



Pan American Health Organization

Regional Office of the
World Health Organization



<http://www.paho.org>

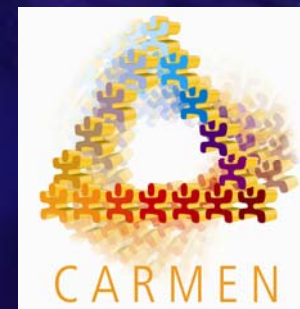
Preventing Chronic Diseases in the Americas: A Vital Investment

Regional Workshop on
Economic, Fiscal & Welfare Implications of NCD

C. James Hospedales, PAHO/WHO



Outline



- What's the problem
- How did it come about
- What can be done in prevention and control



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What's the problem?

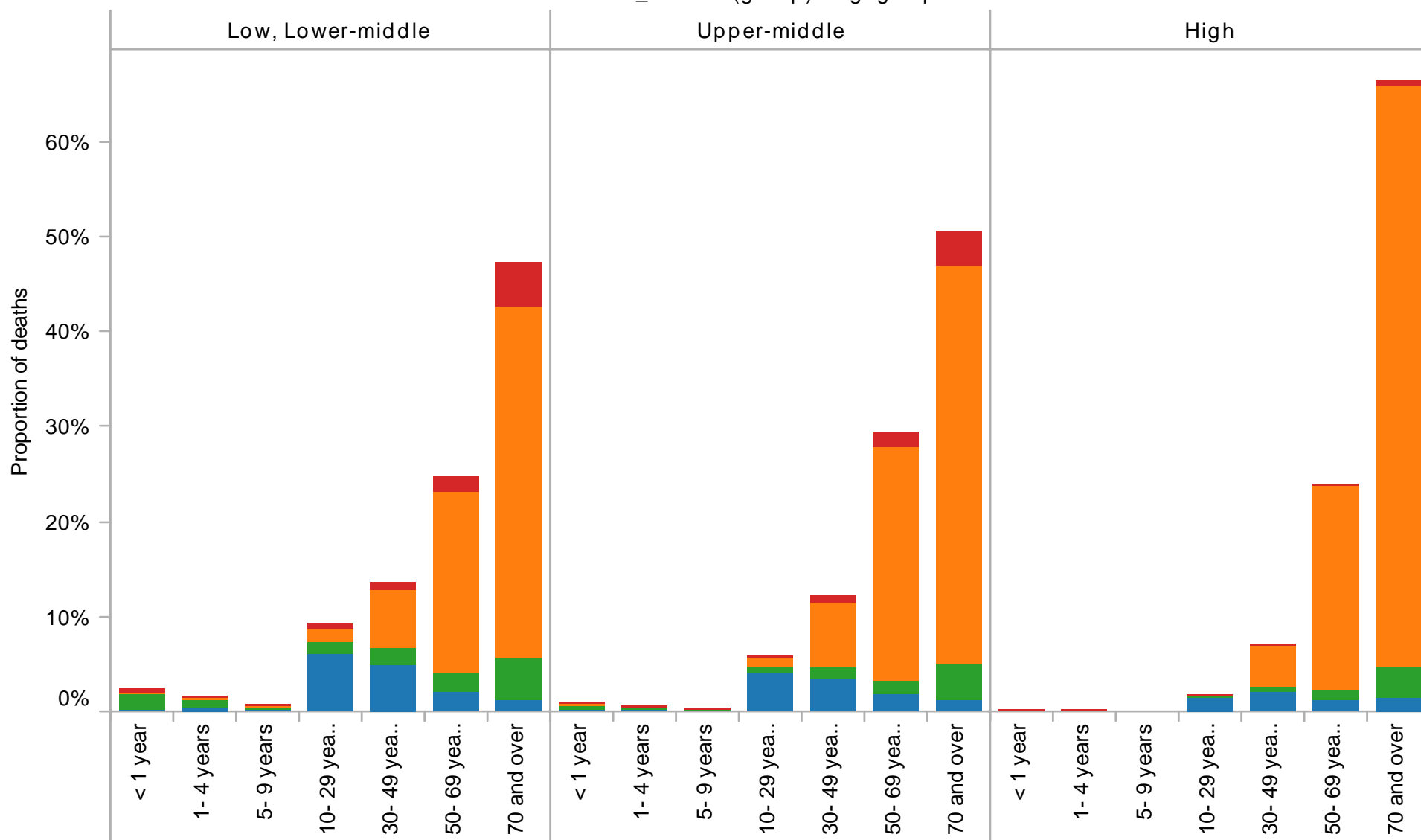
- Cardiovascular disease, cancer, diabetes: the major cause of premature deaths and avoidable health costs in the Americas
- Risk factors: unhealthy diet, physical inactivity, obesity, tobacco use, harmful use of alcohol
- Social/environmental determinants: public policies, incl. access to health services; private sector; civil society
- 80% heart disease, stroke & diabetes; 40% cancers preventable or treatable
- Challenge: apply knowledge, change policy and environmental determinants, requires new models of multi sectoral action



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wb_income (group) / agegroup



cause (group)

- Sign symptoms ill-defined
- Chronic non-communicable diseases
- Communicable, maternal, perinatal, nutritional diseases
- External causes

MORTALIDAD EN PAISES AGRUPADOS SEGUN INGRESOS

Exploding the Myths

Myth: Chronic diseases are a problem of the rich countries

Fact: Non-communicable disease account for more than half the burden of disease and 80% of the deaths in the poorer countries which carry a double burden of disease.



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Exploding the Myths

Myth: NCDs are a problem only of the elderly

Fact: Half of these diseases occur in adults less than 70 years of age and the problems often begin in the young e.g., obesity

Myth: NCDs affect men more than women

Fact: NCDs affect women and men almost equally and globally, heart disease is the largest cause of death in women.



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Risk Factors Widespread In Americas:

- 40-70% adults overweight or obese
- 1 in 3-4 have hypertension
- 1 in 6-10 have diabetes
- Very low % eat 5 fruits and vegetables per day
- Most people sedentary
- Nearly everyone eats 2-3 times max recommended levels of salt → shifts population distribution of blood pressure
- 10-40 % adults use tobacco



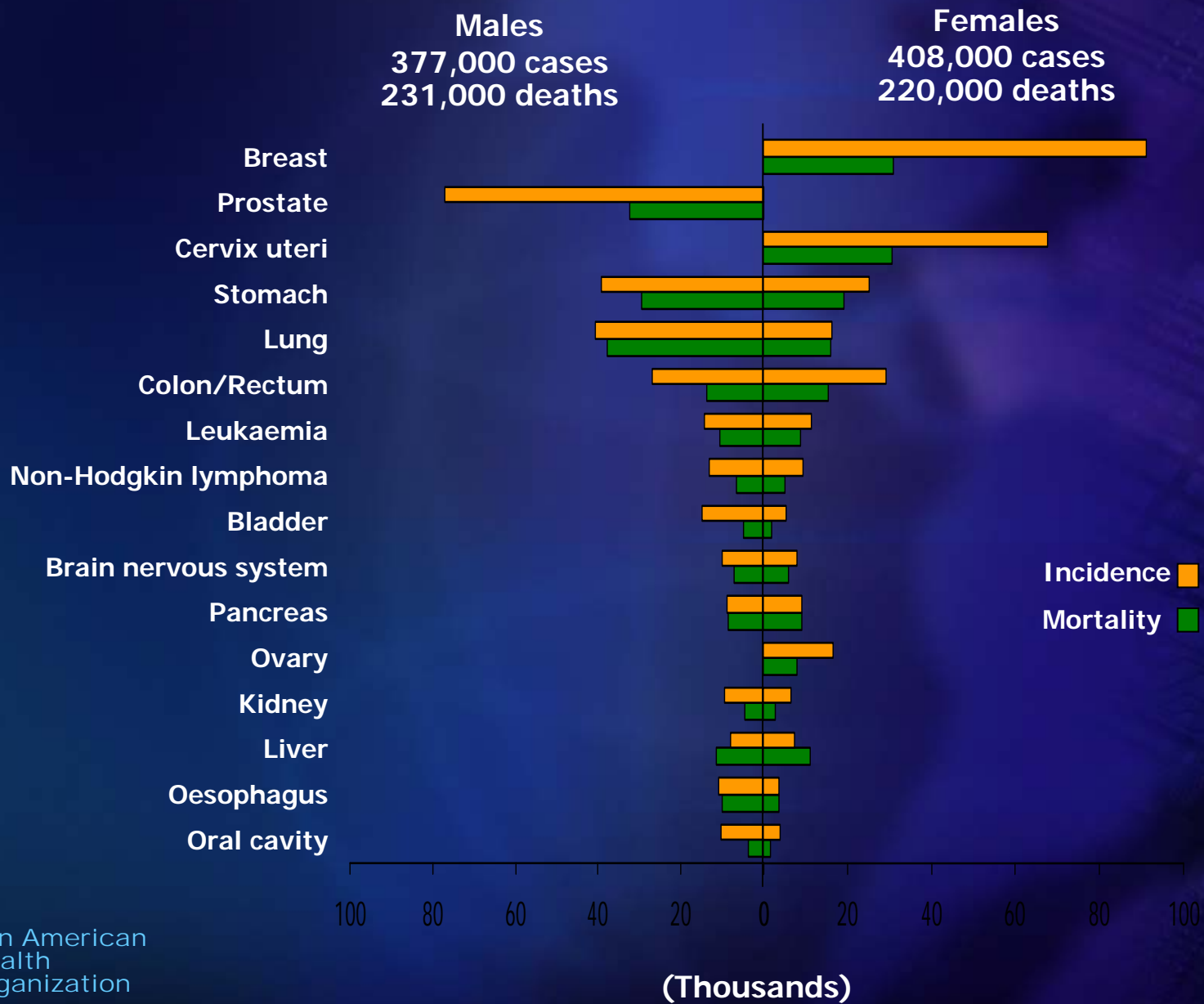
Tobacco Use



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2005

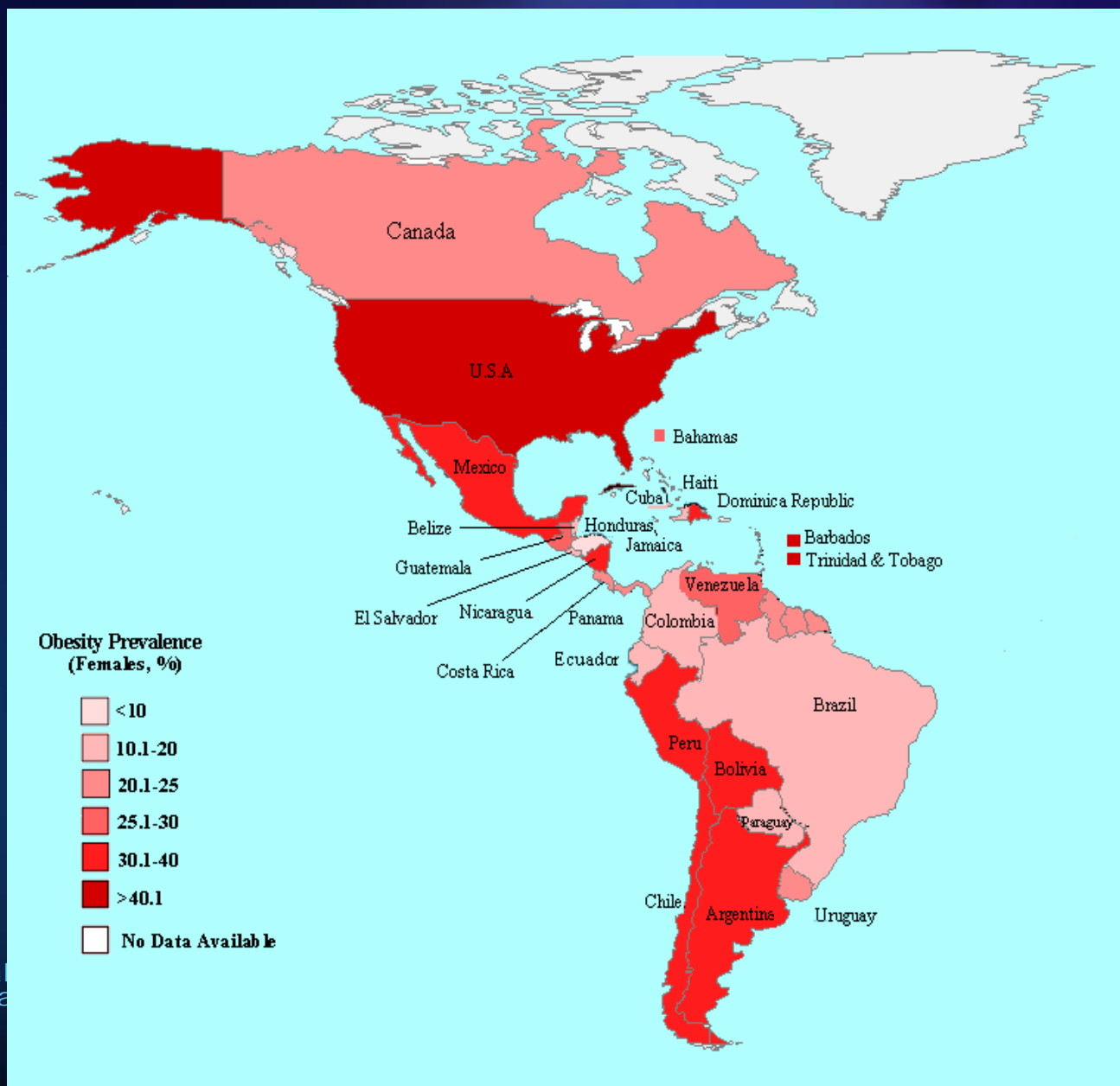
Cancer in LAC



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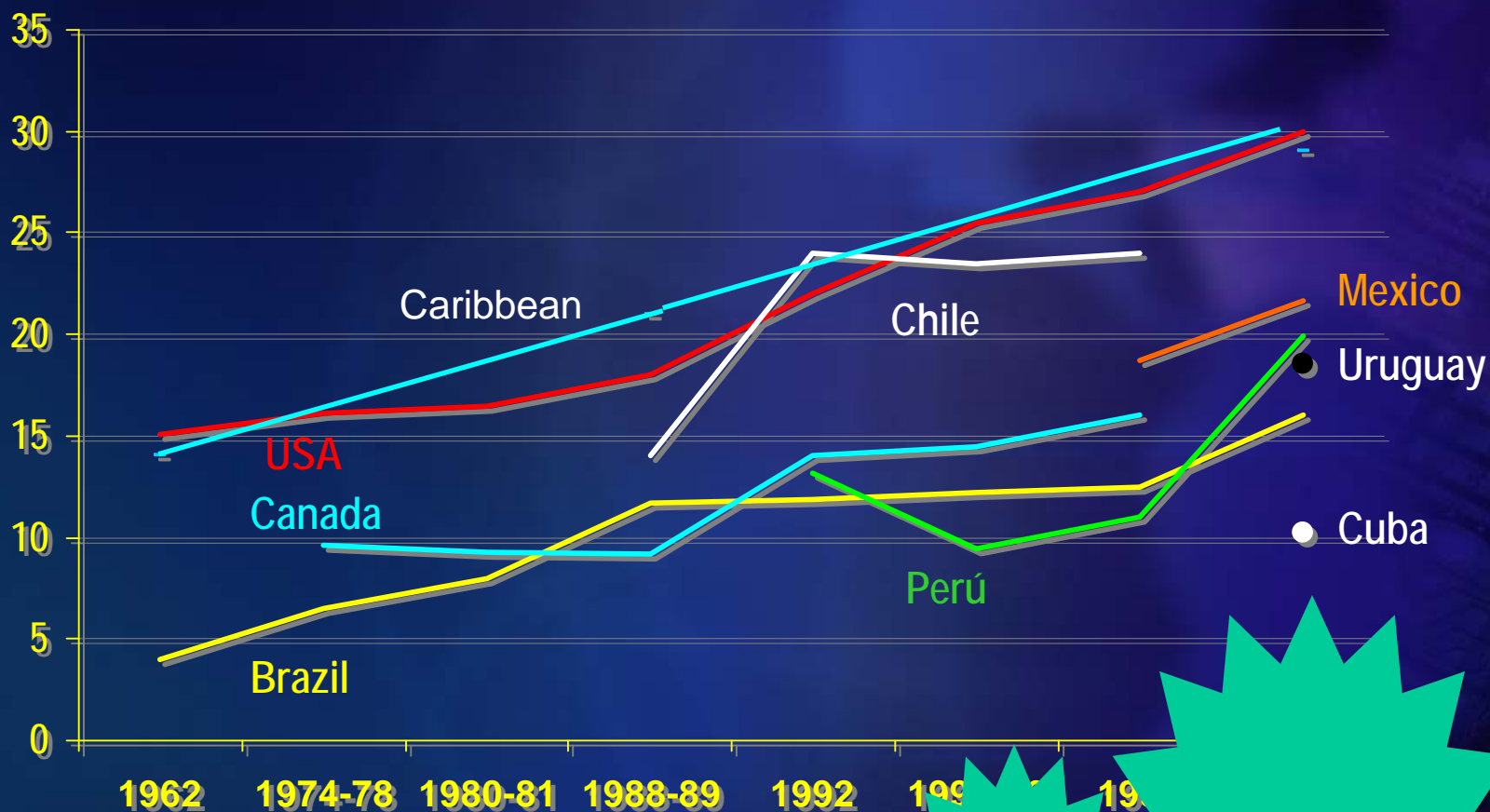
Source: Globocan 2002

Obesity Prevalence Among Females



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Obesity (BMI>30) in women and number of official publications calling for action against obesity in the Americas



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3

4

10

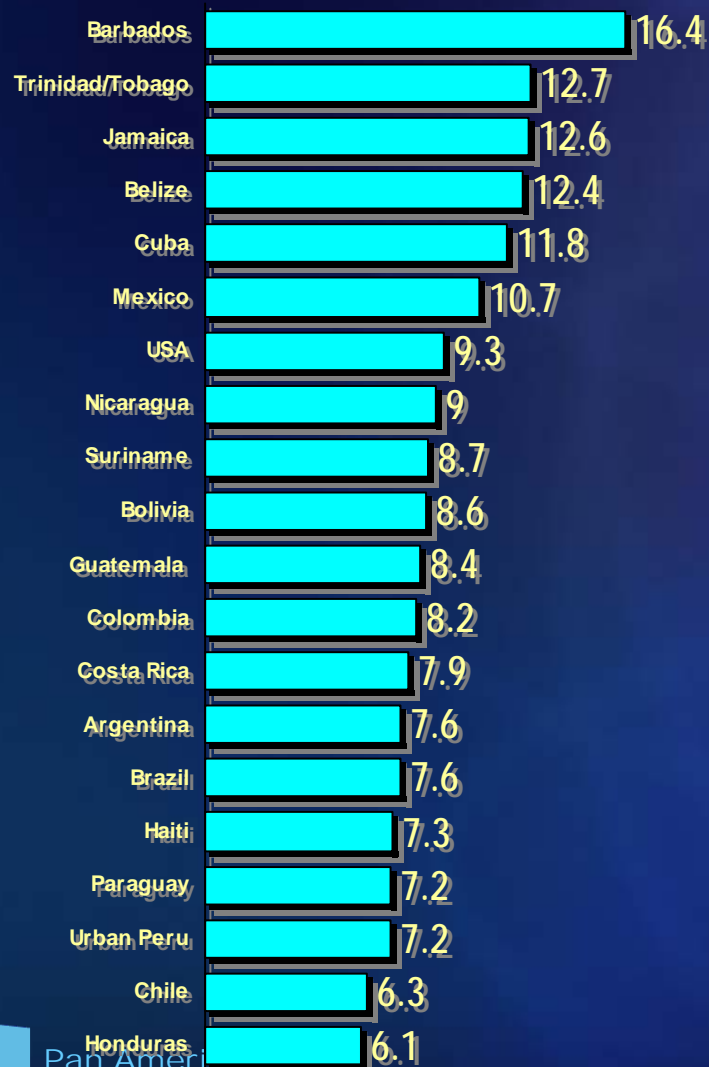
19

34

52

2005

Prevalence (%) of diabetes among adults in the Americas

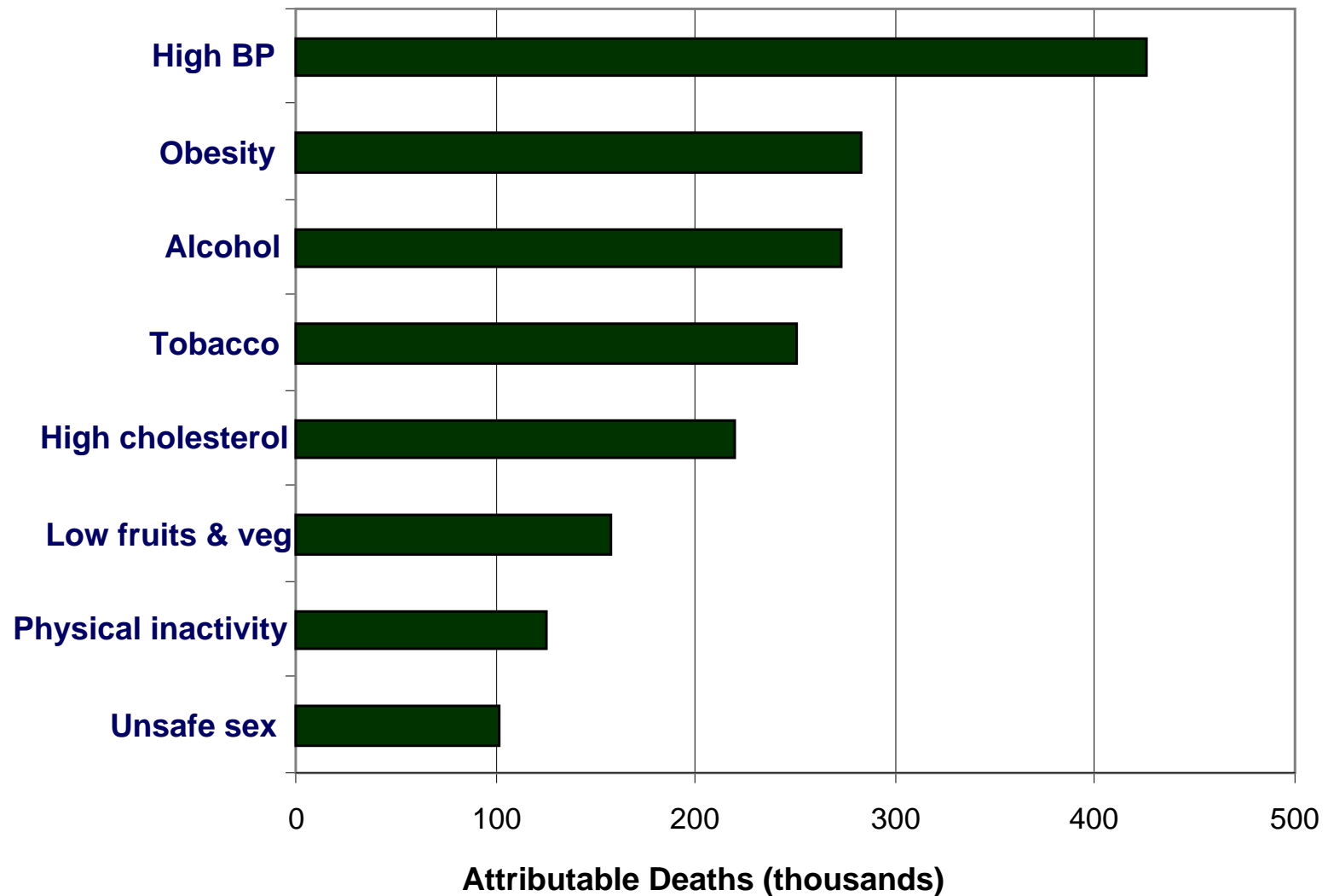


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Source: *Pan Am J Public Health* 10(5), 2001; unpublished (CAMDI), Haiti (Diabetic Medicine); USA (Cowie, Diabetes Care)

2005

Mortality Attributable to Select Risk Factors (Latin America & Caribbean) from DCP2



Exploding the Myths

Myth: NCDs cannot be prevented

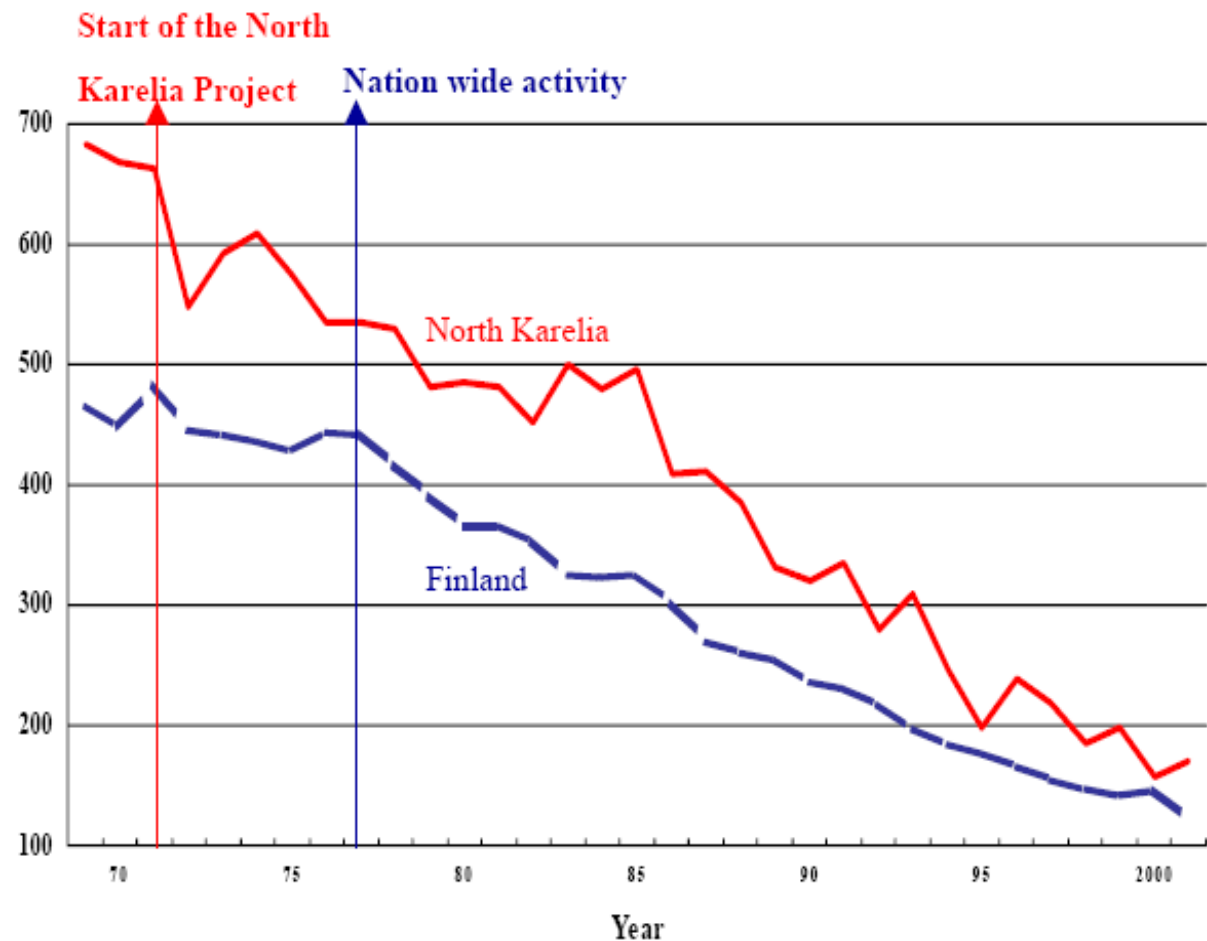
Fact: If the known risk factors are controlled, at least 80% of heart disease, stroke and diabetes and 40 % of cancers are preventable, and in addition there are cost effective interventions available for control.



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Finland: Dramatic Declines in NCD Mortality

Age-adjusted mortality rates of coronary heart disease in North Karelia and the whole of Finland among males aged 35-64 years from 1969 to 2001



Mortality per
100 000
population

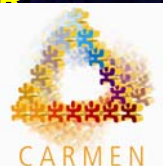
How did we get here?

- **Insufficient awareness** among public & policy makers of problem or what can be done, espec to change environment; emphasis on “individual responsibility”
- Availability and affordability of real food, espec fruits and veg
- “Foods” – highly processed; very available; high **SALT**, fat, trans fats, sugar,
- Massive advertising; **special risk children**
- Trade and agriculture policies, e.g., insuff. use of tariff “policy space”
- Fiscal policies, e.g., tobacco and alcohol taxes
- Urbanisation, technology changes
- Built environment favors cars not people; safety concerns
- Schools stress academics > physical activity, few healthy food choices
- **TOBACCO** industry/control, espec pricing & smoke free spaces
- Workplaces not supportive
- Public health training emphasizes dated agenda, not HP/DP and NCDs

• **ACCESS TO QUALITY HEALTH SERVICES FOR CVD, DIABETES, CANCER**



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Exploding the Myths

Myth: people with NCDs are at fault and to be blamed because of their unhealthy lifestyles

Fact: individual responsibility, while important, only has full effect where people have equal access to healthy choices. Governments have a crucial role to play by altering the social environment *to help make the healthy choice the easy choice.*



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Food pyramid recommendations

Fats, Oils & Sweets
USE SPARINGLY

KEY

■ Fat (naturally occurring and added)

▼ Sugars (added)

These symbols show fats and added sugars in foods.

Milk, Yogurt &
Cheese Group
2-3 SERVINGS

Meat, Poultry, Fish, Dry Beans,
Eggs & Nuts Group
2-3 SERVINGS

Vegetable Group
3-5 SERVINGS

Fruit Group
2-4 SERVINGS

Bread, Cereal,
Rice & Pasta
Group
**6-11
SERVINGS**

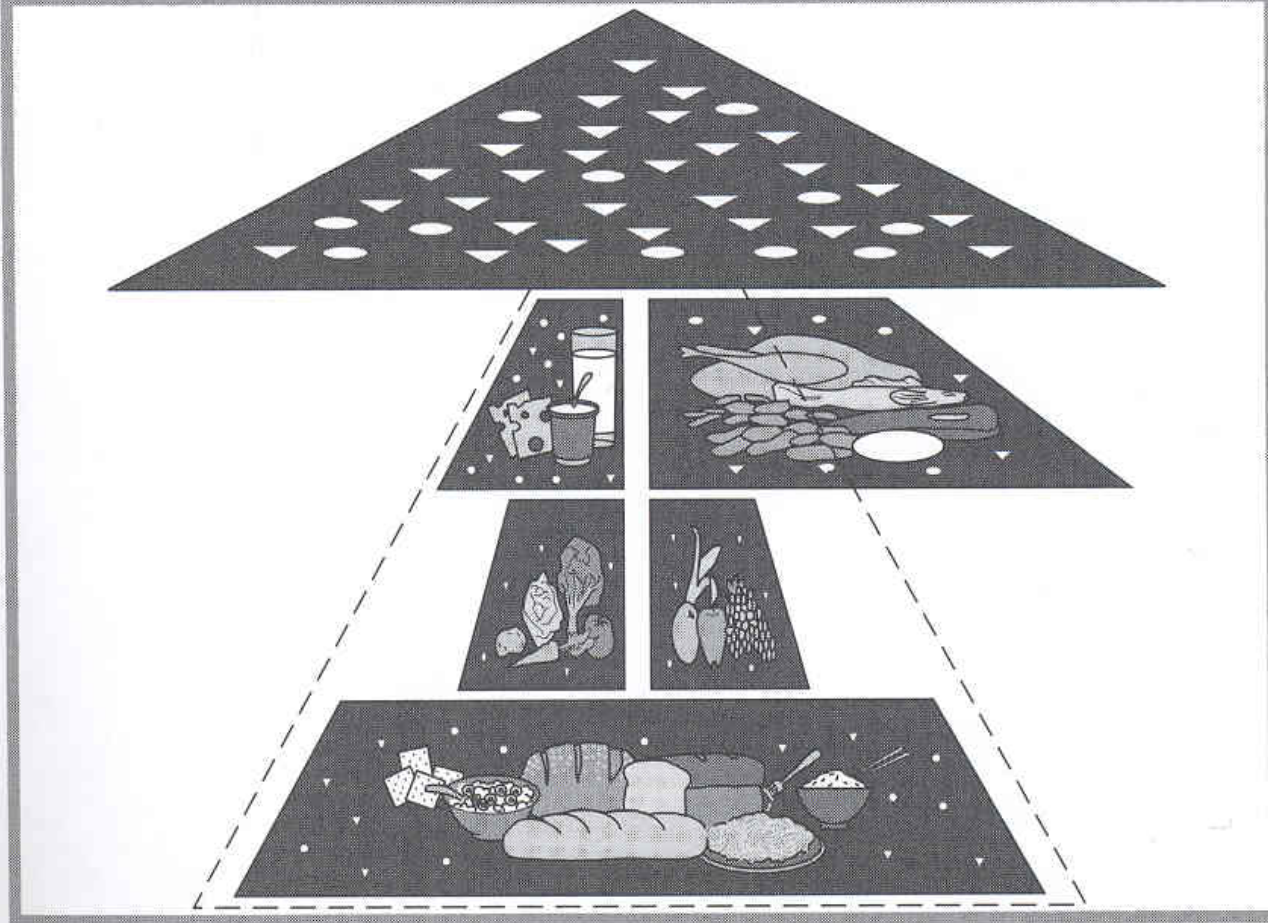


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2005



Marketing Dollars



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Actual food pyramid at the market place

2005

.... the real food pyramid



Globalisation and Health

THE MALADIES OF AFFLUENCE



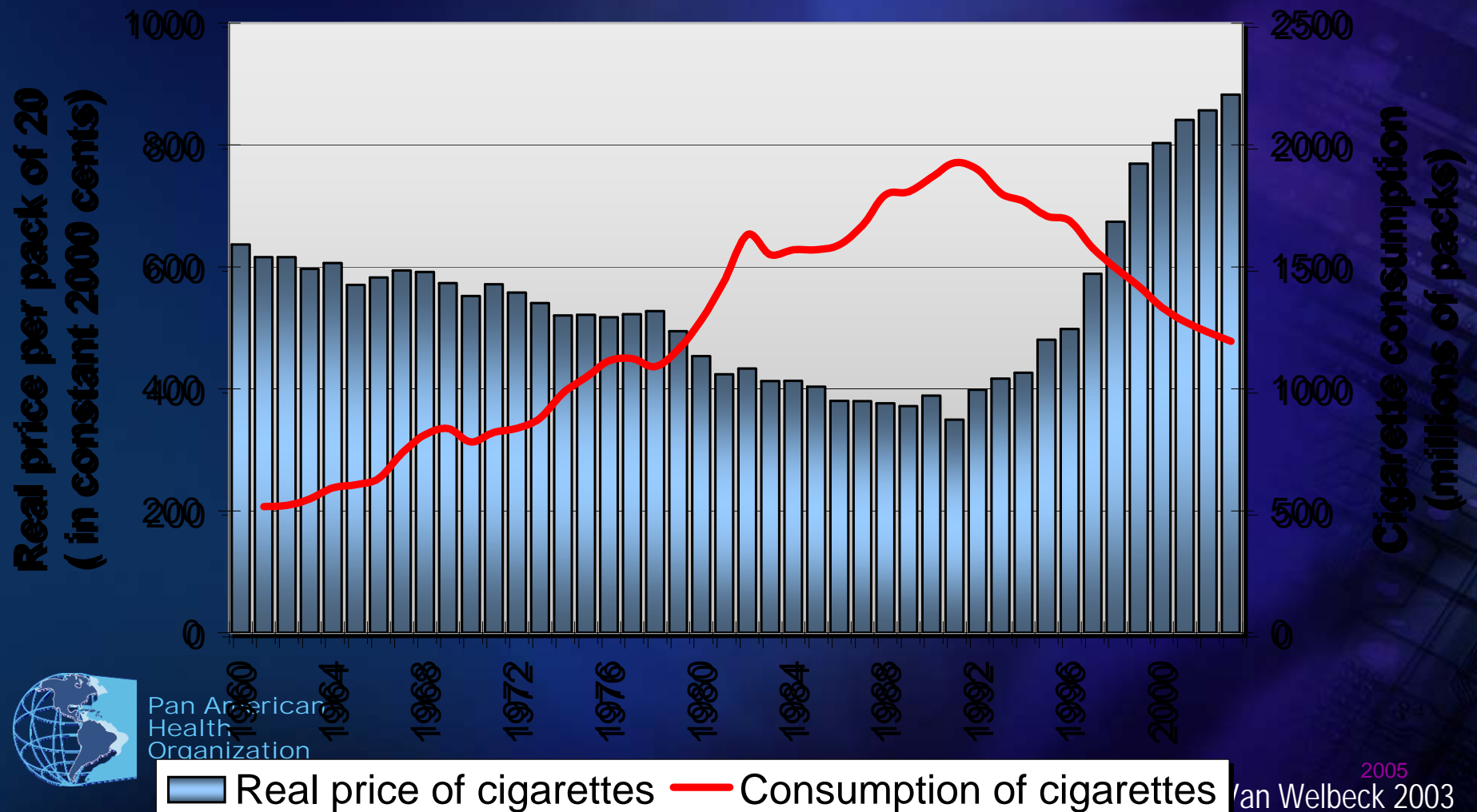
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2005

The Economist, August 11th 2007

Cigarette price and consumption show opposite trends (2)

Real price of cigarettes and consumption in South Africa, 1960-2003



Taxation is the most effective measure

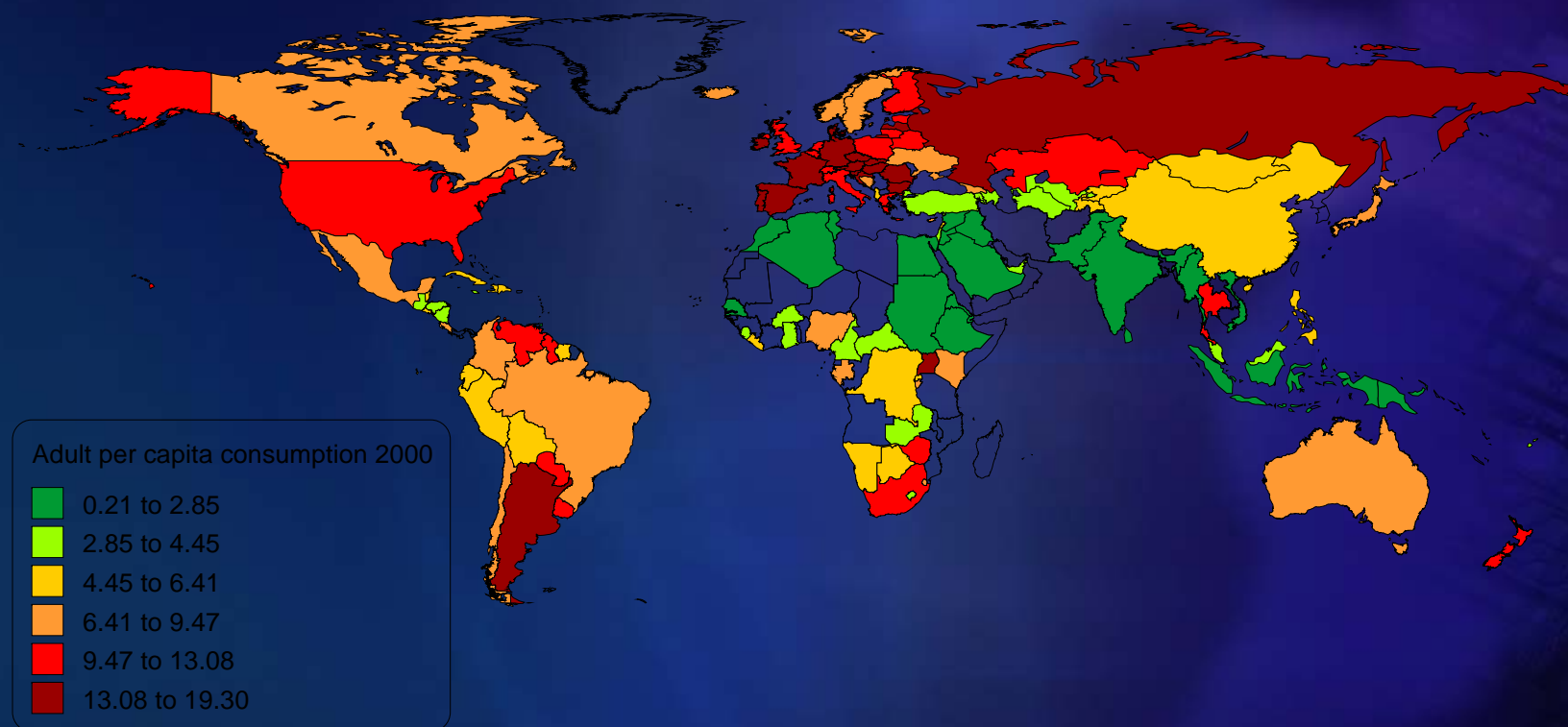
- Higher taxes induce quitting, reduce consumption and prevent starting
- A 10% price increase reduces demand by:
 - 4% in high-income countries
 - 8% in low or middle-income countries
 - Half of the effect is on amount and half on initiation
 - Long-run effects may be greater
- The poor and the young are the most price responsive



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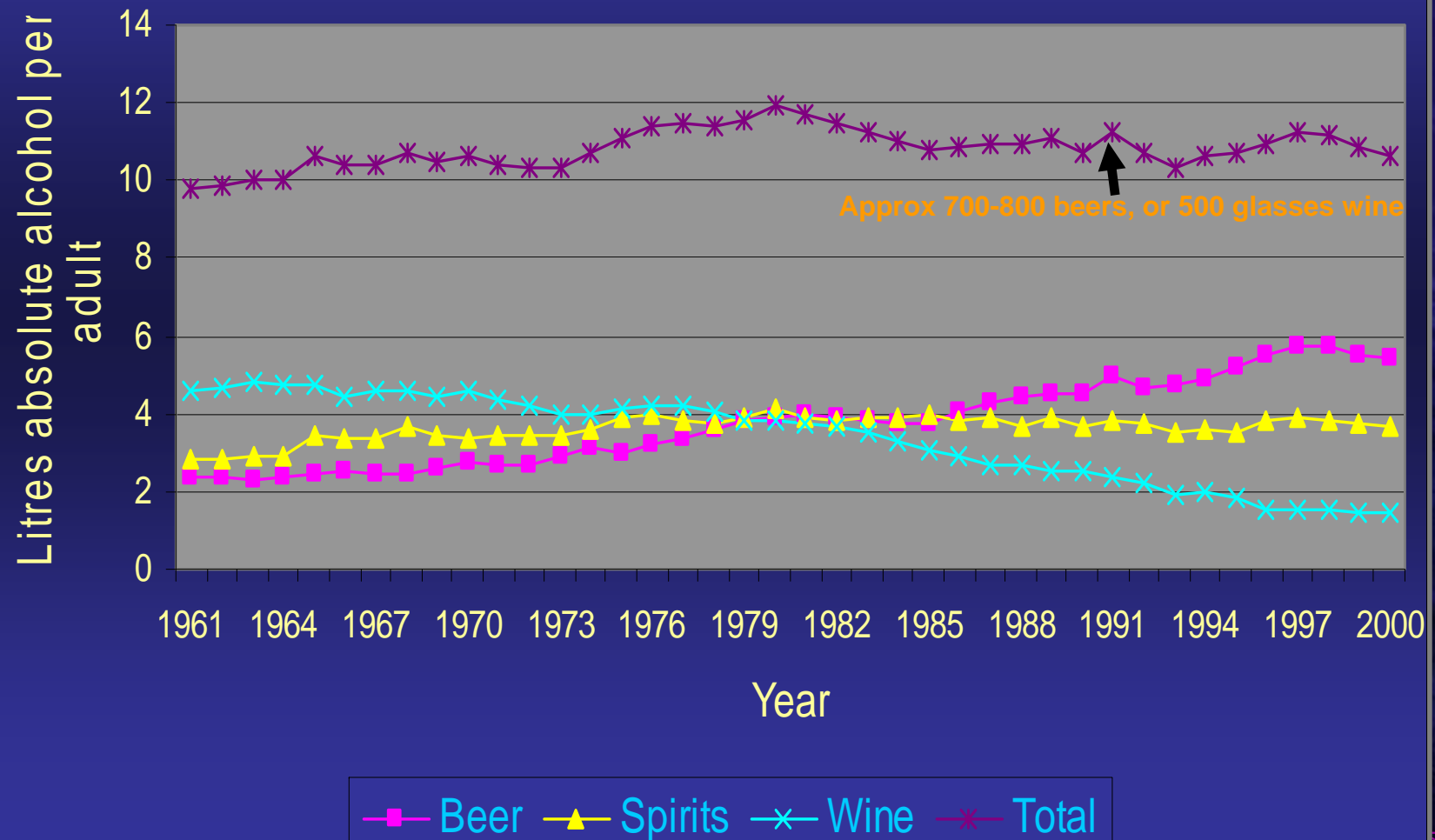
Source: Chaloupka et al, 2005

Adult consumption of pure alcohol per cápita (+15Yrs) in litres - 2000

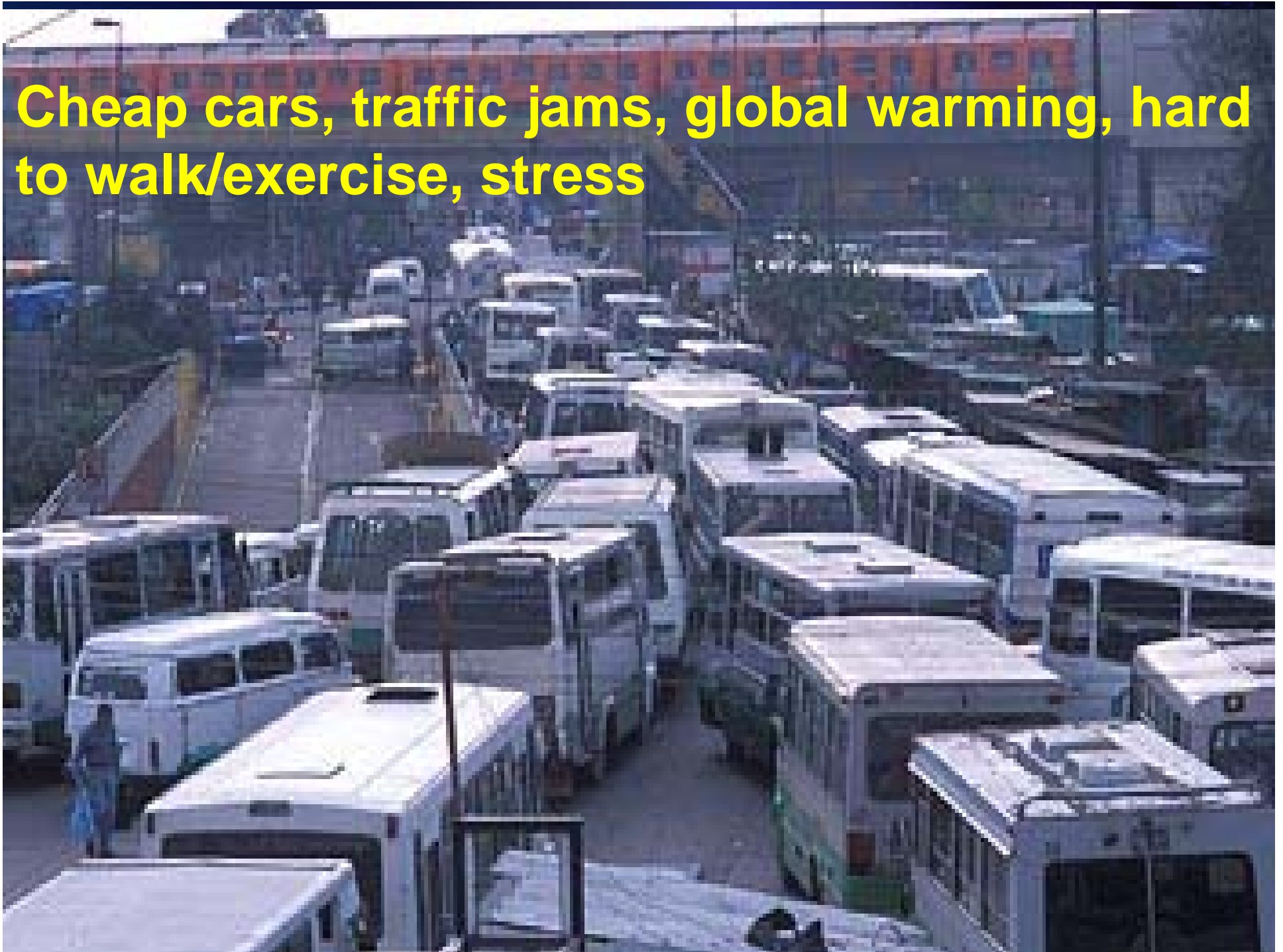


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Recorded Adult (15+) Per Capita Alcohol Consumption in Central and South America by Beverage Type



Cheap cars, traffic jams, global warming, hard to walk/exercise, stress



Meeting of Private Sector Companies on Trans Fat elimination in PAHO, Washington



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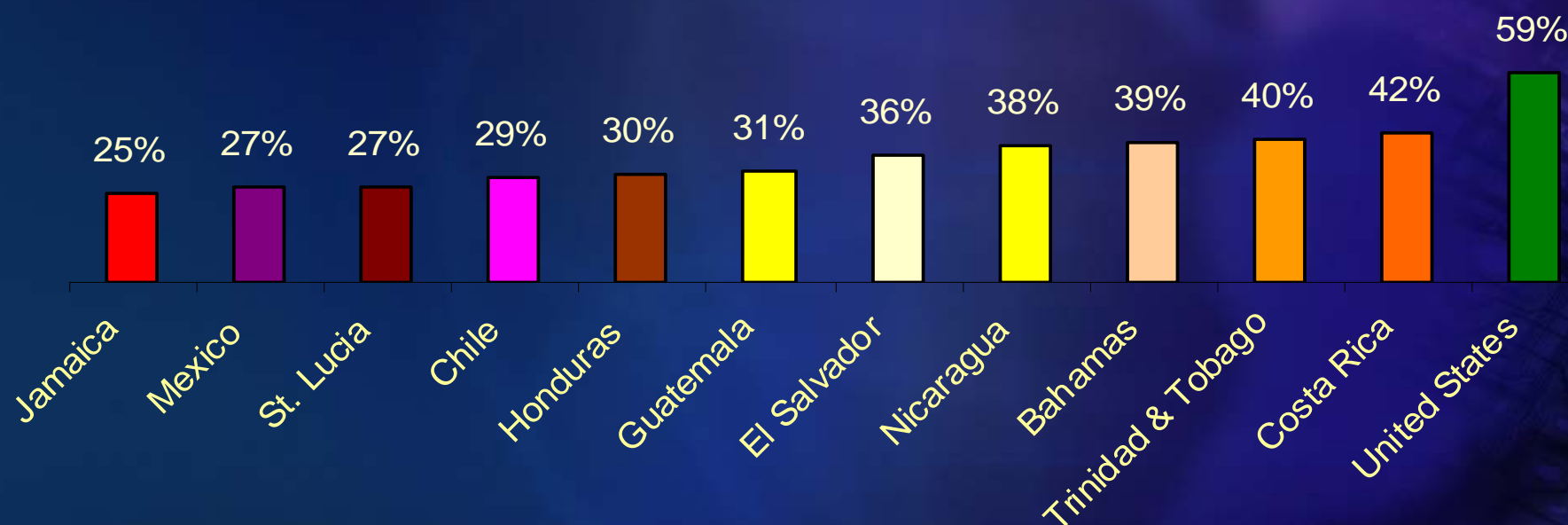
A banner with a light blue background. At the top, there is a row of stylized city buildings. The text '¡A comer sano, a vivir bien y a moverse América!' is written in brown letters. Below this, there is a yellow section on the left containing the logo of the Organización Panamericana de la Salud (OPS) and the text 'Oficina Regional de la Organización Mundial de la Salud'. In the center, there is a photo of a man in a blue jacket talking on a phone in a grocery store. On the right, the text 'Haz una buena inversión en el 2007' is written in blue letters, with a faint watermark of 'Un abrazo, Don Francisco' in the background.

<http://www.dpaslac.org/>



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Proportion of patients with good glycemic control* in clinics by country



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•Fasting glucose<130mg dl or A1c<7%

Source: Bahamas, Costa Rica, Guatemala, Jamaica, Mexico, Nicaragua, St. Lucia: PAHO unpublished; Chile, Ministerio de Salud; United States: CDC; T&T: Gulliford MC

SURVEY OF NATIONAL CAPACITY 2005: (28 countries)

- Particularly Weak Areas
 - Policies, Strategies, action plans
 - Surveillance, especially RF surveillance
 - Quality of care/monitoring of system of care
- Caribbean and Central America have least well developed programs, but high burden (Now subject of highest level political attention in Caribbean)



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Regional Office of the
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Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health September 2006



1 Policy & Advocacy

Surveillance

2

3 Health Promotion & Prevention

Integrated Management of NCD

4



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Four lines of action plus:
CARMEN Network & Partners Forum

2005

CARMEN Network 2008

28

Members

Argentina, Anguilla, Aruba, Bahamas, Bolivia, Brazil, Canada, Colombia, Costa Rica, Cuba, Curacao, Chile, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St Kitts & Nevis, St Lucia, Trin. & Tobago, Uruguay

Prospective Members

Honduras, Suriname, Venezuela

Collaborating members

SLU,USF,NHLBI,CDC,PHAC
AMNET, RAFA,ILSI,F&V

Special

- USA-Mexico (border)
- Caribbean CARMEN

2005



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GOAL

- A 2% annual reduction in NCD DALYs from the major chronic diseases, over and above current trends
- Globally, to prevent 36 million deaths in the next 10 years; Regionally save more than 3 million lives



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Effective Interventions for NCDs

- Laws and Regulations
- Tax and Price Interventions
- Improving the built environment for physical activity
- Advocacy, communication and information
- Community based interventions
- School based interventions
- Workplace interventions
- Screening - CVD, diabetes, HBP, some cancers
- Clinical prevention – focus on overall risk
- Disease Management
- Rehabilitation
- Palliative care



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EVIDENCE OF PREVENTABILITY

In 23 low and middle income countries, which account for 80% NCD burden globally..

Measures to reduce salt intake by 15%, control tobacco use, and scale up access to low cost treatment could avert 31+ million deaths over 10 years and would cost on average \$0.36 per person per year..

Lancet, December 2007

Special Issue on Chronic Diseases



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**Applied to LAC, estimated over 10 years,
3.6 million deaths averted:**

2.6M - scale up multi-drug regimen for CVD

730,000 - 15% reduction dietary salt

470,000 - tobacco ctrl



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ACCESS TO SERVICES

- **Health impact and the financial cost of scaling up individual-based prevention**
 - **Opportunistic screening**
 - **High risk:** existing disease or 15% probability of dying from CVD over next 10-years
 - **Multi-drug regimen:** aspirin, cholesterol-lowering, 2 x blood pressure lowering drugs

Lancet, December 2007

Special Issue on Chronic Diseases



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1st CARICOM SUMMIT on CHRONIC NON-COMMUNICABLE DISEASES
PORT OF SPAIN, TRINIDAD AND TOBAGO — September 15, 2007

**UNITE AGAINST
CHRONIC DISEASES**
Stop The Epidemic



Summary

- We have a serious problem with chronic diseases in the Americas that is rapidly getting worse
- Cost increases not sustainable
- Changes in way we live, work, play
- Mostly preventable through proven measures
- Regional strategy, CARMEN network, partners
- Policy and environmental changes will be key



THANK YOU!

GRACIAS!

