NCD Agenda in the Caribbean GRENADA

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

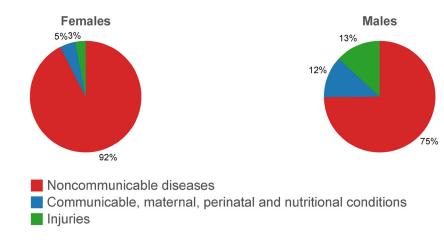
- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] linked with timely treatment of pre-cancerous lesions)





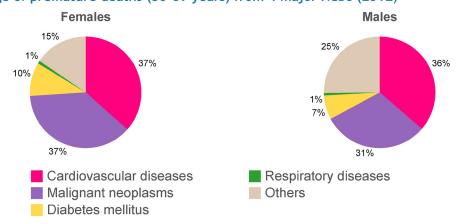
Premature Mortality

Percentage of premature deaths (30-69 years) by groups of causes (2012)



82% of deaths in 30-69 year-old in Grenada were caused by NCDs in 2012

Percentage of premature deaths (30-69 years) from 4 major NCDs (2012)



65% of deaths in 30-69 year-old in Grenada were caused by the 4 priority NCDs in 2012

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Risk Factors

Prevalence of Behavioural Risk Factors ————————————————————————————————————	
Heavy Episodic Drinking ¹	Adults (15+ years): • Males: 7.6% • Females: 0.7% • Both: 4.2%
Insufficient Physical Activity ²	Adults (18+ years): • Males: 23.9% • Females: 37.2% • Both: 30.5% Adolescents (11-17 years): • Males: 82.6% • Females: 86.7% • Both: 84.9%
Current Tobacco Smoking ³	Adults (25-64 years): • Males: 30.3% • Females: 6.5% • Both: 18.6%
Current Tobacco Use ⁴	Youth (13-15 years): • Males: 24.5% • Females: 16.7% • Both: 20.5%

Prevalence of Biological Risk Factors -

Hypertension (18+ years):5

 Males: 26.0% Females: 21.5% • Both sexes: 23.7%

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

 Males: 47.6% Females: 62.1% Both: 54.9%

Diabetes (18+ years):6

• Males: 9.3% Females: 11.9% Both sexes: 10.6%

Obesity BMI ≥ 30 Kg/m² (18+ years):⁷

 Males:15.4% Females: 31.8% Both: 23.6%

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

- 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 any tobacco product 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 $\ge 25 \text{ kg/m}^2$ 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**.





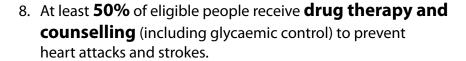
6. A 25% relative reduction in the prevalence of raised blood **pressure** or contain the prevalence of raised blood pressure, according to national circumstances.





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.