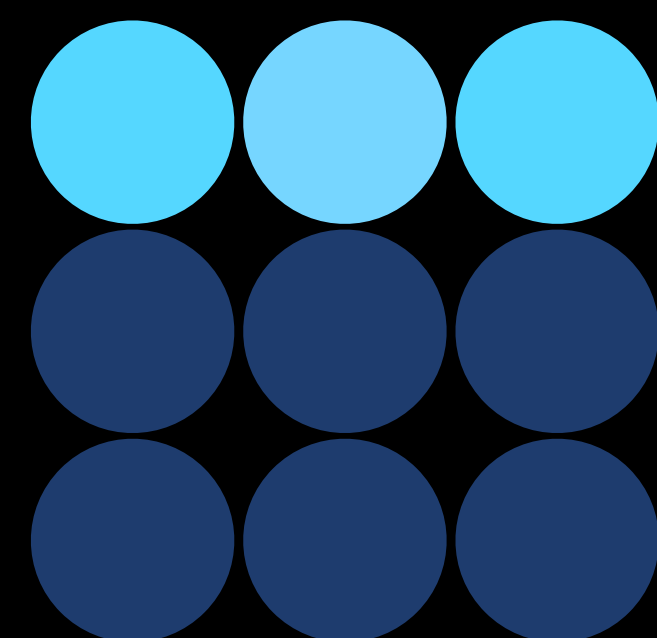


REGULA

DRAFT TECHNICAL REFERENCE DOCUMENT ON STRENGTHENING REGULATORY CAPACITY
REGULATION OF NONCOMMUNICABLE DISEASE RISK FACTORS IN THE AMERICAS



A MASSIVE
PROBLEM

TOO BIG TO FAIL TO ADDRESS

- 75% OF DEATHS IN THE AMERICAS
- 2.900,000 DEATHS ANNUALLY
- 1.4 MILLION PREMATURE DEATHS BEFORE AGE 70
- 200,000,000 PEOPLE IN THE AMERICAS LIVING WITH ONE OR MORE NCDS
- MOST HEALTH SYSTEM EXPENDITURES
- THREAT TO SUSTAINABILITY OF UNIVERSAL HEALTH SYSTEMS

TOP 3 WENT FROM 31% TO 53% OF DEATHS BETWEEN 1990 TO 2010

RISING BURDEN

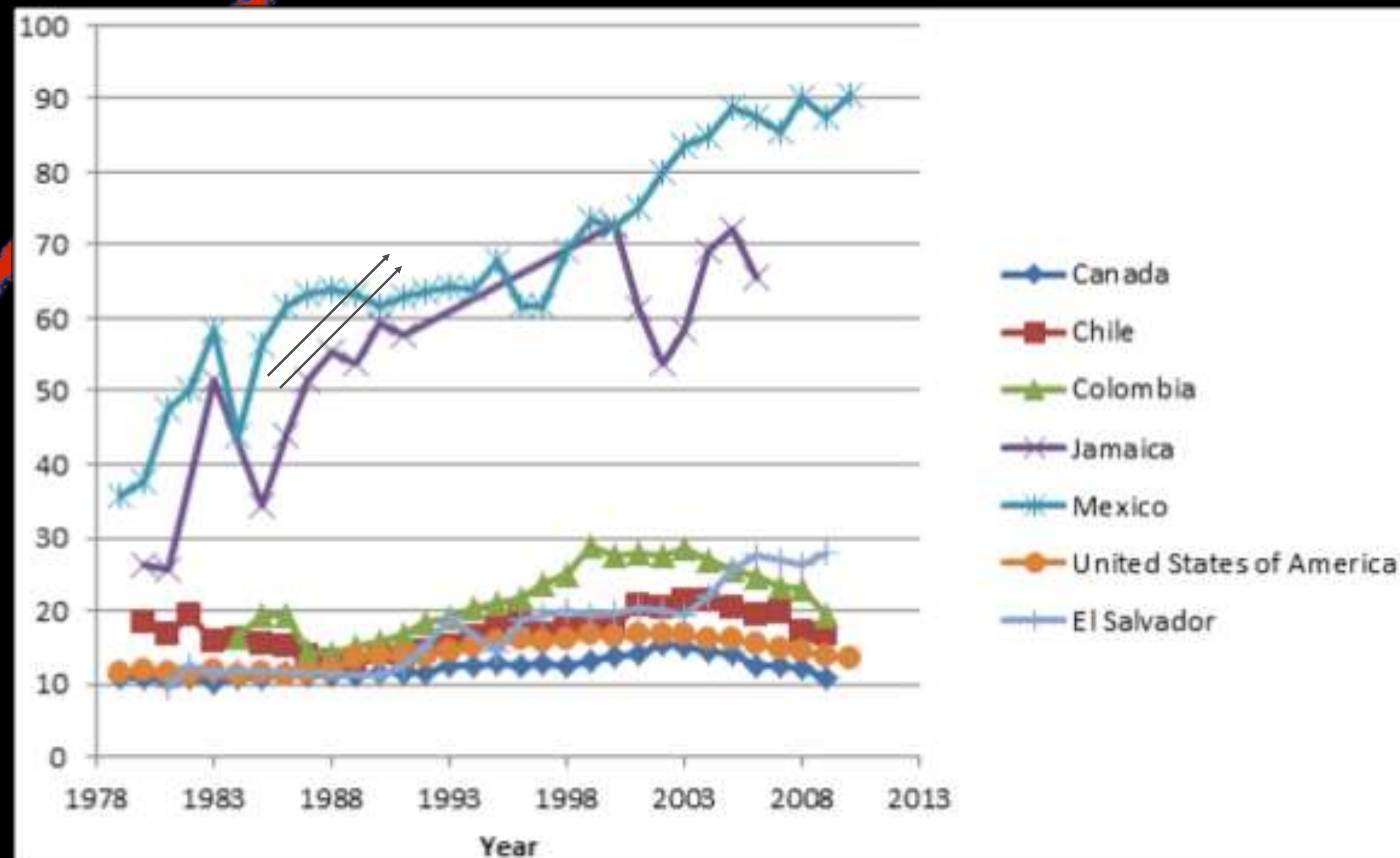
CARDIOVASCULAR DISEASE 15% TO 28%

DIABETES 5% TO 10%

CANCER 11% TO 15%

DIABETES

Diabetes mortality rates in selected countries of the Americas
(age-standardized death rates per 100,000; both sexes; all ages)



GLOBAL COSTS OF 5 LEADING NCDS 2011–2030 USD 46.7 TRILLION



CARDIOVASCULAR DISEASE IN AMERICAS 2010
USD 176 BILLION DIRECT/127 BILLION INDIRECT

MEDICAL COSTS
LOST PRODUCTIVITY
ABSENTEEISM
PRESSENTEEISM

40% IN LOW AND MIDDLE INCOME COUNTRIES

\$46.7 TRILLION

WORLD ECONOMIC FORUM 2011

“ECONOMIC POLICY-MAKERS ARE NATURALLY CONCERNED ABOUT ECONOMIC GROWTH. THE EVIDENCE PRESENTED IN THIS REPORT INDICATES THAT IT WOULD BE ILLOGICAL AND IRRESPONSIBLE TO CARE ABOUT ECONOMIC GROWTH AND SIMULTANEOUSLY IGNORE NCDS. INTERVENTIONS IN THIS AREA WILL UNDENIABLY BE COSTLY. BUT INACTION IS LIKELY TO BE FAR MORE COSTLY”

4 NCD Risk Factors

DIETARY RISKS
1,375,000
DEAD 2010

TOBACCO
813,000 DEAD

HARMFUL USE
OF ALCOHOL
304,000 DEAD

PHYSICAL
INACTIVITY
470,000 DEAD

underlie more than 2/3rds of new cases of NCDs
also cause complications in people with NCDs
caused by mankind
can be changed by mankind

16 % OF ALL ADULT DEATHS IN REGION



145 MILLION SMOKERS

22% OF ADULT RESIDENTS 7% BARBADOS TO 41%
CHILE

INCREASING TRENDS IN WOMEN

CONTINUING INTENSIVE MARKETING
AND HARMFUL NEW ADDICTIVE
PRODUCTS LIKE ECIGS AND
FLAVORS

HARM RISING 50% INCREASE IN DALY'S 1990-2010

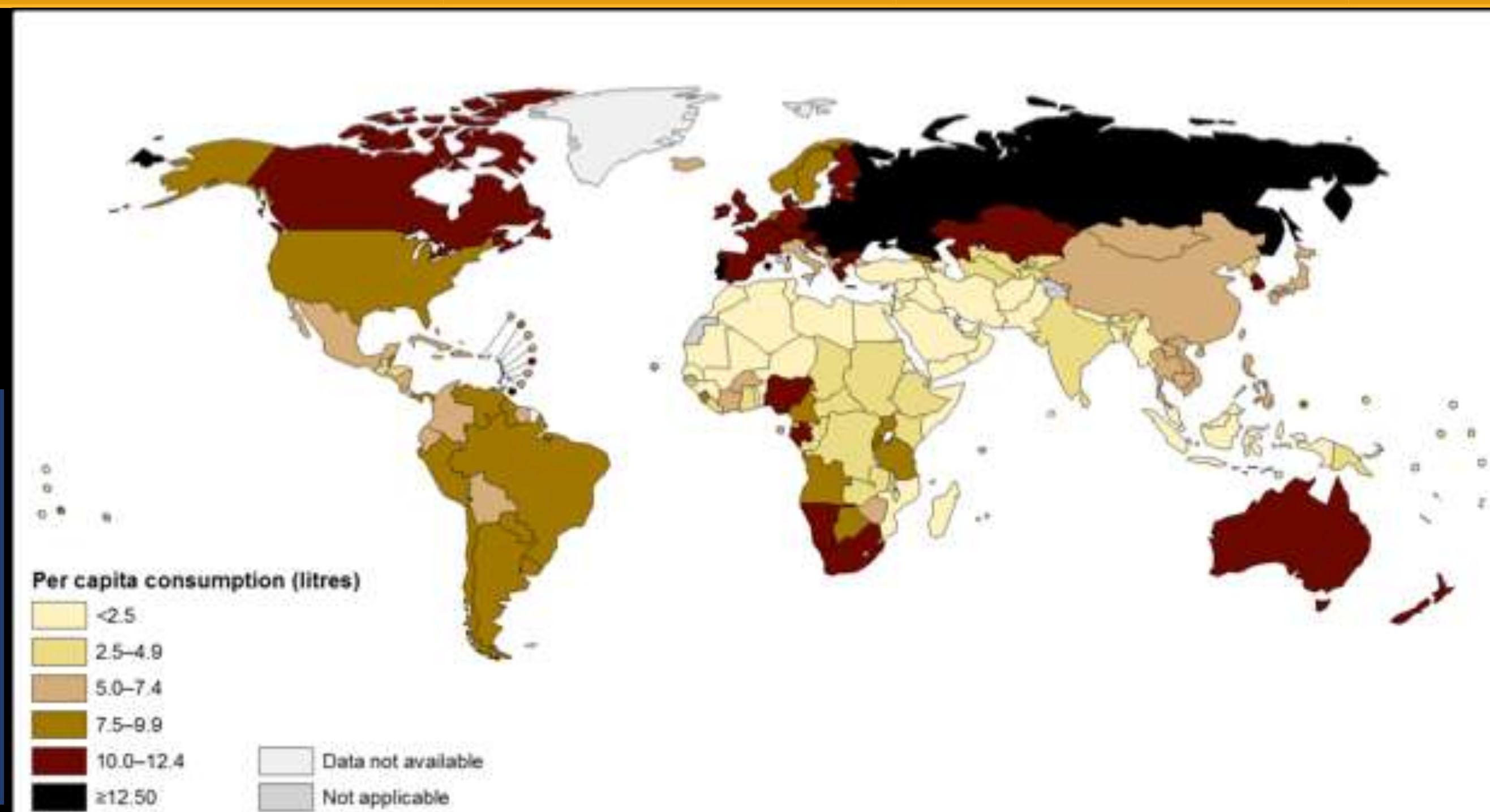
2ND HIGHEST REGION IN DRINKING RATES

MOST COMMON UNDERLYING BEHAVIORAL RISK FOR
DEATHS IN YOUNG

10% OF COLORECTAL CANCER, 8% BREAST CANCER, 10%
HYPERTENSIVE HEART DISEASE GLOBALLY

ALCOHOL

ANNUAL ALCOHOL
CONSUMPTION PER
CAPITA (15 + YEARS)
IN LITERS OF PURE
ALCOHOL,
2010



11.4 MILLION DEATHS GLOBALLY IN 2010, 12% IN AMERICAS

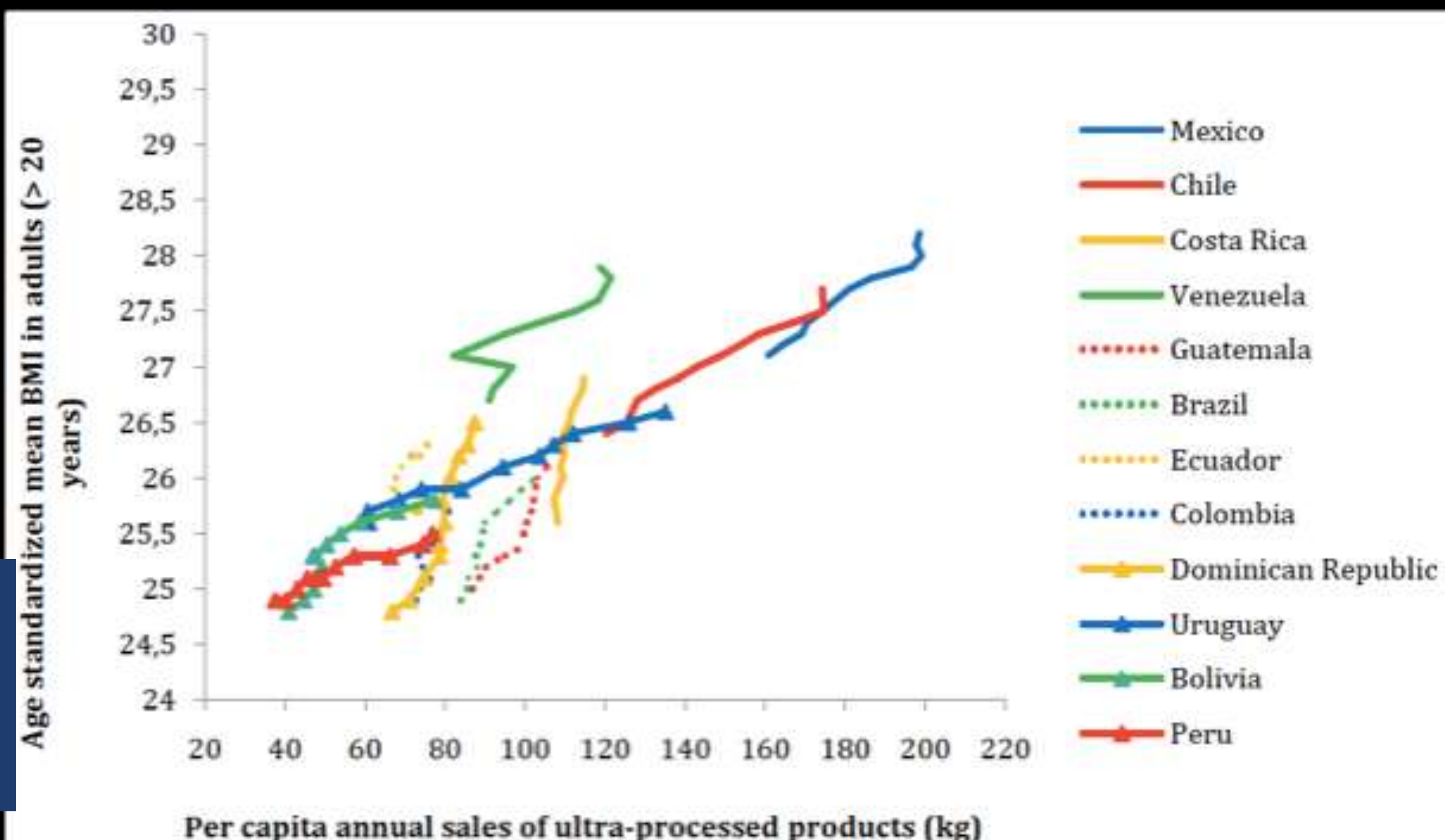
DIETARY RISKS

INCREASED URBANIZATION

WOMEN IN WORKFORCE

INTENSIVELY MARKETING PROCESSED FOODS AND
BEVERAGES

BODY MASS INDEX IN ADULTS AND
PER CAPITA ANNUAL SALES OF ULTRA-
PROCESSED FOOD AND DRINK PRODUCTS IN 12
LATIN AMERICAN COUNTRIES, 1999-2009

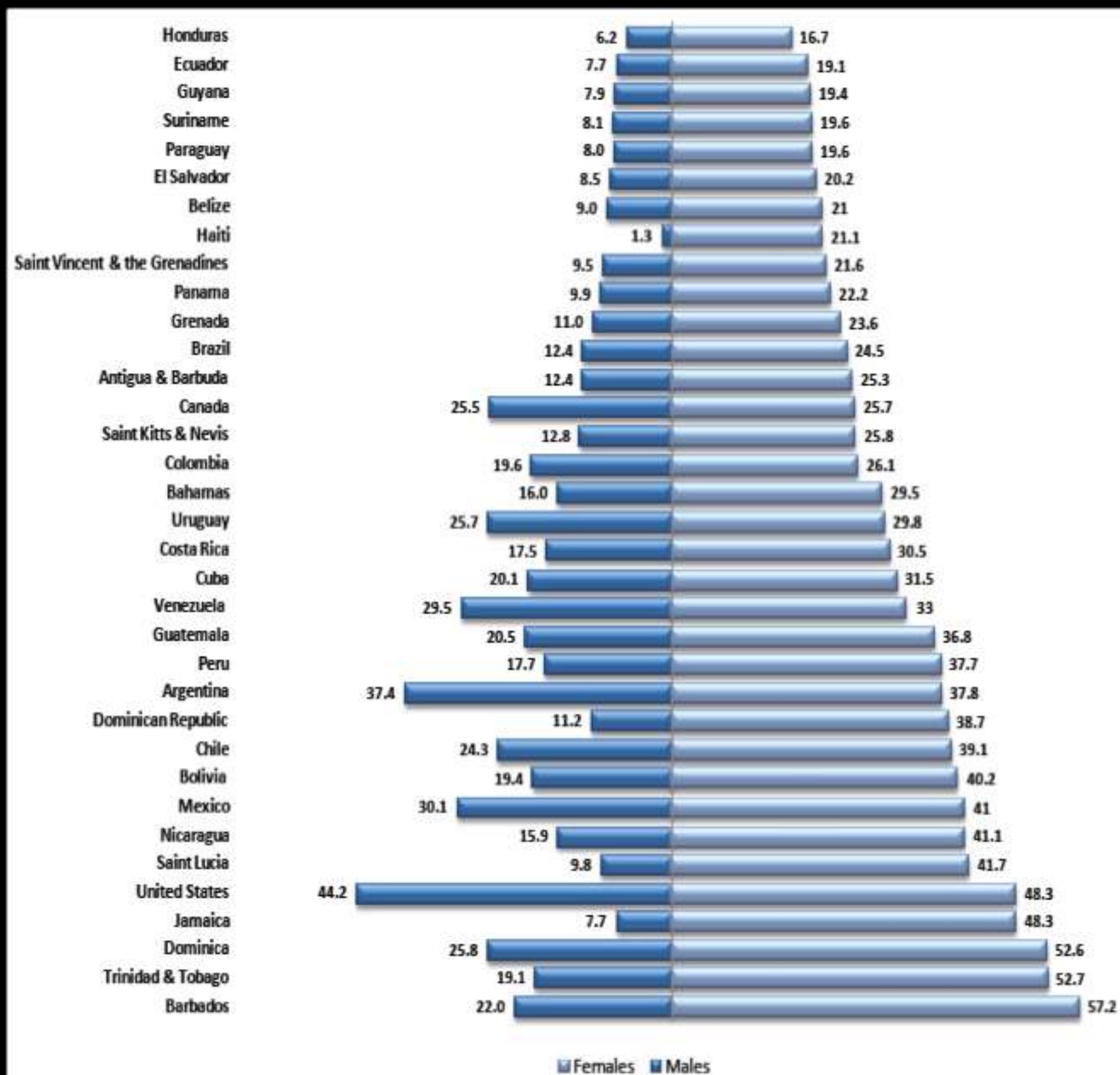


DIETARY RISKS

salt
low fruit and vegetable intake
trans and saturated fat
sugar sweetened beverages
and more

ESTIMATED ADULT OBESITY (BMI>30) PREVALENCE (%), 2010

Obesity



1 IN 2 RESIDENTS OF THE REGION DON'T GET 150 MINUTES PER WEEK MODERATE ACTIVITY

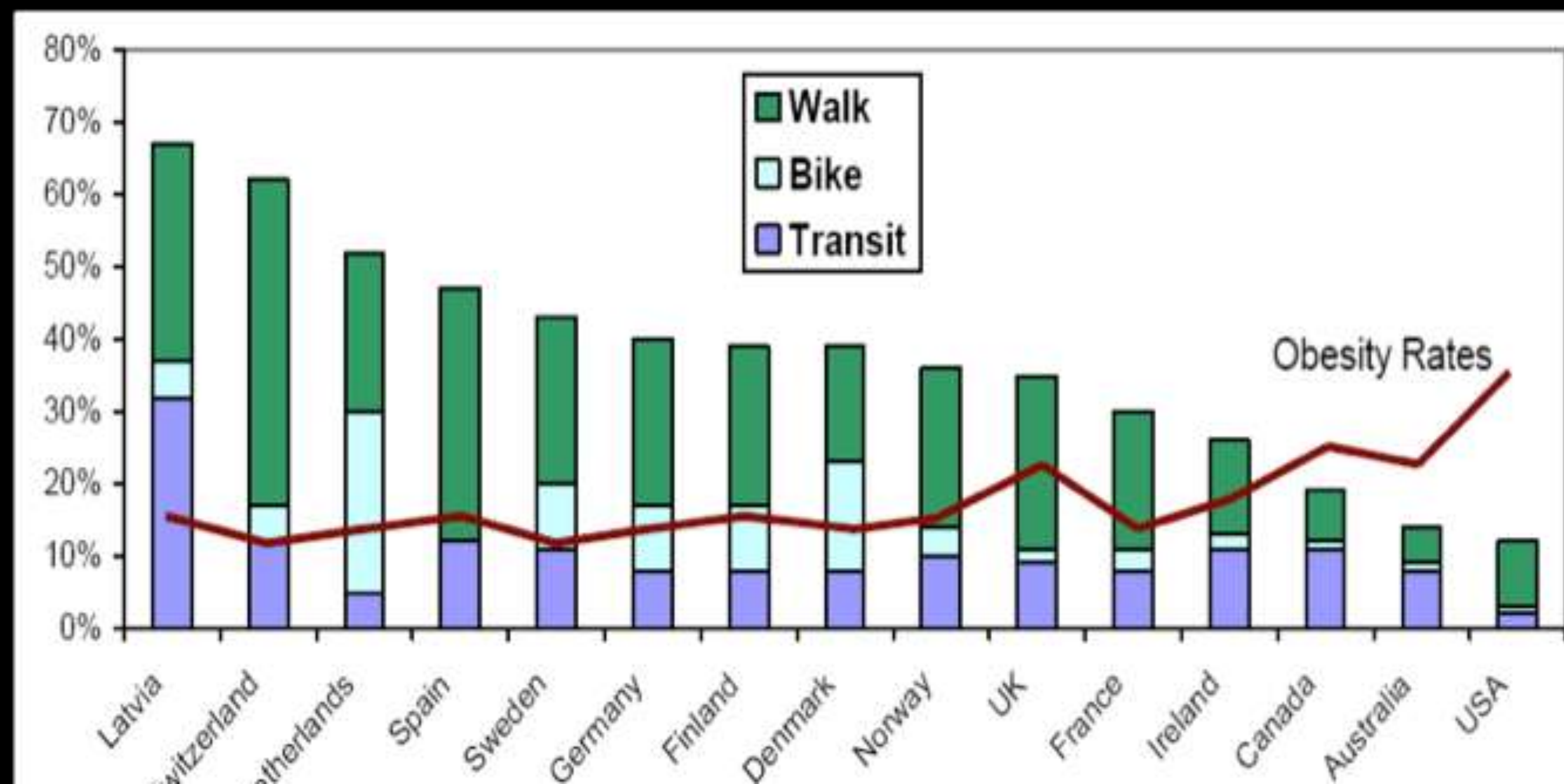
RAISES RISK OF ALL CAUSE MORTALITY 20-30%

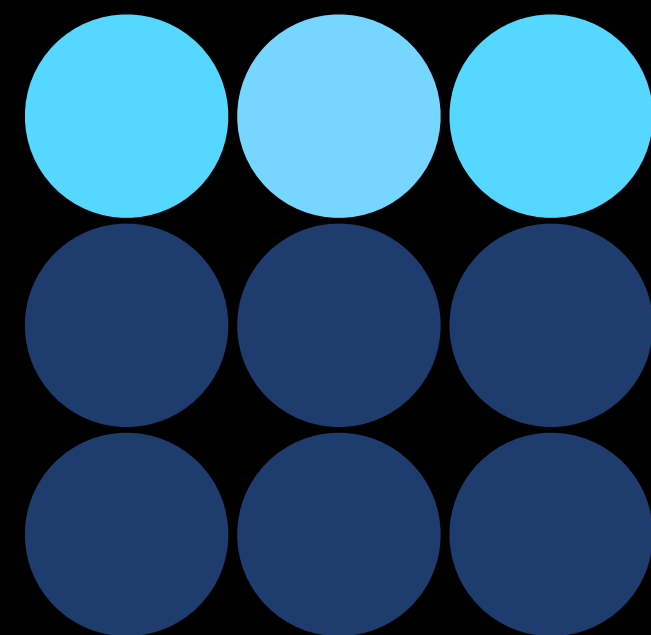
INCREASES RISK INDEPENDENT OF OBESITY

RELATED TO URBAN DESIGN,
VIOLENCE, INCOME,
ENVIRONMENTAL CHANGES

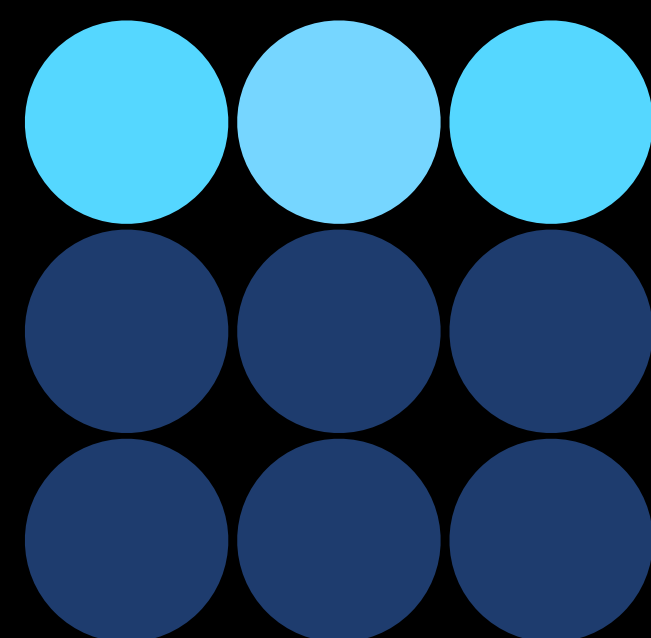
PHYSICAL NACTIVITY

ACTIVE TRANSPORTATION
AND OBESITY RATES
BY COUNTRY, BASSETT 2008

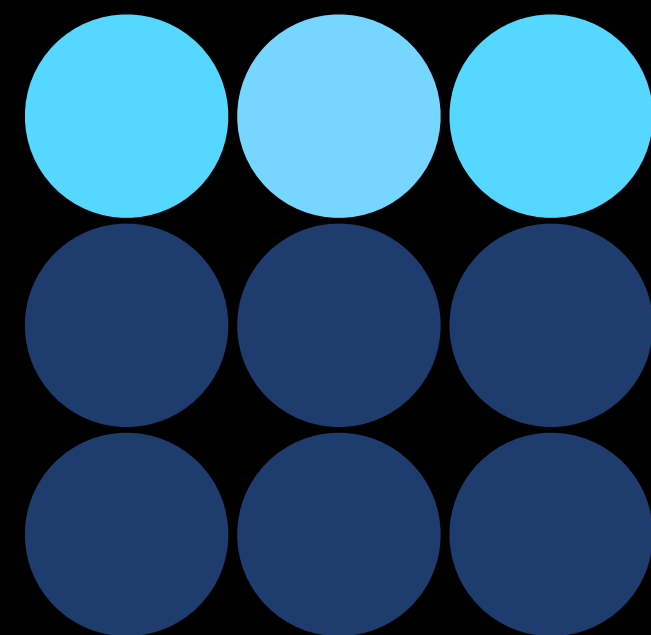




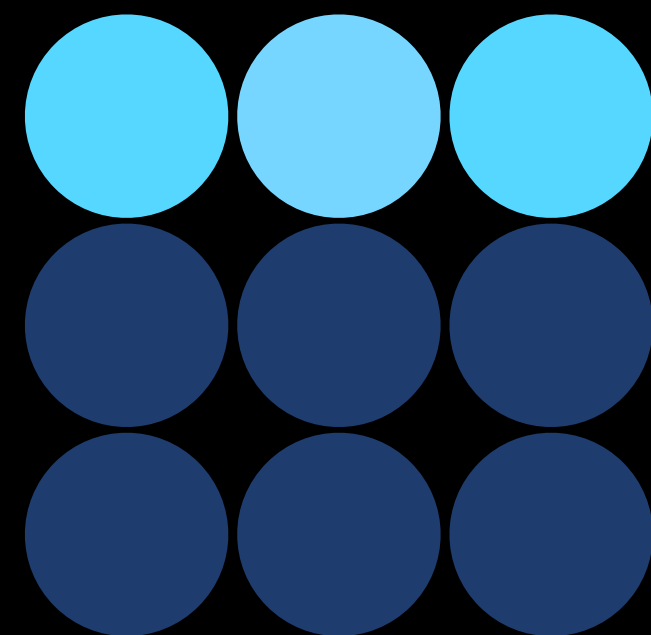
AN
UNEQUAL
BURDEN



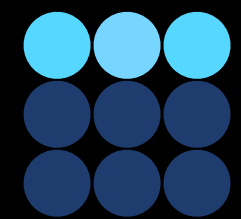
WE CANNOT TREAT
OUR WAY OUT OF
THE NCD EPIDEMIC



NO CHOICE BUT
TO ADDRESS ROOT
CAUSES

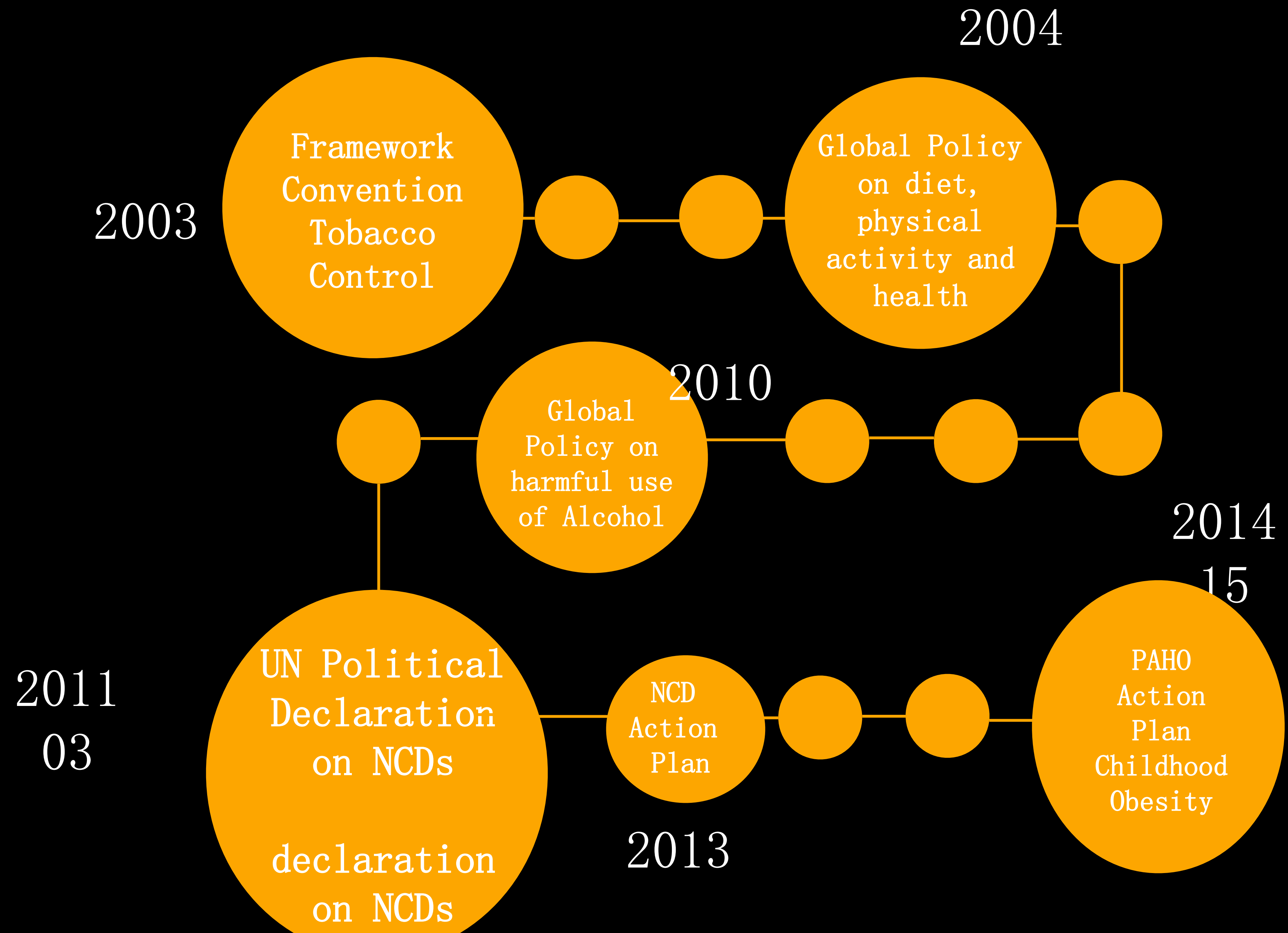


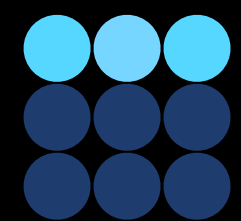
INTERNATIONAL
POLITICAL
COMMITMENT TO NCDS



Political
Commitments

International Commitments





Political
Commitments

GLOBAL ACTION PLAN RISK FACTOR TARGETS

REDUCE PREMATURE MORTALITY BY 25% BY 2025

25 by 25

Reduce
Tobacco Use
by 30%

Reduce
Salt Intake
by 30%

Reduce
harmful use
of alcohol
by 10%

Reduce
Physical Inactivity
by 10%

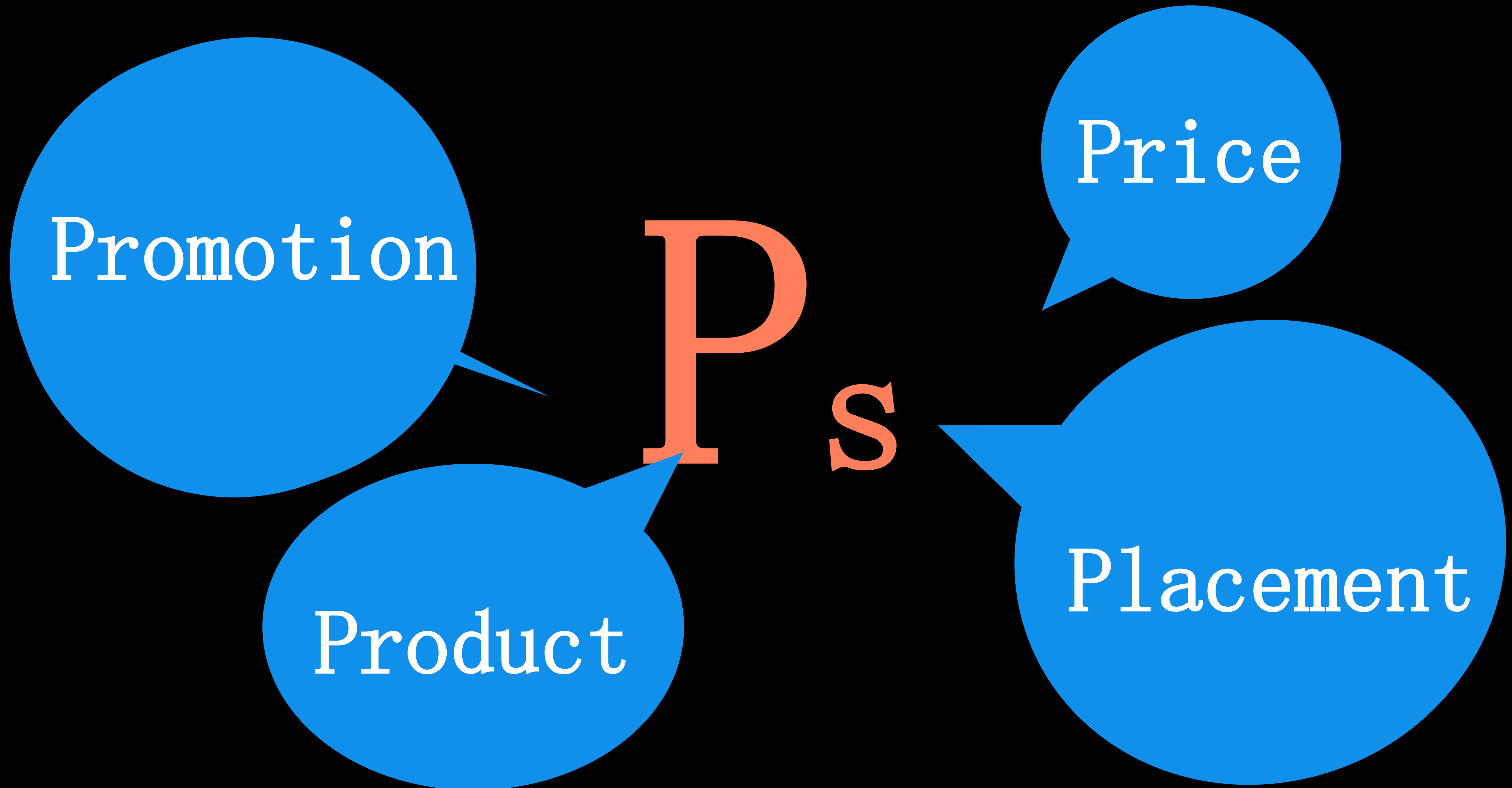
Reduce Raised
BP by 25%

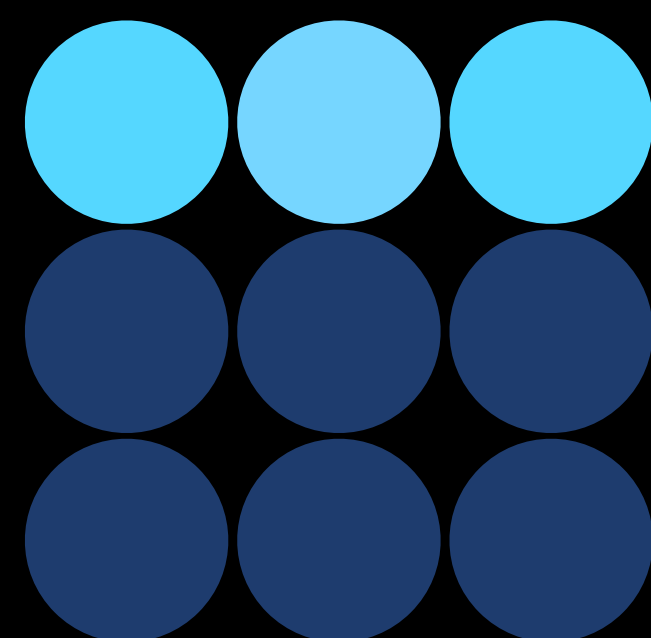
Halt the rise
in obesity
and diabetes

Restrict
marketing
of unhealthy food
to children

Reduce saturated
fat; near
elimination of
trans fat

TOBACCO, FOOD AND ALCOHOL SHARE MARKETING STRATEGIES AND REGULATORY CHALLENGES





THE REGULA INITIATIVE

A DOUBLE CHALLENGE

Building capacity for
regulating
specific
risk factors

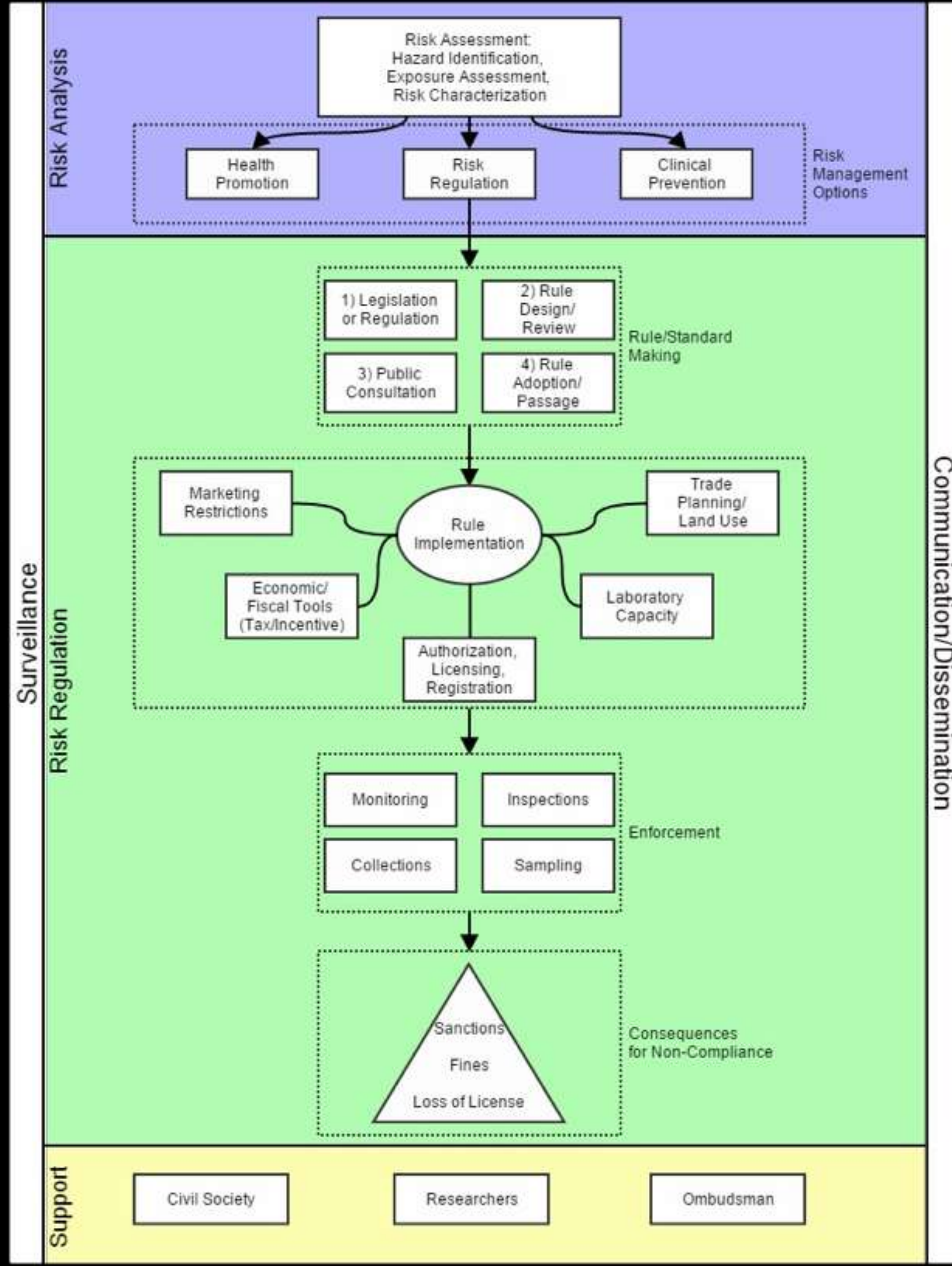
Building institutional
capacity for
regulating for
health

OECD DEFINITION

Regulation

“ ANY INSTRUMENT BY WHICH
GOVERNMENTS, THEIR SUBSIDIARY
BODIES AND SUPRANATIONAL BODIES
(SUCH AS THE EU OR THE WTO) SET
REQUIREMENTS ON CITIZENS AND
BUSINESSES THAT HAVE LEGAL FORCE ”

RISK REGULATION PROCESS



SOME TOOLS FOR THE TOOLBOX

ECONOMIC INSTRUMENTS

TAXES
MINIMUM PRICES
INCENTIVES
FEES
SUBSIDIES
USE OF PUBLIC PURCHASING

PRODUCT REGULATION

PROHIBIT
CONTENT REGULATION
SIZE
PLACE OF SALE
PERMITS OR LICENSES

CONSTRAINTS ON MARKETING

PROHIBIT
LIMITS ON AGE, TIME, PLACE, MANNER
PLAIN PACKAGING

INFORMATION

LABELLING
DISCLOSURE REQUIREMENTS

SETTINGS BASED AND SOCIAL
NORMS

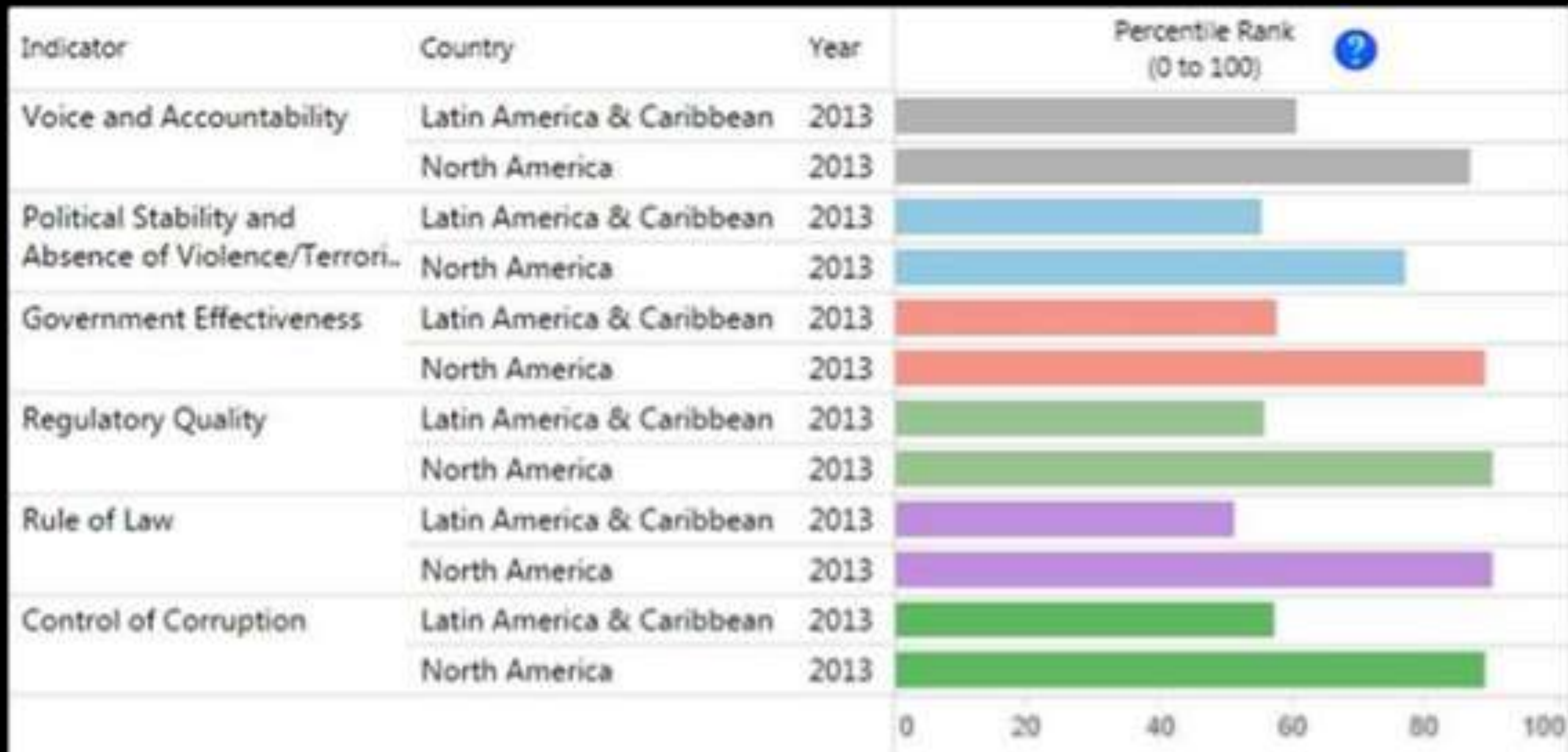
SMOKE FREE AIR
SCHOOL, DAYCARE OR WORK STANDARDS

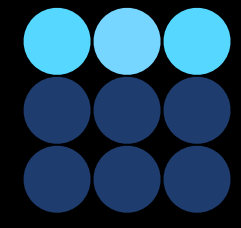
ALTERNATIVES

HEALTH PROMOTION
SELF REGULATION

REGULATION AS PART OF GOVERNANCE

WORLD BANK GOVERNANCE INDICATORS





Regulation

CORRUPTION – No magic bullet
but some strategies

- Stakeholder Participation

Monopoly management

- Clarity in communication
- Eliminate differential information
- Decreasing concentration of power
- Shared control over the process

Eliminating discretion

- Increasing Transparency
- Decreased transaction costs
- Reduced opportunity costs
- Limited direct contact with the regulated entity
- Control of conflict of interest
- Reasonable and defined times for response

Assuring accountability

- Established structures for accountability
- Reduce space for discretionary action
- Staff professional meritocracy



- + Influence the Political and legislative process
- + Exaggerate the economic importance of the industry & negative impact of regulation
- + Manipulate public opinion to improve the industry's image
- + Facilitate support through front groups
- + Discredit proven science
- + Intimidate governments with litigation

Source - WHO 2013

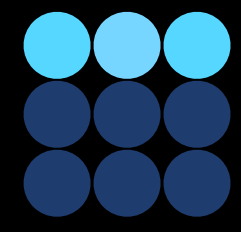
- + Need to go beyond access to medication
- + Assure right to protect public health in all agreements, global and regional
- + Work with Ministries of foreign relations and others to keep public health on the agenda
- + WTO SPS agreements : *"Members shall ensure that their sanitary or phytosanitary measures are based on an assessment, as appropriate to the circumstances, of the risks to human, animal or plant life or health, taking into account risk assessment techniques developed by the relevant international organizations"*

No, we can't.

health promotion is great, but:

Can't we
educate our way
out of this?

1. We can't outspend corporate marketing or even come close
2. Consumers have imperfect, biased and unbalanced information
3. Difficulty of accessing all social groups
4. Health promotion usually targets those at highest risk so most people who will develop a condition are not reached
5. Financial difficulty to take to scale and sustain
6. Less effective than environmental change



Regulation

Poor substitute, usually used to
delay or disarm governmental action

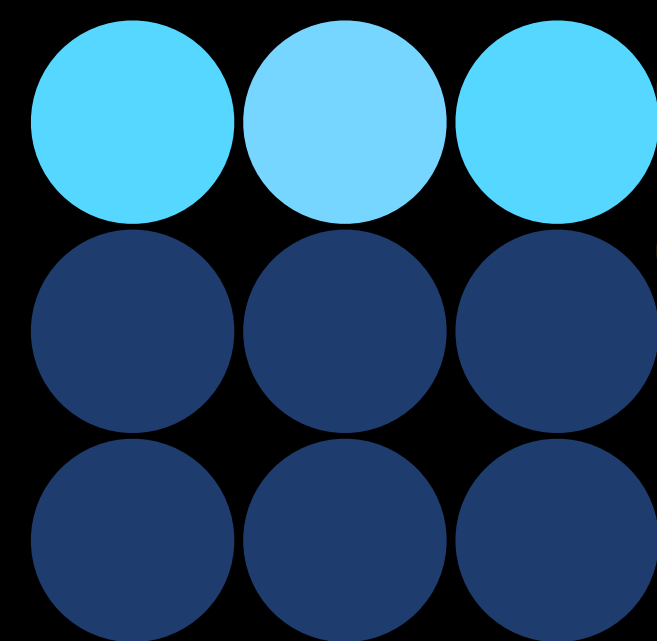
What about
self-regulation?

If you use it, use the other playbook:

Independent scientific standards,
Transparent and required external
monitoring not financed by industry

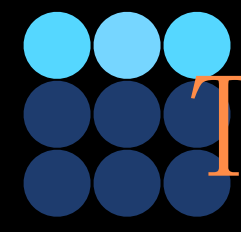
Clear and significant objectives

Stewardship by government or other credible body



Regulating the Big

4



The Big 4

TOBACCO – THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

Demand reduction:

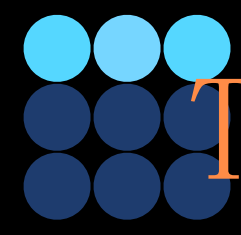
- Price and tax measures
- Protection from exposure to tobacco smoke.
- Regulation of the contents
- Regulation of disclosures.
- Packaging and labeling
- Education, communication, training and public awareness.
- Advertising, promotion and sponsorship.
- Reduction measures concerning tobacco dependence and cessation

Supply reduction:

- Illicit trade in tobacco products.
- Sales to and by minors.
- Provision of support for viable economic alternative

Reporting, Monitoring & Conference of the Parties

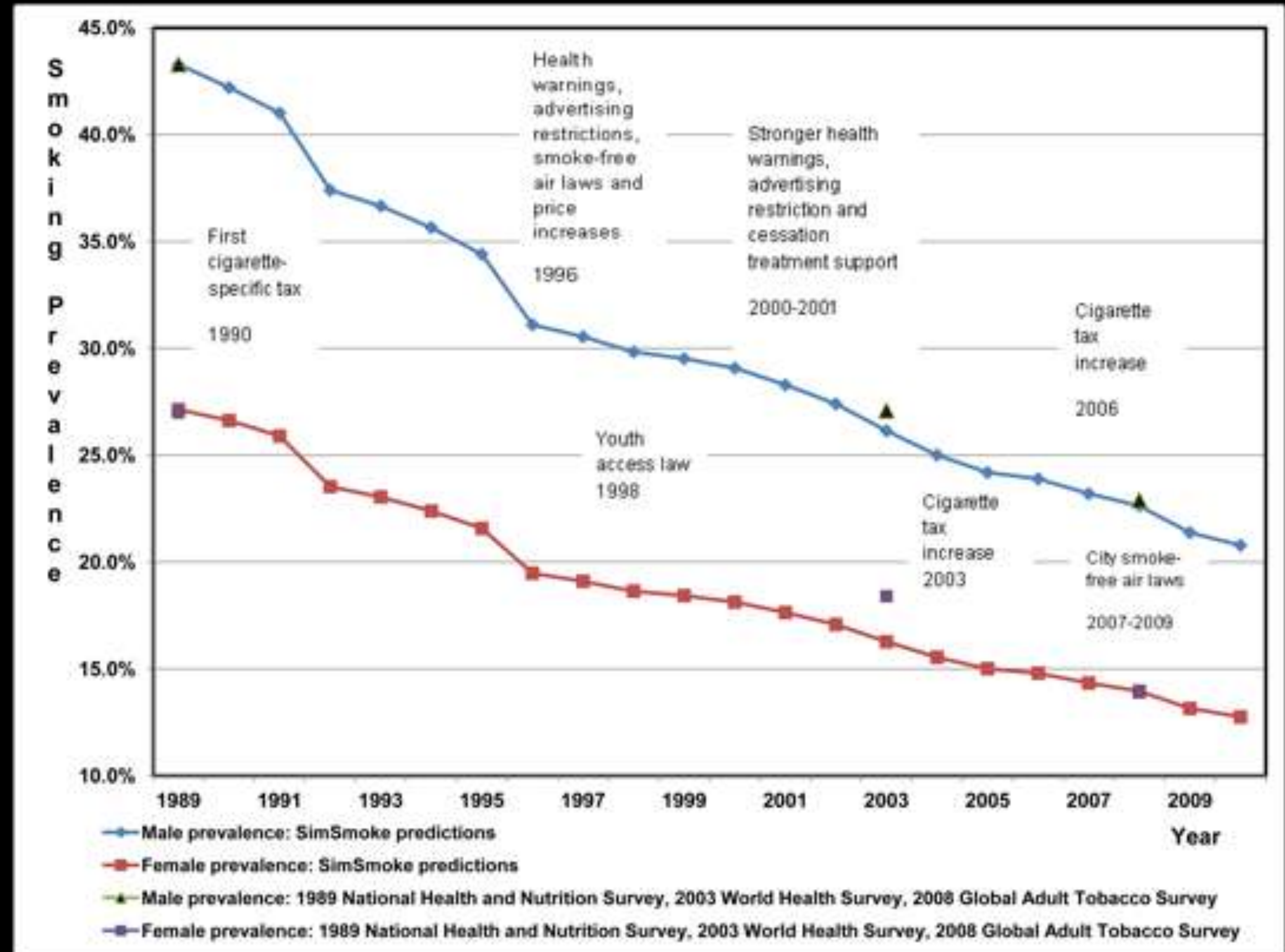
FCTC

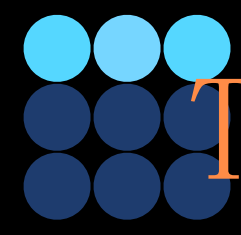


The Big 4

New:
Banned E cigs
Flavored products

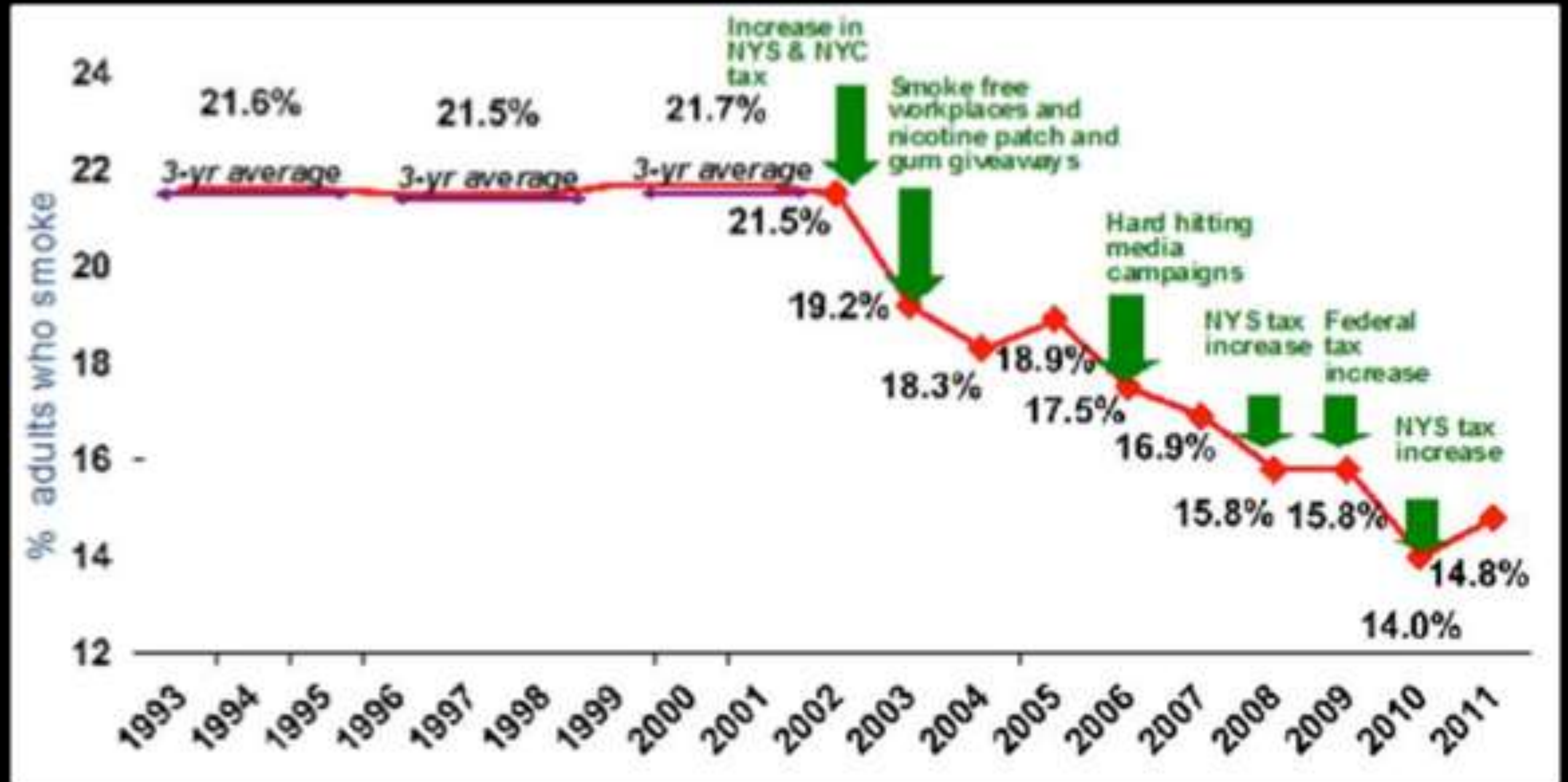
MULTIFACETED TOBACCO CONTROL SUCCESS BRAZIL 1989-2009

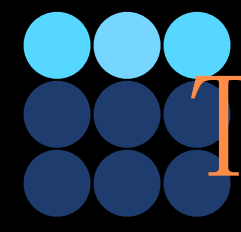




The Big 4

MULTIFACETED TOBACCO CONTROL SUCCESS NEW YORK CITY 1993-2011



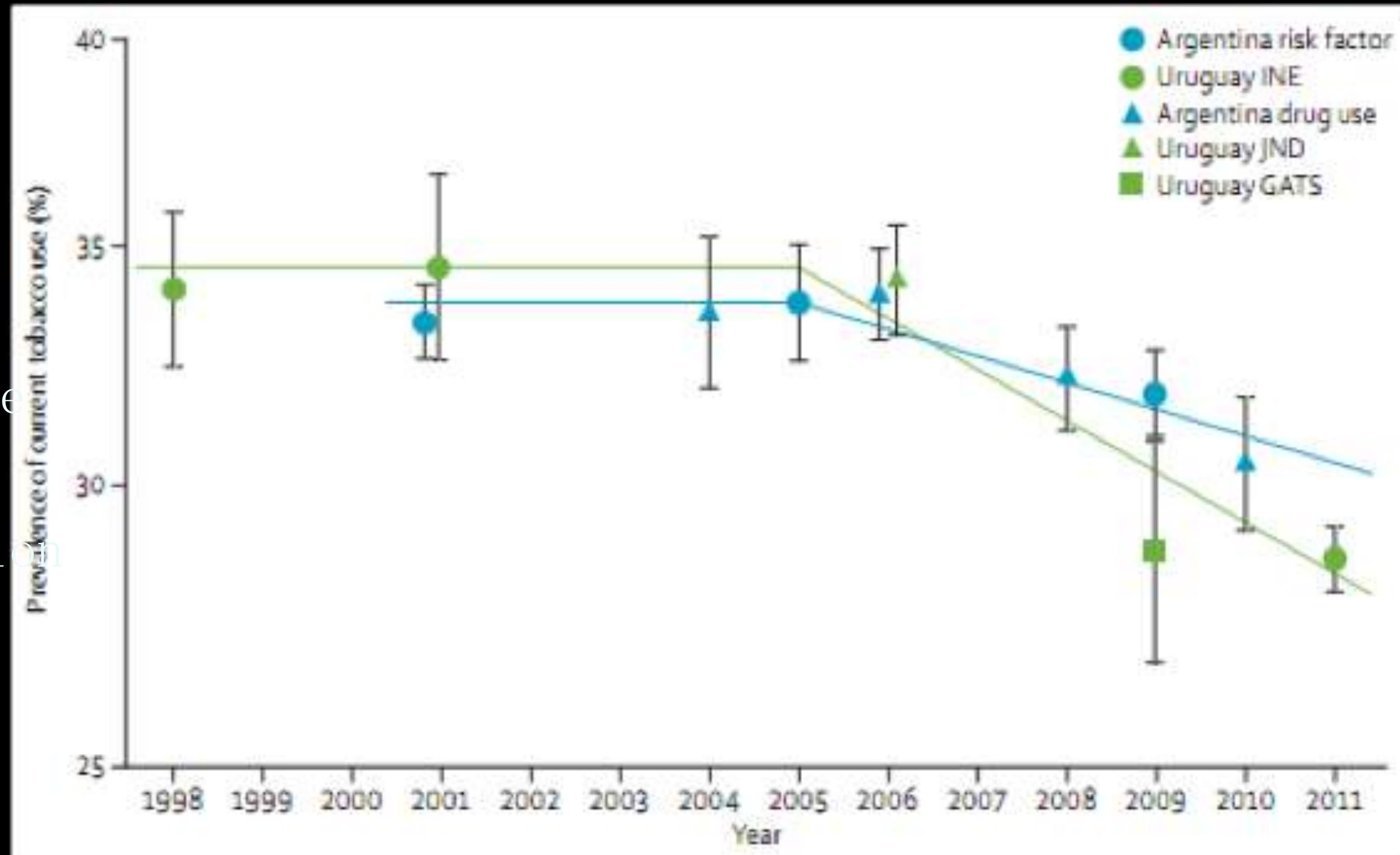


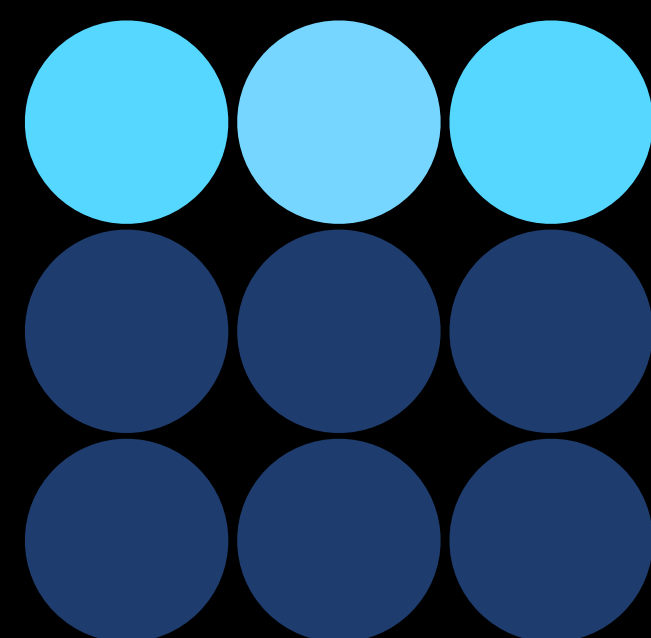
The Big 4

MULTIFACETED TOBACCO CONTROL SUCCESS URUGUAY 1998-2011

Early FCTC adherent

- Monitoring
- Smoke free air
- Cessation support in PHC
- Graphic packaging 80% front and back;
- Ban on misleading terms
- Restricted brands to a single presentation each;
- Banned all advertising promotion and sponsorship
- Raise taxes prices 88%
- Ban on e cigarettes





THESE
TOBACCO MEASURES
WORK

The Big 4

STATUS OF TOBACCO CONTROL
IN THE AMERICAS
LOTS OF PROGRESS BUT
WE STILL HAVE A LONG WAY TO GO
(THE DARKER THE BETTER)

2012 INDICATOR AND COMPLIANCE								CHANGE SINCE 2010					
COUNTRY	ADULT DAILY SMOKING PREVALENCE (2011)	M MONITORING	P SMOKE-FREE POLICIES	O CESSATION PROGRAMMES	W WARNINGS		E ADVERTISING BANS	R TAXATION	P SMOKE-FREE POLICIES	O CESSATION PROGRAMMES	W HEALTH WARNINGS	E ADVERTISING BANS	R TAXATION
			LINE'S REPRESENT LEVEL OF COMPLIANCE		HEALTH WARNINGS	MASS MEDIA	LINE'S REPRESENT LEVEL OF COMPLIANCE		CHANGE IN POWER INDICATOR (UP OR DOWN, SINCE 2010)				
Antigua and Barbuda	...						—	7%					
Argentina	17%							68%	▲		▲	▲	
Bahamas	...		—				—	30%		▲			
Barbados	5%		...				—	49%		▲			
Belize	4%		—				—	21%					
Bolivia (Plurinational State of)	5%							42%		▲			
Brazil	15%							63%	▲			▲	
Canada	13%							64%			▲		
Chile	27%							81%					
Colombia	14%		44%					
Costa Rica	6%							72%	▲		▲	▲	
Cuba	...						—	75%					▲
Dominica	5%		—				—	23%					▼
Dominican Republic	14%						—	59%					
Ecuador	...							73%	▲		▲	▲	
El Salvador	5%		—				...	52%	▼	▲	▲	▲	
Grenada	...		—				—	...					▼
Guatemala	3%		...				—	49%					▼
Guyana	10%						—	30%					
Haiti	...		—				—	...					
Honduras	...							34%		▲			
Jamaica	...		—					46%					▼
Mexico	7%							67%					
Nicaragua				—	29%					
Panama	5%							57%					
Paraguay	13%						—	17%					
Peru	...							42%					
Saint Kitts and Nevis	5%		—				—	20%					
Saint Lucia	...		—				—	20%					▼
Saint Vincent and the Grenadines	...		—				—	19%					
Suriname	...		—				—	61%					
Trinidad and Tobago	...							33%		▲			
United States of America	...						—	42%					
Uruguay	20%							69%					
Venezuela (Bolivarian Republic of)	...							71%	▲				

From a dietary perspective, it is now recognized that the individual's food preferences, purchasing decisions, and eating behaviors are shaped by price, marketing, availability, and affordability. These factors are in turn influenced by government policies and regulations on trade and agriculture (PAHO)

BIG PICTURE – RETURN TO FRESH AND MINIMALLY PROCESSED FOODS

NUTRIENT BASED CHANGES:
LOWER SALT CONTENT
REDUCE ADDED SUGAR CONSUMPTION
ELIMINATE TRANS FAT
REDUCE SATURATED FAT
ELIMINATE MARKETING TO CHILDREN
INCREASE FRUITS AND VEGETABLES

The Big 4

DIETARY GUIDELINES BR USA

CALORIE LABELING NYC US

BAN TRANS FAT NYC

LABEL TRANS FAT US, ARG BR UR PA CH

ARG PA BR CA CH MX

BABYFRIENDLY

FRONT OF PACKAGE

TRAFFIC LIGHT ECUADOR

INITIATIVES ARG PA BR CA CH MX

HEALTHY FOOD INCENTIVES US

IMPROVE SCHOOL & DAYCARE FOOD BR, MX, USA

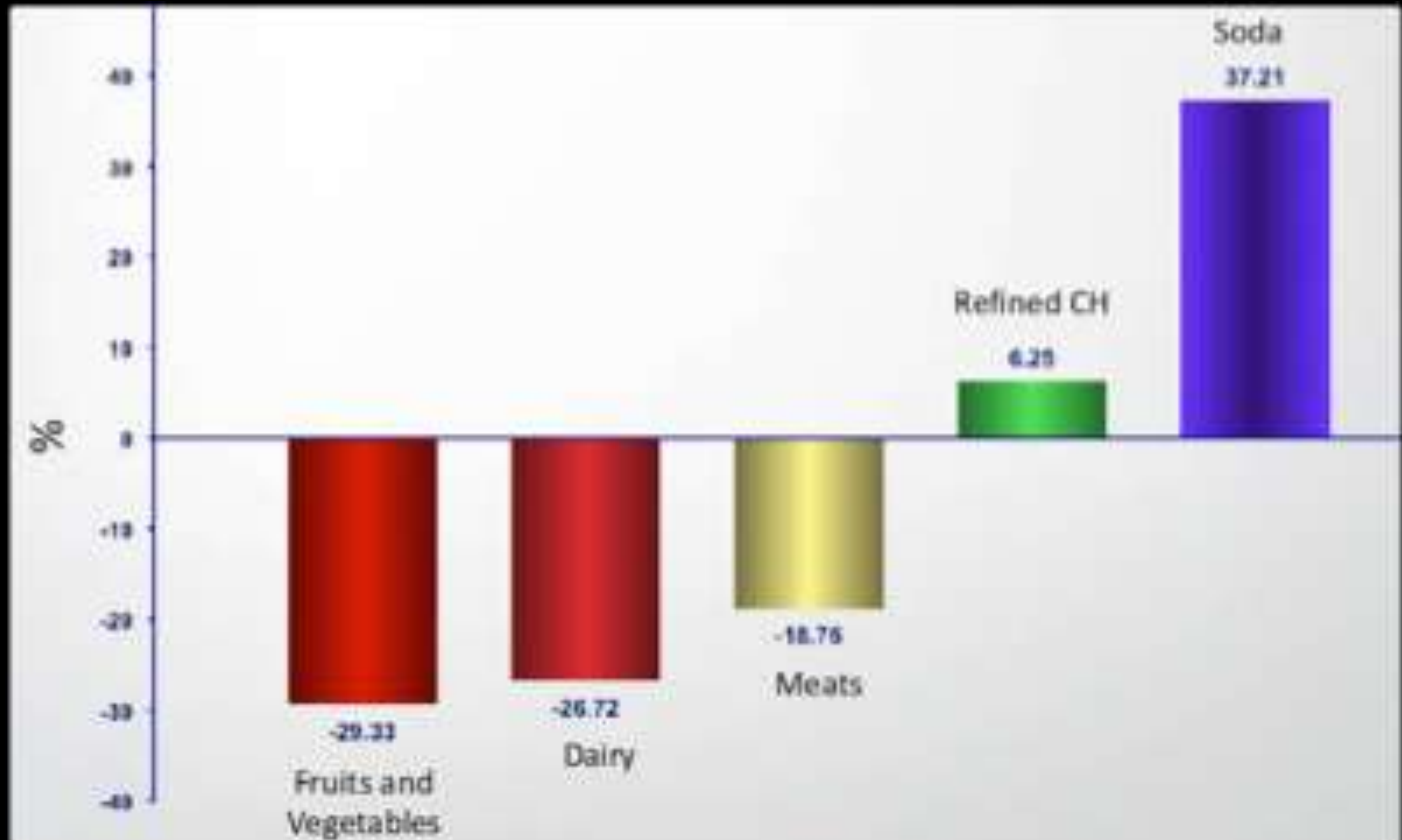
IMPROVE PUBLIC PROCUREMENT



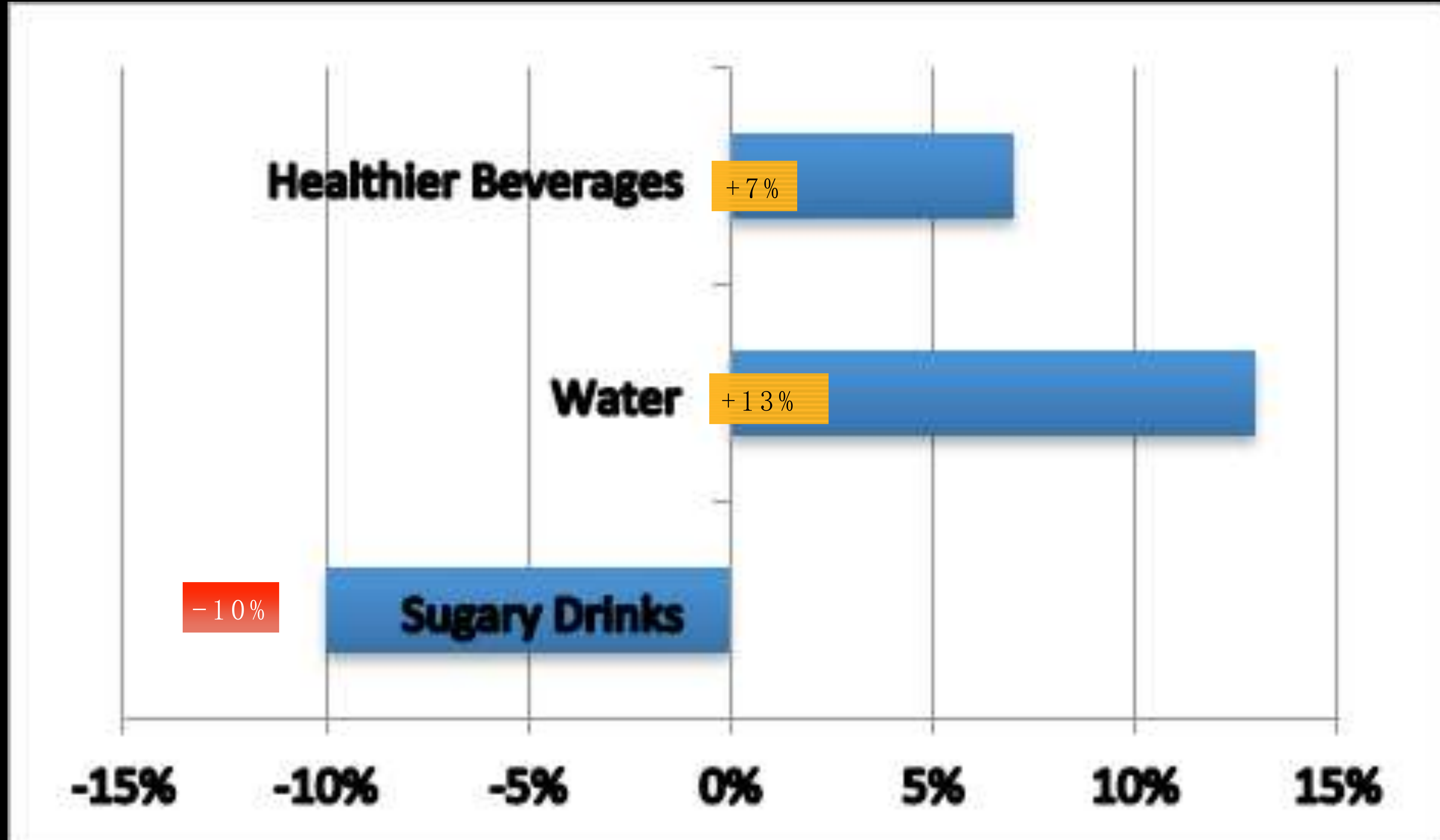


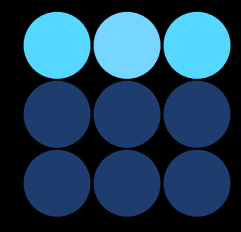
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BEFORE: TRENDS IN EXPENDITURES ON SODA AND
OTHER FOOD PRODUCTS MEXICO 1986-1998
(% CHANGE IN HOUSEHOLD EXPENDITURE)



AFTER TAX : TRENDS IN BEVERAGE SALES IN MEXICO
1ST QUARTER 2013 VS. 1ST QUARTER 2014



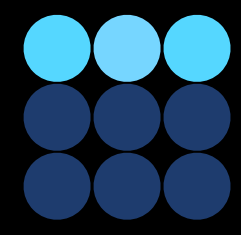


The Big 4

Harmful use
of alcohol

WHO RECOMMENDED STRATEGIES FOR ALCOHOL

Building leadership, awareness and commitment
Strengthening the response of health services
Reducing the availability of alcohol
Marketing restrictions
Pricing policy/Excise tax
Community action
Drink driving countermeasures
Reducing the impact of illicit and informal
Reducing negative consequences of alcohol
Monitoring and surveillance



The Big 4



The Story of Diadema, 2002

REDUCING ALCOHOL AVAILABILITY & HOURS

Harmful use
of alcohol

4,800 bars told to close between 23h
and 6 am

Homicides

47%

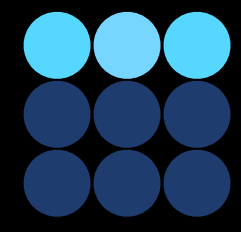
Road Accidents 30%

Assaults against women 55%

Alcohol related hospital admission 80%

Business improved

Copied by 120 municipalities and one



The Big 4

PHYSICAL INACTIVITY

WHO RECOMMENDED STRATEGIES FOR PHYSICAL ACTIVITY

Adopt national guidelines

Establish multisectoral coordination nexus

Adopt a whole of government approach

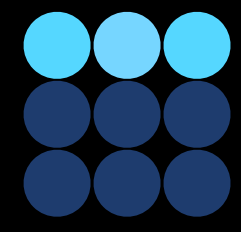
Promote PA in activities of daily life:

- Active transportation

- National and local urban planning and transportation measures

- Strengthen PA in schools, preschool and other

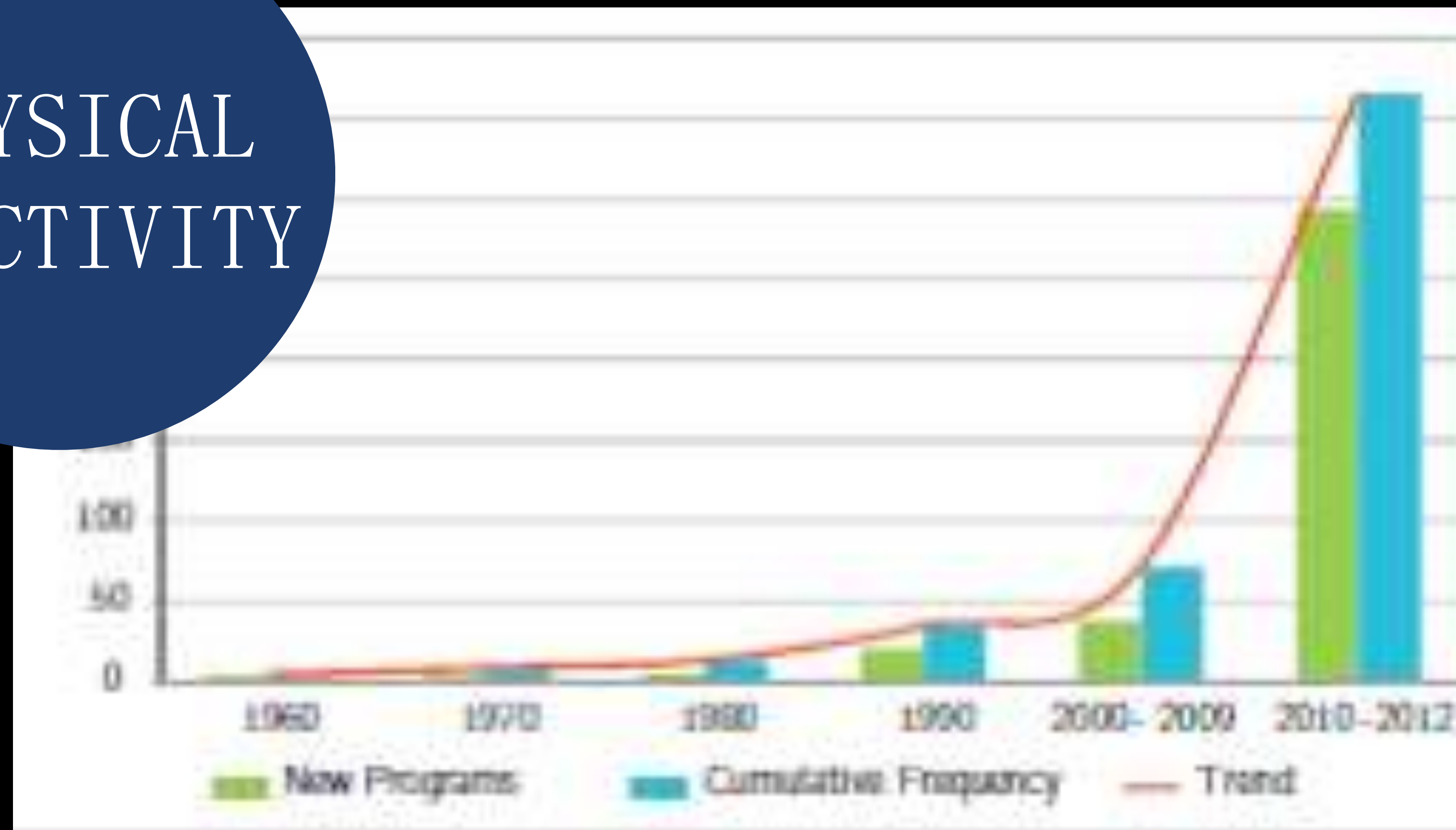
PAHO Indicator: countries with 70% of schools with ≥ 30 min/d of moderate to vigorous activity

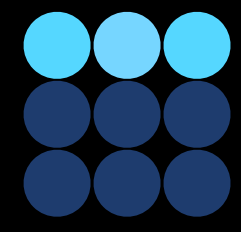


The Big 4

OPEN STREET EXPANSIONS IN THE AMERICAS LAST 50 YEARS

PHYSICAL INACTIVITY

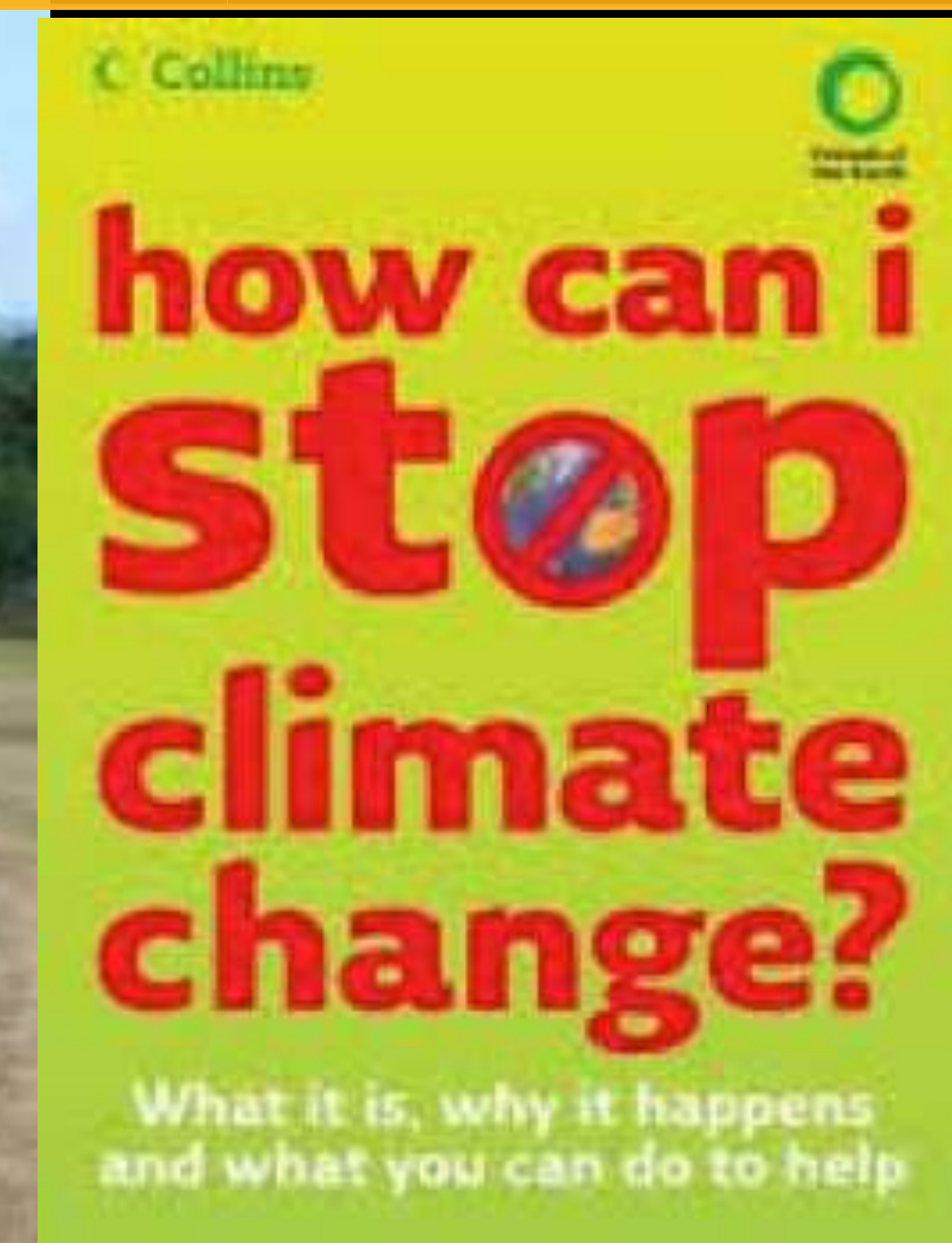


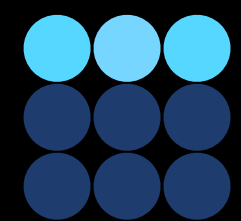


The Big 4

PHYSICAL
INACTIVITY

ACTIVE TRANSPORTATION:
HEALTH AND SUSTAINABILITY
COBENEFITS





The Big 4

Country Capacity

2013 SURVEY;
36 COUNTRIES
RESPONDED

Strengths in
tobacco,
weakness in
other areas

97% HAVE NCD PLAN, BUT
ONLY
31% FOR ALCOHOL
22% FOR DIETARY RISKS
42% FOR PHYSICAL ACTIVITY
31% FOR OVERWEIGHT

Tobacco and alcohol
taxes extensively
used but too low

WHERE DOES REGULATION SIT?

MOH VS. (SEMI) INDEPENDENT REGULATORY BODIES

Country Capacity



AGENCY	COUNTRY	RISK ANALYSIS	RULE MAKING	AUTHORI ZATION	OPERATI ON	ECONOMIC INSTRUME NTS	SANCTION	CONSULTATIVE PROCESS
FDA	USA	YES	YES	YES	YES	NO	YES	YES
ANVISA	BRAZIL	YES	YES	YES	YES	NO	YES / SHARED	YES
COFEPRIS	MEXICO	YES	YES / SHARED	YES	YES	NO	YES	FOR RULE MAKING
INVIMA	COLOMBI A	NO / BY MOH TECHNICAL AREA	NO / BY MOH TECHNICAL AREA	YES	YES	NO	YES	NO
HEALTH CANADA	CANADA	YES / SHARED	YES / SHARED	YES	YES	NO	SHARED	YES



LOOKING FORWARD



Meet the 25 x 25% premature mortality goal by achieving NCD risk factor reduction targets



Strengthen the public health stewardship function



Help level to playing field between societal and economic actors, strengthening fair governance

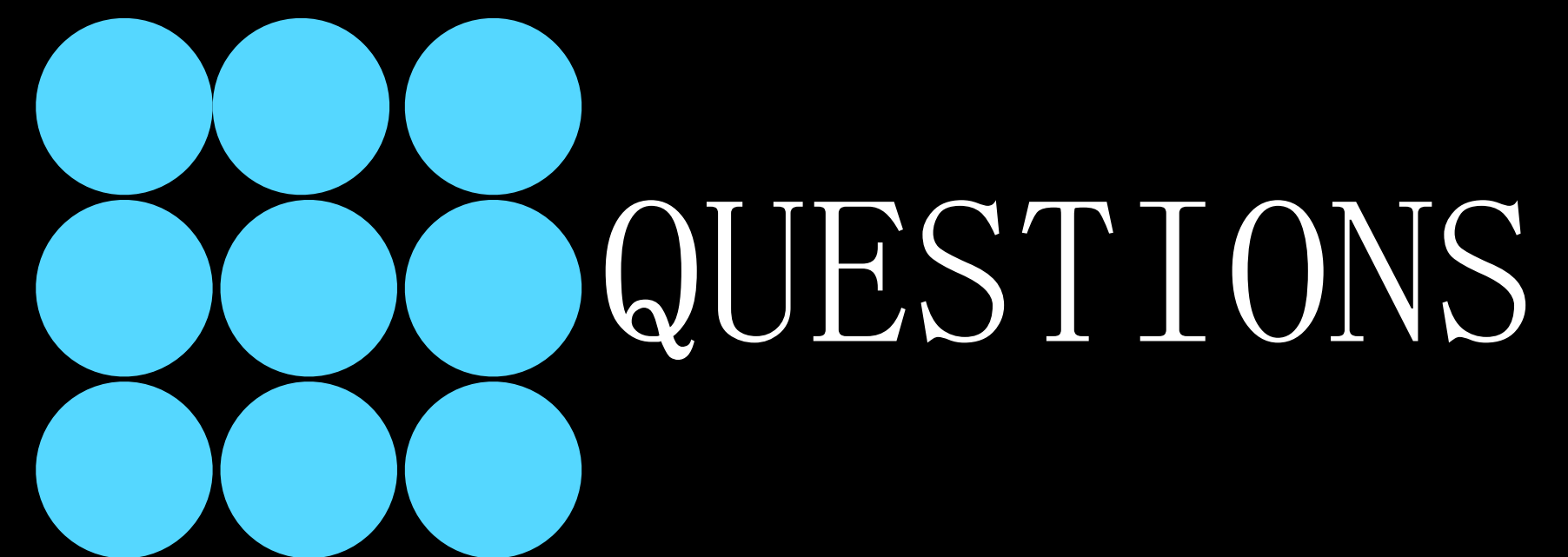
BY :

Looking
forward

1. Institutional capacity building for effective regulation
2. Technical capacity building for NCD risk factor regulation
3. Evaluation of regulatory processes
4. Research
5. Technical cooperation by PASB & between states







What are the best arguments to make the case to advance regulatory action for NCD prevention in countries with high NCD burden?

Does this first draft document provide forceful enough arguments to advance regulatory action?

Were the opportunities that motivate and facilitate regulatory action on NCD risk factors captured and addressed?

Were the barriers to advancing regulatory action on NCD risk factors captured and addressed?

thank you

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