Chronic Disease Prevention & Control in the Americas

Monthly Newsletter of the PAHO/WHO Chronic Disease Program

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Personal Testimonials: The Human Cost

NEW!

This new section is devoted to people's accounts of the human toll that the worldwide chronic disease epidemic has taken in their lives. These first-hand accounts put a human face on the epidemic, telling of loss of health, suffering, and the deaths of family and loved ones that might have been prevented through timely intervention and proper care.

We invite our readers to submit their stories to our editorial staff (see links at bottom of page 8).

The Year Five Men in My Life Died from a Chronic Disease

In 1998, 20 years ago, five men in my life died. All died from a chronic disease. All were aged 51–54 years. This year in October, I had my 53rd birthday, and somehow the combination of these events 20 years ago and my birthday has caused me to reflect on that year.

It began in February, when I was an epidemiologist at the Caribbean Epidemiology Center (CAREC) in Trinidad. I was in the Turks and Caicos Islands to help develop the National AIDS Plan. We were waiting to see the minister of health, and I received a phone call from my secretary, who said, "James, are you sitting down?" I said, "Why, what's the matter?" She replied, "Dr. Diggory died." He had been the director of CAREC and my boss of nine months. I was in total shock. I went into the meeting with the minister, but afterwards I could not remember anything that happened at that meeting. Dr. Diggory was overweight but did not smoke, though he often seemed stressed. Later I heard the story from his wife. He had come home from work at lunchtime to repair a broken light and collapsed with a heart attack.

The next death happened in March, during the annual carnival celebrations in Trinidad. We went to the hospital to visit my wife's uncle. He had been admitted because he was having difficulty breathing. He was very overweight, with a history of smoking and emphysema. When I saw him, I thought he looked very ill, with a weak pulse and a bluish color on his lips and cheeks. He was transferred to a chest hospital that night, and he died the following day.

The third happened in June, when another man in my life died. He was Professor Patrick

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Hamilton, director of CAREC from 1975 to 1982 and head of the Department of Community Health at the London School of Hygiene and Tropical Medicine (LSHTM). I had done my medical student elective project in 1979 at CAREC, working on the St James cardiovascular study while Dr Hamilton was director of CAREC. I had also done my MSc at LSHTM from 1983 to 1984, and he was head of the department. I don't know all the details, except that he had insulin-dependent diabetes. He was not a smoker. He had been in Ouagadougou, Burkina Faso, working on the onchocerciasis (river blindness) program, when he died from diabetes.

The fourth tragedy happened in July, when my stepfather died of a heart attack in Trinidad. He was overweight and had a history of type-2 diabetes controlled by oral medications. He was also a smoker. He had been a mid-level manager in an insurance company in Trinidad when he passed away. His diabetes had become more difficult to control in recent years.

The fifth death was in December, when my uncle in London died of a heart attack. He had been like a father to me when I was a very little boy. He had been in the UK Royal Air Force but had retired early because of diabetes, which had caused complications in the form of retinopathy, so that he could not see very well, as well as peripheral vascular disease and kidney impairment. He had been overweight and was also was a smoker.

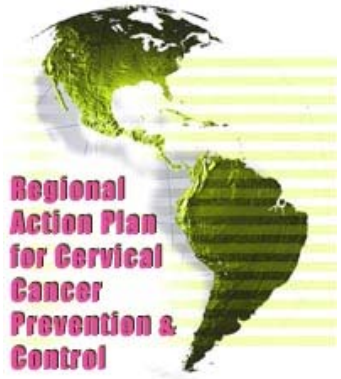
This was therefore a strange year for me. Five men in my life all died from one chronic disease or another. All were aged between 51 and 54 years old. All were at the peak of their professional responsibilities—in the prime of their lives—with families, jobs, mortgages, etc. Since high school, I had always been inclined to exercise regularly and eat healthy, but that year was a warning to me to keep fit, stay slim, eat healthy, and not to smoke. Thus, in this year 2008—20 years after that fateful year for me of 1988—I am remembering and sharing this personal story. Although there is increasing recognition today of the chronic disease epidemic, this epidemic has been here for a few decades. In 1988, 20 years ago, this epidemic robbed me of five men in my life, all at the age that I am now. And I wonder, how did it take us so long to recognize and to raise the alarm, and to begin to act seriously to fight this epidemic?

Source: Dr. James Hospedales, Head of the PAHO Chronic Disease Program.

Regional Action

PAHO Directing Council Adopts Regional Plan to Fight Cervical Cancer

Our team is very pleased to inform you that, on 2 October 2008, the *48th PAHO Directing Council* approved and passed a resolution on a ***Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control*** (CD48.R10).



The Directing Council is composed of ministers of health of all countries of the Americas and provides overall governance and policy direction for PAHO. During their discussions on the Regional Cervical Cancer Strategy, almost all countries offered strong

support for the strategy. There were only a few minor suggestions to modify the language of the resolution, and it was passed with great enthusiasm.

This is an important step forward in garnering the necessary political and technical support to prioritize cervical cancer prevention on the health agenda in the Americas. We look forward to your continuing support as the Member States and PAHO now focus on the implementation of this new Regional Cervical Cancer Strategy.

CERVICAL CANCER PREVENTION IN LATIN AMERICA AND THE CARIBBEAN

Progress in the Countries

MERCOSUR Countries: CNCD Surveillance

Situation of Chronic Noncommunicable Diseases in the MERCOSUR Member and Associated States: The MERCOSUR Member and Associated States are passing through a demographic and epidemiological transition in which the processes of globalization and urbanization are accompanied by more homogeneous behaviors as well as freer access to tobacco, alcohol, and fast food. Technological changes have brought about sedentarism in people's work lives, and patterns of urbanization have decreased the levels of physical activity in people's free time.

The **main objective** of this meeting (held in Porto Alegre, Brazil, 15–16 September 2008) was to contribute to final improvements in the proposal on the creation of capacities to evaluate and use available information for decision-making in relation to the prevention and control of chronic noncommunicable diseases (CNCDs) and their risk factors (RFs) in MERCOSUR Member and Associated States.

Specific objectives included:

1. Identifying key aspects to take into account when articulating evidence for decision-making in relation to the prevention and control of CNCDs and their risk factors.
2. Identifying available information resources and their use when evaluating and obtaining evidence for interventions in relation to the prevention and control of CNCDs and their RFs.
3. Proposing a resolution on forming a technical working subgroup on surveillance of CNCDs and their risk factors at the MERCOSUR level.

CARMEN CNCD Surveillance

The Proposal

The proposal's **goal** is to reduce the burden of chronic diseases through changes in health policy, programs, and services based on timely CNCD surveillance in MERCOSUR Member and Associated States.

Its **general objective** is to strengthen the surveillance system for CNCDs in the MERCOSUR Member and Associated States to offer relevant information for the formulation and evaluation of effective public policies.

Its **specific** objectives are to:

- Help define priority areas for public health intervention.
  - Provide information on health problems with the greatest burden for the countries of the subregion.
  - Identify the most vulnerable groups according to geographic area, socioeconomic level, age group, etc.
- Develop recommendations for formulating effective health policies and programs.
  - Identify and share effective policies and interventions for reducing the burden of CNCDs and inequities in the MERCOSUR countries.
  - Evaluate the applicability of programs or interventions for MERCOSUR.

- Provide support for the design of programs or interventions that can be adapted to the reality of each country.
- Evaluate the effectiveness of the policies and programs implemented.

➔ Develop recommendations for improving the national and subregional surveillance system.

- Form a MERCOSUR network for CNCD surveillance.
- Design a model to serve as a framework for CNCD surveillance.
- Establish a technical collaboration and knowledge exchange program.
- Develop a list of the necessary professional competencies and a technical training plan in CNCD surveillance and the analysis of health inequalities.

The Meeting Participants

The **expected results** are to develop:

a. A group of consensual CNCD and risk-factor indicators for the subregion, defined, developed, and presented to promote their use (Specific Objective 1).

b. A workplan developed in a participatory manner to produce and integrate indicators into bulletins, to follow up on progress made by MERCOSUR in the area of health to provide information for defining priority areas (Specific Objective 2).

c. A subregional network for CNCD surveillance and key statistics producers, health epidemiology and programs from the public, civic, and academic sector, sensitized and committed to approaching the implications of inequalities in topics related to CNCDs and risk factors (Specific Objective 3).

d. Recommendations for Member and Associated States on procedures to assure organization, harmonization, and presentation of information at the MERCOSUR level (Specific Objective 4).

See the online page for the agenda, list of participants, and the text of the proposal (the latter three in Spanish).

Source: Dr. Branka Legetic, PAHO Chronic Disease Team.

Healthy Caribbean
Chronic Non-Communicable Diseases In The Caribbean: The Wellness Revolution
Civil Society Conference, Barbados

Barbados Civil Society Conference on CNCDs

***Healthy Caribbean 2008: Chronic Disease Prevention* civil society conference:** This meeting was co-sponsored by PAHO, the InterAmerican Heart Foundation (IAHF), the Caribbean Development Bank (CariBank), and the Heart and Stroke Foundation of Barbados (HSF-Barbados). A total of 14 countries attended, along with a wide range of nongovernmental organizations (NGOs), including 37 health NGOs, churches, labor unions, consumers' associations, and educational and research organizations.

Photo courtesy of www.onesingapore.org

The objective was to plan the response of civil society to the chronic noncommunicable disease epidemic in the Caribbean, in light of the Declaration of Port-of-Spain that resulted from the *CARICOM Summit on Chronic Noncommunicable Diseases (CNCDs)* held in September of last year in Trinidad and Tobago. The plan for civil society is a deliverable that falls under a PAHO/IAHF letter of agreement. This meeting was complementary to the one on the *Caribbean Private Sector Response to CNCDs* held in Trinidad in June 2008 (covered in the August 2008 issue of this newsletter).

Two **secondary objectives** were to present the InterAmerican Heart Foundation Science and Peace Lecture and Award, which was made to Sir George Alleyne (director emeritus of PAHO), and the 5th InterAmerican Journalism Contest Awards on the Tobacco Epidemic.

The conference was opened by the prime minister and the minister of health of Barbados, as well as by the PAHO/WHO representative for the Eastern Caribbean Countries. Dr. James Hospedales of the PAHO Chronic Disease team made an opening presentation on *CNCDs in the Caribbean: What we know*, and IAHF presented *Civil Society as an Agent of Change: What Works*. The meeting included a mix of plenary and small working group sessions addressing advocacy, risk factor reduction (tobacco, diet and physical activity, alcohol consumption), NGO toolkits, scaling up treatment, partnership-building, and monitoring and evaluation (M&E). NGOs described a wide range of education and service activities, with some discussion on advocacy, M&E, and watchdog roles.

There was a high level of enthusiastic participation. In addition, all NGOs completed a profile for a database. There was also a high level of input into the *Draft Civil Society Plan* tabled at the conference. An agreement was made to establish *a Caribbean Coalition against NCDs*, and a conference resolution was approved. A small working group was established under the chairmanship of Professor Trevor Hassell, president of HSF-Barbados, as an *ad hoc* coordinating committee. Plans were also made to set up a website and listserv.

Recommendations included:

1. PAHO/WHO and other stakeholders should support the mobilization of civil society in the Caribbean as a positive step forward in the prevention and control of CNCDs.
2. The three streams of CNCD work in the Caribbean subregion should be joined together in 2009/2010:
   a. The CARMEN Caribbean Network.
   b. The Caribbean Association of Industry and Commerce (CAIC) private sector initiative.
   c. The Caribbean Coalition of Civil Society Organizations.
3. Outcomes of the meeting should be promoted within the CARMEN network and throughout other channels.

Announcements

PAHEF Supports Healthy Aging

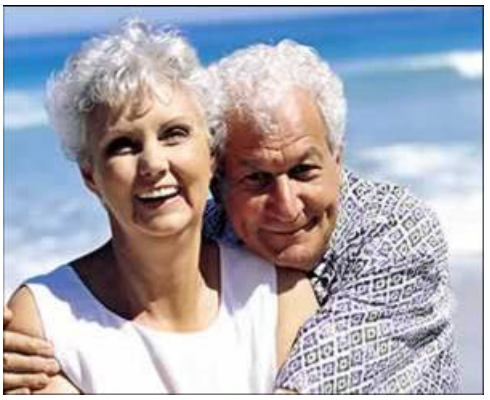
***Excellence in Geriatrics & Related Chronic Disease*: How to increase people's "health span" along with the life span of older adults in Latin America and the Caribbean?** Each year of this decade, one million people were added to the more

than 42 million people aged 60 and older living in Latin America and the Caribbean as of 2008. Between 2010 and 2020, this group will increase to two million additional people a year. By 2025, the population of older persons is expected to reach 194 million, and at least 10% of them will be 80 or older. This enormous number of older people will challenge healthcare systems throughout Latin America and the Caribbean.

Healthcare workers in the Americas need to be prepared for the challenges posed by growing numbers of older persons, just as the Region's population has to prepare for the added burden of lost productivity at work and home of both older persons and their caregivers. And in the context of Latin America's weak economies and growing levels of poverty, older persons in the first decade of this century are likely to have worse health and more disability than their counterparts in developed countries. The aging population of Latin America has been exposed to malnutrition and more illnesses earlier in life, and this has enduring effects on their health status. Numerous barriers prevent access to adequate healthcare services including lack of information on the aging population and poorly trained primary healthcare providers.

Photo courtesy of Photoshare

Chronic disease now makes up almost half of the world's burden of disease, and the prevalence of chronic diseases among older persons in Latin America and the Caribbean is significantly higher than in the U.S. and Canada. The number of people aged 60 and over with hypertension, arthritis, diabetes, stroke, and heart disease in Latin America is comparable to the aged 70 and over group in the U.S. and Canada. These most common chronic diseases can be mitigated by healthy lifestyle choices, yet few developing countries have implemented primary prevention plans. The challenge for developing countries is to reorient health sectors towards managing chronic diseases and the special needs of the elderly.



In the report entitled *The State of Aging and Health in Latin America and the Caribbean*, PAHO, in collaboration with the Merck Institute on Aging and Health (MIAH), proposed measures to help ensure that older adult health span increases with their life span. These include:

1. Developing guidelines and processes for monitoring the health status of older persons and implementing a surveillance system.
2. Promoting and funding a public health research agenda to identify threats to the health of older persons and promoting healthy behaviors.
3. Implementing a regulatory and enforcement framework for long-term care services.
4. Initiating a program of essential health services for older persons and strategies to overcome access barriers.
5. Developing a national plan for geriatric training and continuing education for the primary healthcare workforce.

Source: PAHEF.

PAHO & PAHEF Present Inter-American Health Leadership Award to Dr. Cesar Victora of Brazil

On 29 September 2008, Dr. José Gomes Temporão, the Minister of Health of Brazil and President of PAHO's

48th Directing Council; Dr. Mirta Roses, PAHO Director; and Dr. Benjamin Caballero, Chairman of the Board of the Pan American Health and Education Foundation (PAHEF) presented Dr. Cesar Victora of Brazil with the prestigious 2008 Abraham Horwitz Award for Leadership in Inter American Health. For 40 years, Dr. Victora has taken the lead in addressing health problems of mothers and children, particularly the areas of infant nutrition and child growth, in Latin America and worldwide.

Dr. Victora spoke before the assembly of ministers of health from throughout the Americas and other dignitaries. "It is a great privilege to be here today to receive the Abraham Horwitz Award. I am particularly honored because Dr. Horwitz, among his many achievements, was equally prominent in the areas of nutrition and epidemiology, two subjects to which I dedicated my career. He once stated that 'the solution to many health problems in the Americas will be found using epidemiological processes.' I could not agree more. When backed up by political will, epidemiology can undoubtedly make a major contribution to public health."

Cost-effective, targeted projects such as those supported by Dr. Victora in the area of infant nutrition will result in healthier children living happier and more productive lives, and ultimately, in less poverty and greater prosperity for the Americas.

To see more photos of and learn more about the award ceremony, the luncheon in Dr. Victora's honor, and the private tour for Dr. Victora at the White House, go to the PAHEF website.

Source: PAHEF.

Director's Newsletter Addresses Health Inequities

The most recent newsletter from PAHO director, Dr. Mirta Roses, dated 23 October, presents a section devoted to health and inequity:

- ➔ Healthcare must NOT replicate social inequalities.
  - √ *Public health and financial crisis:* Health equity on the international agenda, milestone for health policy.
  - √ PAHO director warns on global health inequities.
  - √ WHO laments inequality in global health.

Given the current epidemic of chronic disease, it is important to take these factors into account.

"The renewal of primary health care (PHC) is a crucial tool for overcoming existing weaknesses ... Our Region is an acknowledged leader in the fight to ensure that the integrated vision of health expressed in the primary healthcare strategy becomes a priority on the political agenda and in public health policy-making. **We must continue this endeavor, so critical for achieving the greater goal of health for all, with all, and by all, at every level of action ... Throughout the life cycle, from the womb to old age, human beings need adequate health care** in varying degrees of complexity, ranging from routine check-ups and the relief of common ailments to delicate surgeries and the treatment of chronic diseases.

"The health care required at the individual, family, or societal level calls for a wide gamut of medical specialties and health interventions. All of this requires integrated health services networks with the necessary strength, reach, and flexibility to provide an appropriate, timely response to health needs throughout the life cycle.

"Constructing these networks poses major challenges. Notwithstanding the enormous progress in health in our Region, much remains to be done to improve its public health systems.

This is what has been driving the renewal of primary health care (PHC) as a crucial tool for overcoming existing weaknesses ...

"For our Region, which sadly is the most unequal on earth, the commitment not to replicate those inequalities in health and to ensure that primary care and health for all bridge the social gaps is especially important ...

"In the Americas, United Nations agencies are promoting the *Faces, Voices, and Places* initiative, which focuses on neglected regions, communities, and populations that suffer from social exclusion, rather than focusing on misleading national averages. Other relevant issues for the Americas are the urgency of promoting social inclusion and community participation, as well as intersectoral action to address the many social determinants of health.

"We are simultaneously working to deliver on the commitment from the Region's countries to making the values, principles, and essential elements of primary health care an integral part of their national health systems.

"A methodology for the accreditation of primary health care service networks has already been developed and tested in a number of Central and South American countries, and will be widely disseminated in 2009. A course for developing the competencies of leaders in primary health care through the Virtual Public Health Campus of PAHO is also under way, training 80 participants from 20 countries.

"This platform is being used to prepare a course on competencies for primary health care teams. Significant progress has also been made in improving the quality of services, with sound training criteria, incentives for primary health care teams, and greater civil society participation in decisions on the quality of care."

Dr. Roses noted that, despite the enormous progress made in improving populational health as measured by life expectancy and other indicators, much remains to be done. Besides strengthening health services, there are other new challenges to be considered, including the price of energy and food, climatic change, and the global economic downturn.

Source: PAHO Director's Newsletter, 23 October 2008.

CARMEN

The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions on activities related to chronic disease in 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). Letters to the Editor should be addressed to Silvana Luciani (lucianis@paho.org). 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