

# Chronic Disease Prevention & Control in the Americas



Monthly Newsletter of the PAHO/WHO Chronic Disease Program  
**Pan American Health Organization**  
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## Message from the Editor

In our next issue (Vol. 4, No. 9, September 2010) we will be introducing a new, more interactive format for our chronic disease bulletin. To receive the new bulletin, kindly subscribe via the following link: <http://bit.ly/cs6FH6>

During the last few months, the Americas Region saw a tremendous amount of activity in chronic disease policy, cancer control and related areas.



During the PAHO Executive Committee meetings in mid-June, Directing Council in September a progress report on chronic diseases was presented and discussed with Member States, most of whom had made significant advances in their national chronic disease programs since the adoption of the 2006 Regional Chronic Disease Strategy. We continue to be encouraged by the increasing momentum of chronic disease awareness and risk factor prevention in the international public health community. We rely on this newsletter to communicate some of these advances to you, our

readers, and we need your contributions to enrich the information-sharing process.

At PAHO/WHO HQ in Washington, DC, the chronic disease team is dedicated to contributing the best in technical health expertise to all countries in the Americas. We are always eager to improve, review

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and update both the contents and the processes that underlie our outreach efforts.

## Regional Advances:

### Andean countries assess progress, set priorities for CNCD prevention and control in 2010-11

CNCD program managers from the Ministries of Health of the Andean countries met in Lima, Peru, in April to review their progress in implementing the PAHO Regional Strategy for Chronic Disease Prevention and Control and to set common priorities for subregional cooperation during 2010 - 2011.

Andean countries all face a significant disease burden from CNCDs, but there are important differences across countries. In Venezuela and Colombia, cardiovascular disease (CVD) rates are relatively moderate but have been trending upward over the last 10 years. Chile and Peru, which have lower overall mortality rates, have reported small reductions in CVD rates over the last decade. Ecuador, which also has lower overall mortality rates compared with its neighbors, has seen a moderate increase in CVD deaths. Data from Bolivia are considered unreliable due to underreporting of mortality.

Progress in implementing the Regional Strategy on CNCDs also varies across the Andean countries. Chile has made progress, particularly in surveillance and in disease management through a

government program that guarantees access to care for CNCDs, including clinical preventive services. Progress in Ecuador includes guaranteed medication for patients with diabetes and hypertension. Peru acknowledged that the last semiannual CARMEN meeting provided it with valuable support but qualifies its own progress in NDC management and surveillance as modest and cites a need for further development in the areas of health promotion and public policies.

Participants in the April meeting used the World Health Organization's (WHO) country capacity survey on chronic disease to assess their countries' abilities to respond to CNCDs. The results of the survey showed that while all Andean countries now have CNCD action plans, the availability of financial resources for treatment and control, prevention, promotion, surveillance, and evaluation is not clearly defined and ranges from levels of "high performance" in Chile to "insufficient performance" in Bolivia. Activity was clearly lacking in the areas of health promotion and mental health. Surveillance is hampered by difficulties in the registries and quality of basic mortality data in Bolivia, Ecuador, and Peru. Records on mortality and risk factors are of limited reliability in all countries except Chile. With regard to integrated disease management, all countries show some limitations in their capacities for early detection of risk factors and disease through their primary health care services. Mechanisms to promote patient self-care and to offer

rehabilitation services and palliative care are very limited in all the countries. Among the weakest areas analyzed in the survey were health promotion and multisectoral partnerships. One specific problem area was the marketing of food to children.

Participants concluded that strategic priorities for subregional cooperation on CNCDs should include:

1. Strengthening the technical and managerial capabilities of technical teams assigned to coordinate action on CNCD prevention and control.
2. Ensuring that CNCD programs are comprehensive, encompassing public policies, surveillance, health promotion, and disease management, and that the pertinent institutional relationships are established.
3. Improving the quality of mortality data in Bolivia, Ecuador, and Peru.
4. Promoting the adoption of common indicators for the subregion on risk factors, giving priority to tobacco consumption, unhealthy diet, physical inactivity, obesity, and alcohol as risk factors for cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes.
5. Establishing mechanisms to ensure universal access to health services and to essential drugs as a prerequisite for the management of CNCDs.
6. Defining a list of essential medications for CNCDs and establishing mechanisms for joint purchases by countries in the subregion.
7. Strengthening the mechanisms for early detection and treatment of people with priority risk factors.
8. Developing strategies to ensure that primary health care services strengthen patients' capacities for self-care, particularly among those with diabetes and hypertension.
9. Developing strategies to ensure that primary health care services strengthen household palliative care and rehabilitation.
10. Technical cooperation to strengthen health promotion and the population-based approach to CNCDs.
11. Training in negotiation and multisectoral work for CNCD technical teams.

Participants in the April 20-22 meeting included the national authorities of CNCD programs from the Ministries of Health of Bolivia, Ecuador and Peru , with Chile participating as an observer of the Andean Health Agency (ORAS). Other participants included Dr. Luis Beingolea, of ORAS, and from PAHO/WHO, Dr. Miguel Malo, Dr. Pedro Orduñez, and Dr. Mario Valcárcel, PAHO/WHO representative in Peru.

The meeting was convened by PAHO as part of its efforts to advance implementation of the Regional Strategy for Chronic Disease Prevention and Control, which was approved by PAHO Member States in 2006.

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## Advances in cervical cancer prevention in Latin America

It has been almost two years since the PAHO Directing Council, made up of ministers of health from throughout the Americas, passed a resolution calling for stronger comprehensive cervical cancer prevention programs in Latin America and the Caribbean. This was following their review and endorsement of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control, which outlines a seven-point action plan to improve the quality, coverage and effectiveness of cervical cancer programs, including HPV vaccine introduction.

To stimulate further implementation of the regional cervical cancer strategy, PAHO, along with the Ministry of Health of Panama and PATH, convened a meeting in June in Panama. Over 70 health professionals—largely public health program managers leading cervical cancer, sexual and reproductive health and immunization programs—from 13 Latin American countries participated in the meeting. Discussions focused on the following areas:

- Recent scientific evidence regarding new screening technologies and HPV vaccines, including regional evidence being generated by Latin American studies
- The importance of women's and community perspectives and the need to improve

public education to increase participation in prevention programs

- Country experiences regarding the introduction of new approaches and technologies, including Panama's experience with the introduction of the HPV vaccine and Mexico's experience with introducing both HPV testing and HPV vaccines
- Collaborative activities between countries, with the assistance of international organizations, to improve the effectiveness of cervical cancer prevention efforts.

Representatives from several international organizations involved in cervical cancer programs in Latin America and the Caribbean, notably UICC, CDC, and PATH, were on hand to promote resources they provide to help program managers make decisions regarding new approaches and tools. One such resource is a new web-based interactive tool, the PATH Action Planner, which provides a hands-on, step-by-step approach to designing a new or improved comprehensive cervical cancer program. Also of note is PAHO's ProVAC initiative, which is building country capacity to undertake cost-effectiveness analysis for introducing new vaccines, including HPV vaccines.

Participants in the meeting agreed that the new knowledge on how to organize, structure and deliver effective programs represents a major

opportunity, as do the newly available HPV vaccines and cervical cancer screening tests (visual inspection with acetic acid, HPV testing) and approaches (single visit screen and treat in primary care settings). Based on the successful experiences of several countries in introducing alternative screening approaches and the two countries that have already included HPV vaccines in their public health programs, the participants reached the following conclusions:



*Panama Cancer Subregional meeting 06/02/2010*

- There is clear scientific evidence to support the implementation of new technologies for cervical cancer prevention programs;
- There is considerable interest, motivation and enthusiasm among ministry of health program managers to incorporate these new technologies into current programs, and the 2008 PAHO Directing Council resolution provides the political impetus to move forward with such changes;
- The greatest barrier to introducing new technologies into programs is the current high cost of HPV vaccines and the HPV test.

For more information, please visit the [Latin American Sub Regional Meeting on Cervical Cancer Prevention](#).

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## **Second subregional meeting of the Partners Forum on chronic diseases**

Representatives of the public and private sectors and academia from both sides of the U.S.–Mexico border met on July 9 in San Diego, California, for the second subregional meeting of the Partners Forum for Action on Chronic Diseases, organized by PAHO's US–Mexico border field office. The meeting established three new Partners Forum working groups in the following areas: nutrition/health public policy advocacy, chronic disease prevention, and environmental changes for the promotion of physical activity. The July meeting was supported by the chambers of commerce of National City and San Diego, California; the health jurisdiction of Tijuana, Mexico; and the University of Baja California. Plans are being finalized for a third subregional Partners Forum meeting, to be organized by the border communities of McAllen and Reynosa.

**ERP/PAHO Source**



## PAHO and global leaders discuss how to improve breast health in low- and middle-income countries

The Breast Health Global Initiative (BHGI), of which PAHO is a member, organized a Global Summit on Breast Health to discuss improving breast health outcomes in low- and middle-income countries through implementation of standardized BHGI guidelines.



### *The* Breast Health Global Initiative

Over 150 people from 40 countries participated in the BHGI Summit, where experiences were shared on BHGI pilot projects in Colombia, Ghana, China and Egypt, and discussions were held on how to expand these pilot projects to additional countries. Participants also reviewed the impact of breast cancer screening programs in the USA, Uruguay and several European countries. In a panel session on how to move from policy to action, PAHO representatives reflected on what would be needed in different subregions of Latin America and the Caribbean (LAC) to extend breast cancer screening programs and amplify access to treatment, and the role of international organizations such as PAHO in this area. The conference presentations are accessible on the BHGI website:

<http://portal.bhgi.org>.

PAHO has been a member of BHGI since its inception in 2001, actively participating in each of

the BHGI Summits and contributing to the development of BHGI guidelines on the topics of screening, early detection and diagnosis, treatment and health service organization. PAHO translated BHGI's 2005 and 2007 breast cancer guidelines into Spanish and Portuguese and disseminated them widely throughout LAC. These guidelines are accessible on the PAHO website ([Guidelines for International Breast Health and Cancer Control](#)).

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## International community on HPV and cervical cancer discuss current scientific advances

More than 2,000 delegates from over 80 countries gathered at the International Papillomavirus Conference & Clinical and Public Health Workshops "Sharing Knowledge for Global Health," held in Montreal on 3-8 July, 2010. Delegates discussed scientific advancements, new information and programmatic experiences on topics including HPV infection, cervical cancer screening and HPV vaccination. Presenters described various initiatives underway to improve the effectiveness of cervical cancer prevention programs in low- and middle-income countries.

This was the 26<sup>th</sup> annual meeting of the International Papillomavirus Society, hosted by the Quebec Institute of Public Health. Participants included scientists, clinicians, and public health managers from both developed and developing countries and the private sector.

PAHO/WHO strategies, recommendations and experiences for comprehensive cervical cancer prevention and control were featured prominently throughout the week-long conference. The PAHO Regional Strategy and Plan of Action for Cervical Cancer was presented, along with the challenges and recent progress in the Americas region in introducing new technologies to improve cervical cancer prevention.



It was an outstanding conference that highlighted the fact that cost-effective and evidence-based interventions for cervical cancer are available (screening, vaccination, successful program models) and that now is the time to scale up and improve public health programs for cervical cancer prevention.

Conference presentations are accessible on the HPV 2010 Congress website at: <http://hpv2010.org>

In 2012, this international meeting will be held in Puerto Rico and will provide an excellent opportunity to discuss experiences and perspectives from Latin America and the Caribbean.

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## Country Achievements

### Honduras: Initiative to synergize health sector activities in the prevention and control of chronic diseases

Honduras's First National Forum on Chronic Diseases and Cancer was held in Tegucigalpa on August 9 to 13 to identify strategic lines of action for developing and implementing a new national plan for the prevention and control of CNCDs and cancer.

Cardiovascular diseases, diabetes and cancer are of growing importance in Honduras, and the country has recognized the fragmentation and lack of articulation of its health system as well as the low coverage and inequity of the health sector. In 2001 Honduras created the National Health Plan 2021, whose general objective is to improve basic health conditions. The plan also proposes strategic actions for the prevention and control of chronic diseases, including cancer.

But while efforts to address CNCDs have increased, chronic diseases have not been reduced. A group of technical personnel from the Ministry of Health (under the leadership of the National Commission for Cancer and with the participation of other program directors) organized the national forum to address these issues.

The forum facilitated dialogue between the following parties: the Ministry of Health, the Honduran Institute of Social Security (IHSS), the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependency (IHADFA), the National Institute of Women (INAM), the National Autonomous University of Honduras (UNAH), and the Institute of Nutrition of Central America and Panama (INCAP). Members discussed the need for establishing integration mechanisms within the Ministry of Health to facilitate the cross-sectoral collaboration and coordination of surveillance, promotion and control.

There are enormous opportunities to forge partnerships between the Ministry of Health and the institutions that participated in the forum. Partnership examples could include the development of health promotion actions and early detection of cancer with the INAM; activities for epidemiological surveillance of risk factors with the IHADFA and the UNAH; and a development strategy to improve the quality of care for patients with chronic diseases.

The forum ended with the presentation of the project Youth Network for Chronic Disease Prevention, which is being carried out in the municipality of Marcala in the department of La Paz and which could serve as a model for policies and programs in Honduras.

Honduras' First National Forum on Chronic Diseases and Cancer was supported by the Pan American Health Organization.

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### **Panama launches palliative care program**



The Government of Panama has launched a new National Program for Palliative Care aimed at improving the quality of life of patients with advanced terminal diseases and their families. The initiative is based on the principles of universality, quality and equity and seeks to guarantee access to palliative care for the entire population.

Palliative care is essential to ensuring quality of life at the end of life, both for patients and their families. According to the World Alliance of Palliative Care, more than 100 million people globally could benefit from specialized centers for care of terminal patients, but less than 8% have access to these. Millions of people live in countries where end-of-life medical care is inadequate or nonexistent.



Obstacles to good palliative care include poor access to analgesics, as a result of scarcity or restrictions on their use; the lack of trained personnel, and lack of access to health services in general. In many countries of Latin America and the Caribbean, end-of-life care is not included in national health policies.

Panama's new program addresses these and other problems through the following components:

- Comprehensive care for those who are sick, including treatment and control of symptoms, not only physical but also psychological
- Emotional support for both patients and family members, with sensitivity to social and cultural preferences, and with support from the whole community
- Attention to the needs of caregivers, providing them with tools for stress management and appropriate palliative care equipment.

Patient care will be provided through three modalities of basic services: hospital care, outpatient care, and home care, with well-defined objectives and criteria for admission in each area. All three modalities will be integrated into local, regional and national health services.

In tandem with the launch of the program, Panamanian health authorities have developed a virtual course on palliative care management. The course uses modules on cooperation in different fields, such as education for pharmacists about

laws related to palliative care and training for health professionals to improve the quality of care.

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## International partners endorse new Caribbean Public Health Agency



Hon Denzil Douglas –*CARICOM Secretariat, Turkeyen, Greater Georgetown, Guyana* –

The proposed Caribbean Public Health Agency (CARPHA) received full approval by several international partners at a Partners' Conference in Washington.

The Director of PAHO/WHO, Dr. Mirta Roses, and more than 25 international partners endorsed the creation of this regional entity, which is expected to provide a collective response to public health emergencies and disasters and ongoing public health development needs for the people of the Caribbean. Chronic disease, injuries and violence, mental health issues, and protecting gains against

communicable diseases were among the health challenges acknowledged.

This historic meeting held at PAHO/WHO headquarters in Washington, DC, chaired by Hon. Leslie Ramsammy, Minister of Health of Guyana, drew international delegations representing the governments of the United States, Canada, France, the United Kingdom, Sweden, the Netherlands and CARICOM, as well as ambassadors to the Organization of American States and representatives from multilateral organizations including the World Bank, the Inter-American Development Bank, the Caribbean Development Bank, and the Caribbean Tourism Organization, among others.

Prime Minister Denzil Douglas of St. Kitts and Nevis, whose country has lead responsibility for human resources, health and HIV/AIDS within the Quasi Cabinet of the Conference of CARICOM Heads of Government, gave the keynote address. He emphasized the commitment of CARICOM Heads of Government to create a new, single, people-focused Public Health Agency that would serve the Caribbean and all its residents and visitors. He emphasized how this single voice for Caribbean public health would assist the international community in working with the region, and in implementing international health guidelines.

In a statement at the end of the meeting, Prime Minister Douglas said it was a “most wonderful

experience” and commended the international partners’ support for this “step-change” in public health for the Caribbean region.

“Our partners support this venture enthusiastically, not only institutions that have been working with us but also other agencies,” he said.

The CARICOM Secretariat will coordinate the development of the resource mobilization plan for CARPHA, for presentation to the Caribbean Community Caucus of Ministers of Health for approval in late September 2010.

**Caribbean Community Caricom Secretariat**  
[http://www.caricom.org/jsp/pressreleases/pres262\\_10.jsp](http://www.caricom.org/jsp/pressreleases/pres262_10.jsp)

### **Obesity rise linked to disability increase among elderly in Latin America and the Caribbean**

Because of rising obesity rates in Latin America and the Caribbean, elderly people are increasingly likely to suffer from disabilities, according to a paper published recently in the *American Journal of Epidemiology* by the University of Texas Medical Branch (UTMB) at Galveston. The UTMB study drew on data from a survey by the Pan American Health Organization and the National Institute on Ageing that covered more than 6,000 people over age 65 in six cities: Bridgetown, Barbados; Sao Paulo, Brazil; Santiago, Chile; Havana, Cuba; Mexico City, Mexico; and Montevideo, Uruguay. Across the board, the investigators found that obese seniors were more

likely to have significant trouble walking, bathing, dressing, eating, getting in and out of bed and using the toilet.

In this survey, people were defined as obese if they had a body mass index (weight in kilograms divided by height in meters squared) equal to or greater than 30.

“This increased prevalence rate of obesity, a new trend in Latin America and the Caribbean, is the result of people moving from rural to urban areas and shifting their nutritional habits and other aspects of their lives to a more Western pattern,” said UTMB assistant professor Soham al Snih, lead author of “Obesity and Disability: Relation Among Older Adults Living in Latin America and the Caribbean,” which appeared in the June 15 issue of the *American Journal of Epidemiology*. “At the same time, we're seeing a substantial increase in life expectancy. The close relationship that we found between obesity and disability in older adults suggests that we really need to work to prevent these populations from becoming obese.”

Without major efforts to promote healthy eating and exercise in Latin American and Caribbean populations, al Snih said, current trends will produce large numbers of people who are especially vulnerable to chronic medical conditions such as diabetes, cardiovascular disease and arthritis—conditions that could increase the degree of disability among the elderly, severely

straining the health care resources of poorer countries.

“We need to reorient people to better nutrition, we need to screen for these diseases and do as much as we can to prevent them, and we need to involve these populations in exercise and increase their activity level,” al Snih said. “It's very important, because otherwise it will cost much more in the long run.”

In addition to highlighting the connection between increasing obesity rates and increasing disability among elders, al Snih noted that the UTMB study provides a rare look at the prevalence of obesity in various populations of older adults in Latin America and the Caribbean. Much of the available public health data in the Region focuses on childhood through middle age. Current rates of obesity among the elderly ranged from a low of 13.3 percent in Havana to a high of 37.6 percent in Montevideo. In the United States, according to the National Health and Nutrition Survey of 2007-2008, the obesity rate for men over 60 is 37.1 percent; for women over 60, it is 33.6 percent.

### Science centric

<http://www.sciencecentric.com/news/10072807-obesity-rise-linked-disability-increase-among-elderly-latin-america-the-caribbean.html>

## Canada presents its new sodium reduction strategy

A federally mandated Sodium Working Group has released *the* Sodium Reduction Strategy for Canada. The three-pronged strategy contains six overarching and 27 specific recommendations for a population health strategy to reduce sodium intake among Canadians.

This report is the culmination of over two years of work by the Sodium Working Group, which was established by the former minister of health in late 2007. The recommendations provided in this report are directed at all levels of government as well as nongovernmental organizations, consumers, industry and other stakeholders.

The average Canadian currently consumes 3,400 mg of sodium per day, more than double the recommended amount. The new Sodium Reduction Strategy for Canada seeks to reduce average sodium intake to 2,300 mg per day by

2016 and to 2,300 mg per day or lower in the longer run.

The Sodium Working Group consists of representatives of food manufacturing and food service groups, health-focused nongovernmental organizations, the scientific community, consumer advocacy groups, health professional organizations, and various government departments and agencies. Despite such a wide and varied representation in its membership, the Sodium Working Group was able to reach consensus on the recommendations contained in the report.

To view the complete report, [click here](#).

To subscribe, please link to <http://bit.ly/cs6FH6>. Readers are invited to submit their contributions of 1–3 paragraphs on activities related to chronic disease in the Americas by sending them to Dr. James Hospedales ([hospedaj@paho.org](mailto:hospedaj@paho.org)) with copies to Cristina Maña ([manacris@paho.org](mailto:manacris@paho.org)) and Pilar Fano ([fanopili@paho.org](mailto:fanopili@paho.org)). Letters to the Editor should be addressed to Silvana Luciani ([lucianis@paho.org](mailto:lucianis@paho.org)). Instructions and criteria can be found on the homepage for this newsletter at the web link below.