# NCD Agenda in the Caribbean HAITI

# **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

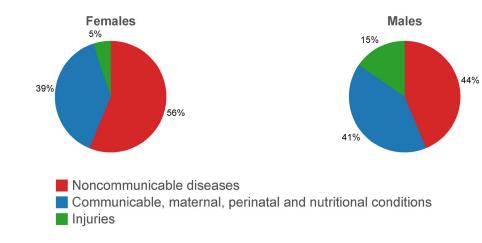
- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] linked with timely treatment of pre-cancerous lesions)





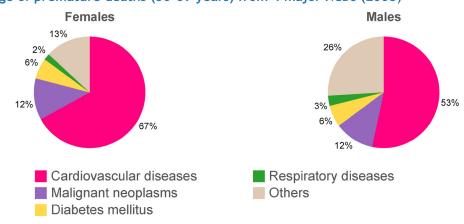
#### **Premature Mortality**

Percentage of premature deaths (30-69 years) by groups of causes (2003)



50% of deaths in 30-69 year-old in Haiti were caused by NCDs in 2003

#### Percentage of premature deaths (30-69 years) from 4 major NCDs (2003)



41% of deaths in 30-69 year-old in Haiti were caused by the 4 priority NCDs in 2003

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## **Risk Factors**

Current Cigarette Smoking <sup>3</sup>	Adults:
	<ul><li>Females: No data available</li><li>Both: No data available</li></ul>
	<ul><li>Adolescents (11-17 years):</li><li>Males: No data available</li></ul>
	<ul> <li>Both: No data available</li> </ul>
	<ul> <li>Females: No data available</li> </ul>
	<ul> <li>Males: No data available</li> </ul>
Insufficient Physical Activity <sup>2</sup>	Adults (18+ years):
	• Both: 5.0%
	<ul> <li>Females: 0.9%</li> </ul>
	<ul> <li>Males: 9.4%</li> </ul>
Heavy Episodic Drinking <sup>1</sup>	Adults (15+ years):
Prevalence of Behavioural Risk Factors —	
Donald Confidence of the Confi	
NISK FACTORS	

# Current Tobacco Use<sup>4</sup>

## Prevalence of Biological Risk Factors –

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

Males: 26.3%Females: 25.9%Both sexes: 26.1%

### Overweight BMI ≥25 Kg/m² (18+ years):7

Males: 28.9%Females: 42.2%Both: 35.6%

### Diabetes (18+ years):6

• Males (15-59 years): 16.1%

• Females (15-49 years): 4.4%

• Both: No data available

Youth (13-15 years):

• Males: 20.3%

• Females: 19.2%

Males: 7.4%Females: 7.4%Both sexes: 7.4%

• Both: 19.7%

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

Males: 6.0%Females: 14.6%Both: 10.4%

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 cigarettes 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.
- 6. 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.



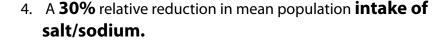


2. At least **10%** relative reduction in the **harmful use of alcohol**, as appropriate, within the national context.



3. A **10%** relative reduction in prevalence of **insufficient physical activity.** 









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.



8. At least **50%** of eligible people receive **drug therapy and counselling** (including glycaemic control) to prevent heart attacks and strokes.





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.