

TACKLING THE LEADING CAUSES OF DEATH IN THE AMERICAS: LAUNCH OF THE INTER-AMERICAN TASK FORCE ON NCDs

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Question 1: PAHO is the specialized health agency of the OAS, and has established a regional NCD Plan of Action. How do you envision this Task Force contributing to its implementation?

NCDs are the principal cause of ill health and disease in the region, accounting for over 4 million, which are 80% of total deaths in the region, and 36 % are premature deaths. Millions live with NCDs and ultimately will affect each of us, either in directly or indirectly.

As stated this afternoon, it is important to recognize that NCDs are not only a health issue, but they are also social, political and developmental issues. In fact, there is increasing recognition by countries now that NCDs might well constitute national security threats if we continue as a “business as usual” model.

The factors that underpin NCDs are eminently modifiable and, dare I say, preventable; physical inactivity, excessive use of tobacco, alcohol, and unhealthy diet. There are often conflicting views about individual responsibility in terms of NCD risk. Let us not suppose for a moment that personal choice does not enter into this discussion. Of course, when you decide to purchase a super size soda rather than consume a glass of water, you have made that choice. But there is still the role of governments, civil society and the private sector, to promote an enabling environment where the healthy choice is the easy choice and, I dare say, the obvious choice

I will note that the private sector is not homogenous. The terms may be used to include manufacturers of tobacco, alcohol and firearms, but may also be may also used to describe food and beverage manufacturers, but equally so manufacturers of clothing and sporting goods; as well as those who manufacture medical technologies. So, the private sector is not homogenous. It means a range of different entities with different identities. And we have to be very circumspect about how we use that term. We need to engage with those in the private sector who share a vision to work to improve public health. Interventions and policies to protect health and reduce risk factors require an approach that includes partnerships where the remit is beyond health.

What we are all seeking with the work of this Task Force is to develop a whole-of-government approach towards NCDs and their risk factors, while working towards a truly intersectoral approach which also involves a whole-of-society approach in the Americas

PAHO is the specialized health agency of the OAS with the mandate of working with the Ministries of Health to improve health. With regards to NCDs, PAHO has a plan of action which identifies 4 strategic

lines. In sum, to promote multi-sectoral policies and partnerships; risk factor reduction; to strengthen health systems; and promote surveillance and research.

PAHO works within this framework. However, successful implementation of policies and interventions to reduce risk factors and to improve social determinants requires close collaboration with sectors beyond health. And this is where the Task Force comes in. This Task Force represents a major initiative in the region of the Americas to have a whole of government approach to NCDs and risk factors while working towards a truly intersectoral approach to tackle these conditions.

As we project to 2025, as you have heard before, there is a voluntary targets to lead to a 25% relative reduction in premature mortality globally. Current projections for the region are that, while some countries will be successful in reaching this outcome, the region as a whole is not on target to achieve the 25% reduction in premature mortality by 2025. Therefore, we need to scale-up our efforts significantly. The Task Force offers us an opportunity to allow us all to extend our reach beyond the health sector by partnering with other agencies.

The OAS offers a platform through which we can engage with all sectors of government in the Americas and advocate for health in all policies, with particularly relevance to the NCDs. The Task force can influence food and agricultural policies, and IICA is ideally positioned to lead in this regard. The development banks, the IDB and the World Bank, are already investing significantly in NCDs in the region and the Task Force will be able to assist in better harmonization of efforts and resources. ECLAC's expertise can help us to gain a better understanding of the impact and costs of NCDs in the region. The creation of this Task Force allows for the alignment, coordination, and harmonization of inter-agency efforts to strengthen the national capacities for NCD policies and programs.

While this is the core of the current goals of the Task Force, which will align our relevant NCD activities and resources, we will also continue to collaborate with other partners, including the UN system and civil society and relevant elements of the private sector.

PAHO taken on the role of leading and coordinating this Task Force and look forward to collaborating with these institutions in the interests of public health in the Americas.

Question 2: From PAHO's perspective, what are some of the regional health priorities and how do you see the work of this Task Force focusing on some of those priorities?

Very good question. From where we stand, all health issues are priorities but if one is forced to choose specific priorities, "low-hanging fruits" or best buys, then I would focus on three: 1) tobacco, 2) cardiovascular disease, specifically hypertension, and 3) childhood obesity.

In the region of Americas, 30 of 35 countries are signatories to the Framework Convention on Tobacco Control. However, although they are signatories, the implementation had not proceeding at the level that it should. As we all agree, tackling tobacco will give us the biggest bang for our buck in terms of investment for protecting health. Therefore, we can work collaboratively on implementation of the Framework, marketing, taxation, trade, industry challenges, and even alternate crops. I was heartened that my colleague from IICA spoke to the potential of innovation for tobacco use.

Secondly, cardiovascular disease is responsible for 48 % of mortality in the region. As my colleague from IDB noted, some of the biggest changes in terms of reduction in mortality, and one of the biggest pillar to tackle cardiovascular mortality, as well as diabetes, is improving blood pressure control. And that can be done through controlling salt intake, which speaks to issue of reformulating processed food. So these are some of issues that we can work collectively on to really make a difference. In terms of treatment of blood pressure, even in countries as wealthy as the US 53% of people with hypertension are not controlled. So there are lots of things that one can do that just requires better implementation, better measurement, and better monitoring, and health systems strengthening, which does preclude access to those who are less well off or impoverished. So there are a lot of issues we can work on there.

In terms of childhood obesity, homo sapiens have been around for 200,000 years. We are now facing for the first time in history the crisis where our children will be less well than we are. This is a new phenomenon, and it speaks to the need to implement policies to protect the well-being of children and adolescents; to protect them from obesity. There have been some examples, such as from Mexico on placing taxes on sugar-sweetened beverages, and I was quite heartened to see that the little island of Barbados, actually in its budget speech on Monday, made the point that they are also going to impose a tax on sugar-sweetened beverages of 10%. Therefore, the revolution has begun; and it is our role to help build the agenda whereby countries can benefit from other countries' experiences and we can actually measure the impact of these interventions at the country-level, and share best practices and best examples. So there are many issues, and I have just picked three of them to show how we can possibly start to focus our attention on this work together.

Thank you.