

# Caribbean Cooperation in Health Phase III (CCH III)

Regional Health Framework 2010 - 2015

“Investing in Health for  
Sustainable Development”



## Background

The Caribbean Cooperation in Health Initiative (CCH) was developed within the framework of functional cooperation. It was adopted by CARICOM Health Ministers in 1984 to optimize the utilization 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 initiative was approved by CARICOM Heads of Government in 1986 when CCH Phase I was launched. We have now reached CCH Phase III.

## Regional Caribbean Cooperation Strategy – Phase 3

This document is a summary of Caribbean Cooperation in Health Phase III- commonly known as CCH III. This regional strategy sets the direction and goals for public health for the period 2009-2015.

### A new approach

CCH III builds on two previous regional health strategies (CCH and CCHII). CCH III has learnt the lessons from this work, and has re-oriented the approach to public health in the region to focus on:

- People-centred development
- User involvement and participation
- Leadership in public health co-ordinated across the region
- Outcome oriented planning, delivery and evaluation
- Stable resourcing for health and social protection for the people of the sub-region.

### CCH III Priority Areas

CCH III will remain consistent with previous strategies by working on the same priority areas, namely:

- Communicable Disease
- Non-Communicable Disease
- Health Systems Strengthening
- Environmental Health
- Food and Nutrition
- Mental Health
- Family and Child Health
- Human Resource Development

## CCH III Goals

- 1. Creation of a Healthy Caribbean** environment conducive to promoting the health of its people and visitors
- 2. Improved health and quality of life** for Caribbean all people throughout the life cycle  
*Adding years to life and Life to Years*
- 3. Responsive Health Services** - effectively meeting and adapting to the needs of the Caribbean people
- 4. Human resource capacity developed** to support infrastructure development in health in the Region
- 5. Evidence-based decision making** to be the mainstay of policy development in the Region

### Greater impact

There are a series of actions associated with each of the above goals to ensure they are delivered within the CCH III timetable (2009-2015). To ensure maximum impact CCH III sets out the nature of these actions as:

- Cross Cutting- to reflect Caribbean lives
- Inter-programmatic – to facilitate joint policy development and delivery
- Trans-sectoral- working within, between and across sectors (Public, private and third sector)
- People Focused – placing the customer at the centre of work
- Focused on the determinants of health- starting at the root cause
- Enabling - make healthy choices, easier choices

This will foster a new era of co-operation in health across the region, involving the public and professionals, including non-traditional actors. It will bring together skills and expertise that will help to achieve the CCH III overarching goal:

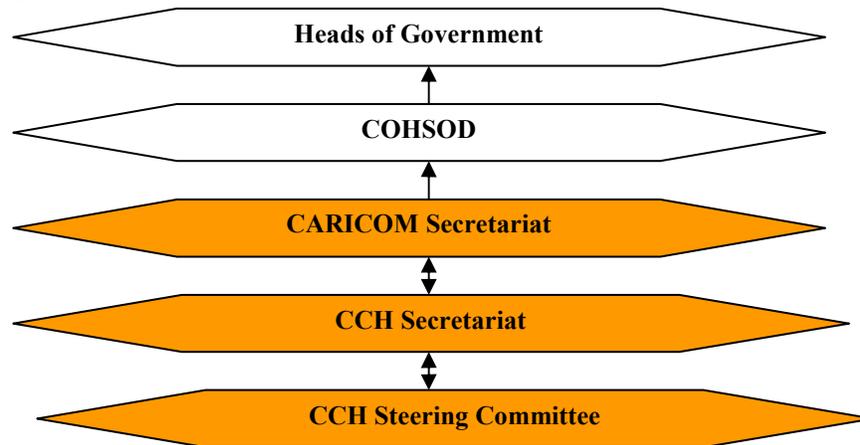
***To improve and sustain the health of the people of the Caribbean-  
Adding Years to Life and Life to Years***

The cross-cutting nature of the work, and the focus on social determinants will ensure that CCH III and its delivery institutions, will impact positively on many agendas including climate change and social and economic development.

### Robust governance

The CCH III's governance structure is set out below. CARICOM's Human and Social Development Committee (COHSOD) has responsibility for the success of CCH III and it will report on the strategy to CARICOM Heads of Government. The Committee has responsibility for health and many of the social determinants of health, which will help to promote consistency in leadership, direction and approach to help achieving the CCH III goals.

## CCHIII governance structure



**CCH Secretariat** – Caribbean Co-operation in Health secretariat. Composed of representatives from the CARICOM secretariat and Office of Caribbean Programme Co-ordination (Pan-American Health Organisation / World Health Organisation).

Responsibilities: co-ordination of: implementation; annual plan and report; monitoring and evaluation framework; resource mobilisation; communication strategy.

**CCH Steering Committee** – Caribbean Co-operation in Health Steering Committee. Composed of Executive committee of the Chief Medical Officers (CMOs); Regional Focal Point representatives including the Caribbean Public Health Agency (CARPHA); regional tertiary institutions; and CCH secretariat.

Responsibilities: facilitation of: implementation at national level; technical co-operation within and between countries-including cross-sector; resource mobilisation; monitoring and evaluation of priority areas.

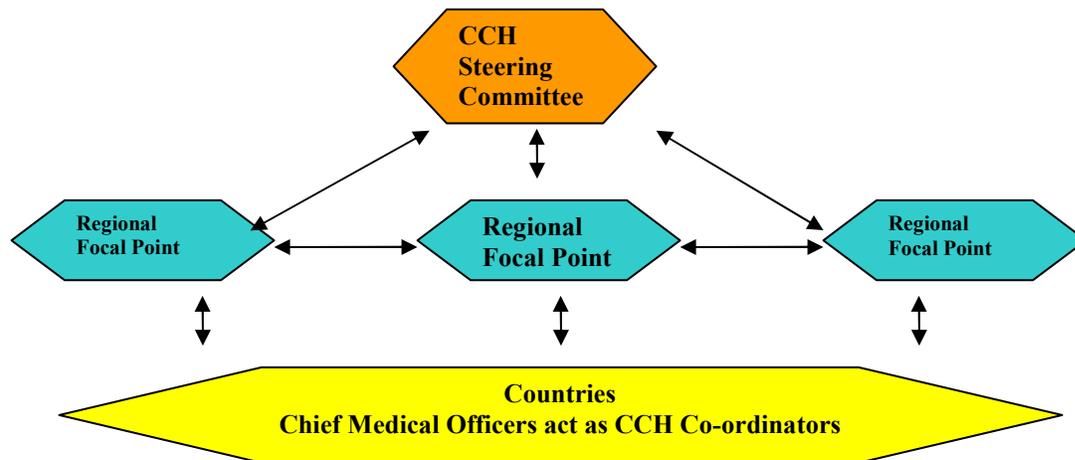
## Management and Coordination

Coordination and monitoring of the implementation of the CCH Phase 3 is structured along two levels, regional and national.

**At the regional level** Regional Focal Point institutions, including the Caribbean Public Health Agency (CARPHA), will work collaboratively with each other and separately to implement specific responsibilities relating to the CCH III goals, monitoring progress in priority areas and reporting to the CCH steering committee. They will also work collaboratively with and support countries build capacity to develop plans, policies and projects to implement CCH III goals at the national level.

**At the national level** countries will: identify needs; share information, mobilise resources; communicate CCH III aims and benefits with stakeholders, including the public; work with their Chief Medical Officers (who act as local CCH co-ordinator) to implement the CCH III goals; work with the Regional Focal Points to get the support required and supply relevant information.

## CCHIII operating structure



## Success of CCH III

The overarching goal to add years to life and life to years will add value to the social and economic status of the region. It will require strong commitment and leadership and a new level of co-operation at and between local and regional actors.

- Ownership of the goals by traditional and non-traditional actors in health
- Strong leadership at country and CARICOM level
- Knowledge sharing at and between local and regional actors- including a regional knowledge database
- Effective monitoring of programmes and progress at national and regional level
- Technical co-operation for implementation by local institutions
- Improved capacity at national level to use the regional priorities and goals to guide National planning and to provide reliable data.
- Support for the regional and National co-ordinating mechanisms

## CARICOM's Cooperation in Health – Phase III and its relationship with the Caribbean Public Health Agency (CARPHA)

CARICOM's Cooperation in Health– Phase III (CCH III), its approach, priorities, goals and actions will all impact significantly on the work of the Caribbean Public Health Agency and CARPHA will be a key delivery mechanism for CCH III. CARPHA will contribute to all of the CCH III goals and will have specific responsibility for maintaining and supporting evidence-based decision making and fostering development of human resource capacity.

CARPHA will be a part of the CCH III operating structure- represented as a regional focal point, and it will also be involved in its governance through representation on the CCH III steering committee. CARICOM's Council on Human and social Development (COHSOD) has overall responsibility for the CCH III goals and CARPHA's work. As a ministerial forum it is intended to ensure strong leadership and co-operation.