen as extra work).
  - Competing in-country health priorities e.g. Chik V outbreak
  - FUNDING
4. Technical support needed
  - Technical assistance for development of MOUs with other sectors such as Trade and Agriculture.
  - Create surveillance tools(CARPHA/PAHO)
  - Technical assistance with Creation of standardized protocols (CARPHA/PAHO)
  - Collaboration leading to the creation of a centralised form to reduce additional workload and duplication (data management system). Includes feedback to all stakeholders
  - Training in Policy development and technical training (CARPHA/PAHO/FAO)
  - Data collection and analysis training (CARPHA/PAHO/FAO)

- Training in communicating the problem/need via technical reports/presentations/verbally in a way that it will engage and pique the interest of politicians and other decision-makers
- Advocacy training and tools for lobbying-CARPHA/PAHO?
- Training in morbidity coding needed
- Technical assistance for establishment of disease registries and with creating mechanisms for sustainability
- Technical support for grant-writing to facilitate resource mobilization

#### 5. Timelines

- 2016 more realistic as budgetary proposals already set for 2015
- October 2015