Regional Workshop
The Economic, Fiscal and Welfare Implications of Chronic Diseases in the Americas

CHRONIC DISEASE RESEARCH AGENDA

A PERSPECTIVE FROM
THE ENGLISH-SPEAKING CARIBBEAN

Karl Theodore
HEU, Centre for Health Economics
The University of the West Indies

Washington, D.C., 23 - 24 November, 2009
Pan American Health Organization (PAHO)

EPIDEMIOLOGICAL REALITY

- CCHD Report made it very clear that the region faces a chronic disease (CD) crisis of similar proportions to the HIV/AIDS crisis which has attracted so much attention

" ***Deaths from stroke, heart disease and hypertension, at least in Barbados and Trinidad and Tobago are three to four times more common than in North America. Death from coronary artery disease is particularly prevalent in Trinidad and Tobago with rates there double those found in North America. Diabetes has emerged as a major problem and must now be regarded as an epidemic in the region***." [CCHD Overview, pg.3]

ECONOMIC CONSIDERATIONS

- Prevailing per capita health expenditures (between $200 and $1200) suggest that the region cannot hope to respond to CDs in the same manner as the OECD countries, in spite of the similarity in the morbidity and mortality profiles
- Per capita **health expenditure** in some OECD countries (between $2000 and $7000) exceeds the per capita **national income** of most countries of the Caribbean
- Emphasis on prevention ***not an option*** for the Caribbean: it is ***an economic imperative***

BASIS OF RESEARCH

- It is this prevention bias which has to dominate the research agenda in the Caribbean
- If evidence suggests that lifestyle is at the root of CD prevalence then research has to focus on effecting lifestyle changes including changes in the consumption environment
- Even treatment responses like drug programmes in Jamaica, Barbados and Trinidad and Tobago will have to be recast to accommodate a prevention mode

TWO RESEARCH IMPERATIVES

- Prevention emphasis for the Caribbean seems to suggest two main research imperatives:

1. **Bringing the message home to Caribbean communities**. The distant, sanitized messages from lands far away have titillation value and make good discussion pieces, but, by and large, Caribbean people do not internalize them. What is needed is research which speaks about the towns, villages and districts that people live in. A crucial role here for regional health bodies to foster research
2. **Provide policymakers with a scientific basis for regulating activity of commercial establishments** – fast food suppliers, soft drink suppliers, suppliers of snack foods, supermarkets and others

LONGITUDINAL STUDIES

- Although somewhat late in the day the emphasis in the Caribbean needs to be on a series of longitudinal studies linking lifestyle to health outcomes at both the micro and the macro levels of the society and seeking to identify what works best
- Discussion along these lines has been initiated between UWI HEU, Centre for Health Economics and the MoH in Trinidad. A proposal is being drafted for consideration. Collaboration with UTT is envisaged.
- The challenge, as usual is one of resources. These tend to be relatively costly studies.

COMPLEMENTARY RESEARCH

- Complementing this research is work on improving surveillance
- Proper planning requires us to know

a) how many with CD are in need of treatment

b) how many are at early stages of disease

c) how many not aware of having CD

d) how many with no CD are likely to incur one or more

SUMMARY STRATEGY

- The Caribbean proposed strategy envisaged three sets of research studies, aimed at:

1. **SENSITIZATION** of individuals and communities – bringing home the CD/lifestyle link
2. **ADVOCACY** – why intervention is required, how much it would cost and fiscal space identified
3. **SUGGESTED INTERVENTIONS** to reflect economic causation of CD (à la Stuckler, i.e. Prices, availability and marketing), community education, incentives for increased physical activity