

Heart and Stroke Foundation of Barbados Minister of Health Address 16th April 2009

FEATURE ADDRESS DELIVERED BY THE HONOURABLE DONVILLE INNISS, MINISTER OF HEALTH, ON THE OCCASION OF THE 3RD ANNUAL GENERAL MEETING OF THE HEART AND STROKE FOUNDATION OF BARBADOS, ON THURSDAY APRIL 16, 2009, AT THE HEADQUARTERS OF THE HEART AND STROKE FOUNDATION, LADYMEADE GARDENS, JEMMOTTS LANE, ST. MICHAEL

"THE STATE AND CHRONIC NON-COMMUNICABLE DISEASES: ROLES AND RESPONSIBILITIES"

Master of Ceremonies, Dr. Stephen Moe, President of the Heart and Stroke Foundation of Barbados, Mr. Martin Cox, Permanent Secretary, Ministry of Health, Dr. Joy St. John, Chief Medical Officer, Professor Trevor Hassell, Chairman of the National Chronic Non-communicable Diseases Commission, Mr. Dru Symmonds, Past President of the Heart and Stroke Foundation of Barbados, Mr. Adrian Randall, Chief Executive Officer, Directors and Members of the Foundation, Members of the Media, Ladies and Gentlemen:

It is indeed a distinct pleasure for me to be with you this evening and to be a part of these proceedings. I would therefore like to thank the Directors and members of the Heart and Stroke Foundation of Barbados for inviting me to address you at this 3rd Annual General Meeting.

The occasion of an annual general meeting is a time for reflection on what has been achieved in the previous year and a time for looking forward to the challenges which lie ahead. There is no doubt that the prevailing economic climate will be uppermost in your minds as you plan for the coming year. It is therefore a time that requires us to be more innovative in the use of all of our resources in order to ensure that we are able to continue to deliver quality health care services and help Barbadians to maintain good health.

Especially in these times there will be continue to be a need for non-governmental organisation to work more closely with government and the private sector to ensure that vulnerable groups continue to receive quality health care in these challenging times. To this end we reaffirm our commitment to the establishment the NGO desk in the Ministry of Health in the shortest possible timeframe.

Let me say how much the Ministry of Health values its relationship with the Heart and Stroke Foundation. Over the years, your Foundation has proven to be a major force in the non-governmental health sector, giving leadership in advocacy, especially in relation to tobacco control and providing complementary services in education, rehabilitation and prevention for chronic diseases.

Last week I had the opportunity to tour your facilities here. I was able to get a good understanding of the cardiac rehabilitation service and the training programmes in basic and advanced cardiac life support. I was very impressed with the way these programmes are organised and I commend you for your work in the community and the very valuable services which are being provided to the people of Barbados.

In this regard, the Ministry of Health is very satisfied with the progression of the cardiac rehabilitation programme. I have noted that the allowable target of fifty patients referred from the Queen Elizabeth Hospital was reached last year. This programme which is executed under a service level agreement

has a ceiling of \$150,000, per year and is part of the Ministry's response to improving access to cardiac rehabilitation services.

This is especially necessary since many of those who may require such services may be unable to access them without financial support. The programme has enabled a number of clients to return to independent functioning. My ministry will continue to focus on expanding rehabilitative services as a means of facilitating greater independence and economic well-being to both the patients and their relatives.

In addition to the cardiac rehabilitation services, the Ministry and the Foundation recently signed an agreement making provision for the training of 200 persons in basic cardiac life support; as well as the placement of Automated External Defibrillators in strategic locations across the island.

It is clear that the Heart and Stroke Foundation has positioned itself through effective management structures and its technical capacity to enter into partnerships with the Ministry of Health which will enhance the provision of health care services. Furthermore, the Ministry's willingness to enter into these agreements is an indication of our confidence in the Heart and Stroke Foundation and its capacity to deliver on mutually established goals.

Ladies and gentlemen, the partnership between the Ministry of Health and the Heart and Stroke Foundation is but one example of the reorientation of the health sector that sees government working more closely with partners across sectors.

I believe that the time has come for a more aggressive response to the prevention of CNCDs in Barbados.

In 2004 the World Health Assembly unanimously approved the 'Global Strategy on Diet, Physical Activity and Health', countries all over the world have been taking action to tackle the CNCD epidemic.

The Heads of Government of CARICOM are in no doubt as to the gravity of the situation as CNCDs account for more than half of all deaths in our region and of these 30% are due to heart disease, which is regarded internationally as the most significant chronic non-communicable disease.

Heart disease is the leading cause of death in 31 of 35 countries in Latin America and the Caribbean, and it is estimated that heart disease will cause three times more death and disability than infectious diseases over the next twenty years in this region.

Locally, the Chronic Disease Research Centre estimates that of Barbadians aged 20 years and older 38,000 are living with high blood pressure, 90,000 are overweight, 19,000 are diabetic and one person suffers a stroke every day. It is not enough to merely state these statistics, for there is a realisation that every statistic represents a mother, a father, a son or a daughter; a worker, a volunteer or a member of a non-governmental organisation.

In summary, these statistics describe us, Barbadians in our everyday existence, whether at home, at work, at school, or in our leisure activities, we are living with CNCDs.

It is often said that as a country with limited natural resources, our human resource is our greatest and most valuable asset. If this is the case, we must do all we can to protect the health and wellbeing of our people. It is therefore understandable for us to examine the role of the state in response to this epidemic.

Our government continues to commit to investing resources in health to the greatest extent possible, often in the face of competing demands and worthy objectives.

This policy framework has led to the implementation of policies in health care, which make provision for a comprehensive range of services free at the point of delivery. Together with actions in associated sectors of education, housing, labour and economic developments, Barbadians have attained a high

standard of living and have been able to realise many of their dreams and aspirations.

However, one may argue that it is this same success which has contributed to changes in lifestyle, giving rise to the growth in chronic non-communicable diseases that threatens the very high standard of living we have come to treasure. Along with social and economic development there has been a corresponding exposure to a wide range of cultural influences which are having a detrimental effect on health and wellbeing, placing a heavy burden on health and health services.

Underlying the CNCD epidemic is the consumption of a diet high in fat and a preference for processed foods over the traditional ground provisions; increased access to motorised transportation, decreased participation in physical labour and physical exercise, less time for doing domestic chores, such as cooking and a rise in psychosocial stress.

These underlying factors clearly illustrate that the reasons for the development of the CNCD epidemic are multi-dimensional. Professor Terrence Forrester, of the Tropical Medicine Research Institute at the University of the West Indies, at Mona has pointed out that “in the Caribbean, as in many other countries of the developing world, national diets and food choices are being progressively distorted and channeled towards such inexpensive, energy dense products, the production and distribution of which are facilitated by transnational corporations and by agricultural subsidies to large agricultural producers”. Professor Forrester regards these subsidies as the single most important causal factor behind the accelerating global obesity epidemic.

This comment on the relationship between international trade, agricultural policy and agricultural production underscores the complexity of the agricultural issues that must be addressed in order to make healthy food options more available. Other issues that are just as complex and just as important to addressing the CNCD problem, include, for example, public education, and especially the global influence of mass media in shaping choices; tobacco control, effective inter-sectoral collaboration at all levels of government, with civil society and non-governmental organizations; physical activity, town planning and access to safe recreational spaces; workplace policies, transport, education of health professionals and national nutrition policies.

This list reinforces the observation that dealing with CNCDs is not a simple matter, but involves a set of complex relationships that must be managed in a comprehensive manner. There is another fundamental observation which must be made; it is that many of the actions which are required lie outside of the traditional health sector. However, the health sector is required to lead the response and collaboration among these key strategic partners.

Of critical importance also is the realisation that many of the actions which are required are beyond the capacity of the individual to deliver and are best negotiated and implemented by the state on behalf of its citizens. Matters related to the price and availability of food or the existence of safe recreational areas in communities are largely outside of the control of the average citizen.

These two fundamental points, the need for effective intersectoral collaboration and the vulnerability of citizens to poor health options; make it imperative for the state to act, to create the environment which is conducive to healthy choices and healthy living.

I believe that a more proactive and aggressive approach is required to effectively deal with the CNCDs, especially if we are going to reduce the modifiable risk factors, such as unhealthy diet and physical inactivity. Our record in the Region with conquering infectious diseases is an exemplary one. I think that we need to approach the prevention of CNCDs with the same passion and vigour. We need only to remind ourselves of the reduction of tobacco consumption in Barbados which declined from 32% to 9% during the period 1982 to 1993, as an indication that change is possible.

The use of public policy measures such as taxation and legislation is an effective strategy for influencing collective choices and bringing about behaviour change. We need a comprehensive approach that will achieve the healthiest outcomes for the largest number of persons. This can only be achieved through the implementation of healthy public policies.

In order to achieve this, the health of the people must be squarely placed on the agendas of a broad

spectrum of public policy areas, for example, in sectors such as agriculture, labour, education and community development.

In a paper entitled, "The Silent Killers", written by Sir Michael Marmot and our own Sir Kenneth Stuart among others, it is stated that, "probably the most important constraint against success, in developed and developing countries alike, has been the failure of world medicine and health policy makers to appreciate the wide range and complexity of the conditions of life, lifestyle and lifestyle related issues that need to be grappled with, concurrently, if effective strategies are to be achieved".

It is for this reason that the National Commission for Chronic Non-Communicable Diseases was created, to provide an inter-face between the health sector and other key sectors in government, the private sector and within the NGO community. It is expected that working together, and having a collective view of the problem, the Commission will advise the Minister on policies and programmes that are needed in order to achieve a reduction of CNCD risk factors.

I recently received a copy of the Commission's Strategic Plan for the next three years and I am looking forward to receiving its work plan for this financial year. In addition, funds have been allocated to the Commission in the Estimates for this financial year, for the execution of its work plan. I am confident that the Commission will work diligently to fulfill its mandate.

Let me also state that having reliable evidence as the basis for action is of critical importance, providing the clues to how, when and where to intervene to alter the risk factors to CNCDs. It is my expectation that the Barbados Chronic Disease Registry will fulfill this role, along with a new health information system which is to be implemented in the Ministry of Health. Having a credible evidence base will also provide the foundation for the evaluation of cost effectiveness and measurement of national goals and targets.

In closing, Ladies and Gentlemen, the Government of Barbados is fully cognizant of the serious threats to our continued national development which are posed by the high prevalence of the CNCDs. The implementation of policy objectives such as the National CNCD Commission, the Barbados Chronic Disease Registry and the pending legislation on smoking in public places form the foundation for more innovative interventions which can help to change the pattern of CNCDs in Barbados.

As Minister of Health I am very passionate about the need to reduce these diseases and I want to give you the assurance of my fullest support, as well as the support of my Cabinet colleagues for the implementation of effective prevention measures to reduce the burden of CNCD in Barbados. I thank you.



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