

# 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



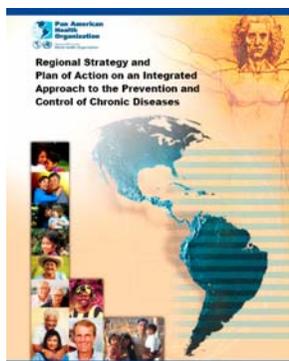
Vol. 1, No. 1, January 2007

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## Regional Developments

### Regional Strategy for Chronic Disease Prevention and Control Approved



The *Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity, and Health* (CD47/17, September 2006), was approved by the PAHO Directing Council at their September meeting. Closely related strategies are the *Regional Strategy and Plan of Action on Nutrition in*

*Health and Development*, 2006-2015 (CD 47/18) and the *Regional Strategy on Health Promotion* (CD 47/16). In the past year, two other WHO Regions—SEARO and EURO—have also approved chronic disease strategies, so that worldwide momentum is building up.

The Strategy is comprehensive, requiring a combination of interventions for the population and individuals. It is integrated, spanning prevention and control strategies focusing on the major chronic diseases and cross-cutting risk factors (especially diet, physical activity, tobacco, and alcohol). Finally, it is intersectoral, because most of the major determinants of the chronic-disease burden lie outside the health sector.

Consequently, the Strategy uses **four lines of action**:

1. surveillance,
2. advocacy & policy,
3. health promotion & disease prevention, and
4. integrated management of chronic diseases & risk factors.

In its implementation, the Strategy will mobilize and deepen a range of partnerships both inside and outside PAHO.

The Regional Strategy was developed through an intensive consultation process. The goal is to prevent and reduce the burden of chronic diseases and risk factors in the Americas. The target is a 2% annual reduction in chronic-disease death rates from the major chronic diseases, over and above current trends, which will result in the lives of over three million people being saved over the next 10 years, thus enabling them to discharge their social and work-related responsibilities. Globally, WHO has set the target of preventing 36 million deaths over the next 10 years.

It is intended that the CARMEN (*Conjunto de Acciones para la Reduccion y Manejo de Enfermedades No Transmisibles*) initiative will be a major vehicle for implementation of the regional strategy, bringing together Member Countries, the Secretariat, and partners. A CARMEN management committee meeting in March will consider a renewed vision and terms of reference for the initiative and network in the light of 10 years of CARMEN and the approved Regional Strategy, and make plans for a major CARMEN meeting to occur in autumn, which will

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develop national and subregional plans for the biennium 2008–2009. A Technical Advisory Group on chronic disease will be established to provide scientific guidance to the implementation of the Regional Chronic Disease Strategy. At the Program Secretariat at PAHO Headquarters, program implementation will be coordinated by an Interprogrammatic Working Group bringing together national, subregional, regional, and global levels of WHO.

The rationale for the Strategy is well known. Chronic diseases are the major cause of death in all our countries. They are commoner among the poor and, when they occur, push people and families into poverty. Worldwide, they cause 60% of all deaths; and over 35 million people will die from chronic diseases in 2006. The main problems—heart disease, stroke, cancer, diabetes, and chronic respiratory disease—are caused by hypertension, elevated blood sugar, hyperlipidemia, and overweight/obesity—which, in turn, are the result of unhealthy diets, physical inactivity, tobacco use and alcohol excess. These risk factors are largely socially determined and encompass knowledge, attitude, skills, and the social environment—culture, tobacco taxation, agriculture, education, mass-transportation policies, private-sector marketing, etc. At least 80% of all heart disease, stroke and Type 2 diabetes, as well as 40% of all cancer, can be prevented through a range of cost-effective interventions, many of which are inexpensive. Many costly complications can also be prevented by good health policies. Nonetheless, we must strike a new balance between prevention and control.

To promote and support implementation of the Strategy, a communication plan is under development. This plan will identify channels and vehicles to communicate the importance of taking action to promote health and prevent chronic disease. Spokespeople will be identified to promote the plan; key decision-makers will be identified and brought into dialogue; and messages will be designed for radio, television, and print. These messages will be tailored to various audiences including policy-makers, health professionals, PAHO employees, people living with chronic diseases, civil society, partners, and the media.

## Campaign against Obesity Takes Shape in the PAHO Noncommunicable Disease Unit



Dr. Mirta Roses and PAHO Champion of Health Don Francisco, a popular television host in the Americas, have launched a new campaign that represents a **regional response to the obesity epidemic.**

The **objectives** of *Let's eat healthy, live well and get moving America!* are the following:

- Increase awareness in the general public and in key “influentials” about the urgency of the problem.
- Increase the demand for healthy foods and opportunities/places for physical activity.
- Prompt policy- and decision-makers to re-examine and revamp their priorities and policies as necessary to address healthy eating and physical activity.

To accomplish this, the campaign has **four pillars**:

1. A *mass-media campaign* that will saturate the Americas with information about healthy eating and physical activity via television, radio and the Internet.
2. A region-wide contest to identify and award the “best practices” in diet and physical activity and mainstream them throughout Latin America through dissemination in the media and on the campaign’s dedicated website.
3. *The development and support of a traveling “road show”* in 6–8 cities in the Americas; the traveling “road show” of 3–4 experts will motivate a multisectoral group of 40–50 decision-makers (key individuals in the food industry, health arena, and politics) and journalists to shift mere interest in the problem to positive action.
4. *Research and Evaluation:* The campaign will develop innovative approaches to address the problem of childhood obesity and its devastating consequences. To this end, we will support research programs in the countries to identify and test the effectiveness of different programs, as well as methodologies in fighting childhood obesity, promoting healthy diets, and changing lifestyles.



The campaign seeks to inspire people to take personal responsibility for their diet and physical activity and also to take action in the larger arena, to create environments that support and facilitate healthy choices as the easiest choices so that families, parents, and young people from all the countries—as well as leaders of intellectual, scientific institutions and industry—pay attention to this appeal and play an active role in the efforts to reverse the obesity epidemic.

In addition, a **website** devoted exclusively to the campaign has been developed to support the campaign's activities and to serve as an outlet for the latest news and information. For more information, visit [www.paho.org](http://www.paho.org) and click on



### Partnership and Resource Mobilization



The *Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity, and Health* calls for new **partnerships both inside and outside PAHO**, to increase resource mobilization in terms of people, agencies, and funds for program implementation. Consequently, a PAHO/WHO Interprogrammatic Working Group is being established comprising key individuals and units interested in the fight against chronic diseases stationed at the PAHO Country Offices; the Technical Units at PAHO Headquarters; Regional Pan American Centers such as the Caribbean Epidemiology Center ([CAREC](#)), the Caribbean Food and Nutrition Institute ([CFNI](#)) and the Institute of Nutrition of Central America and Panama ([INCAP](#)); and [WHO](#) Headquarters in Geneva, to coordinate implementation of the Regional Strategy and create more synergy through interprogrammatic activities and joint projects. This will bring together many areas and units, e.g. health services and systems, health statistics, policy, health promotion, nutrition/diet and physical activity, tobacco, alcohol, and communications.

External partnerships are also critical in the successful implementation of the Regional Strategy and Plan of Action. PAHO has recently established or renewed collaboration with the NIH National Heart, Lung, and

Blood Institute ([NHLBI/NIH](#)); the [Office of Global Health and Diabetes Translation](#) of the [Centers for Disease Control and Prevention](#) (CDC); the [Inter American Heart Foundation](#); the [International Diabetes Federation](#); the [World Diabetes Foundation](#); the [Physical Activity Network of the Americas](#); the [International Atomic Energy Agency](#); the [International Union Against Cancer](#) (UICC); the [International Agency for Research on Cancer](#) (IARC); the [American Cancer Society](#); the [National Cancer Institute](#); and the [Breast Health Global Initiative](#). The response from donors in the area of diabetes has been excellent, with grants and donations from public and private agencies that were close to the million-dollar mark in 2006, with the Pan American Health and Education Foundation ([PAHEF](#)) playing a key role in linking to private-sector partners. The interest of donors is currently being explored in the area of cardiovascular diseases and cancer, which are among the most pressing health problems in the Americas.

### Promoting Cardiovascular Health in the Americas: Country Demonstration Projects in LAC



The **Pan American Cardiovascular Health Initiative** ([PACI](#)) was jointly developed by the PAHO [Unit on Noncommunicable Diseases, Health Surveillance and Disease Management Area](#), in collaboration with the WHO Collaborating Center at the National Heart Lung and Blood Institute, National Institutes of Health ([NHLBI/NIH](#)) of the United States. One recent activity has been to **support community intervention projects led by trained health promoters** (non-professional health workers) in improving cardiovascular health in the Americas, which has been offered to the Member Countries of the [CARMEN](#) network. The period for accepting applications closed on 10 December 2006.

**We are pleased to announce that 12 proposals have been received from the following countries:**

Argentina	1	El Salvador	1
Bahamas	1	Guatemala	1
Bolivia	1	Mexico	1
Chile	3	Paraguay	1
Costa Rica	1	Trinidad & Tobago	1

The Joint Selection Committee composed of representatives from PAHO/WHO, NHLBI/NIH,

and selected expert reviewers, will be announcing the results in due course.

### CARMEN Policy Observatory Meeting with Case Studies from Brazil, Costa Rica and Canada



The WHO Collaborating Center for NCD Policy Analysis located within the Public Health Agency of Canada (PHAC), in collaboration with PAHO's [Unit on Noncommunicable Diseases, Health Surveillance and Disease Management Area](#), hosted a working meeting of the CARMEN Policy Observatory in Ottawa from 13–15 December 2006. Along with representatives from PAHO and PHAC were research teams from Brazil, Costa Rica, and Canada, all working on the topic of nutrition-related policy with impacts on Noncommunicable disease (NCD).

Part of the meeting was dedicated to the research teams' presenting their case studies and progress reports. All three teams had agreed to pilot a primary research process applying qualitative methods to study the formulation stage of a national policy related to nutrition: The Brazilian team examined the development of their national food and nutrition policy; the Canadian team studied the formulation of Canada's nutrition labeling, health, and nutrient content claims regulation; and the Costa Rican team analyzed the processes leading to their national policy to fortify wheat flour with folic acid.

The participants also discussed the future development of the CARMEN Policy Observatory. They decided that it should address the following: capacity-building for policy analysis, in light of their lessons learned with the pilot case studies; policy dialogues for the exchange of experiences in policy development; and the design of processes and methods to monitor key NCD-related policies to complement the policy research stream. The next meeting, which will be dedicated to conceptualizing these new areas, is planned for 18–19 March in Toronto.

## Progress in the Countries

### Central America & Mexico Implementing Strategy

Central America and Mexico define priorities for implementing the Regional Strategy: A [Subregional Consultation](#) 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](#) was held in Panama City on the 27<sup>th</sup> of November. Drs. James Hospedales (currently Acting Chief of the PAHO Noncommunicable Disease Unit) and Alberto Barceló (PAHO Regional Advisor for Noncommunicable Diseases) acted as moderators for the analysis and discussion of the strategy.

The goal of the meeting was for the participating countries to start searching for regional and subregional mechanisms for implementing the plan, in accordance with the priorities they identified. Participation on the part of the Central American Integration System ([SICA](#) / *Sistema de la Integración Centroamericana*), with Dr. Claudia Suárez acting as representative, helped encourage commitment to integration and to collaboration among the participating countries.

### Central American Diabetes Initiative



The Central American Diabetes Initiative ([CAMDI](#)) plans continuity of activities over the next three years: The [VIII<sup>th</sup> CAMDI Workshop](#) was held in Panama City from the 27<sup>th</sup> to the 28<sup>th</sup> of November. The

purpose of the meeting was to get the countries participating in the initiative to define their plans for finalizing its different stages. Dr. Alberto Barceló coordinated the establishment of the working groups. The CAMDI Initiative, with support from the Centers for Disease Control and Prevention (CDC), has conducted surveys of diabetes, hypertension, and obesity in all Central American countries, and these data will be valuable for advocacy, policy, and program planning.

Over the next three years, the countries will be working on establishing the basis for sustained implementation of the Epidemiological Surveillance System for Diabetes and Related Chronic Diseases, on improving care for people who suffer from these illnesses, and on promoting evidence-based research to facilitate advocacy and political decision-making.

## STEPS Implementation Underway

Training has begun on the implementation of the *STEPwise Approach to Chronic Noncommunicable*



*Disease Risk-Factor Surveillance*, using the [Pan American STEPS](#) version adapted to the Americas.

This will be essential for the planning and evaluation of national programs, as well as for monitoring the impact of the Regional Strategy in the years ahead. STEPS is a simple, standardized method for collecting, analyzing, and disseminating risk-factor (RF) data in Member Countries. Drs. Branka Legetic (PAHO Regional Advisor) and Glennis Andall (Caribbean Epidemiology Centre / CAREC), together with Jaclynn Lippe (WHO), comprise the team responsible for facilitating the process of implementing the STEPS methodology. The two training workshops held thus far have given the countries an opportunity to plan their first population survey on the surveillance of chronic diseases and their risk factors:

### First STEPS Workshop: Dominican Republic



The [1<sup>st</sup> Workshop on Implementation of Pan American STEPS Methodology for Risk-Factor Surveillance](#) was held in Santo Domingo from 12 to 15 May 2006.

Participating countries were Aruba, Cuba, Dominican Republic, Grenada, Paraguay, and Uruguay. These countries are already implementing the STEPS survey and it is expected that a list of minimum indicators will be produced that will be of use in the surveillance of chronic diseases and their risk factors.

### Second STEPS Workshop: English & Dutch Caribbean

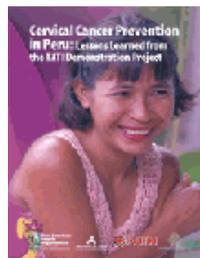


Barbados, Curacao, St. Kitts & Nevis, Trinidad & Tobago, and Turks and Caicos Islands all

participated in the [11<sup>th</sup> Workshop on Implementation of Pan American STEPS Methodology for Risk-Factor Surveillance](#), held in at the Caribbean Epidemiology Center (CAREC) in Port-of-Spain, Trinidad, from 14 to 16 November. The countries plan to carry out their population survey this year.

## Information Resources

### TATI Report Published and Ready for Distribution



#### [Cervical Cancer Prevention in Peru: Lessons Learned from the TATI Demonstration Project](#):

In Peru, cervical cancer is the leading cause of cancer deaths among women in low-resource settings. The TATI Project demonstrated the usefulness of a 'see, triage, and

treat' approach consisting of 'Visual Inspection with Acetic Acid' (VIA) for screening, 'Visual Inspection with Acetic Acid Magnified' (VIAM) as a triage test, and cryotherapy for treatment. In the region of San Martín, Peru, the PAHO [Unit on Noncommunicable Diseases](#) (with support from the [Bill and Melinda Gates Foundation](#)) developed a five-year cervical cancer demonstration project to evaluate the population effectiveness of this approach in such a low-resource setting. This report includes results from the project, lessons learned and implications for policy and practice.

Other publications resulting from the project can be found on the PAHO page outlining the [publications](#) of the [Alliance for Cervical Cancer Prevention \(ACCP\)](#), of which PAHO is a member. For more information, see the PAHO [Cervical Cancer](#) page.



### Chronic Disease in Times of Disaster

**Call for Contributions**

*Preventing Chronic Disease: Public Health Research, Practice and Policy (PCD)*, a journal published by the

Centers for Disease Control and Prevention of the United States (CDC), now contains a [special section](#) dedicated to **chronic disease planning and response in the event of a disaster**. The journal invites its readers to submit contributions to this section. Focus is on practical information, e.g. fact sheets and field data that is of immediate use to readers or that can be used when developing future recommendations for pre-disaster planning or field operations. Submissions will not be peer reviewed; rather, their publication will be determined by the editors. Instructions are on the [PCD homepage](#).

The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions of interest for the Americas. Send contributions (1-3 paragraphs) to Dr. James Hospedales ([hospedaj@paho.org](mailto:hospedaj@paho.org)) with copy to Pilar Fano ([fanopili@paho.org](mailto:fanopili@paho.org)) and Suzanna Stephens ([stephens@paho.org](mailto:stephens@paho.org)). Your feedback on this newsletter would be appreciated. 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>