# NCD Agenda in the Caribbean THE BAHAMAS

## **Global best buys**



#### Harmful use of alcohol

- Regulate commercial and public availability of alcohol
- Restrict or ban alcohol advertising and promotions
- Use pricing policies such as excise tax increases on alcoholic beverages



#### **Diet and physical activity**

- Reduce salt intake
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on physical activity
- Promote and protect breastfeeding





- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship



#### Cardiovascular disease and diabetes

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ( $\geq 30\%$ ) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid (aspirin) for acute myocardial infarction



#### Cancer

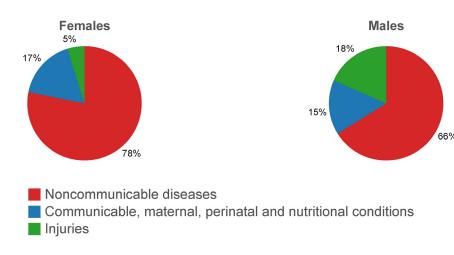
- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] linked with timely treatment of pre-cancerous lesions)





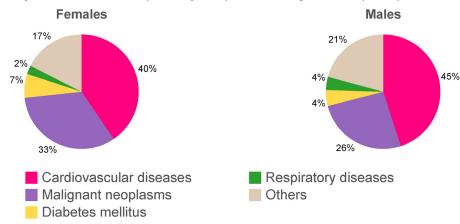
### **Premature Mortality**

Percentage of premature deaths (30-69 years) by groups of causes (2011)



71% of deaths in 30-69 year-old in The Bahamas were caused by NCDs in 2011

#### Percentage of premature deaths (30-69 years) from 4 major NCDs (2011)



**57%** of deaths in 30-69 year-old in **The Bahamas** were caused by the 4 priority NCDs in 2011

http://www.paho.org facebook. PAHO-WHO Like twitter @pahowho Follow









# NCD Agenda in the Caribbean THE BAHAMAS

## **Risk Factors**

Prevalence of Behavioural Risk Factors ————————————————————————————————————	
Heavy Episodic Drinking <sup>1</sup>	Adults (15+ years):  • Males: 9.5%  • Females: 0.9%  • Both: 5.1%
Insufficient Physical Activity <sup>2</sup>	Adults (18+ years):  • Males: 29.6%  • Females: 56.3%  • Both: 43.0%  Adolescents (11-17 years):  • Males: 81.0%  • Females: 87.9%  • Both: 84.8%
Current Tobacco Smoking <sup>3</sup>	Adults (25-64 years):  • Males: 26.9%  • Females: 6.4%  • Both: 16.7%
Current Tobacco Use <sup>4</sup>	Youth (13-15 years):  • Males:17.8%  • Females: 15.1%  • Both: 16.4%

## **Prevalence Biological of Risk Factors**

## Hypertension (18+ years):<sup>5</sup>

Males: 27.8%Females:19.6%Both sexes: 23.6%

#### Overweight BMI ≥25 Kg/m<sup>2</sup> (18+ years):<sup>7</sup>

Males: 63.5 %Females: 69.9%Both: 66.8%

#### Diabetes (18+ years):6

Males: 11.6%Females: 12.1%Both sexes: 11.9%

### Obesity BMI ≥ 30 Kg/m² (18+ years):<sup>7</sup>

Males: 26.4 %Females: 40.2%Both: 33.5%

WHO. Global Status Report on NCDs 2014. Geneva, 2014

PAHO. Regional Mortality Information System 2014

PAHO. Tobacco Control Report for the Region of the Americas 2013. Washington, DC, 2013

#### INDICATORS DESCRIPTION

- 1. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context.
- 2. Age-standardized prevalence of insufficient physical activity.
- 3. Percentage of the adult population who smoked any tobacco product during the past 30 days.
- 4. Percentage of the population 13-15 years old that used at least once, any tobacco product, smoked or smokeless, during the past 30 days.
- 5. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure.
- Raised blood glucose (fasting glucose ≥7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose or with a history of diagnosis of diabetes)
- Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m² for overweight and body mass index ≥ 30 kg/m² for obesity)

## **Global targets**





1. **25%** relative reduction in the **overall 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 prevalence of current **tobacco use**.





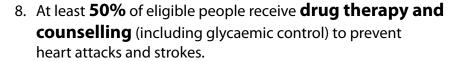
6. A **25%** relative reduction in the prevalence of **raised blood pressure** or contain the prevalence of raised blood pressure, according to national circumstances.





7. Halt the rise in diabetes and obesity.









9. An **80%** availability of the affordable **basic technologies and essential medicines**, including generics required to treat major noncommunicable diseases in both public and private facilities.