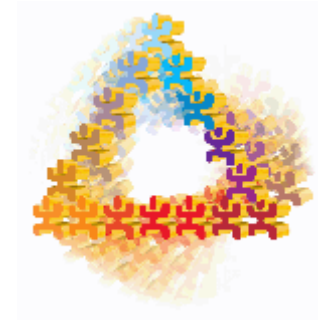




CARMEN Country Profiles: Argentina



The 2002 WHO Global Burden of Disease data¹—being the most recent health statistics—show that 225,122 people died from noncommunicable diseases (NCDs), which is 1.2 times higher than in 2000. The Age Standardized Mortality Rate (ASMR) for NCDs was 521 per 100,000 people. Noncommunicable diseases account for a much greater mortality rate than do either communicable diseases or injuries: of all deaths, 79.1% is linked with noncommunicable diseases. For cardiovascular diseases, the ASMR was 212 per 100,000 deaths (40.7%); for malignant neoplasms, the ASMR was 142 per 100,000 (27.3%); for other non-specified conditions, there was an ASMR of 81 per 100,000 (15.7%); for chronic respiratory diseases, an ASMR of 62 per 100,000 (12.1%); and for diabetes, an ASMR of 22 per 100,000 (4.2%).

Date	Demonstration Site
1998	Hurlingham
2000	La Plata

Date	Evolution of the CARMEN Initiative
2004	NCD Risk Factor Survey
	Tobacco Control Program
	Reduction of Sodium in Processed Food

¹ World Health Organization. *WHO Global InfoBase Online. Country Profiles*. 2006.

CARMEN / Hurlingham

The CARMEN demonstration area in Hurlingham was set up in 1998 – under the guidance of the Ministry of Health – and was developed to serve as a model for NCD surveillance system. Hurlingham presented an ideal location for the study of NCD risk factors because the area is known to have high incidence of alcohol and tobacco consumption in combination with sedentary lifestyle. Since the implementation of CARMEN project in Hurlingham, several achievements have been made: dissemination of information in the community, training of community members in health education-health promotion, increased literacy rates, strengthening the working groups, establishment of a women’s network, formation of a yoga group, and overall higher self esteem in the population.

CARMEN / La Plata

Due to the outstandingly high number of deaths related to cardiovascular diseases, a group of institutions and organizations² formed an alliance and created the VARICG Group (Valoración del Riesgo Cardiovascular Global Ciudad de La Plata) in 2000 and established the ALAS Program (Adulto Libres en Actitud Saludable) to address the burden on the country. The La Plata’s Project had three phases:

Phase 1: Cardiovascular disease risk evaluation was carried out in 2000 based on the European Scale of Cardiovascular Risks. The evaluation included biochemical measurements (glucose, triglycerides, total HDL and LDL cholesterol levels), filling out a questionnaire (demographic data, disease risk, medicine use, dietary habits, level of physical activity) and physical examination (anthropometrical measurement, arterial pressure, cardiac frequency, waist measurement and BMI calculation).

² Biochemistry Foundation of Argentina (Fundación Bioquímica Argentina), Foundation of the Cardiology Federation of Argentina (Fundación de la Federación Argentina de Cardiología), La Plata University – Medical Sciences Faculty (UNLP – Facultad de Ciencias Médicas), Informatic Faculty (Facultad de Informática), Human Sciences Faculty (Facultad de Humanidades), Municipal Health Secretary of La Plata (Secretaría de Salud de la Municipalidad de La Plata)

Phase 2: Development, implementation and evaluation of an educational intervention model covering only high risk individuals, in regard to their tobacco consumption, diet, and physical activity.

Phase 3: The ALAS Program (Adulto Libres en Actitud Saludable) was developed for prevention, detection and intervention of NCDs in the community and was initially implemented in two health centers of La Plata. In 2004, under the leadership of the Ministry of Health, the Program advanced into a provincial project. As a new initiative, it began to train the health sector of the municipalities and was predicted to cover 14 million people, when fully implemented.

NCD Risk Factor Survey

In 2004, a PAHO model based NCD risk factor survey was carried out – financed by the World Bank and developed by VIGI-A – in order to present epidemiological status of the population of Argentina. The research study comprised of 14 modules, the collected data included personal details, such as body weight, diet, tobacco and alcohol consumption, diabetes, physical exercise, blood pressure, and cholesterol. The national and provincial statistical analyses were set to begin in November 2005.³

The Ministry of Health has four lines of action, in regard to NCDs:⁴

1. Improve and sustain dialogue and communication with the population and enhance risk prevention awareness.
2. Seek community support and participation.
3. Prioritize control of well-known and prevalent risks through effective and acceptable strategies.
4. Support research, improvement of surveillance systems, and simplifying access to information.

³ Vasquez, Enrique. *CARMEN Initiative Meeting*. Brazil, November 2003.

⁴ Vasquez, Enrique. *CARMEN Initiative Meeting*. Brazil, November 2003.

Tobacco Control Program

The Ministry of Health provides support to local projects, including healthy municipalities and smoke-free institutions. Several advances have been made, such as the National Tobacco Control Program, which focuses on restricting publicity, reducing accessibility, creating smoke-free environments, offering smoking cessation services, social communication, and tobacco surveillance. Some strategies utilized are a national registry of smoke-free companies, support for smoke-free municipalities, and training. Then Ministry of Health offers a wealth of resources, including websites and a toll-free phone number. Several other resources complement these to form the comprehensive national program.⁵

Reduction of Sodium in Processed Food

The Ministry of Health emphasizes healthy eating and active living to target risk factors for NCDs. One effort in healthy eating is the reduction of sodium in processed foods. This initiative is based on evidence and relied on agreements in the food industry, in particular in the bread industry, to support the initiative. To complement the actions taken by the food industry, community programs also were put into effect to educate and change attitudes, both in the general community and in schools.⁶

⁵ www.msal.gov.ar

⁶ Virgolini, Mario. Biannual Meeting of the *CARMEN Network*. Chile, October 2005.