



Noncommunicable Disease Unit

Subregional Consultation on the Action Plan for the Integrated Prevention and Control of Chronic Diseases and Their Risk Factors in the Central American Countries and Mexico

(Panama City, 27 November 2006)



Results

Introduction

The regional consultation in Central America on the *Regional Strategy and Plan of Action for an Integrated Approach on the Prevention and the Control of Chronic Diseases*, approved in September 2006 by the PAHO/WHO Directing Council, was held in Panama City on 27 November 2006. The countries that contributions through those responsible for the programs of Chronic Diseases of the Ministries of Health and of the local offices of PAHO were: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Mexico, and Panama.

The purpose of the consultation was for the countries to look for and begin to identify national and subregional mechanisms of implementation of the Plan. The proposed objectives were to:

- Produce a draft agreement on a joint workplan for Central America that identifies national, subregional and regional priority activities for 2007, in order to support the application of the Regional Strategy and Plan of Action.
- Start adapting the Regional Plan to the Central American reality.
- Identify synergies and gaps between the national plans/priorities and the Regional Plan.
- Identify mechanisms for implementing the Plan at the national and subregional levels.
- Identify what Central America can contribute to the implementation of the Regional Plan.
- Identify some subregional vehicles (e.g. networks or entities) that can facilitate the implementation of the Regional Plan and its lines of action.

The representatives were organized into working groups where they held a discussion and reached a consensus based on their analysis and making recommendations.

As a result of the workshop, the present document shows the objectives of the Plan that the countries identified as priority and the activities they have committed to implementing.

The countries recommended sharing experiences, e.g. the Information System for Hospital Admissions and Discharges presented by El Salvador, the Food and Nutrition Policies based on food labeling in Costa Rica, and the methods of evaluation used by Mexico.

The countries expressed their commitment to identifying Technical Cooperation Projects, in order to advance as a region in the area of disease prevention and control.

Prioritized Objectives by Line of Action

POLICY

1. Strengthen processes for public policy formulation and implementation through the application of a systematic framework with the following basic functions:
 - a. surveillance and advocacy for action,
 - b. policy formulation and adoption, and
 - c. appropriate policy implementation based on local needs and considerations.
2. Determine and set political priorities related to chronic diseases and their risk factors and determinants on a regional and national scale.
3. Bring about the participation of civil society and all sectors in influencing policy-making and decision-making processes, including advocacy for the prevention and the control of chronic diseases in the Region.
4. Establish a regional mechanism for the systematic evaluation and analysis of public policies characteristic of the country and formulate methods to use in different countries.
5. Promote intersectoral cooperation in each country and between various countries and establish mechanisms to share best practices in the formulation and implementation of effective public policies.

SURVEILLANCE

1. Promote the creation and strengthening of surveillance systems for chronic diseases that are continuous, systematic, and linked to public health measures, in order to evaluate the burden of chronic disease (e.g. mortality, morbidity, disability, economic costs), its trends, its related risk factors (e.g. tobacco consumption, unhealthy diet, physical inactivity, alcohol abuse), its determining social factors (e.g. social, economic and political conditions), and public health interventions (e.g. health service utilization).
2. Improve collaboration among the various partners in order to mobilize the community and national, subregional, and regional associations, with the aim of stimulating the effective implementation of surveillance systems and information use.
3. Support improvements in quality (accuracy, integral nature, and scope), availability, and comparability of NCD surveillance information used for policy formulation and program development.
4. Prepare indicators for surveillance systems to evaluate the effectiveness, access to, and quality of the population-based health services and interventions, as well as the operation of the surveillance system itself.
5. Support timely and effective communication of information on chronic diseases and their risk factors to appropriate target groups.
7. Promote continuing education and training for human resource capacity-building and for improving the expertise and technical competency of surveillance personnel.

HEALTH PROMOTION AND DISEASE PREVENTION

1. Promote the formulation, implementation, and evaluation of public policies (prioritizing with an eye to economy) in order to address the main NCD risk factors, in collaboration with official agencies and leaders of civil society (e.g. NGOs, the private sector, and academia).
2. Apply strategies and measures for health promotion in key settings, particularly in the workplace and in schools (emphasizing healthy diet, physical activity, and tobacco).
3. Support strategies for communication and information dissemination to support healthy diet, active life, and tobacco control.

4. Increase community participation and local collective action in the adoption of public policies and support a healthy diet, an active life, and smoking cessation.
5. Facilitate continuous development and strengthening of health promotion research on an active lifestyle, healthy diet, and tobacco control.
6. Facilitate continuous development and strengthening of the evaluation of health promotion strategies for an active lifestyle, healthy diet, and tobacco control.

INTEGRATED MANAGEMENT OF CHRONIC DISEASES AND THEIR RISK FACTORS

1. Provide technical assistance to developing countries in the strengthening, implementation, and evaluation of their chronic disease programs, e.g. program on ischemic heart disease, stroke, hypertension, diabetes mellitus, different cancers (included palliative care), obesity, asthma, and hypercholesterolemia.
2. Facilitate the strengthening and reorientation of health systems to control chronic diseases and their risk factors in optimal conditions.
3. Promote the preparation, dissemination, and implementation of evidence-based, integrated directives and protocols for the prevention and control of chronic diseases and their risk factors.
4. Promote development and improvement in the competencies of health workers in order to appropriately and effectively address chronic disease prevention and the control.
6. Empower people with chronic disorders and their families for self-care and monitoring of risk factors
7. Guarantee greater access to technologies and essential drugs for velar care of the chronic diseases and their risk factors, and ensure their rational use.

Unprioritized Objectives by Line of Action

SURVEILLANCE

1. Promote the preparation of national surveillance strategies in order to devise a better framework for exchange with the people in charge of making decision of the surveillance information necessary for developing and evaluating public health policies and programs.
2. Promote new forms of thinking and innovative ideas for chronic disease surveillance, in order to face new challenges and needs.

INTEGRATED MANAGEMENT OF CHRONIC DISEASES AND THEIR RISK FACTORS

5. Facilitate the creation and utilization of health information systems for adequate management and evaluation of both patients and programs, as part of the surveillance system.