

# 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



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## Editor's Note

### Look around you: A Tale of Trash

In April, I spent four weeks in Antigua, Guatemala, learning Spanish at the *Proyecto Lingüístico Francisco Marroquín*, and living with a Guatemalan family. The learning environment was wonderful: a one-on-one teaching method, with classes in the garden, and a very hospitable host family. The vibrant Mayan culture, the volcanoes, and the architecture of Antigua all combined to make my language training an experience to remember.



During the week, I would walk back and forth to school; and on weekends, I explored the towns and villages around Antigua. I observed that many people, including children and teenagers, were visibly overweight or obese, both in Antigua and in the nearby communities. I frequently observed children walking on the street eating French fries and chips (*chatarra*, or junk food) from *bolsitas* (little bags), but I hardly ever saw the children eating fruit. As for trash in the street, there were very few skins or peels from mangos, bananas, or oranges, but many discarded *bolsitas*! On my weekend explorations, I found it surprisingly difficult to buy fruit, even though the towns in the countryside were surrounded by farms! However, the shops were full of packages of *chatarra* and soft drinks.



This situation made me sad and alarmed, given the health implications of unhealthy diets and the risk factors for obesity, diabetes and chronic diseases. I asked myself, "How did this happen? How have diet and lifestyle become so transformed?" My teachers and host

family commented that when they were much younger, cancer and diabetes were uncommon, but that now you see many more people affected by these diseases. They also commented that the "bombardment" of advertisements from companies selling fast foods, snack foods and sodas aimed at children, coupled with the lack of parental guidance on healthy eating, was contributing to the problem. Clearly there is a need for a strong educational campaign promoting healthy eating and healthy lifestyles. It thus seems that Guatemala's National Commission on Chronic Noncommunicable Diseases, which includes INCAP and PAHO—and all concerned with the health and welfare of children and young people—face a major challenge to change the environment to support healthy choices. This challenge will require the involvement of government, the private sector, and civil society.

The next time I have an opportunity to travel to Guatemala, I hope to see banana skins, mangos, and other fruit littering the ground, instead of the *bolsitas*. This will be the sign of change.



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## Regional Developments

### 61<sup>st</sup> World Health Assembly Sets Bold New Path for CNCDs

This year's World Health Assembly ([WHA61](#)) comprised a record 2,704 participants from 190 nations.



Delegates directly confronted major public health challenges that are now results of complex interactions of factors beyond a traditional vision of health, thus setting a course for WHO to tackle longstanding, new, and looming threats to global public health.

Among the many issues addressed were chronic noncommunicable diseases (with the Report from the Secretariat and a draft action plan for [CNCDs](#)). This year's WHA witnessed the interplay between the political, trade and health interests," said the President of the WHA, Dr. Leslie Ramsammy, minister of health of Guyana. "Child and maternal death, prevention and management of noncommunicable diseases rely on the supply chain and commodities. We are now much closer to having an increased flow of quality health commodities that will lead to better health."



Dr. Leslie Ramsammy,  
Minister of Health of Guyana  
& president of WHA61.

The WHA endorsed a six-year action plan to tackle what are now the **leading threats to human health: chronic noncommunicable diseases**. These

diseases—particularly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases—caused 60% of all deaths globally in 2005 (estimated at 35 million deaths). Low- and middle-income countries are the worst affected by these diseases which are largely preventable by modifying four common **risk factors**:

1. tobacco use
2. unhealthy diet
3. physical inactivity
4. harmful use of alcohol

Delegates also asked WHO—through a resolution—to intensify its work to curb [harmful use of alcohol](#), which is the fifth leading risk factor for death and disability in the world. They called upon WHO to develop a global strategy for this purpose. The work on the strategy will start immediately and Member States will be consulted throughout the drafting process.

The resolution also requests the director-general to consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol.

For more information, see the WHO press release, "[Noncommunicable Diseases Now Biggest Killers](#)."

Source: Excerpts from WHO press release, "[World Health Assembly sets bold new action for WHO](#)," 24 May 2008.

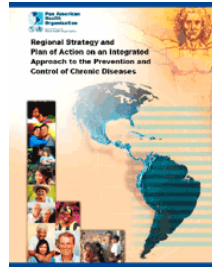


WHO Director-General Dr Margaret Chan and WHA61 President Dr. Leslie Ramsammy congratulate Mr. Cristiano Torres, Vice-National Coordinator of the Movement for Reintegration of People Affected by Hansen's disease (MORHAN) in Brazil. MORHAN was awarded the Sasakawa Health Prize of Japan for its fight against leprosy (Hansen's disease).



## Alcohol as a Risk Factor for Chronic Disease

The PAHO team working in the area of alcohol and substance abuse is involved in several activities relevant to the [integrated strategy](#) on chronic noncommunicable diseases (CNCDs).



**Magazine article with background information:** [The Problem with Drinking](#) | [Spanish](#)

## Training in Screening and Brief Interventions

In Cuba, the Dominican Republic, Guatemala, El Salvador, and Paraguay, the team has trained health professionals working in primary health care and other non-specialized settings to identify high-risk alcohol consumption and intervene to reduce such consumption and its related problems. Such screening and brief interventions were ranked among the most *cost-effective preventive measures* in an international WHO study. *See the WHO manuals:*



In addition, the team in Brazil has spearheaded broad-based dissemination activities to promote these measures, through its bilingual Spanish-Portuguese website at [www.inebrialatina.org](http://www.inebrialatina.org), with its own bulletin, news, resources, and links. In addition, the team is sponsoring an international conference on brief interventions for alcohol problems, to be held from 8–10 October 2008 in Ribeirão Preto, São Paulo, Brazil.

[2005 meeting coverage](#) | [Audit, BI](#) Manuals in Spanish

## Alcohol and Primary Care Manual

To complement the manuals on screening and brief interventions (above), the team also recently published a manual in [Spanish](#) on alcohol and primary care, with two main purposes:

1. To review the relationship between alcohol and a variety of outcomes, including cancer and cardiovascular disease; and
2. To provide information on how to respond to problems related to excessive alcohol consumption in primary care situations.



The manual in Spanish contains a special section with data on the Americas. It is based on a handbook in [English](#) developed as part of a WHO collaborative project on *Alcohol and Primary Health Care (PHEPA)*, which included 17 European countries and had support from the European Commission and the Health Department of the Government of Catalonia, Spain. The English version, published by WHO-EURO, is available for sale through the WHO bookstore.

**Related guidelines:** The Alcohol, Smoking and Substance Involvement Screening Test ([ASSIST](#)): Guidelines for Use in Primary Care



**Related article:** [Primary Care and Alcohol Use Disorders: Evaluation of a Faculty-Development Program in Venezuela](#)

## Multicenter Study on Alcohol, Gender, Culture, & Harm

The final report (in [English](#) and [Spanish](#)) has been published for this study focusing on alcohol, gender violence, and cultural attitudes. The study was carried out in 10 countries of the

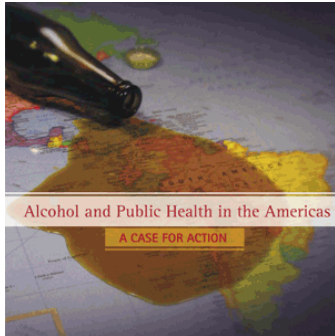


Americas (Argentina, Belize, Brazil, Canada, Costa Rica, Mexico, Nicaragua, Peru, Uruguay, and the USA). Using broad samples from the general population, the study compared patterns of alcohol consumption and the problems it engenders. More in-depth analyses of alcohol and partner aggression will appear in a book scheduled for publication in late 2008.

**Special press coverage:** [Mental Health Reform: Alcohol and the Impact of Decisions](#)

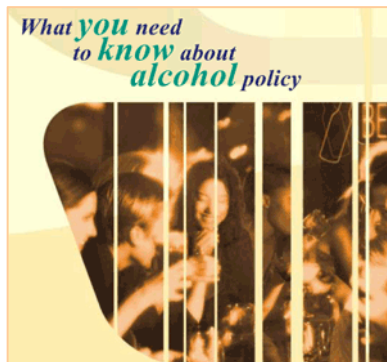
### Alcohol and Public Health in the Americas: A Case for Action

This report published in [English](#) and [Spanish](#) reviews regional data and presents evidence on effective strategies for reducing alcohol-related problems, with recommendations for country-level action.



### Project on Developing Alcohol Policy

A special project on alcohol policy has been started in six countries of the Americas (the Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, and Panama), with funding from the international cooperation agency of Valencia, Spain (*Cooperación Internacional de la Generalitat de Valencia*). Each country will develop an action plan to collect information, increase awareness of the scale of alcohol problems, and prepare a national alcohol policy to respond effectively to those problems, in collaboration with multiple partners and sectors.



**Brochure:** [What you need to know about alcohol policy](#) | [español](#) | [português](#) | [Order copies](#)

Source: Dr. [Maristela Monteiro](#), Regional Advisor on Alcohol and Substance Abuse.

## Progress in the Countries

### Guatemala Declares April Healthy Living Month

On April 1 of this year, the Guatemalan Ministry of Public Health and Social Assistance (*Ministerio de Salud Pública y*

*Asistencia Social / MSPAS*), through a ministerial accord, declared the month of April as “Healthy Living Month,” with a focus on physical activity, healthy eating, and tobacco-free environments. The

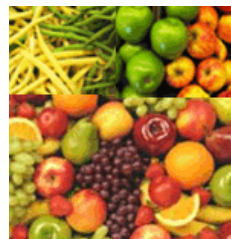


**objective** of this accord is to promote healthy living and prevent chronic noncommunicable diseases (CNCDs) and their risk factors among the Guatemalan population.

The ministry cited health as a fundamental human right and called on the state to provide care and assistance to all people within its territory and to procure their physical, mental, and social well-being through institutions, preventive activities, promotion, recovery, rehabilitation, coordination, and other complementary activities.

The ministry cited the results of a recent epidemiological analysis of Guatemala, which pointed out the increase in illness and mortality from CNCDs, particularly in people over 40. It recognized the necessity and vital importance of establishing policies aimed at preventing risk factors among the population, particularly in children and young people.

Source: “Ministerio de Salud Pública y Asistencia Social acuerdase declarar el mes de abril de cada año, como el Mes de la actividad física, la alimentación saludable y ambientes libres de humo de tabaco: Acuerdo Ministerial No. SP-M-595-2008”. *Diario de Centro América*, Guatemala, Friday, 25 April 2008, p. 2.



## 20 Years of Cervical Cancer Prevention in Chile

### Highlights, Accomplishments, and Challenges

- Numerous campaigns have been held during the past two decades to ensure early detection and timely diagnosis among women ages 25–64, using Pap smears.
- There has been a 58.2% reduction in cervical cancer among women 35 to 64 thanks to the efforts of the Chilean Cervical Cancer Program, especially over the past 20 years.
- 98.1% of women who seek primary care are seen by a specialist within 30 days.
- 78.2% of all confirmed cervical cancer cases are treated within 20 days of diagnosis.
- Figures for 2006 show a coverage rate of 66%, though the current objective is to reach 80% and reduce mortality by 40% by 2010.
- Together with PAHO/WHO, the program has carried out research not only on diagnostics and control but also on cost-effective interventions.
- **Cervical cancer is a mirror for inequities.** The issue of inequity, a fatal factor with cervical cancer, is being and will continue to be addressed. **Access means lives saved.**

On 19–20 November 2007, a major event was held in Viña del Mar, Chile, to commemorate the 20<sup>th</sup> anniversary of the country's **Cervical Cancer Research and Control Program**. [Full coverage by Ministry of Health of Chile, with photos](#) (in Spanish).



### Meeting Objectives

- ➔ Analyze the current state of the national program, including its past accomplishments and present goals, and lay out a path for the future.
- ➔ Analyze and discuss the current state of cervical cancer and the efforts being made worldwide to combat the disease, including the role of PAHO/WHO.

### Focal Areas

- ➔ **Health inequities:** How improving access to screening and treatment can save lives, where timely detection means avoiding untimely death.
- ➔ **Cytology laboratory accreditation,** including training, monitoring, and evaluation for quality assurance; the importance of accurate reporting.

- ➔ **Different genotypes of human papillomavirus (HPV)** and the importance of their typification for focused and effective diagnosis and treatment.
- ➔ **HPV vaccines**
  - Strengths and limitations of the new vaccines in conferring immunity against certain strains of the virus, and prospects for eventual incorporation into the Expanded Program on Immunization.
  - Cost issues.
  - Continued importance of screening, given the fact that vaccines do not work against all types of cancers.
  - HPV vaccination must be accompanied by education, safe sexual practices, and responsible sexuality.
- ➔ **The vital role of screening** as the most cost-effective method for successful large-scale interventions among the most susceptible age groups.

### Participants

Participants included international experts, prominent public authorities from a variety of countries, and representatives from a variety of disciplines, e.g. cancer, vaccines, and health economics:

- ➔ Ministry of Health (*Ministerio de Salud* / [MINSAL](#))
  - Dr. Pedro Crocco, Division Chief, Disease Prevention and Control.
  - Marta Prieto, Head of National Cervical Cancer Program (with special thanks for the information used in this summary).
  - Dr. Eugenio Suárez, Coordinator, National Commission on Cervical Cancer.
  - Dr. Rodrigo Prado, Chief of National Reference Laboratory for Cytopathology.
- ➔ Dr. Juan Manuel Sotelo, PAHO/WHO Representative in Chile ([OPS-Chile](#)).
- ➔ Drs. Andreas Ullrich, WHO Cancer Expert
- ➔ Dr. Merle Lewis, then PAHO Regional Advisor on Vaccine Research and Development, now PAHO/WHO Representative in the Bahamas.
- ➔ Dr. Amanda Herbert, anatomopathologist, UK.
- ➔ Dr. Eduardo Lazcano, National Institute of Public Health (*Instituto Nacional de Salud Pública* / [INSP](#)), Mexico.
- ➔ Dr. Silvio Tatti, gynecologist-obstetrician and expert in HPV, Argentina.



## CNCD Surveillance in the Southern Cone

Simon Fraser University (SFU) in Vancouver, Canada,



sponsored a working meeting held 23–25 April 2008 to further the development of a subregional proposal to strengthen CNCD surveillance in MERCOSUR countries. The meeting focused on different methodologies for monitoring risk factors and the need to harmonize data at the subregional level.

Participants included:

- Representatives from the MERCOSUR countries: Argentina, Brazil (participating online), Chile, Paraguay, and Uruguay.
- From PAHO/WHO: Advisors from Headquarters in Washington, DC, and from the Country Offices in Brazil, Chile, Paraguay, and Uruguay.
- From Vancouver: Representatives from SFU and health authorities from the city of Vancouver.

### Conclusions, Tasks, and Next Steps

1. Obtain more information on the rules to follow when submitting the proposal for the upcoming MERCOSUR Ministers of Health Meeting in Brazil in November.
2. Representatives from Chile and Paraguay assumed responsibility for developing the next version of the proposal by the end of June and for disseminating it to the other participants by e-mail.
3. PAHO's Country Office in Brazil will provide support, through national authorities (*pro tempore* MERCOSUR Secretariat), to get the proposal included in the agenda of the *MERCOSUR Ministers of Health Meeting* in November.
4. Each participant in the group should advocate to his/her country's minister of health regarding the benefits of the subregional proposal.
5. PAHO staff at Headquarters and in Brazil will confer with the Brazilian authorities to further

explore the possibility of holding a technical meeting prior to the MERCOSUR meeting to confirm the proposal and advance the discussion on data mapping and harmonization.

6. Regarding the latter, an agreement was made to correct the list of core indicators to reflect observations made by the group, to review the technical files, and to send all this to the countries so that they can test it when collecting data.
7. The group agreed to distribute a table produced by Fernando de Maio of Brazil (on an inventory of risk-factor surveys, other country-level social surveys, methodology used, programs used for data processing) so that each country can complete it and provide a 'map' of the availability of data in the subregion.
8. The countries, SFU, and PAHO will continue to collaborate, to provide support in reviewing the proposal and in the harmonization process, and to seek opportunities for funding the harmonization studies.

MERCOSUR



Argentina



Brazil



Chile



Paraguay



Uruguay

Note: This meeting was made possible through PAHO's continuing ties to Dr. Stephen Joel Corber, former Area Manager of Disease Prevention and Control at PAHO and now Associate Professor and Head of Public Health Practice at SFU (in the photo below, to the far left).



## Upcoming Events

### Two Consecutive International Events in Chile

#### Social Marketing and Prevention of Obesity

The CARMEN School will hold its International Course on Social Marketing and Preventing Child Obesity in Santiago, Chile, on 26–27 August 2008. [Program](#)

The course is offered by the University of Chile's (UChile)'s Institute of Nutrition and Food Technology (*Instituto de Nutrición y Tecnología de los Alimentos* / INTA), in coordination with PAHO/WHO's [CARMEN School](#). It is aimed at academics and professionals from the health, food science, agronomic science, and social science sectors, as well as professionals working in business schools and in charge of marketing in food companies, who are interested in building more effective strategies to promote a better quality of life.



#### Course Objectives

1. Identify the principles that characterize social marketing and planning programs using the marketing mix (the "4 Ps": Product, Price, Place/ distribution, and Promotion).
2. Understand the importance of formative research and the segmentation of audiences when designing social marketing programs.
3. Recognize the importance of establishing realistic objectives for the different target audiences.
4. Distinguish among the stages of design, development, implementation, and evaluation of a social marketing campaign.
5. Analyze the possibility of designing and implementing a social marketing strategy to prevent child obesity in Chile.



Teachers will include Dr. Carol Bryant, Co-Director of the Florida Prevention Research Center (PRC) at the University of South Florida (USF) in Tampa, and academics from the University of Chile, representatives from the Ministries of Health and Agriculture, and representatives from the private sector. The [program](#) provides details, as does the [color brochure](#) (in Spanish).

This course will be held in conjunction with and immediately prior to the Pan American Congress to Promote Vegetable and Fruit Consumption (see below).

#### Pan American Congress to Promote Vegetable and Fruit Consumption

This major regional meeting, to be held 28–30 August in Santiago, is being organized by the Chilean "5-a-Day" ([5 al día Chile](#)) initiative, with support from PAHO, UChile, INTA, Chilean health and agricultural authorities, produce growers, and other organizations involved with healthy eating, food production, and public health.



#### Objectives

1. Promote vegetable and fruit (V&F) consumption in Latin America.
2. Allow for exchange of experiences and lessons learned from programs to promote V&F consumption in the countries of the Region.
3. Disseminate the latest research findings related to nutrition and cancer.
4. Discuss new marketing strategies for V&F consumption.



This activity will be held in Spanish. For more information, consult the [5 al día](#) Chile website or contact the congress [organizers](#).

Source for the three previous contributions: Dr. Branka Legetic, Regional Advisor, PAHO Noncommunicable Disease Unit.



STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE

PROMOTE. PREVENT. TREAT. CARE

## Information Resources

### Web-Based Health Care and Chronic Disease

Neil Seeman, **Web 2.0 and Chronic Illness: New Horizons, New Opportunities**. *Electronic Healthcare* 6 (3) 2008: 104-110. Available [online](#).

Judging by the early evidence, Web 2.0 heralds a breakthrough opportunity to empower healthcare consumers of all types, especially those suffering from different forms of chronic illnesses. In this article, the author uses data gathered from the popular social networking website [www.myspace.com](http://www.myspace.com) to show that this opportunity may be greatest for heavily stigmatized chronic health issues, such as obesity and mental illness. The author also discusses how hospitals and health regions can benefit from and contribute to this fast-growing phenomenon. (Source: Excerpted from the article.)



*Electronic Healthcare* contains e-models, e-practices and e-products for e-health.



Wearing the CARMEN coat is James Hospedales, our editor and Senior Advisor for [Noncommunicable Diseases](#) at PAHO

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](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)). Letters to the Editor should be addressed to Silvana Luciani ([lucianis@paho.org](mailto: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>