NCD Agenda in the Caribbean JAMAICA

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

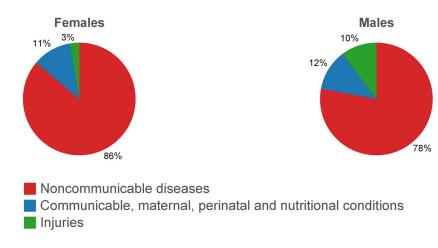
- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] linked with timely treatment of pre-cancerous lesions)





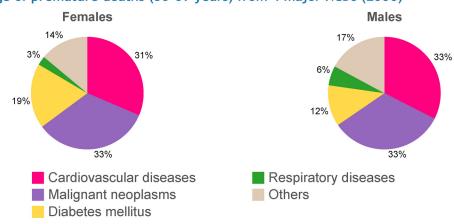
Premature Mortality

Percentage of premature deaths (30-69 years) by groups of causes (2006)



82% of deaths in 30-69 year-old in Jamaica were caused by NCDs in 2006

Percentage of premature deaths (30-69 years) from 4 major NCDs (2006)



69% of deaths in 30-69 year-old in **Jamaica** were caused by the 4 priority NCDs in 2006

http://www.paho.org facebook PAHO-WHO Like Lwitter @pahowho pollow



NCD Agenda in the Caribbean JAMAICA

Risk Factors

Prevalence of Behavioural Risk Factors ————————————————————————————————————	
Heavy Episodic Drinking ¹	Adults (15+ years): • Males: 11.8% • Females: 1.4% • Both: 6.5%
Insufficient Physical Activity ²	Adults (18+ years): • Males: 23.9% • Females: 31.8% • Both: 27.9% Adolescents (11-17 years): • Males: No data available • Females: No data available • Both: No data available
Current Cigarette Smoking ³	Adults (15-74 years): • Males: 22.9% • Females: 7.5% • Both: 15.1%
Current Tobacco Use⁴	Youth (13-15 years): Males: 31.3% Females: 24.6%

Prevalence of Biological Risk Factors –

Hypertension (18+ years):5

 Males: 25.4% Females: 20.5% Both sexes: 22.9%

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

 Males: 48.7% Females: 63.6% Both: 56.3%

Diabetes (18+ years):6

• Males: 8.8% Females: 11.9% Both sexes: 10.4%

• Both: 28.7%

Obesity BMI ≥ 30 Kg/m² (18+ years):⁷

 Males:15.7% Females: 33.0% Both: 24.5%

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

- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context.
- Age-standardized prevalence of insufficient physical activity.
- Percentage of the adult population who smoked cigarettes during the past 30 days.
- Percentage of the population 13-15 years old that used at least once, any tobacco product, smoked or smokeless, during the past 30
- 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 diag-
- 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 $\ge 30 \text{ kg/m}^2$ 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**.





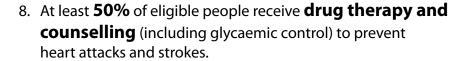
6. A 25% relative reduction in the prevalence of raised blood **pressure** or contain the prevalence of raised blood pressure, according to national circumstances.





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.