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STRATEGY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

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Introduction

1. Noncommunicable diseases (NCDs)—mainly cardiovascular diseases (CVDs), cancer, diabetes, and chronic respiratory diseases—constitute the leading cause of death in the Region. NCDs were the cause of an estimated 4.45 million deaths in 2007, of which 37% occurred among people under 70 years of age (*1*). NCDs are also the source of most avoidable health care costs. NCDs are predominantly caused by a set of common risk factors; these include tobacco use and exposure to secondhand smoke, unhealthy diet, physical inactivity, obesity, and harmful use of alcohol, among others. The NCD epidemic is driven by globalization, urbanization, economic and demographic situations, and lifestyle changes. It is also strongly influenced by social determinants of health (SDH), such as income, education, employment and working conditions, ethnicity, and gender (*2*). The private sector and cultural forces also play a major role. Thus, NCDs (also referred to as "chronic diseases" or "chronic noncommunicable diseases" or CNCDs) are both a complex public health matter and a challenge to economic development. They call for intervention on the part of the health sector as well as other government sectors, civil society, and the private sector (*3-6*).

2. This Strategy on NCDs for the Region of the Americas was spurred by the 2011 Political Declaration of the United Nations High-level Meeting (UNHLM) of its General Assembly on the Prevention and Control of Noncommunicable Diseases (*7*). It follows five years of implementation of the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (2006) as well as regional implementation of the WHO Framework Convention on Tobacco Control (FCTC). Progress reports on both measures were presented to the PAHO Directing Council in 2010. This Strategy is consistent with

the World Health Organization's (WHO's) 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs and current efforts to update it, as well as the WHO Comprehensive Global Monitoring Framework, which includes indicators and a set of voluntary global targets for preventing and controlling NCDs (*8*, *9*).

3. This Strategy focuses on four diseases—namely CVDs, cancer, diabetes, and chronic respiratory diseases—and four risk factors—namely tobacco, unhealthy diet, physical inactivity, and harmful use of alcohol—identified both by WHO and by the United Nations (UN) as those responsible for the greatest burden (*2*, *7*). Obesity is also included, because of the six WHO regions, the Americas has the worst problem with obesity. WHO and the UN also acknowledge the public health relevance of high blood pressure as one of the leading risk factors in deaths from NCDs (*2*).

4. The declaration arising from the UNHLM on NCDs notes that there is a range of diseases and conditions—including mental disorders, renal, oral and eye diseases, and certain communicable diseases such as HIV/AIDS—that are linked to the four most prominent NCDs (*7*). As a result, these conditions can benefit from common responses to NCDs. In turn, addressing NCDs in tandem with these other conditions can promote synergies. Thus, in their national NCD plans, Member States should decide which health conditions and risks to address based on their specific epidemiological situations and priorities.

5. This NCD Strategy, while building on previously existing strategies, places greater emphasis on raising the level of attention paid to NCDs in both the development and economic agendas of Member States and the international community. It encourages a multisectoral "all-of-society" approach that includes government, the private sector, academia, and civil society at the regional, subregional, and national levels alike. This strategy involves interprogrammatic work carried out in both the Pan American Health Organization (PAHO) and throughout WHO. The present strategy considers WHO "best buys" and other cost-effective measures in a stepwise manner. It makes better use of communications by utilizing both traditional and new social media. It also works to strengthen health services in such a way that they can better respond to NCDs. The NCD Strategy will be underpinned by a Regional Plan of Action, to be developed by 2013 following the adoption of the WHO Action Plan on NCDs and the WHO Global Monitoring Framework on NCDs (see Annex A). For the latter, the 2012 World Health Assembly (WHA) adopted a global target of a 25% reduction in premature mortality from NCDs by 2025. The WHA expressed strong support for additional work on targets for the four main risk factors, and wide support around targets for raised blood pressure, tobacco use, high salt/sodium consumption, and physical inactivity.

Background

6. In the Region of the Americas, the past five years have been witness to major new policy developments and strategic initiatives on NCDs at the national, subregional, and regional levels (see Annex B)—many of which involved active participation by and support from PAHO/WHO (*10*). The most notable political declarations include the following: the Caribbean Community's (CARICOM's) Declaration of Port-of-Spain on Noncommunicable Diseases (2007), the political declaration from the Regional High-level Consultation of the Americas on Noncommunicable Diseases and Obesity (2011), the Aruba Call for Action on Obesity (2011), the NCD Declaration from the Council of Ministers of Health of Central America (COMISCA) (2011)—in addition to the Moscow Declaration on NCDs (2011) and the UNHLM on the Prevention and Control of NCDs (2011).

7. In addition, a great deal of new knowledge has been generated on the NCD burden and its impact on societies and economies. A joint study by Harvard University and the World Economic Forum estimated that these diseases will cost low- and middle-income countries nearly US$ 500 billion per year—equivalent to 4% of their current gross domestic product (GDP)—if no action is taken (*11, 12*). Countries have begun to conduct studies analyzing both the cost and the economic impact of NCDs, with support from PAHO, the UN Economic Commission for Latin America and the Caribbean (ECLAC), and other partners. In Latin America and the Caribbean, diabetes alone is estimated to cost US$ 65 billion per year (*13*). In Mexico and Brazil, obesity trends are projected to increase by 13%–17% between 2010 and 2030, with associated increases in health care costs in the range of US$ 400–600 million per year. An average 1%–5% reduction in the body mass index (BMI) over this period could result in savings of US$ 100–200 million per year.[1]

8. The most cost-effective interventions for NCD prevention and control are summarized in the WHO publication on NCD "best buys" (see Annex C) (*11*). Many other interventions are also effective, however, and can be considered as resources permit (*14-23*). These include, for example, such primary care interventions as counseling for smoking cessation, screening and brief interventions for alcohol problems, and foot care for people with diabetes—as well as such policy measures as instituting food labeling; placing restrictions on marketing food and beverages to children; promoting physical activity in communities, schools, and workplaces; improving working conditions; and providing home care for persons affected by NCDs.

9. The social determinants of NCDs—which include equity, gender, education, human rights, and social protection—also need to be taken into consideration in public

[1] Personal communication with Tim Marsh, National Heart Forum.

policies addressing NCDs. High levels of inequity exist in the Region in terms of health status and access to affordable health care services. These health inequities coexist with broader socioeconomic inequities, which results in unequal exposure to health risks associated with poverty, environmental degradation, unsafe working conditions, and behavioral risk factors. This situation has a significant impact on NCDs. Therefore, NCDs make up a significant component of three major global health agendas, namely initiatives on the social determinants of health, the UN Conference on Sustainable Development known as Rio+20 (held in 2012), and the Global Conference on Health Promotion (to be held in 2013).

10. The UNHLM declaration also recognizes that NCDs can only be successfully prevented and controlled through linkages and partnerships with sectors other than health: notably, education, agriculture, trade, development, finance, labor, urban planning and transportation, and water and sanitation, among others (*7*). Cross-sectoral partnerships—which combine the resources, competencies, and reach of multiple sectors—are an essential part of the solution. These partnerships should include not only the public sector but also nongovernmental organizations, professional associations, academic institutions, the private sector, and international governmental organizations. To this end, PAHO launched the Pan American Forum for Action on NCDs as a regional platform to facilitate such multisectoral partnerships and to serve as a model for national-level partnership platforms (*24)*. Several countries—including Argentina, Brazil, Canada, Mexico, and Trinidad and Tobago—have established national multisectoral partnership mechanisms. The Pan American Alliance for Nutrition and Development is another mechanism that can implement intersectoral programs aimed at addressing obesity and NCDs. Civil society movements on NCDs and healthy lifestyles have also intensified: examples of this include the launch of the Healthy Caribbean Coalition in 2008 and of the Healthy Latin American Coalition in 2011. This type of social mobilization is necessary to achieve success.

Situation Analysis

11. In the Region, the number of people who are living with an NCD is estimated to be over 200 million. Many people are living with multiple chronic conditions that further complicate effective prevention, treatment, and care. Millions more are at high risk of developing an NCD in the near future, due to the widespread nature of NCD risks. NCDs continue to cause three out of every four deaths in the Americas: CVDs are responsible for 1.9 million deaths a year; cancer, for 1.1 million; diabetes, for 260,000; and chronic respiratory disease, for 240,000 (*1*). Of particular concern is the burden of premature deaths from NCDs: 1.5 million people per year die before the age of 70, which has serious implications for social and economic development. The life years spent dealing with disability and diminished functioning that often precede premature NCD deaths place an additional economic and social burden on families, communities, and nations. In

addition, poor people are disproportionately affected by NCDs (*25*, *26*). For example, almost 30% of premature deaths from cerebrovascular diseases in the Americas occur in the poorest 20% of the population, whereas only 13% of those premature deaths occur in the richest 20% (*26*).

12. There are approximately 145 million smokers over 15 years of age in the Americas. The current prevalence of adult tobacco use varies widely across the Region, from 38% in Chile to 9% in Panama. Although most of the Region's smokers are men, tobacco use is increasing among women—especially younger women. Of all the WHO regions, the Region of the Americas has the smallest gap between male and female tobacco consumption, with consumption being only about 1.5 times more common among men than among women (*1*).

13. Obesity, especially childhood obesity is a significant problem in the Region: in 2005, there were approximately 139 million overweight or obese people (totaling 25% of the population of the Americas). This is projected to grow rapidly and to reach 289 million by 2015 (or 39% of the population of the Americas). The problem is more pronounced among females in nearly all countries. Among school-age children 5–12 years old, the rates for obesity and overweight have soared during the last three decades, reaching 30% in Colombia, Ecuador, and Peru and over 40% in the United States and Mexico (*1*). Factors contributing to this problem include a high prevalence of physical inactivity; increasing consumption of easily available processed foods high in saturated fats, transfatty acids, free sugars, or salt (e.g., convenience or "fast" foods, salty fried chips and snacks, and beverages containing added sugar); and larger portions. To address this situation, many countries—such as Brazil, Chile, Costa Rica, Ecuador, Mexico, and Peru—either have created or are in the process of drafting policies or laws to protect children from food marketing and advertising, as well as to improve school meals.

14. Chronic kidney disease, caused mainly by complications from diabetes and hypertension, is another problem which has increased in the Region. In addition, in many Central American countries there is a recognition of the urgent need to better understand the magnitude, causes, and strategies to prevent and control a severe type of chronic kidney disease—unrelated to diabetes or hypertension—affecting primarily young male agricultural workers in rural communities. This severe type of chronic kidney disease is having a dramatic impact on the social and economic situation of families and on the health services.

15. There is now a much clearer understanding of how people's environment, living conditions, and lifestyles influence their health and quality of life. Among the factors contributing to the rising incidence and prevalence of NCDs are poverty, uneven distribution of wealth, lack of education, rapid urbanization, population aging, and other economic, social, gender, political, occupational, behavioral, and environmental

determinants of health (*6*, *7*). For example, tobacco and alcohol use—both of which are associated with masculine gender norms—are increasing among women in the Region, especially female adolescents (*1*). Women have higher rates of complications from heart attacks than do men—as well as more deaths associated with having sought emergency services too late. In some countries, Afrodescendent populations have a greater frequency of heart disease and often do not receive timely treatment, thus suffering higher rates of death from heart attacks than most other racial/ethnic groups (*14*).

16. Many countries in the Region continue to have highly fragmented health services and systems, a factor that leads to difficulties in gaining access to high-quality early detection, diagnosis, and treatment of NCDs. Merely managing acute episodic events is not enough: providing universal access to continuous high-quality care that is coordinated among the different levels of care calls for reorienting health services and training health providers (*27-30*). Several countries of the Region—including Brazil, Canada, Chile, Costa Rica, and Cuba—have made progress in integrating their health service delivery networks and reorganizing them for better NCD management (*10*). Despite these good practices, the majority of countries in the Americas still face a significant challenge when it comes to addressing fragmentation and providing more equitable, comprehensive, integrated, and continuous health services that promote greater use of self-care. Regarding access to drugs, a recent study found a low availability of medicines for chronic diseases—including diabetes, hypertension, and cardiovascular illnesses—along with wide variation in purchase prices.

17. NCD and risk factor surveillance need to be better integrated into health information systems, with more attention paid to ensuring their operability and adequate funding. The 2010 PAHO Country NCD Capacity Survey showed revealing results. Most countries (29 of them) have NCD mortality data in their health information systems, and the majority (22 countries) conducts risk factor surveys. However, only 10 countries report having a budget allocated for this purpose; and 21 countries, having personnel dedicated to it. Only 16 countries report using their NCD data for evidence-based policy-making and planning. The main needs are for ongoing quality NCD and risk factor surveillance utilizing standardized PAHO/WHO surveillance instruments, capacity-building for health professionals working in surveillance, and periodic dissemination of data, including the use of such data as an evidence base for better-informed action in program development and policy formulation.

Proposed Strategy (2012-2025)

18. The overall intent of the NCD Strategy is to reduce avoidable mortality, morbidity, risk factors, and costs associated with NCDs—thus promoting well-being and improving productivity and development prospects in the Region. A Framework for the NCD Strategy is proposed and illustrated in Annex D. It highlights the social, economic,

cultural, environmental, and political context that influences NCDs, their risk factors, and the social determinants of health. For this reason, a multisectoral response is required both from governments and from society at large. Interventions are needed for policies and partnerships, risk factor reduction, health system response, surveillance, and research. Such interventions will in turn have an impact on outcomes: that is, on NCD incidence, prevalence, morbidity, and mortality. Ultimately, these interventions will have an impact on health care costs, productivity, economic growth, and sustainable development.

Core Principles

19. Seven core principles guide this Strategy:

(a) Integration of NCDs and risk factors into national and regional development and economic agendas.

(b) An all-of-society approach for NCDs that promotes strategic alliances both within the health sector and with sectors outside of health, involving governments, civil society, academia, the private sector, and international organizations.

(c) Emphasis on health promotion, education, and prevention—as well as early detection, timely treatment, and quality of care for persons who already have NCDs or who display warning signs in terms of the presence of risk factors.

(d) Recognition of the social determinants of health, including equity, education, gender, ethnicity (particularly regarding indigenous populations), migrant status—as well as economic, cultural, and environmental factors—all of which contribute significantly to the presence of NCDs.

(e) Consideration of a lifecourse approach in NCD policies and programs.

(f) Reorientation of health systems based on chronic care, including providing training and capacity-building and paying special attention to integrating NCD prevention and control into primary health care.

(g) Application of the best available evidence, based on public health relevance and impact, using data from surveillance and research, in developing and formulating programs and policies and in defining further research.

Overall Goal

20. The purpose of the Strategy is to reduce the toll of NCD morbidity, disability, and premature mortality in the Region of the Americas, with a target of at least a 25% reduction in premature mortality from the four main NCDs by 2025.

Strategic Objectives

21. The NCD Strategy includes the following key strategic objectives to achieve the above-mentioned overall goal:

(a) *Multisectoral policies and partnerships for NCD prevention and control:* Build and promote multisectoral action with relevant sectors of government and society, including integration into development and economic agendas.

(b) *NCD risk factors and protective factors:* Reduce the prevalence of the main NCD risk factors and strengthen protective factors, with emphasis on children and adolescents and on vulnerable populations; use evidence-based health promotion strategies and policy instruments, including regulation, monitoring, and voluntary measures; and address the social, economic, and environmental determinants of health.

(c) *Health system response to NCDs and risk factors:* Improve coverage, equitable access, and quality of care for NCDs and risk factors, with emphasis on primary health care and strengthened self-care.

(d) *NCD surveillance and research:* Strengthen country capacity for surveillance and research on NCDs, their risk factors, and their determinants; and utilize the results of this research to support evidence-based policy and program development and implementation.

Action by the Pan American Sanitary Conference

22. The Conference, after reviewing the information provided, is invited to endorse the Strategy for the Prevention and Control of Noncommunicable Diseases and consider the adoption of the accompanying resolution (Annex E).

References

1. Pan American Health Organization. Noncommunicable Diseases in the Americas: Basic Indicators 2011 [Internet]. Washington, DC: PAHO; 2011 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1930&Itemid=1708&lang=en.

2. World Health Organization. Global status report on noncommunicable diseases [Internet]. Geneva: WHO; 2011 [cited 2012 Aug 18]. Available from: http://www.who.int/nmh/publications/ncd_report2010/en/.

3. Abegunde D, Mathers C, Adam T, et al. The burden and costs of chronic diseases in low-income and middle-income countries [Internet]. *The Lancet* 2007;370:1929-38 [cited 2012 Aug 18]. Available from: http://apps.who.int/management/programme/ncd/TheBurdenCostsChronicDiseaseLICs.pdf.

4. Beaglehole R, Bonita R, Horton R, et al. Priority actions for the noncommunicable disease crisis [Internet]. *The Lancet* 2011, doi:10.1016/S0140-6736(11)60393-100 [cited 2012 Aug 18]. Available from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60393-0/abstract.

5. Daar A, Singer P, Leah Persad D, et al. Grand challenges in chronic noncommunicable diseases [Internet]. The top 20 policy and research priorities for conditions such as diabetes, stroke and heart disease [Internet]. *Nature* 450:494-496 (22 Nov. 2007) [cited 2012 Aug 18]. Available from: http://www.nature.com/nature/journal/v450/n7169/full/450494a.html.

6. Kreatsoulas C, Anand SS. The impact of social determinants on cardiovascular disease [Internet]. *Can J Cardiol.* 2010 Aug-Sep; 26(Suppl. C):8C-13 [cited 2012 Aug 18]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2949987/?tool=pubmed.

7. United Nations. Political declaration of the High-level Meeting on the Prevention and Control of Noncommunicable Diseases [Internet]. Sixty-sixth Session of the United Nations General Assembly; 2011 Sep 19-20 (document A/66/L.1). New York: United Nations; 2011 (Resolution A/RES/66/2) [cited 2012 Aug 18]. Available from: http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf.

8. World Health Organization. 2008–2013 Action Plan for the global strategy for the prevention and control of noncommunicable diseases [Internet]. Geneva: WHO; 2008 [cited 2012 Aug 18]. Available from: http://www.who.int/nmh/publications/9789241597418/en/.

9. World Health Organization. A comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and

control of noncommunicable diseases [Internet]. Revised WHO Discussion Paper (version dated 25 July 2012). Geneva: WHO; 2012. [cited 2012 Aug 18]. Available from: http://www.who.int/nmh/events/2012/discussion_paper3.pdf.

10. Pan American Health Organization. Non-communicable diseases in the Americas: Building a healthier future [Internet]. Washington, DC: PAHO; 2011 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/index.php?option=com_content&task=view&id=5884&Itemid=1926&lang=en.

11. World Health Organization. Scaling up action against noncommunicable diseases: How much will it cost? [Internet]. Geneva: WHO; 2011 [cited 2012 Aug 18]. Available from: http://www.who.int/nmh/publications/cost_of_inaction/en/.

12. Bloom DE, Cafiero ET, Jané-Llopis E, et al. The Global Economic Burden of Noncommunicable Diseases. Working Papers Series. Geneva: World Economic Forum and the Harvard School of Public Health, Program on the Global Demography of Aging; 2012 [cited 2012 Aug 18]. Available from: http://www.hsph.harvard.edu/pgda/WorkingPapers/2012/PGDA_WP_87.pdf.

13. Barceló A, Aedo C, Rajpathak, S, Robles S. The cost of diabetes in Latin America and the Caribbean [Internet]. *Bulletin of the World Health Organization* 2003;81:19-27 [cited 2012 Aug 18]. Available from: http://www.who.int/bulletin/Barcelo0103.pdf.

14. Institute of Medicine. Promoting cardiovascular health in the developing world: A critical challenge to achieve global health [Internet]. Fuster V, Kelly BB, eds. Washington DC: The National Academies Press; 2010 [cited 2012 Aug 18]. Available from: http://www.iom.edu/~/media/Files/Report%20Files/2010/Promoting-Cardiovascular-Health-in-the-Developing-World/Global%20Cardiovascular%20Disease%202010%20%20Report%20Brief.pdf.

15. Pan American Health Organization. Regional consultation: Priorities for cardiovascular health in the Americas. Key messages for policymakers [Internet]. Ordúñez-García P, Campillo-Artero C, eds. Washington, D.C.: PAHO; 2011 [cited 2012 Aug 18]. Available from: http://www.paho.org/priorities/pdf-en/book.pdf.

16. Pan American Health Organization. Population and individual approaches to the prevention and management of diabetes and obesity. Washington, DC: PAHO; 2011 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=15557&Itemid=.

17. Pan American Health Organization. Regional Strategy and Plan of Action for comprehensive cervical cancer prevention and control in Latin America and the Caribbean [Internet]. Washington, DC: PAHO; 2009 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/dmdocuments/2010/Regional_Strategy.pdf.

18. Campbell N, Legowski, B, Legetic B, et al. PAHO A new initiative to prevent cardiovascular disease in the Americas by reducing dietary salt [Internet]. *CVD Prevention and Control* 2009;4(4)185-187 [cited 2012 Aug 18]. Available from: http://www.journals.elsevierhealth.com/periodicals/cvdpc/article/S1875-4570(10)00003-3/fulltext.

19. Bodenheimer T, Berry-Millett R. Care management of patients with complex health care needs [Internet]. San Francisco, CA: The Robert Wood Johnson Foundation. *The Synthesis Project*, Issue 19. 2009 [cited 2012 Aug 18]. Available from: http://www.rwjf.org/pr/product.jsp?id=52372.

20. World Health Organization. Global strategy to reduce the harmful use of alcohol [Internet]. Geneva: WHO; 2010 [cited 2012 Aug 18]. Available from: http://www.who.int/substance_abuse/activities/gsrhua/en/.

21. World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children [Internet]. Geneva: WHO; 2010 [cited 2012 Aug 18]. Available from: http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/.

22. Brownell KD, Schwartz MB, Puhl RM, et al. The need for bold action to prevent adolescent obesity. *J Adolescent Health* 45 (2009) S8-S17. http://www.yaleruddcenter.org/resources/upload/docs/what/industry/ActionPreventAdolescentObesity_JADA_6.09.pdf.

23. Hoehner CM, Soares J, Perez DP, et al. Physical activity interventions in Latin America: A systematic review [Internet]. *Am J Prev Med* Volume 34, Issue 3, p. 224-233, March 2008 [cited 2012 Aug 18]. Available from: http://www.ajpmonline.org/article/S0749-3797(07)00709-X/abstract.

24. Pan American Health Organization. Pan American Forum for Action on NCDs (PAFNCDs) [Internet]. PAHO: Washington, DC [cited 2012 Aug 18]. Available from: http://new.paho.org/panamericanforum/.

25. Fleischer NL, Diez Roux A, Alazraqui M, et al. Socioeconomic gradients in chronic disease risk factors in middle-income countries: Evidence of effect modification by urbanicity in Argentina. *Am J Public Health* 2011 Feb;101(2):294-301. Epub 2010 Dec 16 [cited 2012 Aug 18]. Available from: http://www.ncbi.nlm.nih.gov/pubmed/21164095.

26. Pan American Health Organization. Noncommunicable Diseases in the Americas: Basic Indicators 2011 [Internet]. Washington, DC: PAHO; 2011 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1930&Itemid=1708&lang=en.

27. Pan American Health Organization. Renewing primary health care in the Americas: A Position Paper of the Pan American Health Organization/World Health Organization (PAHO/WHO) [Internet]. Washington, DC: PAHO; 2007 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/dmdocuments/2010/Renewing_Primary_Health_Care_Americas-PAHO.pdf.

28. Pan American Health Organization. Integrated health service delivery networks. Concepts, policy options and a road map for implementation in the Americas [Internet]. SERIES: Renewing Primary Health Care in the Americas, No. 4. Washington, DC: PAHO; 2011 [cited 2012 Aug 18]. Available from: http://new.paho.org/hq/dmdocuments/2011/PHC_IHSD-2011Serie4.pdf.

29. Curry N, Ham C. Clinical and service integration. The route to improve outcomes [Internet]. London: The King's Fund; 2010 [cited 2012 Aug 18]. Available from: http://www.kingsfund.org.uk/document.rm?id=8834.

30. Ham C. The ten characteristics of the high-performing chronic care system [Internet]. *Health Econ Pol Law* 2010 Jan;5(Pt.1):71-90 [cited 2012 Aug 18]. Available from: http://www.ncbi.nlm.nih.gov/pubmed/19732475.

Annexes

TIMELINE AND PROCESS TO DEVELOP THE NCD ACTION PLAN

Highlights of Recent Advances in NCD Policy and Strategic Initiatives in the Americas

(a) In the Caribbean, following the special Caribbean Community (CARICOM) Summit of Heads of State on NCDs, significant advances have been achieved in surveillance by conducting risk factor (RF) studies and via social communication related to celebrating Caribbean Wellness Day and carrying out the 'Get the message' campaign—though much remains to be done.

(b) Latin American political integration movements have made NCDs a priority. In the Andean Region, the Andean Ministers of Health Meetings (REMSAA) passed a resolution on NCD prevention and control (in 2010), as well as on NCD surveillance (in 2011). The Union of South American Nations (UNASUR) resolved to strengthen intersectoral policies on NCDs (in 2011). In Central America, the Council of Central American Ministers of Health (COMISCA) issued a declaration on NCDs (in 2011) that was subsequently endorsed by the Central American Integration System (SICA). The Southern Cone Common Market (MERCOSUR) formed an intergovernmental commission for NCD prevention and control (in 2011); together with the existing tobacco commission, it is working on formulating joint policies and solutions vis-à-vis risk factors and NCDs.

(c) The Global Conference on Social Determinants of Health, held in 2011, and its Rio Political Declaration in 2011 both addressed NCDs, ensuring that focus be placed on tackling health inequities through NCD prevention and control.

(d) Almost all Member States have developed national NCD plans and made program-related investments, as indicated in the 2010 Progress Report submitted to the PAHO Directing Council. PAHO recently published many NCD success stories in its publication entitled "Noncommunicable Diseases in the Americas: Building a healthier future."

(e) Eighteen countries report having implemented integrated primary health care strategies to improve the quality of care for persons living with chronic diseases. PAHO has promoted the Chronic Care Model, aimed at improving the quality of care delivered through primary health care services to persons with chronic conditions. This model is currently being applied in 15 countries.

(f) In the Americas, 29 out of 35 countries have ratified the WHO Framework Convention on Tobacco Control (which has been in force since 2005). This has led to some countries adopting cost-effective tobacco control measures, though such adoption has not been homogeneous throughout the Region. Some of the Region's advances in tobacco control include the United States of America's 2009 Family

Smoking Prevention and Tobacco Control Act, and Brazil's 2011 Law No 12.546 banning smoking in public spaces.

(g) At the 2010 World Health Assembly, all countries of the Americas adopted the WHO Global Strategy for Reducing Harmful Use of Alcohol. In 2011, at the 51st PAHO Directing Council, all countries of the Region also adopted the Regional Plan of Action to Reduce the Harmful Use of Alcohol—thus making a commitment to developing effective national plans and policies to reduce the harmful consumption of alcohol.

(h) Regarding childhood obesity, Brazil approved regulations (in 2010) and Chile passed a law (in 2011) to govern not only food labeling but also the advertisement and promotion of processed food with a high content of saturated fats, sugars, and salt. Mexico (in 2010) and Costa Rica (in 2011) issued regulations on food and drinks made available in schools. Finally, Ecuador and Peru are in the process of developing similar laws and regulations.

(i) All countries in the Region have been improving the availability, quality, and use of their NCD mortality data, with the exception of four countries (Bolivia, Haiti, Honduras, and Jamaica). Adult NCD risk factor data is available in almost all countries (in North America, Canada and the United States; in the Andean subregion, Colombia; in Central America, all countries except Panama; in the Southern Cone, all countries; in the English- and Dutch-speaking Caribbean, 11 countries (Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Dominica, Grenada, Jamaica, St. Kitts and Nevis, and Trinidad and Tobago); and in the Hispanic Caribbean, Cuba and the Dominican Republic). Data on tobacco prevalence among adolescents are available in all countries. Data on adolescent alcohol consumption, diet, and mental health are available in 16 countries (Argentina, Brazil, British Virgin Islands, Canada, Chile, Costa Rica, Dominica, the Dominican Republic, Ecuador, Guatemala, Guyana, Jamaica, Paraguay, Peru, Suriname, and Uruguay). In 2011, all this facilitated the production and publication of PAHO's NCD Basic Indicators, as well as the first report from MERCOSUR and associated countries (including Chile) on NCD surveillance.

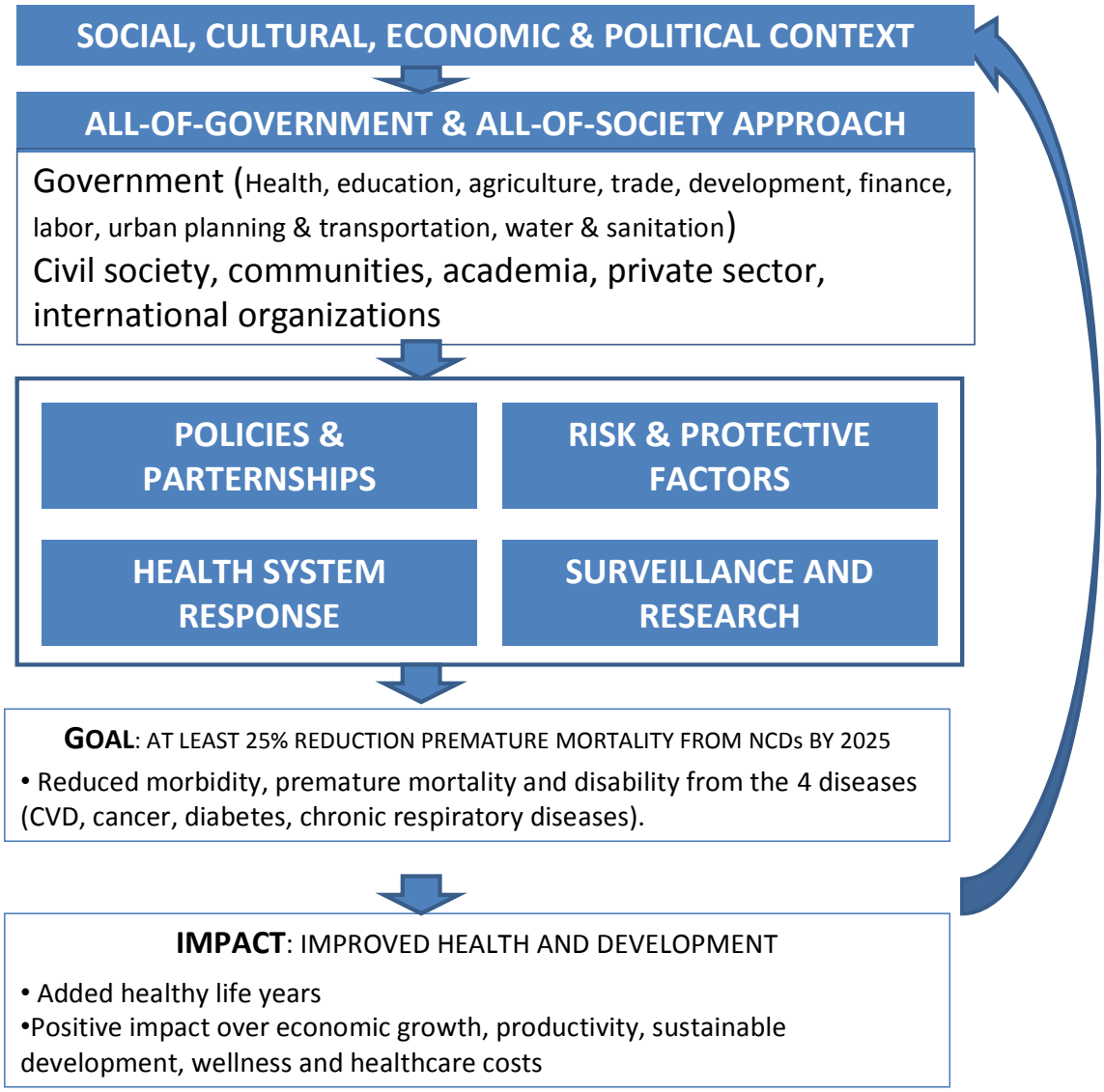
(j) In 2011, PAHO helped launch Wellness Week in New York City. In September of that same year, together with the World Economic Forum and other partners, PAHO mobilized 23 cities in 11 countries of the Region to carry out health promotion and health education activities. This community engagement initiative for NCD prevention is ongoing and will continue to expand to other cities.

(k) Civil society groups throughout the Region have been organized and mobilized around NCD issues. These include the Healthy Latin American Coalition and the Healthy Caribbean Coalition.

Summary of WHO NCD "Best Buys"

Topic	Core Interventions
Tobacco use	• Tax increases • Smoke-free indoor workplaces and public places • Health information and warnings about tobacco • Bans on advertising and promotion
Harmful use of alcohol	• Tax increases on alcoholic beverages • Comprehensive restrictions and bans on alcohol marketing • Restrictions on the availability of retailed alcohol
Unhealthy diet and physical inactivity	• Salt reduction through mass media campaigns and reduced salt content in processed foods • Replacement of transfats with polyunsaturated fats • Public awareness program about diet and physical activity
Cancer	• Prevention of liver cancer through hepatitis B immunization • Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of precancerous lesions
CVD and diabetes	• Multi-drug therapy (including glycemic control for diabetes mellitus) to individuals who have had a heart attack or stroke, and to persons with a high risk (> 30%) of a CVD event in the next 10 years • Providing aspirin to people having an acute heart attack

Regional Framework for NCD Prevention and Control



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

28th PAN AMERICAN SANITARY CONFERENCE
64th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 17-21 September 2012

CSP28/9, Rev. 1 (Eng.)
Annex E

PROPOSED RESOLUTION

STRATEGY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the *Strategy for the Prevention and Control of Noncommunicable Diseases* (Document CSP28/9, Rev. 1);

Recalling PAHO Directing Council resolution (CD47.R9, 2006) on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health, which urges Member States to prioritize and establish policies and programs on noncommunicable diseases (NCDs);

Recalling the Ministerial Declaration for Prevention and Control of Noncommunicable Diseases arising from the Regional High-level Consultation of the Americas on Noncommunicable Diseases and Obesity, held in Mexico City in 2011, which confirmed a commitment to strengthen and/or reorient NCD policies and programs;

Taking note with appreciation of the Declaration of the Heads of State and Government of the Caribbean Community, entitled "Uniting to Stop the Epidemic of Chronic Noncommunicable Diseases;"

Reaffirming the Political Declaration of the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases;

Noting with profound concern that noncommunicable diseases account for more than 75% of all deaths in the Americas; that more than a third of these deaths (37%) are premature among people under 70 years of age; and that NCDs are among the leading causes of morbidity and disability;

Alarmed by the developmental and socioeconomic impact of NCDs as well as their impact on health systems, by inequalities in NCD burden, and by their rising rates—all of which are largely attributable to social determinants of health that include demographic, environmental, and lifestyle changes, as well as gender, cultural, and economic factors;

Recognizing that the main NCDs—cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—share four common risk factors—namely tobacco use, harmful use of alcohol, unhealthy diet, and lack of physical activity; and that addressing NCDs may lead to synergies in addressing related conditions that include mental disorders, renal, oral, and eye diseases;

Noting with concern the rising levels of obesity in the Region, particularly among children and youth, and being aware that urgent action is required to curb this trend;

Being cognizant that cost-effective interventions are available at various resource levels to prevent and control NCDs throughout the lifecourse; that coordinated actions across all sectors of society are required; and that it is time for governments, civil society, academia, international organizations, and the private sector to establish partnerships to prevent and control further rises in NCDs and their risk factors; and

Recognizing that at the global level, an NCD Action Plan and a Global Monitoring Framework are being elaborated in a consultative manner and will be discussed at the 2013 World Health Assembly; and that this NCD Regional Strategy is in line with the global process, while at the same time reflecting the regional specificities and advances in national NCD plans and policies in the Americas,

RESOLVES:

1. To endorse the Strategy for the Prevention and Control of Noncommunicable Diseases.

2. To urge Member States to:

(a) give high priority to NCDs and include them as an integral component of social protection policies as well as national health and development plans;

(b) establish or strengthen multisectoral mechanisms to promote dialogue and partnerships across relevant government and nongovernmental sectors on NCDs, their risk factors, and their determinants;

(c) strengthen or establish monitoring and evaluation systems for NCD policies and programs, to determine their effectiveness and impact as well as to guide resource allocation;

(d) establish or strengthen interventions to reduce the prevalence of risk factors, increase the prevalence of protective factors, and improve coverage, access to and quality of care for NCDs and their risk factors;

(e) participate actively in the process of preparing the Regional Plan of Action for the Prevention and Control of NCDs, to be presented to the PAHO Directing Council in 2013.

3. To request the Director to:

(a) implement the NCD Strategy through all relevant programmatic areas of the organization and in coordination with other UN agencies, the Inter-American system, international organizations, and subregional entities;

(b) further develop a Regional Plan of Action for the Prevention and Control of NCDs—aligned with Member State priorities and the WHO NCD Action Plan and Global Monitoring Framework, according to the timeline and process shown in Annex A—and present the NCD Action Plan to the 2013 PAHO Directing Council;

(c) provide technical cooperation to Member States in developing, implementing, and evaluating NCD policies, plans, and programs, according to their circumstances and needs;

(d) provide support to Member States in fostering an all-of-society response through multisectoral partnerships and national NCD commissions;

(e) support Member States in their efforts to strengthen the capacities and competencies of their health services and health workforce, with emphasis on primary health care for NCD prevention and control;

(f) promote regional collaboration and knowledge exchange on good practices and successful interventions for multisectoral NCD policies, plans, and programs,

through the CARMEN network on Integrated Prevention of Noncommunicable Diseases in the Americas, the Pan American Forum for Action on Noncommunicable Diseases, and related forums and networks.

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CSP28/9, Rev. 1 (Eng.)
Annex F

Report on the Financial and Administrative Implications for the Secretariat of the Proposed Resolution

1. Agenda item: 4.4: Strategy for the Prevention and Control of Noncommunicable Diseases

2. Linkage to Program and Budget:

(a) Area of work

Health Surveillance, Disease Prevention and Control Area - Chronic Disease Prevention and Control Project

(b) Expected results:

SO3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

RERs: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6

SO4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.

RERs: 4.2, 4.6, 4.8

SO6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

RERs: 6.1, 6.2, 6.3, 6.4, 6.5

SO9: To improve nutrition, food safety and food security throughout the lifecourse, and in support of public health and sustainable development.

RERs: 9.1, 9.2, 9.3, 9.4

SO 10: To improve the organization, management and delivery of health services.

RERs: 10.1, 10.2, 10.3

SO11: To strengthen leadership, governance and the evidence base of health systems.

RERs: 11.1, 11.2, 11.3, 11.4, 11.5

SO12: To ensure improved access, quality and use of medical products and technologies.

RERs: 12.1 12.2, 12.3

SO13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.

RERs: 13.1, 13.4

SO14: To extend social protection through fair, adequate and sustainable financing.

RERs: 14.1, 14.2, 14.4, 14.5

3. Financial implications

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US$ 10,000, including staff and activities):

Technical and financial cooperation with all the organizations and institutions with whom PAHO collaborates in NCD prevention and control will be required for the successful implementation of this NCD Strategy. An estimated $32 million over 2012-2025 would be required to cover the costs for PAHO staff and activities to develop and implement an accompanying Action Plan.

(b) Estimated cost for the biennium 2012-2013 (estimated to the nearest US$ 10,000, including staff and activities):

The estimated cost for the biennium is $8.0 Million, including staff and activities.

(c) Of the estimated cost noted in (*b*), what can be subsumed under existing programmed activities?

Current funding available for NCDs through PAHO's regular budget, WHO contributions and extra-budgetary sources will be applied to this Strategy. A resource mobilization effort, as well as a multi-sector approach through the Pan American Forum for Action on NCDs, is needed to raise additional funds required for this Strategy.

4. Administrative implications

(a) Indicate the levels of the Organization at which the work will be undertaken:

NCD prevention and control activities will be implemented at regional, sub regional, national and sub-national levels, in close collaboration with the Ministries of Health.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

Within the chronic disease project (HSD/NC) in Washington, D.C. there are currently one P-5 level and four P-4 level posts, as well as one short term consultants at the P-3 level. Within PAHO/WHO country offices, there are currently three P-4 level staff designated to work primarily on NCDs. Staff in the area of Sustainable Development and Environmental Health also are devoted to issues related to NCDs and risk factors, as well as staff from other areas of the Organization including Health Systems based on Primary Health Care, and Family and Community Health. Additional staff recruitment would be needed to support work in PAHO/WHO country offices, proposed as one staff in each

subregion, to serve as subregional NCD advisors.
(c) Time frames (indicate broad time frames for the implementation and evaluation): • September 2012: presentation of the NCD Strategy at the Pan American Sanitary Conference • September 2012 – May 2013: elaboration, with Member States, of an accompanying NCD Plan of Action, to be consistent with the WHO NCD Action Plan and the Global Monitoring Framework • June 2013: presentation of the NCD Action Plan to the PAHO Executive Committee • September 2013: presentation of the NCD Action Plan to the PAHO Directing Council • September – Dec 2013: development of workplans for implementation of the NCD Plan of Action; as well as resource mobilization for its implementation. • 2014-2017: implementation and document successful advances • 2018: mid-term progress report • 2019-2024: continued implementation • 2024: evaluation of the NCD Strategy and Plan of Action • 2025: present documentation and evaluation of the NCD Strategy and Plan of Action to the PAHO Directing Council

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ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.4: Strategy for the Prevention and Control of Noncommunicable Diseases

2. Responsible unit: Area of Health Surveillance, Disease Prevention and Control, Chronic Disease Prevention and Control Project

3. Preparing officers: James Hospedales, Silvana Luciani, Alberto Barcelo, Pedro Ordunez, Branka Legetic

4. List of collaborating centers and national institutions linked to this Agenda item:

- Ministries of Health, non-governmental organizations and networks participating in PAHO's CARMEN initiative of national chronic disease program managers.
- Private and public sector organizations involved in PAHO's initiative on the Pan American Forum for Action on NCDs.
- Professional societies and associations working in NCD prevention and control, including the Inter-American Society of Cardiology, the Latin American and Caribbean Society of Medical Oncologists, and Latin American Society for Nephrology and Hypertension.
- WHO Collaborating Centres related to NCDs, including the Public Health Agency of Canada (NCD policy), US Centers for Disease Control and Prevention (physical activity), University of Toronto (health promotion), University of Missouri (evidence-based public health), Cuba's National Institute of Endocrinology (diabetes).
- National health institutes working in NCD prevention and control, including the US National Institutes of Health, Mexico's National Public Health Institute, and the Latin America national cancer institutes (RINC).
- For economic aspects of NCDs, the Economic Commission of Latin America and the Caribbean (ECLAC), with the OECD, University of Washington and the University of McGill.

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

This Strategy for the Prevention and Control of NCDs intends to strengthen national capacity to respond to the health and development threat posed by NCDs, through multisectoral policies, risk factor reduction, health system strengthening and surveillance. It builds upon the previous NCD Strategy (2007), with a greater emphasis on multisector "all of society" approach, and implementing the WHO "best buys" and other cost-effective interventions. This Strategy directly supports and provides specificity for the Health Agenda for the Americas, Area of Action on

Reducing the Risk and Burden of Disease. The following excerpt from the Health Agenda for the Americas 2008-2017 best illustrates the links with this Strategy:

While efforts continue to control the transmission of infectious diseases, the countries of the Americas should emphasize the prevention and control of non–communicable diseases, which have become the principal cause of morbidity and mortality in the Region. Specific actions should be initiated or strengthened to control diabetes, cardiovascular and cerebrovascular diseases, types of cancer with the greatest incidence, as well as hypertension, dyslipidemia, obesity, and physical inactivity. To cover the growing gap in mental health care, policies that include the extension of programs and services need to be developed or updated. Each country will have to target these actions, aimed at reducing risks and burden of disease, by age groups and geographical criteria as needed. The health authority should be highly active in promoting healthy lifestyles and environments. Changes in behavior will only be sustained if they are accompanied by environmental, institutional, and policy changes that truly allow people to choose lifestyles that involve healthy eating habits, physical activity, and not smoking. Collaboration with industry, the media, and other strategic partners is needed to produce and market healthier foods, and with the education sector so that schools set an example of good dietary practices and promote healthy habits.

6. Link between Agenda item and Strategic Plan 2008-2012:

This Strategy is linked to the following Strategic Objectives in the PAHO Strategic Plan 2008-2012:

SO3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

SO4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.

SO6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

SO9: To improve nutrition, food safety and food security throughout the lifecourse, and in support of public health and sustainable development.

SO10: To improve the organization, management and delivery of health services.

SO11: To strengthen leadership, governance and the evidence base of health systems.

SO12: To ensure improved access, quality and use of medical products and technologies.

SO13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.

SO14: To extend social protection through fair, adequate and sustainable financing.

7. Best practices in this area and examples from countries within the Region of the Americas:

Highlights of the good practices and successful examples of country interventions for NCD prevention and control were published by PAHO in 2011 in *Non-Communicable Diseases in the Americas: Building a healthier future.* Experiences with developing strong public policies for tobacco control, healthy eating, physical activity are highlighted, along with successful health service models of improving care for persons with chronic illnesses and increasing access to services and medicines for better NCD control. Highlights of the recent progress with NCD policy and programs from the Region are summarized as follows:

- Almost all Member States have developed comprehensive national NCD plans, and improved their surveillance and data on NCD risk factors and mortality.
- Multisectoral mechanisms for an all of society approach to NCDs have been established by several countries, such as the CONACRO in Mexico, the "Let's Move" initiative of the US First Lady, and the National Forum of Brazil.
- The WHO Framework Convention on Tobacco Control has been ratified by 29 countries in the Americas, which has led to adoption of cost-effective tobacco control measures.
- Dietary salt reduction, which is a 'best buy' is being pursued in Canada, USA, Argentina, Brazil, and Chile through multi-sector approaches.
- To address obesity, several countries including Aruba, Mexico, Canada, Colombia and USA have created multisectoral policies, laws and programs aimed to promote healthy weights for children, youth and adults.
- Scaling up of access to preventive care for persons with NCDs has occurred in several countries, including Jamaica with an innovative national health fund, USA with health insurance reform, Brazil with free medications for hypertension and diabetes and free care for breast and cervical cancer, Mexico with NCD coverage in the Seguro Popular, Chile with the AUGE coverage of NCD services, Trinidad and Tobago with a Chronic Disease Assistance Program which is contributing to their having the steepest observed decline in cardiovascular disease mortality rates.
- Cervical cancer screening, another 'best buy' for a highly preventable NCD, is being strengthened in over 10 countries in the Region through the introduction of new technologies and approaches to improve the coverage, quality and follow up treatment for at risk women.

8. Financial implications of this Agenda item:

Technical and financial cooperation with all the organizations and institutions with whom PAHO collaborates in NCD prevention and control will be required for the successful implementation of this NCD Strategy. An estimated $32 million over the period 2012-2025 would be required to cover the costs for PAHO staff and activities to develop and implement this Plan and an accompanying Plan of Action. This includes maintaining current staff, hiring an additional 4 staff.

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