The burden of disease and NCD risk factors progress

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Social and commercial determinants of NCDs [oral diseases]

Models help us deal with complexity


Figure 2  Characteristics of the urban environment and individual behavioural risk factors related to non-communicable diseases (NCDs).
NCDs and the Law

• Non-communicable diseases (NCDs) caused by unhealthy diets, tobacco use, alcohol use, lack of physical activity – all contribute significantly to the Caribbean’s burden of disease and are preventable. **Policies and laws offer an evidence-based mechanism to improve diet, control tobacco use and prevent NCDs.**

• The current human rights dimensions and approaches to NCD risk factors create opportunities to strengthen legal obligations to respond to NCDs, with an emphasis on controlling tobacco and promoting healthy diets.
Global NCD Investment Case

Released in December 2021, this update presents the health and economic benefits of implementing the current 16 NCD Best Buys

For an additional **US$ 0.84** per person per year, **7 million** lives could be saved and **US$ 230 billion** in economic benefits could be gained

Tackling NCDs is a highly cost-effective investment: the calculated return (ROI) by 2030 is **US$ 7** for each dollar invested


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**Table 1. NCD Global Monitoring framework extended to 2030**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Outcome</th>
<th>Target 2025</th>
<th>Indicator</th>
<th>Extension to 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td>Premature mortality from noncommunicable disease</td>
<td>A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
<td>Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</td>
<td>Target extended to a one third relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. This target is adapted as per the SDG target on NCDs and with 2015 as the baseline and an extrapolation of the 25% relative reduction to 2030 making it 33.3%.</td>
</tr>
<tr>
<td><strong>Behavioural risk factors</strong></td>
<td>Harmful use of alcohol</td>
<td>At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context</td>
<td>Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context</td>
<td></td>
</tr>
<tr>
<td><strong>Physical inactivity</strong></td>
<td>A 10% relative reduction in prevalence of insufficient physical activity</td>
<td>Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)</td>
<td></td>
<td>Target extended to a 15% relative reduction in prevalence of insufficient physical activity as part of the Global Action Plan on Physical Activity adopted by MS at WHA May 2018.</td>
</tr>
<tr>
<td><strong>Salt/sodium intake</strong></td>
<td>A 30% relative reduction in mean population intake of salt/sodium</td>
<td>Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years</td>
<td></td>
<td>Target extended to a 40% relative reduction in mean population intake of salt/sodium</td>
</tr>
<tr>
<td><strong>Tobacco use</strong></td>
<td>A 30% relative reduction in prevalence of current tobacco use</td>
<td>Age-standardized prevalence of current tobacco use among persons aged 18+ years</td>
<td></td>
<td>Target extended to a 40% relative reduction in prevalence of current tobacco use</td>
</tr>
</tbody>
</table>

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Common Ground: Burden of Disease

ENLACE DATA PORTAL

Risk of Dying Prematurely from NCDs

Goal 3 of the 2030 UN Agenda for Sustainable Development (SDG) is to "Ensure healthy lives and promote well-being for all at all ages". Target 3.4 is: By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Premature mortality from NCDs, measured as the unconditional probability of dying at exact ages of 30 to 70 years from any of the four major NCDs (cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases) is the indicator (3.4.1) to monitor progress on the prevention and control of noncommunicable diseases.

This visualization allows readers to explore the level, distribution, and trends of the probability of dying prematurely from all noncommunicable diseases, the four major NCDs (cardiovascular diseases, cancers, diabetes mellitus, and chronic respiratory diseases) for two age ranges (from 30 to 70 years of age, and from birth to 80 years of age) by sex in countries of the Region of the Americas from 2000 to 2019.

Premature Mortality from Noncommunicable Diseases: trends over time

Unconditional probability of dying from noncommunicable diseases (expressed in percentage)
Estimates of prevalence of current tobacco use in adolescents (13 – 15 yr olds) by sex and country, Data from latest school-student based survey available

Prevalence of current tobacco use in adolescents (13-15 years old), countries of the Americas
Data from the latest school-student based survey available

Select the indicator to show:
- Current tobacco use
- Subregion: Non-Latin Caribbean
- Sort countries by: Prevalence descending
- Sex: Female, Male, Total

Prevalence of Current tobacco use in adolescents

<table>
<thead>
<tr>
<th>Country</th>
<th>Study</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominica</td>
<td>GYTS</td>
<td>2009</td>
</tr>
<tr>
<td>Haiti</td>
<td>GYTS</td>
<td>2005</td>
</tr>
<tr>
<td>Jamaica</td>
<td>GYTS</td>
<td>2017</td>
</tr>
<tr>
<td>Guyana</td>
<td>GYTS</td>
<td>2015</td>
</tr>
<tr>
<td>Barbados</td>
<td>GYTS</td>
<td>2013</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>GYTS</td>
<td>2017</td>
</tr>
<tr>
<td>Bahamas</td>
<td>GYTS</td>
<td>2013</td>
</tr>
<tr>
<td>Suriname</td>
<td>GYTS</td>
<td>2016</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>GYTS</td>
<td>2017</td>
</tr>
<tr>
<td>Grenada</td>
<td>GYTS</td>
<td>2016</td>
</tr>
<tr>
<td>Saint Vincent and The Grenadines</td>
<td>GYTS</td>
<td>2019</td>
</tr>
<tr>
<td>Saint Kitts and Nevis</td>
<td>GYTS</td>
<td>2010</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>GYTS</td>
<td>2017</td>
</tr>
</tbody>
</table>

Source: School-student based studies, such as the Global Youth Tobacco Survey from countries of the Americas. Updated March, 2020
Prevalence of overweight among children and adolescents, BMI > +1 standard deviation above the median (crude estimate) (%)
Prevalence of obesity among children and adolescents, BMI > +2 standard deviation above the median (crude estimate) (%)
Combined and individual model scenarios for decreasing diabetes and obesity prevalence in adults in Jamaica


Intensive upstream
The same interventions as the modest upstream, but with greater intensity.

- A 25% reduction in SSBs consumption
- A 25% reduction in consumption other ultra processed foods
- A 25% increase in fruit and vegetable consumption
- Front-of-package warning labels (FOPL)
- An additional 30 minutes of MVPA per day
- Public information campaigns on physical activity and healthy diet

Combined downstream and intensive upstream
A combination of the downstream interventions and the intensive upstream interventions described above
**WHO ‘Best Buys’ NCD Risk Factor Interventions: Many based on legislation**

<table>
<thead>
<tr>
<th>Risk factor/disease</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| Tobacco use                         | • Tax increases  
  • Smoke-free indoor workplaces and public places  
  • Health information and warnings  
  • Bans on tobacco advertising, promotion and sponsorship |
| Harmful alcohol use                  | • Tax increases  
  • Restricted access to related alcohol  
  • Bans on alcohol advertising |
| Physical inactivity and unhealthy diet | • Reduced salt intake on food  
  • Replacement of trans fat with polyunsaturated fat  
  • Public awareness through mass media on diet and physical activity |
Progress to Implement the NCD Risk Factor ‘Best Buys’ is very limited
Accelerating Legislation for NCD Risk Factors

1. **Smoke-free Caribbean** → present legislation to Parliament
2. **Front-of-package labeling** → support adoption of octagonal warning label
3. **Trans-fat elimination** → enact policies to eliminate trans-fat
4. **Sugar-sweetened beverage taxation** → increase tax and ban the sale of sugar-sweetened beverages and the sale of non-nutritious foods in schools
THANK YOU
Nutrition Policy: Front-of-package warning labels

PAHO and partners continue to generate and disseminate scientific evidence regarding the octagonal warning labels.

Front-of-package warning labeling (FOPWL) as a key policy tool of a comprehensive strategy to address obesogenic environments and an “enabler” of other interventions (i.e., restriction of marketing to children, school-based policies, taxation).
Achieving a Smoke-free Caribbean (SFE) by 2022 – A pending goal

Countries that already have relevant bills or draft legislation

- Ministries of Health must present and defend the SFE legislation in Parliament to achieve its enactment.
- Bahamas
- Belize
- Grenada
- St. Vincent and the Grenadines

Emerging threat: Vaping

PAHO supported Healthy Caribbean Coalition for the development of Report on Vaping Among Adolescents and Youth in the Caribbean, aimed at providing policymakers with insights and recommendations to reduce and prevent vaping among youth.