

Chronic Disease Prevention & Control in the Americas



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Regional Developments



CERVICAL CANCER
PREVENTION IN LATIN AMERICA
AND THE CARIBBEAN

PAHO Urges New Approach to Cervical Cancer Prevention at Briefing with United States Congress

New 'Screen and Treat' method said to be more effective than traditional Pap smear in Latin America and the Caribbean: On 19 June 2007, PAHO experts briefed members of the U.S. Congress on a new evidence-based method of cervical cancer prevention that has proven in studies to be simpler and more cost-effective than the traditional Pap smear in countries of Latin America and the Caribbean.



PAHO Deputy Director Dr. Cristina Beato (left) at the Congressional briefing

"This method is accurate, acceptable to women, faster in providing results and treatment, and less costly," said Silvana Luciani, a PAHO expert on cervical cancer.

The new method, called 'Screen and Treat,' uses Visual Inspection with Acetic Acid (VIA) to detect abnormal cervical cells and then provides immediate

treatment with cryotherapy of women who have precancerous cells. Studies of the method were carried out by the Alliance for Cervical Cancer Prevention (ACCP), of which PAHO is a member, with support from a grant from the Pan American Health and Education Foundation (PAHEF) through the generosity of the [Bill & Melinda Gates Foundation](#).

Fighting cervical cancer is an urgent priority in Latin America and the Caribbean, where rates are four and a half times higher than in the United States and Canada. The disease kills some 33,000 women each year in Latin America and the Caribbean.

"This is a worrying picture because of the disproportionate burden of this disease among Latin American and Caribbean women living in the United States and throughout the hemisphere," said PAHO Director Dr. Mirta Roses. "It is even more terrible because this disease is almost entirely preventable."

"Cervical cancer is one of the big challenges facing our region largely due to lack of information, lack of systems to distribute information to poor and

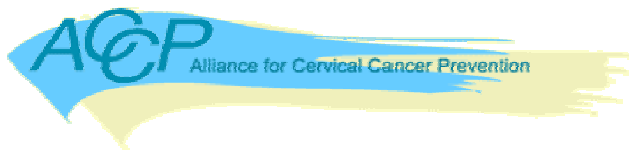
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disadvantaged women in our hemisphere,” said Silvestre Reyes, Democratic congressman from Texas. “The work of getting people screened and eventually treated is extremely important. I am very much supportive of the Pan American Health Organization and the work it does.”

The new Screen and Treat method promises to help overcome a number of problems that have plagued cervical cancer prevention programs in Latin America and the Caribbean. Many women in the region lack access to screening, particularly those in rural areas with few health clinics nearby. Even women with good access often fail to get screened due to lack of awareness, fear, or embarrassment about the procedure. Many women who do get screened fail to return to the health facility to get the results of their tests. And finally, those with positive results often do not receive necessary treatment.

“The message is that early screening, early detection are key,” said Dr. Roses. “We need to bring women into health facilities by having gender-friendly services, by helping them to overcome obstacles in their families and communities, and by not having too many steps in the treatment process. As it is, we too often get women when it is too late, too costly, too painful.”



The Alliance for Cervical Cancer Prevention (ACCP) sponsored pilot tests of the new Screen and Treat method in Peru, El Salvador, and Suriname. The studies showed that use of the method significantly improved follow-up rates. In Peru, for example, only 10 percent of women screened with the new method failed to get follow-up, compared with 75 percent of women screened in a previous screening program based on the Pap smear.

The new method will be a key element in the new PAHO [Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in Latin America and the Caribbean, 2008-2015](#), which will be presented to the ministers of health of the Americas at their annual meeting in Washington in October.

PAHO Deputy Director Dr. Cristina Beato said the new regional strategy “will emphasize the importance of revitalizing screening programs, in light of the

availability of HPV vaccines, and will encourage the use of simpler, evidence-based approaches for screening.”

Christine Baze, who founded the advocacy group [Popsmeat](#), related her personal story as a cervical cancer survivor. Despite having normal annual Pap smears since the age of 18, Baze was diagnosed at age 31 with advanced cervical cancer. Her treatment included a radical hysterectomy, radiation and chemotherapy, removal of one ovary, and later the removal of part of her lung. “Like all cancer survivors, I know that the battle continues. It’s never over,” she said.

Members of the Alliance for Cervical Cancer are PAHO, [PATH](#), the International Agency for Research on Cancer ([IARC](#)), [JHPIEGO](#), and [EngenderHealth](#). Today’s congressional briefing was also supported by the Pan American Health and Education Foundation ([PAHEF](#)), the [Inter-American College of Physicians and Surgeons](#), the [National Alliance for Hispanic Health](#), the [National Hispanic Medical Association](#), and the [National Latina Health Network](#).

Source: PAHO Public Information Office [Press Release, 19 June 2007](#).

Progress in the Countries

Trans Fat Free Americas: Conclusions and Recommendations of the Task Force

On 6 June 2007, two important activities took place to make public the conclusions and recommendations of a recently convened PAHO/WHO Task Force, *Trans Fat Free Americas*.

In Santiago, Chile, a press conference with the participation of Representative from [PAHO/WHO-Chile](#), Dr. Juan Manuel Sotelo; Dr. Ricardo Uauy, President of the International Union of Nutritional Sciences ([UINS](#)); Dr. Lidia Amarales, Public Health Subsecretary of Chile; and Dr. Guido Girardi, President of the Health Commission of the Senate, presented the conclusions



and recommendations of the Task Force calling for the elimination of industrially produced trans fatty acids.

Dr. Sotelo pointed out that trans fats are responsible for a significant amount of cardiovascular diseases, which is why it is of utmost importance to eliminate them from the food supply in Chile and the rest of the Americas. Dr. Amarales emphasized that the adoption of healthy policies in Chile, such as mandatory food labeling, has been the result of intersectoral work. "The academic world has also advanced along the same lines, delivering us all the scientific evidence on the negative effects of trans fats." Along the lines of one of the Task Force's recommendations, the challenge is to work jointly with industry and restaurants in order to develop food with less and healthier fats, including less saturated fat and trans fat.



Santiago, Chile, from left to right:

Dr. Tito Pizarro, Chief of Nutrition; Dr. Ricardo Uauy, Task Force Chair; Senator Guido Girardi; Dr. Juan Manuel Sotelo, PAHO/WHO Representative in Chile; Dr. Lidia Amarales, Subsecretary of Health

In Brasilia, Brazil, a technical meeting was convened by [PAHO-Brazil](#) to make public the recommendations for the country. Participants included Task Force members Dr. Ana Beatriz Vasconcellos of the [Ministry of Health](#) of Brazil and Dr. Carlos Monteiro of the [School of Public Health](#) of the University of São Paulo; representatives of the Secretary of Health Surveillance [SVS](#), Secretary of Health Care / [SAS](#), National Agency of Health Surveillance / [ANVISA](#), National Council of Food and Nutritional Safety / [CONSEA](#); etc. and members of the press.

Experts cited "conclusive evidence" that consumption of industrially-produced trans fatty acids, or fats trans, increase the risk of coronary heart disease and possibly raise the risk of sudden cardiac death and diabetes. A reduction in the consumption of trans fats of 2% to 4%

of total calories could prevent 30,000 to 225,000 cardiac heart disease events in Latin America and the Caribbean.



Group Photo of the Task Force

The call for action was made after the dissemination of the Task Force's report, and PAHO will work with the members to develop an action plan to implement the recommendations. Among the report's conclusions are:

- ➔ Industrial trans fat should be eliminated from food supplies in the Americas, with unsaturated fats promoted as an alternative.
- ➔ This will require government regulatory action in addition to voluntary action by industry.
- ➔ Trans fat should be legally limited to less than 2% of total fat in vegetable oils and soft margarines and to less than 5% in other foods.
- ➔ Measures that governments should consider include mandatory labeling of trans fat content in foods, the establishment of standards for product health claims, and mandatory disclosure of types of fats in foods served in restaurants, food aid programs, schools, and other food service providers.

- Public health advocates should work with industry to speed the phasing out of trans fats and to promote healthier oils and fats in foods.
- Governments should provide special support to help small food industries and services eliminate trans fats and adopt healthier alternatives.
- PAHO/WHO should lead hemispheric efforts toward a Trans Fat Free Americas by assigning the initiative high priority on the regional health agenda and by helping member countries develop policies, regulations, and legislation needed to implement the initiative and measure its progress.

STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE

Annual Meeting of Caribbean Epidemiologists & Lab Directors

On 6–8 June 2007, a team from PAHO and WHO Headquarters participated in the Annual Meeting of Caribbean Epidemiologists and Lab Directors. The meeting was hosted by the Caribbean Epidemiology Centre ([CAREC](#)) and was held in Port-of-Spain, Trinidad and Tobago, and included participants from 21 countries.



The session on chronic noncommunicable diseases (CNCDs) included the following:

- Reporting of [PanAm STEPS](#) workshops in the Caribbean.
- Presentation of risk factor data from the recently finished Aruba STEPS Study.
- Progress report on the regional activities within the CNCD line of action.
- Presentation and demonstration of the Global InfoBase.



Several countries expressed interest in risk-factor studies and in piloting a minimum list of indicators (with basic data on CNCDs). In addition, CAREC support was sought in gathering information for the country profiles to be developed for the CARICOM

Summit of Heads of State scheduled for 14 September 2007. For that purpose, an agreement was reached for WHO Headquarters to provide support in developing the CAREC website and in application and systems management, as well as in preparing country profiles and posters for the summit. Only secondary data will be available in this phase, i.e., data that is already collected at WHO/HQ and that will be updated with information sent by CAREC on studies conducted in the Caribbean. Eventually, PAHO will assume responsibility for the development and management of the regional and subregional InfoBase.

Taking advantage of the teams present at the meeting, another meeting was held to review the implementation plans of five countries: Turks & Caicos Islands, St Kitts & Nevis, Grenada, Barbados, and Trinidad & Tobago. Each country reported on progress and challenges in preparing their PanAm STEPS studies. All countries except Barbados submitted proposals for their implementation plan and commented on them. Problems cited included lack of political support, weak country organization, and technical problems such as with the sampling procedure. The best prepared proposals were from St. Kitts & Nevis, Turks & Caicos Islands, and Dominica, with good probability of carrying out a national risk-factor study before the end of this year.

Five-Day PanAm STEPS Workshop in Aruba

WHO-Geneva, in conjunction with PAHO counterparts Drs. Branka Legetic and Enrique Pérez-Flores, accompanied by Dr. Glennis Andall and Ms. Sarah Quesnel from the Caribbean Epidemiology Centre ([CAREC](#)), conducted a five-day workshop for three countries of the Americas: Aruba, Bahamas, and Uruguay. ([Information on previous workshops](#))



The countries of the Americas that attended the workshop had all completed the data-collection phase of PanAm STEPS and were ready to analyze their data in a standard format. The workshop was divided into six main sections:

1. Epi Info
2. Mapping Instruments
3. Data analysis
4. Interpreting data
5. Reporting data
6. Disseminating data

The workshop focused on capacity-building in the areas of data analysis, interpretation, and reporting of CNCND risk-factor data. Specific outputs included the creation of country fact sheets for reporting the survey data in a consistent format across countries.

Sessions included time for participants to calculate their fact sheets, map their survey instruments, and explore their dataset with Epi Info. Countries were provided one-on-one support with their data. At the conclusion of the workshop, we were able to provide additional support to the countries in:

- ➔ Calculating and attaching weights to the datasets
- ➔ Providing feedback on their future proposed surveys
- ➔ Re-mapping and transforming datasets
- ➔ Helping them personalize the analysis code to match their instruments

Meetings were also held with PAHO and CAREC staff to discuss the status of PanAm STEPS implementation in other countries of the Americas and to review updated STEPS materials and tools to be used in a training session the following week conducted by CAREC and PAHO for STEPS implementation in Dominica. They agreed to plan for an additional data analysis workshop for countries that have already implemented 'STEPS-like' surveys in the Americas (e.g., Brazil, Argentina, Chile) and re-analyze their data in a way comparable with STEPS indicators.

Announcements

PAHEF Welcomes International Nutritionist to Its Board

The Pan American Health and Education Foundation (PAHEF) is fortunate that Dr. Benjamin Caballero, clinical nutritionist and pediatrician with considerable experience across the Americas and the globe, has accepted the invitation to join the board of trustees. His expertise will prove valuable to PAHEF and the hemisphere, particularly regarding initiatives aimed at developing policies and programs to combat [childhood obesity in Latin America and the Caribbean](#). "I joined the PAHEF board to focus attention on nutrition issues in the Americas. I am particularly pleased that a top PAHEF programmatic priority is fighting obesity and improving nutrition and health in the children of Latin America and the Caribbean," said Dr. Caballero.



Upcoming Events

- ➔ **24 September 2007: Trans Fat Meeting with Food Industry**, between PAHO and various food manufacturers.

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) with copy to Pilar Fano (fanopili@paho.org) and Suzanna Stephens (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>