



# REGULA Initiative

Strengthening institutional capacity to regulate the risk factors of noncommunicable diseases

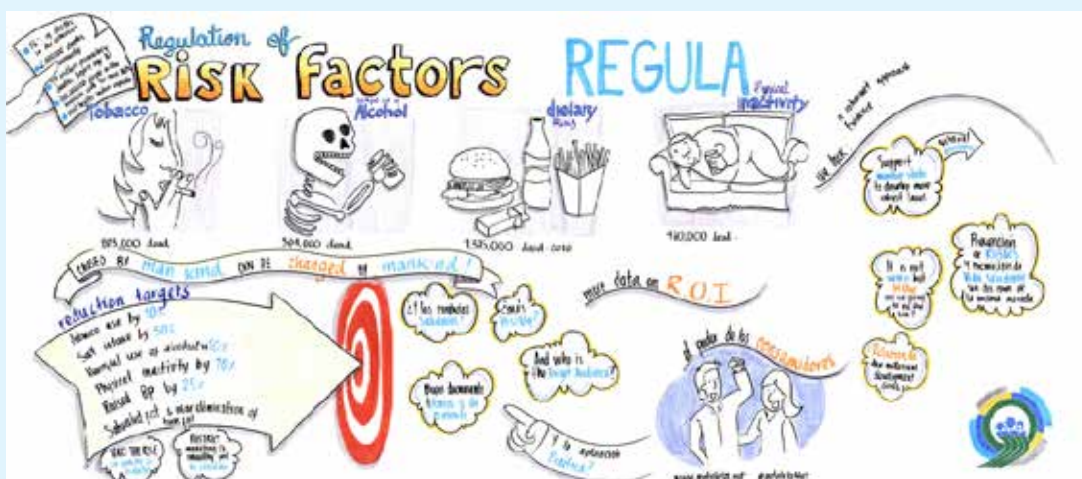
## 1. WHY WAS THE INITIATIVE CREATED?

The epidemic of noncommunicable diseases (NCDs) is directly related to tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. Exposure to these four risk factors can be reduced through evidence-based regulatory measures aimed to protect the health of the population.

The PAHO/WHO<sup>1</sup> Member States have committed to the achievement of nine voluntary targets to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs (see Table 1). One of them is to reduce premature mortality<sup>2</sup> from NCDs by 25% by the year 2025<sup>3</sup>, and five refer to reducing the main NCD risk factors. Reducing exposure to NCD risk factors requires three courses of action: promotion, clinical prevention, and regulation. To achieve this targets, WHO has identified 15 highly cost-effective interventions (see Table 2), 10 of which require the implementation of regulatory policies on the part of the States.

Strengthening regulatory capacity in the Region requires a clear vision, flexibility with respect to models, and recognizing both the power and limitations of regulation, as well as the need to build synergies with other public health strategies. Regulatory capacity should be strengthened in conjunction with other essential public health functions, particularly surveillance, health promotion, and social participation.

In November 2014, experts and representatives of regulatory agencies from several countries of the Region met in Washington D.C. to identify the key elements for strengthening institutional capacity to regulate risk factors of NCDs in the Region of the Americas, and propose the way forward. The experiences of several countries were shared and the Technical Reference Document of the REGULA Initiative was presented at the meeting.



<sup>1</sup> PAHO/WHO: Pan American Health Organization/World Health Organization

<sup>2</sup> Premature mortality: death of youth and adults before age 70

<sup>3</sup> WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013- 2020

## WHO Global Action Plan: Risk Factor Targets to be attained by 2025



Halt the rise in diabetes and obesity



A 30% reduction of salt intake



A 10% reduction of harmful use of alcohol



A 10% reduction in the prevalence of insufficient physical activity



A 30% reduction of tobacco use

## 2. WHAT DOES THE REGULA INITIATIVE CONSIST OF?

REGULA seeks to improve the institutional capacity of health authorities in the Member States to regulate NCD risk factors. During its first phase, the REGULA initiative has been working in four areas:

### 2.1. In-depth analysis of the institutional capacity to carry out regulatory processes related to NCD risk factors in two countries

Two countries —Chile and Honduras— were selected to conduct an in-depth analysis of the organizational structure of the regulatory process (risk analysis, risk management, rule standard making, rule implementation, enforcement, monitoring and evaluation, financing for regulation activities, and governance mechanisms), and its applications to tobacco, alcohol, ultra-processed food products and non-alcoholic beverages.

### 2.2. Mapping of the institutional capacity to carry out regulatory processes related to NCD risk factors in Latin America and development of a strategy for its monitoring

The objective is to develop a methodology for monitoring institutional capacity to regulate risk factors in 19 countries<sup>4</sup>, in order to conduct a diagnostic assessment and establish a baseline for the regulatory process.

### 2.3. Systematization and legal analysis of legislation related to NCD risk factors in Latin America

This involves reviewing the legal information available in the 19 selected Member States in order to identify the specific regulation of highly cost-effective interventions, as well as opportunities for future development.

### 2.4. Advocacy among key stakeholders through communication activities

This includes the development of communication products that facilitate the understanding and involvement of key stakeholders in the initiative, as well as the dissemination of information among other interested stakeholders.



### The impact of NCDs

NCDs are the main cause of morbidity and premature mortality in the Region of the Americas. In 2012, eight out of ten deaths were caused by NCDs, and 35% of those deaths were premature (between 30 and 70 years old). The NCD epidemic will inflict a toll equivalent to US\$21.3 trillion in economic losses on low- and middle-income countries over the next two decades.

<sup>4</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

### 3. REGULATION

Regulation refers to legislative and executive measures at different levels of government, aimed at correcting market failures or widespread social practices in order to reduce the population's exposure to risk factors or to promote protective factors for ensuring a healthy life.

These measures include the need to work with other spheres of government (such as the ministries of economy, finance, and agriculture), adopt multisectoral approaches, strengthen capacity at the national and local government level, and generate political will.

Group	Strategy
Retail practices	Assurance of availability of healthy products Retail license requirement for unhealthy products Restrictions on sales of unhealthy products near schools Prohibition of self-serve sales Restrictions on product display settings
Restrictions on products	Product/portion size restrictions Product prohibition Content limits
Information	Warning labels Mandated information for consumers
Price	Excise taxes Sales taxes Minimum price Restrictions on discounting
Marketing	Prohibition on marketing to children Restrictions on time, place, and manner Broad prohibitions for all age groups Plain packaging
Social environment	Regulations on second-hand smoke Regulations on day-care practices Regulations on school practices Regulations on workplace practices Regulations on public spaces
Other economic approaches	Agricultural subsidies (add or eliminate) Procurement policies (promote or restrict) Land use/agricultural use or urban zoning policies Incentives/subsidies for citizens

Source: WHO (2015). Noncommunicable Disease Risk Factors in the Americas. Considerations on the Strengthening of Regulatory Capacity. Technical Reference Document.

TABLE 1

## 9 VOLUNTARY GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NCDs

1. A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
3. A 10% relative reduction in prevalence of insufficient physical activity.
4. A 30% relative reduction in mean population intake of salt/sodium.
5. A 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years.
6. A 25% relative reduction in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances.
7. Halt the rise in diabetes and obesity.
8. At least 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes.
9. An 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases, in both public and private facilities.

Source: WHO (2013). Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013- 2020

TABLE 2

## 15 HIGHLY COST-EFFECTIVE INTERVENTIONS OF THE WORLD HEALTH ORGANIZATION

Risk factor/Disease	Highly cost-effective Interventions <sup>5</sup> Interventions that require government regulation are boldfaced
Tobacco use	• <b>Reduce the affordability of tobacco products by increasing tobacco excise taxes</b>
	• <b>Create by law completely tobacco smoke-free environments in all indoor workplaces, public places, and public transport</b>
	• <b>Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns</b>
	• <b>Ban all forms of tobacco advertising, promotion and sponsorship</b>
Harmful alcohol consumption	• <b>Regulate commercial and public availability of alcohol</b>
	• <b>Restrict or ban alcohol advertising and promotions</b>
	• <b>Use pricing policies such as excise tax increases on alcoholic beverages</b>
Diet and physical inactivity	• <b>Reduce salt intake</b>
	• <b>Replace trans fats with unsaturated fats</b>
	• Implement public awareness programs on diet and physical activity
	• <b>Promote and protect breastfeeding</b>
Cardiovascular diseases and diabetes	• Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counseling to individuals who have had a heart attack or stroke and to persons with high risk ( $\geq 30\%$ ) of a fatal or non-fatal cardiovascular event in the next 10 years
	• Acetylsalicylic acid (aspirin) for acute myocardial infarction
Cancer	• Prevention of liver cancer through hepatitis B immunization
	• Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) or Pap smear ([cervical cytology], if very cost effective) linked with timely treatment of precancerous lesions

<sup>5</sup> This refers to policy options identified as “best buys” in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. “Best buys” means very cost-effective options, for example, those that generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.



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