

# Chronic Disease Prevention & Control in the Americas



Monthly Newsletter of the PAHO/WHO Chronic Disease Program  
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## Solidarity with Earthquake Victims in Haiti and Chile

The Americas are still reeling from the shock of two major tragedies during the past two months: the devastating 12 January earthquake in Haiti (above) and the 27 February quake in Chile, where the extent of the damage is still being assessed. Thousands of people are homeless and have lost loved ones. PAHO teams are working with international relief efforts in both countries to fight the devastation and provide aid. (continued on page 2)

## Message from the Editor

In 2006, the PAHO Directing Council approved Resolution [CD47/17](#) for the Prevention and Control of Chronic Diseases, and in 2010 it will receive a progress report on its implementation at both the country and regional levels. It is clear that increased attention and resources are being aimed at chronic diseases and health promotion, in part through a stronger CARMEN network and PAHO/WHO efforts, although the response still falls far short of the burden. However, I believe a “tipping-point” is approaching in terms of country, donor and partner interest in chronic disease issues, even though they are not included in the Millennium Development Goals (MDGs).  
(continued on page 2)



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## Solidarity with Haiti and Chile (continued)

In both countries, thousands of people need medical care at a time when health infrastructure is in a state of collapse. However, the international response was immediate in its solidarity and offers of aid. PAHO/WHO is leading the Health Cluster response, coordinating a multitude of agencies and partners who are providing health-related relief. PAHO's Director, Dr. Mirta Roses, has visited both countries, and many of PAHO's technical experts in involved in relief missions.



PAHO Director, Dr. Mirta Roses, visits the Hospital Universitaire de la Paix in Port-au-Prince, Haiti

In Haiti, following massive loss of life and displacement, health problems abound—not only injuries and broken bones, but also the challenges of providing routine care to those with chronic diseases or with long-term rehabilitation issues following amputations. See the video [WHO/PAHO are part of an extraordinary humanitarian response to help the people of Haiti](#).

In Chile, the problems are only beginning to be assessed. So far, PAHO has been addressing specific requests for generators, field hospitals, and dialysis equipment in the areas hardest hit near Concepción, so that health facilities can remain in operation to treat the victims of the crisis and those needing routine medical care.

For updates on the crises, see the [PAHO Disasters Page](#).

To those affected by these tragic events, the newsletter team would like to express its solidarity and sympathy.



PAHO Director Dr. Mirta Roses confers with Chilean health officials soon after her arrival in Chile following the 8.8 magnitude earthquake that struck on the morning of 27 February, causing massive damage in the southern part of the country.

## Message from the Editor (continued)

Evidence of this includes the CARICOM Summit of Heads of State on Noncommunicable Diseases, RESSCAD/COMISCA and MERCOSUR Resolutions, PAHO Directing Council resolutions on diabetes and obesity as well as on cervical cancer, the Declaration of the Summit of the Americas, the 2010 Global Risk Report of the World Economic Forum, the Michele Obama initiative on childhood obesity, calls from WHO for a United Nations General Assembly Special Session (UNGASS) on chronic noncommunicable diseases (CNCDs), and many other developments in the Latin American and Caribbean countries.

Against the background of our ongoing commitment to respond to the needs of countries for technical cooperation in all areas of chronic disease prevention and control, our priorities in 2010–2011 will be to

- 1) continue to advocate at all levels to accelerate the “tipping-point,”
- 2) guide increased resources aimed at scaling up policies and programs that have the greatest impact, such as dietary salt reduction, tobacco control, and scaling up access to quality



services for cardiovascular disease, diabetes and cancer; and

- 3) develop better cross-functional teamwork in PAHO to manage increased resources.

Critical success factors to support the above will be strengthening and using surveillance information, linked to economic and demographic information; training and capacity building, e.g., through a strengthened CARMEN school; emphasizing more integrated program approaches; strengthening the CARMEN Network, especially subregional policies and plans; and implementing the multi-stakeholder Partners Forum for Action on Chronic Disease, launched in December 2009.

Some specific priorities of note are to update the situation assessment of country capacity for CNCDs (through a Country Capacity Survey), which will provide information for the progress report on CNCDs to be presented to the PAHO Directing Council in 2010, and to begin to prepare a Regional Plan for Cardiovascular Diseases, in consultation with stakeholders, to be presented to the Directing Council in 2011.

## Regional Progress: Cancer

### Cervical Cancer Prevention Featured at Regional Symposium on New Vaccines

Cervical cancer prevention and HPV (human papillomavirus) vaccines were discussed recently at the [Regional Symposium on New Vaccines](#), co-hosted by PAHO and the Sabin Institute, together with the [Global Immunization Division](#) of the United States Centers for Disease Control and Prevention (CDC). The regional meeting—attended by over 150 participants from national immunization programs, virology laboratories, and pharmaceutical companies—provided an opportunity to discuss issues related to the introduction of new vaccines into public health programs.



The session on HPV vaccines covered the situation of cervical cancer in the Region, noting that it is the leading cause of cancer deaths in women in most countries of Latin America and the Caribbean, causing premature death among women in the prime of their lives—this despite the fact that screening can prevent cervical cancer and new HPV vaccines are available to prevent infection from the virus that causes cervical cancer. HPV vaccines serve as a component of comprehensive cervical cancer prevention programs, as a primary prevention measure, and as a complement to screening, early detection and treatment. The scientific evidence regarding their efficacy, safety and immunogenicity supports PAHO/WHO's position that HPV vaccines should be introduced into national public health programs when this is feasible and sustainable.

Information on the symposium, as well as copies of the presentations, can be found on the [meeting website](#).

### PAHO Partnership Helps Establish New Center in Paraguay for Treating Women with Cervical Pre-Cancer

PAHO partnered with the [Steve Nash Foundation](#) and the Ministry of Public Health and Social Welfare (Ministerio de Salud Pública y Bienestar Social / [MSPBS](#)) of Paraguay to create a new center in the country's



capital, Asunción, to treat women with pre-cancerous cervical lesions and to improve access to services that can prevent cervical cancer. Cervical cancer remains the leading cause of cancer deaths among women in Paraguay, despite the fact that Pap test screening and treatment of precancerous lesions can prevent cervical cancer. One of the many challenges to preventing cervical cancer in Paraguay, as in other countries of Latin America, is the limited access to treatment services for women who are detected with an abnormality during screening.





*Inauguration of Paraguay's new Centro Blanca Menrath in Asunción.*

The new Center—**Centro Blanca Menrath**, inaugurated in November 2009—provides a central location where women who are detected with an abnormal Pap test can be referred for colposcopy and treatment as indicated. As part of establishing this new center, health providers were given a refresher course in colposcopy and cervical pre-cancer treatment methods. Continuing education opportunities will be provided to health professionals working at the new center.

The creation of this center was made possible through a generous donation from the Steve Nash Foundation, and we are grateful for the support provided by Steve Nash, Alejandra Amarilla de Nash, Jenny Miller and Roberto León.



CERVICAL CANCER  
PREVENTION IN LATIN AMERICA  
AND THE CARIBBEAN

## WHO Goodwill Ambassador for Cancer Control, Nancy Brinker, Visits PAHO

Nancy Brinker, founder and CEO of [Susan G. Komen for the Cure](#), is serving as the WHO Goodwill Ambassador for Cancer Control. In this capacity, she recently met with PAHO senior staff to discuss ways in which she could fulfill her role in the Americas. It was agreed that Ms. Brinker would best be positioned to collaborate with PAHO in the areas of advocacy, resource mobilization, and catalyzing community-based support for cancer control programs.

In recognition of the fact that cancer control needs to be placed higher on the public health agenda, it was proposed that Ms. Brinker participate in several PAHO events currently being planned to advocate for and raise awareness about the public health importance of cancer prevention and control among high-level officials.



*Nancy Brinker (second from left) with WHO Cancer Advisor Andreas Ullrich, PAHO Director Mirta Roses, PAHO Chronic Disease Coordinator James Hospedales, and Silvana Luciani, PAHO Regional Advisor for Cancer.*

Ms. Brinker also proposed partnering with PAHO on the issue of cervical cancer prevention, to help mobilize resources and attention to increase access and women's participation in screening programs in LAC. In this regard, she discussed partnering on innovative events that would use non-traditional media, celebrity endorsements, and ideas such as early detection village fairs to promote cervical cancer prevention in the Region.

With the incredibly successful breast cancer movement created by Nancy Brinker through the

Susan G. Komen for the Cure initiative, we are optimistic that her role as WHO Goodwill Ambassador for Cancer Control will lead to greater awareness for cancer prevention and control worldwide and in the Americas.

## Progress in the Countries

### WHO Report Shows Progress on Tobacco Control in the Americas

**More PAHO Member States ratify global tobacco treaty and pass new smoke-free laws.**

A new report shows that PAHO member countries made progress last year in implementing new tobacco control measures that promise to save lives and reduce illnesses for years to come.



Colombia, Guatemala, and Panama were among only seven countries worldwide that implemented comprehensive smoke-free laws last year, according to the newly released [Report on the Global Tobacco Epidemic](#) 2009 from the World Health Organization (WHO).

Four countries of the Americas—Nicaragua, Colombia, Costa Rica and Suriname—joined the 168 countries worldwide that have ratified the WHO Framework Convention on Tobacco Control ([FCTC](#)).



This progress during 2008 means that an additional 60 million people in the Americas have protection against the harmful effects of second-hand smoke, and that three-quarters of PAHO Member States have now ratified the FCTC, signalling their intention to begin implementing tobacco control measures recommended by the treaty.

“The wide endorsement of the Framework Convention on Tobacco Control in our Region shows there is clear political will for making tobacco control more comprehensive and more successful,” said PAHO Director Dr. Mirta Roses. “Tobacco use is the major contributor to heart attacks, strokes, cancers, and other chronic diseases that are now epidemic in our countries. More and more countries recognize that tobacco control is a life-and-death matter.”

Tobacco use continues to be the world’s leading preventable cause of death, killing more than 5 million people per year globally and 1 million in the Americas. That annual death toll could rise to 8 million by 2030 if action is not taken, the report says. More than 80 percent of those deaths would occur in low- and middle-income countries.

Tobacco control experts say that preventing deaths and illness due to tobacco requires legal and policy frameworks that promote smoke-free environments and reduce demand for tobacco.

The 2009 WHO report describes efforts by different countries to implement a package of tobacco control measures called MPOWER, introduced by WHO in 2008 to help countries meet the goals of the FCTC. The MPOWER package proposes:

- 🚫 **M**onitoring of tobacco use and the policies to prevent it
- 🚫 **P**rotecting people from tobacco smoke
- 🚫 **O**ffering help for people to quit tobacco use
- 🚫 **W**arning the public about the dangers of tobacco
- 🚫 **E**nforcing bans on tobacco advertising, promotion and sponsorship
- 🚫 **R**aising taxes on tobacco.

“We can and should tell people that tobacco is bad for their health, but governments also need to do their part by implementing the FCTC,” said Dr. Roses.

The report’s other key findings on tobacco control developments in the Americas include:





- ❌ Panama in 2008 became the first and only country in the Americas to implement a total ban on advertising, promotion, and sponsorship of tobacco. It is one of 26 countries worldwide that have done so.
- ❌ More than half (12 out of 22) of the world's major smoke-free cities are in the Americas. They include Mexico City, São Paulo, New York, Toronto, Bogotá and Rio de Janeiro.
- ❌ Health warnings continue to be the most widely implemented tobacco control policy implemented in the Americas. Four countries—Brazil, Panama, Uruguay and Venezuela—meet FCTC “best practices” standards for health warnings on cigarette packaging. Canada, Chile and Peru also have strong health warnings (including graphic photos), while Mexico is slated to put such warnings into effect in 2010. Similar regulations are pending in Bolivia.
- ❌ In 2008, no new country in the Americas levied tobacco taxes higher than 75 percent of retail price. Chile, Cuba and Venezuela remain the only countries in the Region to have such taxes.
- ❌ Smoking rates (the percentage of adults who smoke daily) range from less than 5 percent to more than 30 percent in different countries of the Americas. Suriname, Belize, Guatemala and El Salvador are among the countries with the lowest rates; Chile, Colombia and Uruguay are among those with higher rates.

Assessing changes in tobacco use in the Americas during 2008 was difficult because standardized, comparable prevalence data were not reported for 14 countries in the Region.

“You need to have comparable data across different survey periods to accurately monitor and evaluate the impact of different types of interventions,” said Dr. Adriana Blanco, PAHO’s regional advisor on tobacco control. “Better monitoring could provide critical evidence to bolster the case for stronger tobacco control.”



Source: [Press release](#) from PAHO Public Information Office. [Spanish version](#).

## CARICOM UN Briefing on CNCDs



UNITED NATIONS  
We the peoples... A stronger UN for a better world.

On 6 February 2010, in the chambers of the Economic and Social Council (ECOSOC) at United Nations Headquarters in New York, the countries of the Caribbean Community ([CARICOM](#)) briefed UN permanent ambassadors on the situation of chronic noncommunicable diseases (CNCDs) in its Member Countries.

The purpose of the meeting was to build support for the CARICOM countries' proposal for a United Nations General Assembly Special Session (UNGASS) on CNCDs in September 2011. The PAHO Chronic Disease Project funded participation by experts from the Caribbean and Latin America (Brazil). Following presentations by WHO, PAHO, and the United Nations Department of Economic and Social Affairs (DESA), the draft resolution of the CARICOM countries was presented by Trinidad and Tobago. PAHO made a suggestion to strengthen the resolution by adding a point on the economic and fiscal impact of the chronic disease epidemic.

Statements of support came from many countries, including Cuba, Chile, Jamaica, Grenada, Egypt, and Bangladesh. Many delegates expressed appreciation of the technical information presented, saying they were not aware of the magnitude of the chronic disease epidemic.

PAHO plans to continue support of this CARICOM initiative by working to secure high-level political commitment to CNCD prevention and control at the global level.

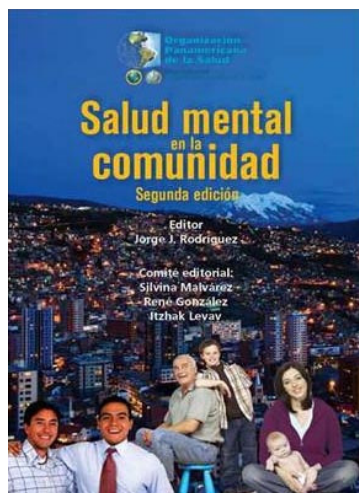
For more information, see coverage by the [UN](#), [PAHO](#), and [PAHO-Brazil](#) (in Portuguese).



## New Book

### Mental Health in the Community (2<sup>nd</sup> ed.)

The PAHO Regional Mental Health and Rehabilitation Project, in collaboration with [PALTEX](#) (*Programa Ampliado de Textos y Materiales de Instrucción*, a special program to provide instructional texts and materials at low cost to developing countries), are pleased to announce the second edition of the book *Salud mental en la comunidad* (Mental Health in the Community), published in Spanish only.



The book deals with the topic of mental health, covering aspects that readers probably could otherwise only find spread over many sources or not covered at all. Its content was selected based on experience gained from the first edition and on requests received from readers, including general readers and from university faculty who use the text in their classes.

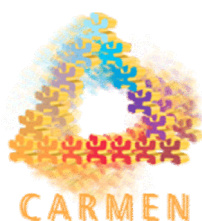
The work serves as a handbook or practical tool for readers involved in the area of mental health. Though primarily directed at academia (students), it also serves as a useful desktop reference for health workers, service managers, and all those working or interested in psychosocial matters.

The book is a compilation of contribution by a group of authors, all of them recognized professionals in different areas of knowledge at the global level and who have solid experience in the practice of community mental health. The final section describes numerous innovative experiences in Latin America and the Caribbean and shows that, in our Region today, we are able not only to speak of conceptual and programmatic formulations but also to demonstrate richness in terms of practical experience, progress, and lessons learned.

Source: Text based on the online technical description of the book (in Spanish) as found in PALTEX *Novedades* (news).

**STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE**

**PROMOTE. PREVENT. TREAT. CARE**



Chronic Disease Prevention and Control in the Americas

To subscribe, please write a request to Pilar Fano ([fanopili@paho.org](mailto:fanopili@paho.org)). 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 Suzanna Stephens ([stephens@paho.org](mailto:stephens@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:

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