

# Chronic Disease Prevention & Control in the Americas



Monthly Newsletter of the PAHO/WHO Chronic Disease Program  
Pan American Health Organization  
Regional Office of the World Health Organization



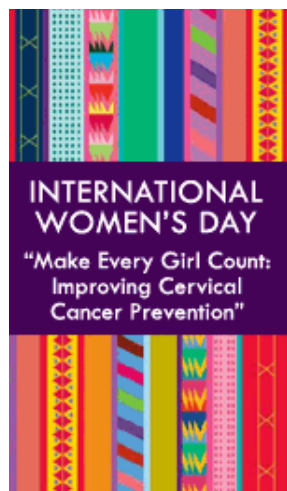
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## Regional Developments

### Celebration of International Women's Day



In celebration of [International Women's Day](#) on 8 March 2007, PAHO selected as its theme, "Make Every Girl Count: Improving Cervical Cancer Prevention." Cervical cancer remains an important, preventable public health problem in Latin America and the Caribbean, where some 72,000 new cases and 32,000 deaths are recorded annually from this disease.

PAHO's Chronic Diseases Unit has been working collaboratively with Member States on a number of important activities, including the following:

- ➔ Advocating for priority positioning of cervical cancer prevention on the national and regional public health agendas.
- ➔ Conducting research to evaluate other cervical screening modalities as alternatives to the traditional Papanicolaou smear as well as to assess the feasibility and effectiveness of combining screening and treatment in a single clinical visit.
- ➔ Developing and evaluating community-based strategies which would promote women's participation in screening and treatment.
- ➔ Disseminating relevant technical information; and conducting needs assessment of country programs, with a view to strengthening them.

Our technical cooperation in these areas has been enhanced and extended through partnerships with a number of international, regional and national agencies.

Cervical cancer prevention and control programs face many challenges, some of which include:

- ➔ Lack of sufficient awareness among women about prevention of cervical cancer.
- ➔ Low screening coverage of the population at risk.
- ➔ Inadequate diagnosis and treatment of screened women.
- ➔ An inability to assure and sustain quality service at each of the delivery points along the cancer care continuum.

These factors are, in turn, linked to more fundamental determinants such as the

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- Performance of health services.
- Inadequate communication between the providers and the client community.

Religious, sociocultural and gender perspectives of women. In spite of the above-mentioned challenges, today we can look forward to a safe primary prevention tool, namely the human papillomavirus vaccine (HPV). The two current HPV vaccines both contain HPV types 16 and 18, which are responsible for roughly 70% of the global cervical cancer burden. High, sustained vaccination coverage of young girls before initiation of sexual activity will result in a systematic reduction in HPV 16 and 18 cervical infections, in low- and high-grade squamous intraepithelial lesions (LSILs and HSILs) as well as in invasive cervical cancers caused by oncogenic HPV types 16 and 18. However, this reduction will take 10–20 years to be achieved.

Therefore, it must be emphasized that cervical cancer screening with adequate follow-up and treatment will still be needed for all women, as some will already be infected with those HPV types contained in the vaccines and because all women may become infected with other oncogenic virus types not contained in the current vaccines. We must therefore work collaboratively to ensure that every woman is screened at least once in her lifetime for cervical cancer and that all young girls—tomorrow's women—are assured the opportunity to be vaccinated with HPV vaccine. Today, let us commit to comprehensive cervical cancer control and to a vision of significantly reduced disease burden in Latin America and the Caribbean.

## Pan American Tobacco Information Online System (PATIOS)

**“Knowledge is power.”**  
(Sir Francis Bacon, 1561–1626)

What the English philosopher exclaimed 400 years ago still applies to the situation in the 21<sup>st</sup> century, where people all over the world are empowered to obtain any kind of information by all different kinds of media channels. However, the vast amount of unverified information available, e.g. through the internet, can cause confusion and misinformation.

The Tobacco Control team at PAHO decided to help put an end to under- and misinformation with regard to tobacco control in the Region of the Americas; in mid-2006, the [Pan American Tobacco Information Online System \(PATIOS\)](#) was re-launched.



PAHO's PATIOS database offers the most recent and reliable data regarding [five main areas](#) of tobacco control:

1. Health impact (including prevalence and exposure to tobacco smoke)
2. Policy and legislation
3. Economics
4. Cessation
5. Country planning and programming.

PATIOS provides a standardized and reliable tracking and assessment of the tobacco-related situation within and across countries, and it disseminates this information to policy- and decision-makers, tobacco control program staff, tobacco control advocates, researchers and the media. With the information it generates, Member States can evaluate their situations in the light of other countries' experiences and strengthen their own policies and interventions to effectively decrease the morbidity and mortality associated with tobacco use.

The data included in PATIOS comes from different sources, e.g.:

- [PATIOS Country Survey](#)
- [Global Youth Tobacco Survey \(GYTS\)](#)
- [WHO Global InfoBase Database](#)
- [Food and Agriculture Organization \(FAO\)](#)
- [UN Commodity Trade Statistics Database \(UN Comtrade\)](#)
- [United Nations Industrial Development Organization \(UNIDO\)](#)
- [WHO Global Burden of Disease Estimates](#)

PATIOS is a collaborative effort of the Member States of the Region of the Americas, and its quality relies to a great extent on the information and

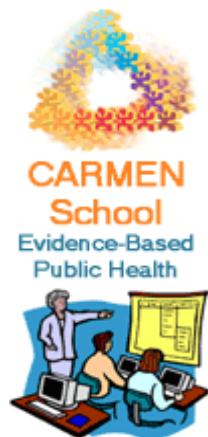
updates provided by country informants and PAHO tobacco control focal points. The tobacco control team at PAHO headquarters wishes to thank all our country informants and PAHO focal points for their continuous and valuable collaboration in this important public health initiative!

### Training to Improve Evidence-Based Public Health in Latin America & the Caribbean

The *Evidence-Based Public Health* (EBPH) course was developed by the [Prevention Research Center](#) of [St. Louis University](#) (a PAHO/WHO Collaborating Center) on evidence in NCD prevention. The course focuses on the systematic use of evidence and on training public health workers in evidence-based approaches. The course is based on the principal that a workforce sufficiently trained in public health is crucial to establishing and implementing a global strategy for chronic disease prevention.

The EBPH course is part of a program from the [WHO](#) Regional Office for Europe ([EURO](#)) for capacity-building in noncommunicable diseases (NCDs) and is part of the same program at PAHO.

EBPH was introduced in April 2004 by the Pontifical Catholic University of Chile ([Pontificia Universidad Católica](#)) in Santiago as the first course offered by the CARMEN School ([CARMEN](#) is the



Spanish acronym for *Conjunto de Acciones para la Reducción Multifactorial de las Enfermedades No Transmisibles*, or Integrated Prevention of Noncommunicable Diseases in the Americas). The purpose of the CARMEN School is to build capacity in NCD prevention and control among health and other professionals by offering courses at local universities, public health institutions and ministries of health. Chile was selected for the

course because of its progress in the area of NCD prevention, its well-established collaboration between local health departments and the Ministry of Health, and the interest expressed by health and other professionals for such a course. Its main

audience is Chilean health care professionals and representatives from Chile, Peru, Uruguay and Guatemala.

Following the week-long course in Santiago, the EBPH training was replicated regionally and locally through stand-alone courses or others given by people who had previously attended the training and subsequently became trainers in their own country. This replication has become widespread enough to increase the capacity of a critical mass of public health officials trained in EBPH in a given country. In addition, following the initial course, a one-year postgraduate course was developed to provide participants with the opportunity to obtain a master's degree. In late 2006, the Catholic University of the Immaculate Conception ([Universidad Católica de la Santísima Concepción](#)) in Concepción, Chile, offered its new postgraduate EBPH program. As part of continuous training of health professionals the EBPH course is being replicated in Guatemala, Uruguay, and Jamaica.

Training courses such as this one have now been disseminated to 38 countries in 4 continents and have reached hundreds of public health practitioners. Building upon these successes, the EBPH program shows promise for advancing effective chronic disease prevention approaches across the globe. Currently, evaluation of the Latin American courses is being developed in conjunction with the United States Centers for Disease Control and Prevention ([CDC](#)) [Prevention Research Centers](#) Program.

For more information on the course—including articles highlighting EBPH research, current courses, and links to partners—see <http://prc.slu.edu/ebph.htm>.

## Progress in the Countries

### Launch of the Deceased Donor Program in Trinidad

Minister of Health of Trinidad and Tobago John Rahael inaugurated on 7 March a program that will fight the black market in human organs and further meet the needs of those needing organ transplants, who up to now have had to travel as far as Pakistan to find a donor. The National Organ Transplant

Unit (NOTU) launched its Deceased Donor Program, providing a legal framework for harvesting kidneys and corneas from cadavers. This expands the local transplant program started last year, which has been performing kidney transplants (for which there is a high demand) at the Eric Williams Medical Sciences Complex in Mt. Hope.

Dr. Lesley Roberts, Director of the NOTU, indicated that kidney transplants from live donors within the same family will continue, despite the current focus on developing the new program. Start-up activities will include public symposia and educating the public and the medical community.

The new program will meet needs that the old program could not, in that it can help people who do not have a family donor to have a kidney transplant as well as those who need a corneal transplant (a procedure not done with live donors). Steps are being taken to create an eye bank with trained staff later this year.

The country passed the *Human Tissue Transplant Act* in 2000, thus providing a legal basis for harvesting of tissue and blood from live or deceased donors. It covers heart (valve), renal and corneal transplants. Cardiac transplants will be embarked upon once the kidney and eye operations are up and running.

Concerning liver transplants, an area not covered in the new legislation, Dr. Maria Bartholomew, gastroenterologist at the Port-of-Spain General Hospital, is expected to present a proposal to the [Ministry of Health](#) on having liver transplants done outside the country. In 2006, steps were taken to set up an agreement with Argentina, since Trinidad and Tobago has neither the infrastructure nor sufficient patients for a full-fledged program such as would be required for this very complex procedure. At present, there are four nationals known to need a liver transplant.

On 8 March the country celebrated *World Kidney Day*, the purpose of which was to raise awareness about the importance of our kidneys—an amazing organ that plays a crucial role in keeping us alive and well—and to spread the message that kidney disease is common, harmful, and treatable.

For more information, see the [press release](#) on the website of the Ministry of Health of Trinidad. For a recent article on a similar program in Iran, see the *British Medical Journal*: Griffin, A., "[Kidneys on demand](#)", *BMJ* 2007; 334: 502-505 (10 March).

Sources: John Roanda, "Rahael: High demand for kidney transplants," *Trinidad and Tobago Express*, 9 March 2007. Lara Pickford Gordon, "Organ donor programme starts in March." *Trinidad Newsday*, 15 January 2007. Information on *World Kidney Day* is courtesy of Marilyn R. Entwistle of the PAHO Country Office in Trinidad and Tobago.

### Nicaragua: Creation of a National Committee for Cancer Prevention and Control



Cancer is now the second-leading cause of death in Nicaragua, prompting the [Ministry of Health](#) to recently create a National Committee for Cancer Prevention and

Control, in which all sectors involved in this area can participate.

Under [Ministerial Agreement 410-2006](#), which took effect last December, the committee will take responsibility for advising and coordinating the planning and implementation of interventions for the prevention, early diagnosis, timely treatment, and palliative care for cancer based on a National Strategic Plan.

According to data from the World Health Organization (WHO), 40% of all cancer cases can be prevented, and one third can be cured, if they are diagnosed and treated on time. With other cases considered to be terminal, palliative care can lessen the suffering and improve patients' quality of life.

The creation of this committee will also strengthen the activities of the Ministry of Health's Women's Comprehensive Care Program (*Programa de Atención Integral a la Mujer*), as well as its alliances with other organizations such as the Nicaraguan Institute for Women (*Instituto Nicaragüense de la Mujer / INIM*), the Nicaraguan Social Security Institute (*Instituto Nicaragüense de Seguridad Social / INSS*), and with nongovernmental organizations working



in the area of women's health, since current trends have shown a sustained increase in cervical cancer cases. At present, cervical cancer is the leading cause of death from tumors in women; together with breast cancer, it is responsible for 18% of all reported deaths from cancer.

Source: PAHO-Nicaragua.

## Announcements

### PAHEF Grants and Awards



### PAHEF Small Grants

#### Program 2007: Call for Proposals

The [Pan American Health and Education Foundation \(PAHEF\)](#) is pleased to announce its 2007 [Small Grants Program \(SGP\)](#) to support innovative, results-oriented projects in Latin America and the Caribbean. We invite PAHO technical units and country offices/centers, recognized NGOs, universities, semi-autonomous government laboratories, research centers, and other nonprofit organizations in Latin America and the Caribbean to apply for one- or two-year project grants in the \$5,000 to \$25,000 range.

During the two-year period 2007-2008, the SGP is focusing on two priority areas:

1. [Combating Childhood Obesity and Improving Nutrition](#)
2. [Promoting Healthy Aging.](#)

See the SGP website for application guidelines. The deadline for receipt of applications is **5:00 p.m. EST on 1 June 2007.**

### PAHEF Awards for Excellence in Inter-American Public Health: Call for Nominations 2007

The PAHEF Program for Awards for Excellence in Inter-American Public Health is pleased to announce the 2007 Call for Nominations:

- [The Abraham Horwitz Award for Leadership in Inter-American Health](#)  
Deadline: Friday, 20 April 2007
- [The Pedro Acha Award for Veterinary Public Health](#)  
Deadline: Thursday, 31 May 2007
- [The Clarence Moore Award for Voluntary Service](#)  
Deadline: Monday, 13 August 2007
- [The Fred L. Soper Award for Excellence in Health Literature](#)  
Deadline: Friday, 24 August 2007

The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions of interest for the Americas. Send contributions (1-3 paragraphs) to Dr. James Hospedales ([hospedaj@paho.org](mailto:hospedaj@paho.org)) with copy to Pilar Fano ([fanopili@paho.org](mailto:fanopili@paho.org)) and Suzanna Stephens ([stephens@paho.org](mailto:stephens@paho.org)). Your feedback on this newsletter would be appreciated. Instructions and criteria can be found on the homepage for this newsletter at the web link below:

<http://www.paho.org/english/ad/dpc/nc/cronic.htm>