

# Chronic Disease Prevention & Control in the Americas



Monthly Newsletter of the PAHO/WHO Chronic Disease Program  
Pan American Health Organization  
Regional Office of the World Health Organization



Vol. 2, No. 3, March 2008

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## Editor's Notes

### Exploding the Myths

**Myth:** Chronic diseases are a problem of the rich countries.

**Fact:** Chronic noncommunicable diseases (CNCDs) account for more than half the burden of disease and 80% of deaths in poorer countries, which carry a double disease burden. ✓



**Myth:** CNCDs are a problem only of the elderly.

**Fact:** Half of these diseases occur in adults under 70 years of age, and the problems often begin in the young, e.g. obesity. ✓

**Myth:** CNCDs affect men more than women.

**Fact:** CNCDs affect women and men almost equally and globally. Heart disease is the leading cause of death in women. ✓

**Myth:** CNCDs cannot be prevented.

**Fact:** If the known risk factors are controlled, at least 80% of heart disease, stroke and diabetes and 40% of cancers are preventable; in addition, there are cost-effective interventions available for control. ✓

**Myth:** People with CNCDs are at fault and to be blamed because of their unhealthy lifestyles.

**Fact:** Individual responsibility, while important, only has full effect where people have equal access to healthy choices. Governments have a crucial role to play in

altering the social environment to help make the healthy choice the easy choice. ✓

**Myth:** "My grandfather smoked and lived to 90 years." "Everyone has to die of something."

**Fact:** While some people who smoke will live a normal lifespan, the majority will have shorter, poorer-quality lives. And yes, everyone has to die, but death does not need to be slow, painful or premature, as is so often the case with CNCDs.

### Partnership & Teamwork: CNCD Partners Forum

How does a small team create a tipping point for a Goliath-sized epidemic?

Partnerships are the answer!



With PAHO/WHO acting as both convener and catalyst for change, the [PAHO Strategic Plan 2008-2012](#)

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has as its objective the establishment of a **Partners Forum for Chronic Disease Prevention and Control**, including the public and private sectors and civil society (Strategic Objective 3.1.6). In recent years, many countries and organizations have developed initiatives and policies for prevention and promotion, but the response has been fragmented.

The **purpose** of the Partners Forum will be to provide leadership in chronic disease prevention and control in the Americas, accomplishing “**to by 2010**” proposed **objectives** to:

- raise awareness
- improve diet and physical activity
- combat smoking
- improve access to health promotion and disease prevention services, including workplace wellness
- promote training, research and development

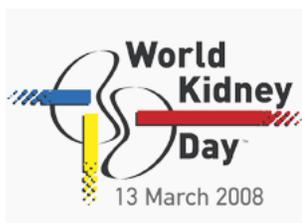
Achieving these objectives will **improve the environmental and social and policy conditions** at the root of the CNCD epidemic. The **Partners Forum** is scheduled to be launched during the 2008 PAHO Directing Council.

## Regional Developments

### World Kidney Day: 13 March 2008

Why a **World Kidney Day?**  
The “**Bigger Picture**”:

Chronic, noncommunicable diseases (particularly cardiovascular disease, hypertension, diabetes mellitus and chronic kidney disease) have now replaced communicable diseases as the leading threat to public health and health budgets worldwide.



Deaths due to infectious diseases will decline by 3% over the next decade. In marked contrast, chronic diseases—which already account for 72% of the total global burden of disease in people over 30—will increase by 17%. **Much of this will take place in developing countries.**

The cost of treating these chronic diseases, already 80% of many countries’ healthcare budgets, represents a leading threat to public health and healthcare resources worldwide.

**The only feasible global response to this pending health and socioeconomic crisis is chronic disease prevention.**

### The Case for Early Detection and Prevention

- The kidney, too often overlooked as part of global public health efforts, has now emerged as central to prevention efforts.
- The cost of renal replacement therapy (RRT) for total kidney failure weighs heavily on many healthcare budgets. Over 1.5 million individuals around the world receive dialysis or have had a kidney transplant.
- Even more importantly, kidney disease is a “disease multiplier.” It causes death in many people with diabetes and hypertension and predicts the development of a cardiovascular event.

**If detected early, chronic kidney disease (CKD) can be treated, thereby reducing other complications.**

Abnormalities in kidney function often represent an early window into the state of the general vascular system. This window facilitates early disease detection before patients develop more devastating problems such as a stroke, peripheral vascular disease, coronary heart disease and kidney failure.

This new information calls for giving the kidney a central role in global health and prevention efforts, because increased awareness of kidney disease has the immediate potential to **dramatically reduce the growing burden of deaths and disability from chronic cardiovascular disease worldwide.**

Promoting early detection and prevention of CKD will be an important step towards achieving the World Health Organization (WHO) recommended goal of reducing death rates related to chronic disease in the world by 2% per year over the next decade.

Source: World Kidney Day website: [Why a World Kidney Day? The “Bigger Picture”.](#)

## Symposium on Cervical Cancer Prevention: 10 Key Findings and Recommendations for Effective Cervical Cancer Screening and Treatment

On 5 March 2008, the *Alliance for Cervical Cancer Prevention* ([ACCP](#)) sponsored a symposium in Washington, DC, to explain key findings and recommendations resulting from eight years of studies in over 20 countries in Africa, Asia, and Latin America.



**At the top of the list:** Early identification of precancer using simple visual inspection of women is as effective as Pap testing and has the added advantage of providing immediate test results to women.

The findings are now available in fact-sheet form: [Cervical Cancer Prevention for All Women—The Time is Now](#). A peer-reviewed paper detailing the evidence behind the findings will be published later this year.



ACCP presenters (left to right) Jacqueline Sherris (Program for Appropriate Technology in Health/[PATH](#)), Rengaswamy Sankaranarayanan (International Agency for Research on Cancer/[IARC](#)), Silvana Luciani ([PAHO/WHO](#)), and Harshad Sanghvi ([JHPIEGO](#)).

The [symposium](#) was well attended, with representation from over 30 diverse organizations including the American College of Obstetricians and Gynecologists ([ACOG](#)), the American Social

Health Association ([ASHA](#)), the Association of Reproductive Health Professionals ([ARHP](#)), [Cervical Cancer Action](#), the [Global Summit of Women](#), the [Guttmacher Institute](#), the International Women's Health Coalition ([IWHC](#)), the National Organization for Women [NOW Foundation](#), the Office of US Representative [Carolyn Maloney](#), the US Department of State Office of the Global AIDS Coordinator ([GAC](#)), [Women in Government](#), the [World Bank](#), and the World Health Organization ([WHO](#)), among others.



ACCP partners Sharone Beatty ([EngenderHealth](#)) (left) and Jacqueline Sherris ([PATH](#)) (center) discuss findings with Rebecca Fields (right) from the John Snow, Inc. [IMMUNIZATIONbasics](#) project.

The following are some of the key points made by four ACCP scientists.

Dr. Jacqueline Sherris of [PATH](#) noted that “cervical cancer represents a huge global inequity with a heavy burden on poor women. It is an awful disease that shatters families by taking women at the peak of their productive lives, when they are in their forties and fifties.”

Dr. R. Sankaranarayanan of the International Agency for Research on Cancer ([IARC](#)) has studied alternatives to Pap smear screening in India and other countries. He explained that cervical cancer is easy to treat if precancerous signs are detected early. Treatment in low-resource settings often can be done using a device that destroys the affected tissue by freezing, the same way that common warts are frozen. “New technologies for cervical cancer prevention are revolutionizing public health,” said Silvana Luciani of PAHO.

“Visual screening methods, DNA tests for human papillomavirus (HPV), and the new HPV vaccines represent incredible opportunities to strengthen prevention. Girls can be protected from HPV infection with vaccine, but immunization is not a substitute for screening. Screening programs are needed to care for women who may have already been infected with HPV, because the vaccine does not protect them and there are cancer-causing types of HPV not targeted by the vaccine. Research indicates that a combination of vaccination and screening can dramatically reduce cervical cancer deaths in the coming decades.”



Sarah Goltz Shelbaya of the advocacy group [Cervical Cancer Action](#) (speaking) was one of many participants actively engaged in discussion.

In her closing remarks, Dr. Sherris challenged US and European donors and policymakers to take a leadership role in improving cervical cancer screening and HPV vaccination worldwide: “Every woman has the right to screening at least once in her lifetime, and girls have the right to HPV vaccination. This is our goal, and it is achievable.”

Source: Scott Wittet, Program for Appropriate Technology in Health ([PATH](#)), Seattle, Washington, USA. Photos: Tim Staffa and Janina Kaplan.

## Progress in the Countries

### New CNCD Newsletter Launched in Brazil

This month PAHO-Brazil launched its Portuguese-language newsletter, [Doenças Crônicas: Cuidado Integral e Integrado no Brasil](#) on chronic

disease developments in that country. This month’s contents include an editorial on why it was started, coverage of *World Kidney Day*, *World Physical Activity Day/World Health Day* activities in Brazil, notes on the 2<sup>nd</sup> *International Cancer Control Congress* held last year in Rio de Janeiro, and news on two publications, one on the study conducted by the Brazilian Industrial Social Services (SESI) on the epidemiological profile for CNCD risk factors among factory workers in the country, and another from the University of Brasilia on diabetes, health, education, and physical activity.

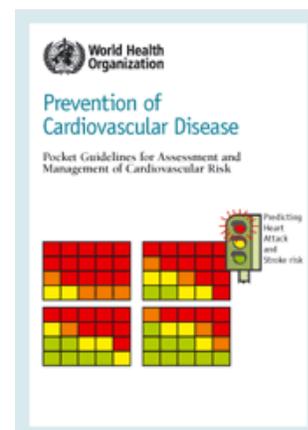


## Information Resources

### New WHO Cardiovascular Handbook

#### [Prevention of Cardiovascular Disease: Pocket Guidelines for Assessment and Management of Cardiovascular Risk](#)

These pocket guidelines provide evidence-based guidance on how to reduce the incidence of first and recurrent clinical events due to coronary heart disease (CHD), cerebrovascular disease (CeVD) and peripheral vascular disease in two categories of people: those with risk factors who have not yet developed clinically manifest cardiovascular disease (primary prevention) and those with established CHD, CeVD or peripheral vascular disease (secondary prevention).



The accompanying World Health Organization/International Society of Hypertension (WHO/[ISH](#)) risk prediction charts facilitate estimation of total cardiovascular risk of people in the first category. The evidence-based recommendations given in Part 1 of these guidelines provide guidance on which specific

preventive actions to initiate and with what degree of intensity. People in the second category have high cardiovascular risk and need intensive lifestyle interventions and appropriate drug therapy as elaborated in Part II of these guidelines. Risk stratification using risk charts is not required for making treatment decisions.

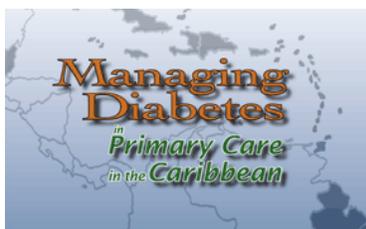
The document is being translated into Spanish and French and should be available shortly.

### New Guidelines for Diabetes and Hypertension in the Caribbean

The Caribbean Health Research Council ([CHRC](#)), in collaboration with PAHO, has published its new guidelines for successful management of diabetes and hypertension in primary care in the Caribbean.

#### Managing Diabetes in Primary Care in the Caribbean

is aimed at producing a unified, evidence-based approach to the management of diabetes in the Caribbean. Its objectives are to:



- ➔ Prevent or delay the onset of diabetes and comorbid conditions of obesity, hypertension and dyslipidaemia.
- ➔ Promote earlier diagnosis of diabetes.
- ➔ Improve the quality of care of persons with diabetes.
- ➔ Prevent and treat acute and long-term complications of diabetes.
- ➔ Promote education and empowerment of patients, families, communities, and healthcare workers.

**STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE**

#### Managing Hypertension in Primary Care in the Caribbean

is aimed at producing a unified, evidence-based approach to the management of hypertension in the Caribbean through both a patient-centered and a public health approach. Its objectives are to:



- ➔ Promote the primary prevention of hypertension through the adoption and maintenance of healthy lifestyles.
- ➔ Promote early and accurate diagnosis of hypertension.
- ➔ Improve the quality of care of persons with hypertension.
- ➔ Prevent or delay the onset of comorbid conditions of diabetes, obesity and dyslipidaemia.
- ➔ Prevent and treat acute and long-term complications of hypertension.
- ➔ Promote education and empowerment of patients, families, communities and healthcare workers.

Source: Dr. [Alberto Barceló](#), PAHO Regional Advisor on Diabetes.



Next month: Why the orange coat?

**PROMOTE. PREVENT. TREAT. CARE**

The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions on activities related to chronic disease in the Americas. Send contributions (1-3 paragraphs) to Dr. James Hospedales ([Jhospedaj@paho.org](mailto:Jhospedaj@paho.org)) with copy to Pilar Fano ([Hfanopili@paho.org](mailto:Hfanopili@paho.org)) and Suzanna Stephens ([Hstephens@paho.org](mailto:Hstephens@paho.org)). Letters to the Editor should be addressed to Silvana Luciani ([HLucianis@paho.org](mailto:HLucianis@paho.org)). Instructions and criteria can be found on the homepage for this newsletter at the web link below:

<http://www.paho.org/english/ad/dpc/nc/cronic.htm>