

**OFFICE OF THE PRESIDENT**

**REPUBLIC OF TRINIDAD AND TOBAGO**

**ADDRESS**

**by**

**Her Excellency Reema Carmona, First Lady of Trinidad and Tobago**

**At a Sub-Regional Consultation for the English and Dutch Speaking Caribbean on the GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH, 2016-2030**

*Bridgetown, Barbados*

*Thursday, 1 June 2017*

I feel a special sense of privilege to participate in the discussions of this Sub-regional Conference, for it affords me the opportunity to discuss and share transformational solutions and gain insight, from among the health experts, technocrats and specialists gathered here.

In February this year, I had the opportunity to engage with other First Ladies of the Caribbean, at the Forum for Caricom First Ladies and Spouses of Heads of Government in Georgetown, Guyana on many issues impacting our Caribbean women and girls. The *Every Caribbean Woman, Every Caribbean Child* theme, discussed *inter alia,* adolescent pregnancy, Mother to Child transmission of HIV and many health and social issues. Since that Forum, the First Ladies Network has been able to use their Good Offices to engage a strategic programme of collaborative work to enhance the health and well-being of Caribbean women and children. Through ***The Every Caribbean Woman, Every Caribbean Child*** Project, we have partnered with GILEAD, a pharmaceutical and research-based company in the United States, whose major goal is to accelerate the end of HIV/AIDS through scientific research and development and innovative access initiatives that deliver healthcare and medication to everyone in need, at minimal cost. The First Ladies Network appreciates this progressive Corporate Social Responsibility (CSR) displayed by GILEAD to the Caribbean region. The First Ladies Network hopes we can continue to assist the work of UNFPA, PAHO and relevant stakeholders in the implementation of a CARIBBEAN STRATEGY for women’s, children’s and adolescents’ health.

In the Caribbean, we can boast of a passionate and driven Caribbean spirit of resilience, of our unique and diverse cultures and yet- we are at times, insufferable in the face of our own historical and institutional manifestations. Professor Dan Ramdath, a Caribbean Clinical Research Scientist, in his Paper, ‘Policy Implementation for Better Health Outcomes- Grabbing the Low Hanging Fruits’ spoke of the challenges to successful health policy implementation in the Caribbean. He delineated those as ***“limited utilisation and adherence, lack of resources, unrealistic policies, poor implementation strategy, poor communication and engagement of implementers, lack of multi-sectoral collaboration and lack of political will.”***

Ladies and gentlemen, I may be no health expert, but my training as an Economist reminds me that a healthy population, including that of its women and children, translates handsomely on the economies of scale of any progressive Nation. I wish to share with you some insight on the following issues, Hospice Care, Drug Approval, NCDs, Child Marriage, Childhood Obesity and Social Media as they impact on our ability, as a Caribbean Region, to enhance our health development plans, outreach and quality of life.

**Hospice Care:**

Any Global Strategy must involve the whole spectrum of health care. There is a pressing need for Hospice Care in the Caribbean Region, more so, in light of the high degree of terminally ill cancer patients, especially among the female population. Hospice Care is often not seen as health care, notwithstanding that it requires an interdisciplinary medical team, pain management, symptom control and spiritual and emotional support systems. It is often perceived as some fringe responsibility of an NGO or social activist group and not an integral part of a progressive, palliative Healthcare System. We have Health Ministers in the Region speaking of primary care, emergency care and preventative care but not of Hospice care- we simply do not hear that language and terminology, except in the hushed halls of a few health facilities. I speak from an informed and lived experience, my father having died from the ravages of brain cancer. In the rural district where we lived, there was simply no Hospice Care available. It must therefore be part of that transformational Global Strategy to not only establish more Hospice Care but Hospice Care that is accessible to everyone regardless of geography, status or financial standing.

**Drug Approval:**

Another niggling concern is the process of drug approvals as it relates to both Hospice care and general medical care. The harsh unmitigated truth is that the whole process of drug approvals in the **Caribbean is unwieldy, bureaucratic and is not being addressed with the required speed and sense of institutional urgency.** Why must a country in the Caribbean go through the tedious process of a drug approval regime **after** approval of that same drug by, for example, the United States Food and Drug Administration (FDA)? The United States Food and Drug Administration (FDA) approval, represents, **I would hope**, international benchmark standards for the operationalization and use of new drugs. They have the resources, infrastructure and finance beyond the capacity of the many burgeoning democracies in the Caribbean. It begs the question, “Why then, are US FDA- approved drugs for the terminally ill and other patients years away from being approved locally and regionally?” This inability to provide pain relief and other medications may well constitute an infringement of a person’s basic human rights.

Having spoken to several stakeholders, the non-approval of new drugs, is further burdened by an environment that makes no comprehensive, informed provision for the execution of clinical trials involving new and experimental drugs.

I am reliably informed that there are boxes of drugs and dossiers, waiting to be approved at the Food and Drugs Laboratories throughout the Caribbean and even the GRULAC Region. These Labs are simply overwhelmed due to lack of resources, weak infrastructure and insufficient personnel, to fully and competently carry out its mandate. The Region may be right for the harmonisation for the registration of drugs through its umbrella bodies, CARICOM and CARPHA.

In this regard, I have a practical suggestion. The Bahamian Pharmacy Act No. 8 of 2009 supported by the Pharmacy (Import and Export) Regulations, 2010 may be a legislative template for that proposed harmonised registration of drugs. Regarding the standard and importation of drugs, any drug to be imported into the Bahamas and hopefully in the future, in the Caribbean, must meet one of the following prescribed international standards —

(i) The British Pharmacopeia;

(ii) The United States Pharmacopeia;

(iii) The European Pharmacopeia;

(iv) The International Pharmacopeia; or

(v) Any other Pharmacopeia as approved by the Minister of Health.

This not only saves time, but also money, as the Authorities will be saved the expense of paying experts to approve the many dossiers submitted to them. The availability of drugs would decrease patient morbidity and mortality, easing the suffering of our loved ones. By allowing US FDA approved experimental drugs, we can also begin supervised clinical trials in collaboration with the various foreign entities and university hospitals- possibly resulting in a decrease in our medical brain drain and patients leaving the country to access US FDA approved drugs and experimental drugs.

For example, drugs like Oxycodone and Vicodin approved by the US FDA for years, not available in local markets, will then be accessible. In May this year in 2017, the drug Radicava, a potential cure and life saver of Lou-Gehrig disease (a Motor Neuron disease) was approved for use by the United States Food and Drug Administration (FDA). At the present pace, approval of this orphan drug can take years in the Caribbean, forcing persons at home to utilize limited foreign currency to get proper treatment. We need to aggressively and proactively collaborate with our brothers and sisters in Cuba, which is becoming, the leading centre for immunological research and biotechnology innovation. Look at the buzz created by Cimavax, the lung cancer vaccine, free to the Cuban public since 2011, that cost the Cuban government only US$1 to produce and in the main, not available in the Caribbean region. We need to use to use our regional strength rather than dwell on our weaknesses. We have an opportunity for Caribbean leverage in the world of pharmaceuticals.

**NCDs and Healthy Lifestyles:**

In any Global Strategy, private-public cooperation and collaboration is an imperative. It can be about creating a more motivated, productive worker and a healthier citizen. For example British Petroleum (BP), the international oil giant has instituted a commendable health regime initiative that can work internationally. A friend who currently works for British Petroleum (BP) in Houston, Texas showed me a Fit Bit wearable health monitor that he received, compliments of the oil company. For every million recorded steps that he takes, he gets 250 points from a health programme he signed up to. When he gets a thousand points in the calendar year, he is rewarded with a reduced premium on his health insurance for the following year. He remains healthy with no man loss hours to the Company and as a result the Company and the National Healthcare System benefit. It’s a win/win situation for everyone!

Such a scheme has viability in our Region with its limited resources and can have the domino effect of mitigating the scourge of NCDs. It will invariably limit the amount of beds required in our hospitals and create savings in the governmental health sector or provide governments in the Region with the capacity to divert resources in areas where they are really needed. **It brings me to the point of a Global Strategy that requires a confrontation with bad diets, unhealthy foods and malnutrition.**

Policy implementation must trigger matter of fact solutions. The revolution that we seek with regard to a healthier society, healthier girls and women is to be found in the kitchens and classrooms of the Americas. Parents should be encouraged to prepare healthier meals for their families and must be particular, from a health perspective, about what is placed in their children’s lunch kits. Parents will complain about the price of eating healthy but ironically, **they are prepared to pay handsomely for ailments that they can prevent.**

Childhood Obesity is a pandemic in the Caribbean public health system. More than 30% of Caribbean adolescents are overweight or obese, with the apparent risk of developing NCDs, hypertension, diabetes, cancer and cardio-vascular diseases in early adult life. When one considers the economic malaise of NCDs in the context of its cost to the Caribbean, 1.4% to 8% of GDP, it portends a crisis in the human development of the Caribbean region.

Schools must as well play a part in arresting this growing health malaise. What we can consider, is encouraging the requisite Authorities to institutionalise compulsory periods of study once every two weeks in all schools dealing exclusively with healthy cuisine, diets and drinks. Through such institutionalised compulsive periods of health education, the child becomes an **advocate** at school and in the home. I am a firm believer in the Child-Advocate, who can be a game-changer, not only on matters of diet and health to his or her peers, but as well, on pervasive issues of bullying, self-esteem and empowerment.

The Child-Advocate can become a watchdog to his or her peers, and even the parents, in ensuring that proper eating habits are adhered to at all times. **And what exactly does the Child-Advocate have to do with a Conference on a Global Health Strategy 2016-2030?** Well, to begin with, it gives the children and adolescents who are part of the target group for this Global Strategy, the opportunity to be concerned with their own health and well-being issues. There is a type of mental and psychological empowerment to be had from this proactive approach and engagement by children and adolescents, in their own health. Further, it will do us all well to consider including the concept of the Child-Advocate in some way in our Health Plans and Strategies, lest we forget that today’s healthy *or* unhealthy children will, by 2030, be tomorrow’s healthy or God forbids, unhealthy adults.

**Healthy Lifestyles:**

Since 2013, I have advocated for sugarless drinks in school cafeterias, as a means of proactively addressing, in part, child obesity and health issues. I have vigorously criticised the Siamese twins, salt and sugar, in the diets of children and adults. Advocacy, sometimes, can be a long road to redemption. It was therefore heartening to hear finally the announcement in Trinidad and Tobago, just yesterday, by the Solo Beverage Company- one of the largest local manufacturers of sodas- that it was going to cut its sugar constituent by 40%. **Small progress of a wider problem, but progress nonetheless.**

I am pleased to state that my advocacy for healthier lifestyles does not simply stop after I speak. I run the talk by my active participation in 5ks, 10ks and half marathons. Just this Monday gone, I am proud to say I ran the longest leg of the Commonwealth Queen’s Baton Relay in celebration of the 2018 Commonwealth Games. Trinidad and Tobago was the first Caribbean Island to host the Baton in the Region.

**Child Marriage:**

As part of the Global Strategy, child marriages must be eradicated. A child subjected to child marriage is forced to endure psychological and medical complications that inhibit her capacity from a normal, healthy and fulfilling life. In the Caribbean and other parts of the developing world, we have our fair share of incidences of child marriage, thought to be borne out of what some deem as ‘economic necessity’ and cultural norms, aided by archaic laws. However, this scourge of child marriage also extends to developed countries, such as the United States. A recent article, on 26 May 2017, in the Sunday Review of the New York Times, refers to data that suggests the prevalence of over 250,000 child marriages in the US between 2000 and 2010.

**Child Marriage, in any part of the world, is an anachronism that bears no relevance to a, holistic society.** Any Caribbean, or indeed, Global Strategy that addresses issues of health for young girls, must necessarily and vigorously petition for legislative reform to stamp out child marriages and what constitutes, in consequence, the legal rape of young girls, under the authority of the law. There can be no excuse, in law, religion, culture or necessity, for child marriages to exist in this day and age.

**Social Media**

**I thought it relevant to raise this issue of social media at this Conference, because of the fairly recent trend of reality television and certain Instagram ‘expectations’, where promiscuous sexual practices and irresponsible behaviour are widely promoted, condoned and endorsed.** These are the types of non-traditional factors that permeate our Caribbean culture and can negatively impact the health of our young people and the life decisions with which they are faced. In this age of internet and camera phones, reality shows are but only one of the many breeding grounds for unhealthy sexual practices among our adolescents.

Yes, we live in a world of smart phones, iPads and endless “smart” technology, but if as parents we are not ourselves smart about monitoring and restricting our children’s use of social media, our children will outsmart us. We will be left to clean up the mess of premature and irresponsible sexual practices among our young people, which can of course, come with the unfortunate incidence of adolescent pregnancy.

Apart from the parents, the schools and teachers have a significant role to play in monitoring teenage behaviour and promoting healthy lifestyles and practices among our Caribbean children. In the struggle to arrest sexual abuse and adolescent pregnancy, the first real, recognisable and informed line of defence can be the teacher in the primary and secondary schools.

In discussing Global/ Caribbean Strategies for healthcare issues, given the extensive usage of mobile phones and social media platforms, these can be optimised as instruments of education and awareness for health and related policies, technical and support networks, outreach centres and hotlines, by, for example, the use of relevant apps. Our young generation loves apps, so why not use the technology to our advantage as we carve out an Implementation Plan that extends to 2030? The future will only be more driven by technology and any such Implementation Strategy must tap into that ready market to achieve active engagement and involvement of its goals and work.

**Good Governance:**

Without the enabling environment, we would not achieve our objectives by the 2030 deadline, set by the UN. I am of the view that good governance, which we must demand of our leaders, is another prerequisite to meet our obligations. People must always be at the centre of all development policies. The equal rights of women and men must not be a phrase enshrined in national Constitutions and laws, but must also be implemented through the adoption of adequate administrative measures and legislative agendas. This would help to ensure the attainment of gender equity and the empowerment of women and girls and lead to the adequate access to health care, especially **among the poor and persons with disabilities**.

At the same time, good governance would also result in greater protection of women, children and adolescents from all forms of violence, and be provided with compensation in the event of them being victims of such abuse which could have debilitating effects on their physical and mental health.

We must also ensure that Governments remain committed to those international mechanisms that are important partners in assisting us to achieve the Global Strategy by 2030. These include the implementation of the Beijing Declaration and Platform for Action, as well as the Commonwealth Plan of Action of the Inter-American Commission of Women of the Organization of American States, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (the Belem do Para Convention), and guidelines which emanate from UN-Women and the Commission on the Status of Women of the United Nations.

In closing, I wish to echo the words of newly elected Director-General of the World Health Organization, His Excellency Tedros Adhanom Ghebreyesus of Ethiopia who said, *“I envision a world where everyone can lead healthy and productive lives, regardless of who they are or where they live.”* We in the Caribbean must also share and embrace these sentiments.

*I thank you.*