

CHALLENGES AND GOALS FOR 2025: Achieving the NCD targets in the Caribbean

Key Messages:

1. Global Monitoring Framework on the Prevention and Control of Noncommunicable Diseases (GMF)

The UN Political Declaration on NCDs in 2011 established the need for countries to strengthen multisectoral national policies and plans for the prevention and control of NCDs and to consider the development of national targets and indicators based on national situations.

To realize these commitments, the World Health Assembly in 2013 endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. The Global Action Plan provides a road map with a menu of policy options called “Best Buys” and a set of 9 targets and 25 indicators presented in the Global Monitoring Framework (GMF).

The Global Monitoring Framework (GMF) on the prevention and control of noncommunicable diseases (NCDs) is a comprehensive set of 25 indicators and nine voluntary global targets for 2025. This framework has three distinct components: Outcome, Risk Factors, and the National Health System Response.

Number of indicators by GMF component: 2 outcome indicators, 15 risk factor indicators, and 8 national system response indicators.

NCD Global Monitoring Framework 9 Voluntary Targets to be reached by 2025:

- 25% reduction in premature mortality from NCDs
- 10% reduction in the harmful use of alcohol
- 10% reduction in physical inactivity
- 30% reduction in salt/sodium consumption
- 30% reduction in tobacco use
- 25% reduction in raised blood pressure
- 0% increase in diabetes and obesity
- 50% coverage in drug therapy and counselling
- 80% coverage in essential NCD medicines and technologies

The Department of Noncommunicable Diseases and Mental Health (NMH) of the Pan American Health Organization has collected data on the 25 GMF indicators for CARICOM Member States and CARICOM Associates. This includes both data from national surveys, STEPS and STEPS-like, Global Youth Tobacco Survey (GYTS), and Global School Health Survey (GSHS) which are reported by countries, PAHO mortality data repository, and Globocan estimates.

Based on these data, NMH conducted a data gap analysis. The main results and key messages will be presented in the following section.

2. GMF Indicator Data Availability in the Caribbean

Considering the number of GMF indicators and the number of countries that integrate the Caribbean Community (CARICOM), which includes 20 Member States and Associates, there are a total of 540 country-indicators per specific year.

The total data availability in the CARICOM is 38%, with available data for 205 out of 540 country-indicators.

The distribution of data availability/completeness by GMF components is 28% for outcome, 35% for behavioral risk factors, 48% for biological risk factors and 34% for national system response.

There is no data available for the following indicators: Salt/Sodium Intake; Drug therapy to prevent heart attacks and stroke; and Essential NCDs medicine and technologies.

A low level of data availability is observed in the following group of indicators: Harmful use of alcohol (12 out of 48 country-indicators), countries only have **20%** of data available; Additional Biological Risk Factors (25 out of 80 country-indicators), countries only have **31%** of data available; and Tobacco use (15 out of 40 country-indicators), countries only have **38%** of data available. The Tobacco Use indicator is described as a composition of smoking and smokeless tobacco products and most of the countries collected the information for smoking tobacco products only.

An interactive data visualization displaying summary measures of data availability and completeness is available online: <http://bit.ly/1zpeVc2>

The top five critical countries in terms of country-indicator data availability (with less than 20% of data available) are Turks and Caicos, Anguilla, Haiti, Monserrat, and Bermuda.

Nine countries (Turks and Caicos, Anguilla, Haiti, Monserrat, Bermuda, Antigua and Barbuda, Guyana, Cayman Islands and Suriname,) have data availability below 35%.

Three countries (The Bahamas, Trinidad and Tobago, and UK Virgin Islands) have the best capacity to produce GMF indicators, with data available in the range of 59% to 67%.

Additional challenges exist in order to produce some of the GMF indicators. Countries will need to integrate the methodology into their current surveillance system for indicators such as: Salt/Sodium Intake; Drug therapy to prevent heart attacks and stroke; and Essential NCDs medicine and technologies.

2.1. Efforts to improve countries capacity to report on NCDs/RFs

- Develop a national plan to integrate NCDs/RFs into the current surveillance system
- Setting national targets and indicators;
- Resource allocation to improve the NCD/RF surveillance;
- Build capacity and identify key partners to support this process;
- Adopt and adapt tools according to countries need (STEPS questions/methodology ...)

2.2. Will the Caribbean region reach the 25% relative reduction by 2025?

Premature mortality (measured as the unconditional probability of dying between ages of 30 to 69 years) from cardiovascular disease, cancer, diabetes or chronic respiratory disease.

Key message:

Premature mortality in the Caribbean region from 2000 to 2012 is slowly decreasing, mostly among the female population.

Without additional measures, 25% relative reduction of premature mortality will NOT be reached by 2025.

3. Going forward: what can the Caribbean do to meet the NCD targets?

PAHO's Regional NCD Plan of Action outlines a series of policy, health service, and surveillance interventions that can be used to create national NCD plans of action and to address NCD prevention and control in a comprehensive manner.

Three main actions require immediate attention:

- 1) Prioritize risk protection and disease prevention.
- 2) Transform and strengthen Health Systems Response to NCDs within the UHC – the global priorities for NCDs: Cardiovascular Diseases, Cancer, Diabetes Mellitus and Chronic Respiratory Disease.
- 3) Strengthen Surveillance.

3.1. Prioritize risk protection and disease prevention: Best Buys

1. **Apply or increase taxes** for tobacco, alcohol, ultra-processed foods, and sugar-sweetened beverages.
2. **Approve and enforce laws** for 100% smoke free environments.
3. **Implement** large and graphic **health warnings on tobacco** products in line with the CARICOM Standards for Health Warnings.
4. **Regulate** sales and marketing of alcohol, tobacco, ultra-processed foods, and sugary beverages.
5. **Create policies** to limit salt content of foods.
6. **Adopt urban and transportation policies to promote physical activities**, such as bike paths, and safer roads.

3.2. Specific opportunities:

1. Essential medicines and technologies:

- Use the PAHO Strategic Fund

2. Hypertension:

- Implement the Global Standardized Hypertension Treatment Initiative to improve hypertension control with the provision of medicines and care for persons with high blood pressure.

3. Cervical Cancer:

- Implement NCD guidelines and promote HPV vaccination.
- Improve screening coverage and treatment quality.