



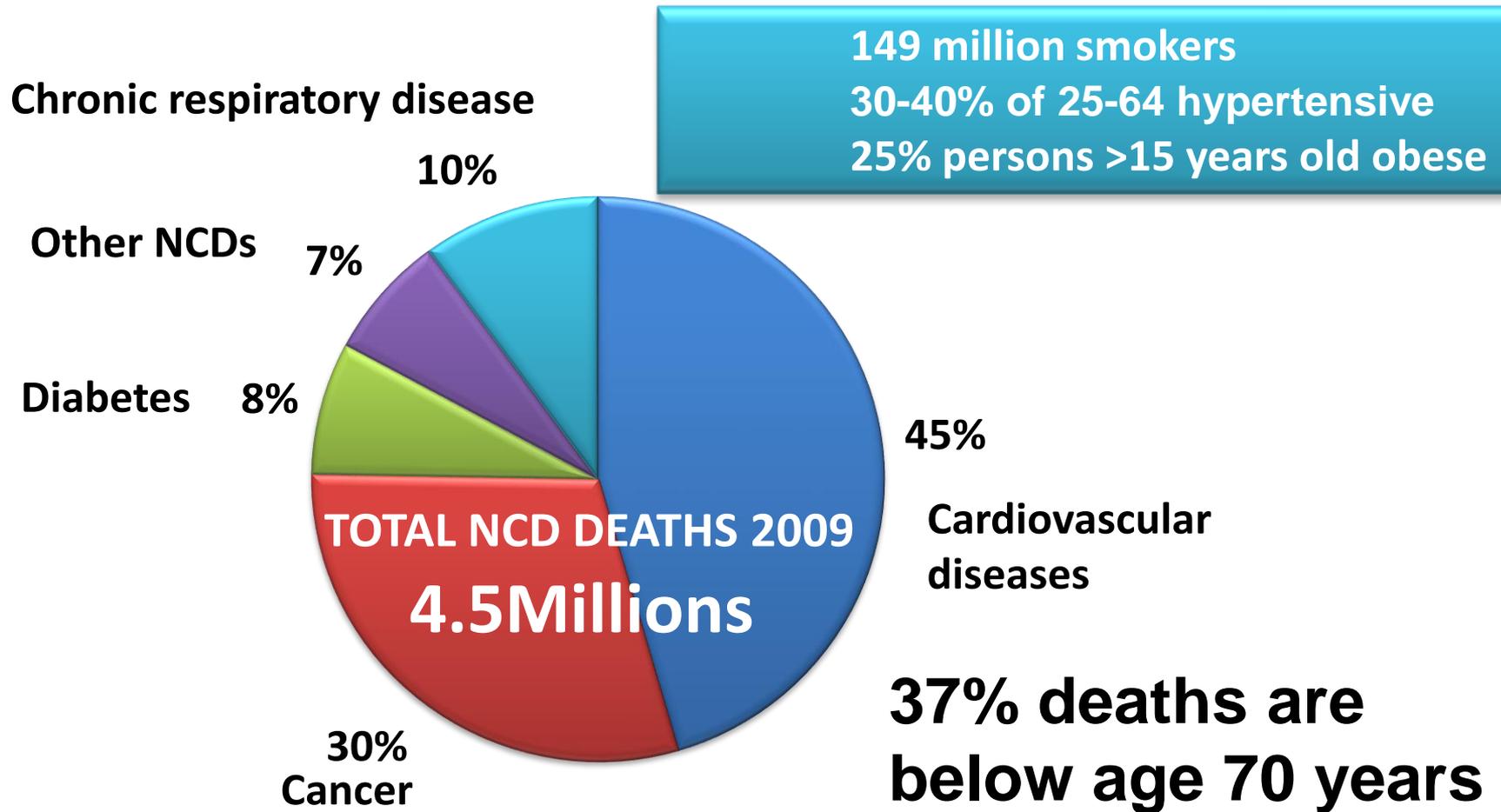
The UNHLM on NCDs and its Outcomes

**C James Hospedales,
Senior Advisor & Coordinator,
NCD Prevention & Control
PAHO/WHO**

**Healthy Caribbean Coalition Conference
May 27-29
Kingston, Jamaica**

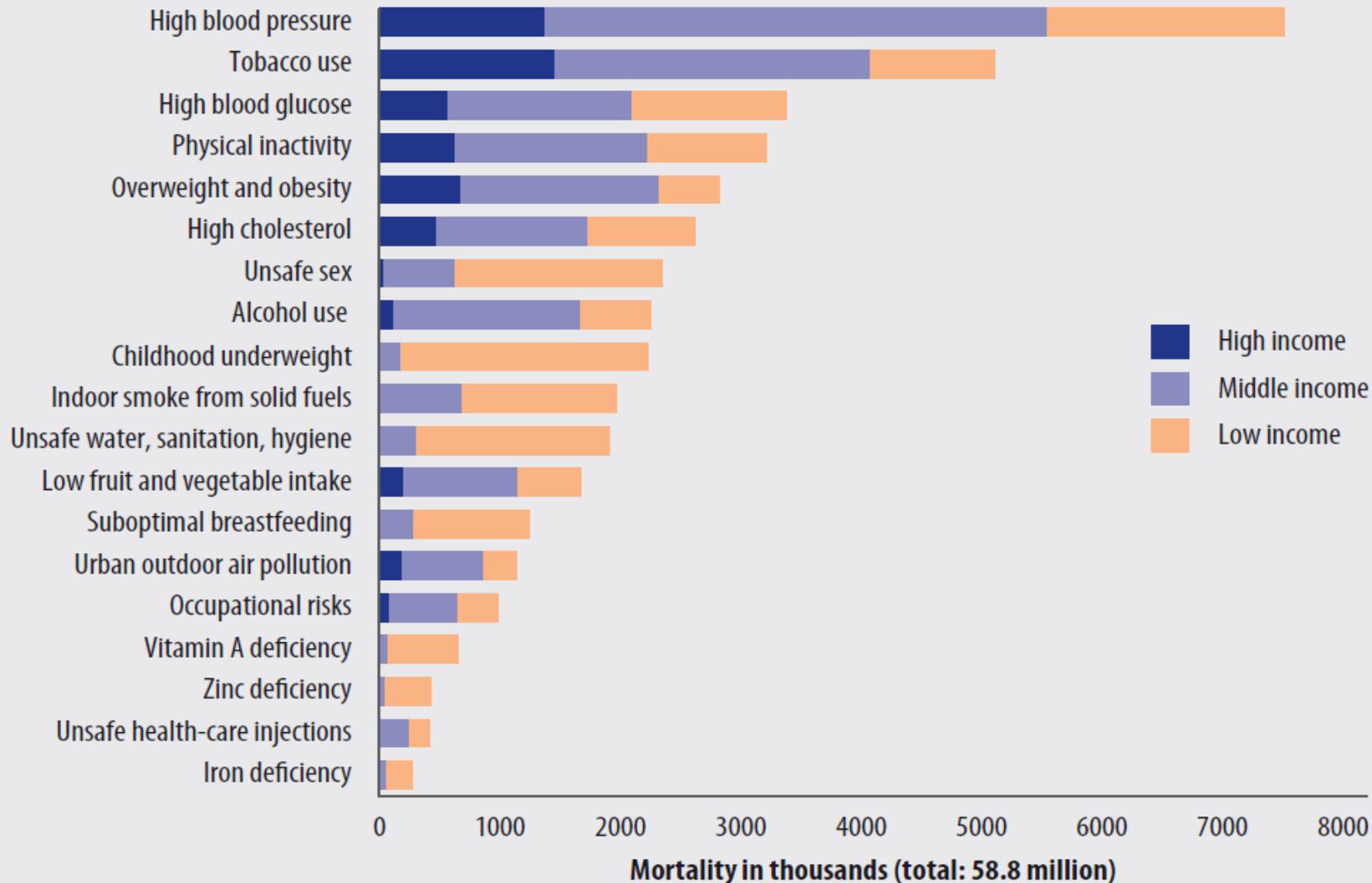
HCC LOGO

NCDs #1 KILLER IN AMERICAS REGION



Approx 250,000,000 people live with an NCD in the Americas region

Figure 6: Deaths attributed to 19 leading risk factors, by country income level, 2004.



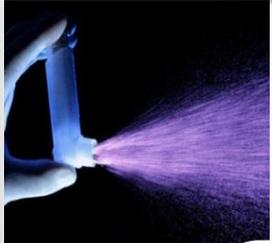
NCD Situation not Sustainable



\$30trillion per year globally in 20 years
\$500Billion annually in LMICs \equiv 4% GDP

World Econ Forum & Harvard, 2011

UNHLM NCDs: “4x4” plus Co-morbidities/ Co-benefits



4X4



OBESITY

MENTAL HEALTH

RENAL HEALTH

ORAL HEALTH

OCULAR

Arthritis

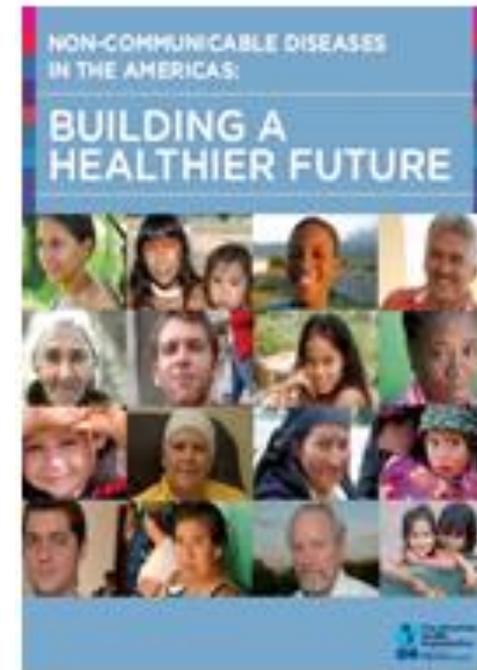
Injuries

DETERMINANTS & SETTINGS

Progress in recent years



- Policy advances in many countries
 - Investment, Plans; tobacco, obesity, Salt, PA; Chronic care, Cancer, CVD; Surveillance , M&E
- Multi-stakeholder
- CARICOM Heads Declaration on NCDs; Central Am., Andean, MERCOSUR
- Regional Declaration on NCD & Obesity, 2011, Mexico
- Aruba Call for Action on Obesity, 2011
- **UN High Level Meeting on NCD, Sept 2011**



Civil Society



- Healthy Caribbean Coalition
 - 40-member NGO coalition
- NCD Alliance (Global advocacy)
 - Heart, diabetes, cancer, lung/TB
- Preventive Health Partnership (USA)
- Coalición Latinoamérica Saludable
- How to further strengthen?



Private Sector



- International Food & Beverage Alliance
 - Reformulate; labeling; ads2kids; physical activity; partnership
- Reuters Apr 27/12: *“Washington soft on childhood obesity”*
- World Fed Sporting Goods (2012)
- Int’l Federation Pharmaceutical Manufacturers Association (2011)
 - Adherence, barriers, primary care
- Alianza para vida saludable (Mex)
- ABIA Brazil
- Private sector engagement in Caribbean?





THE ROAD TO THE UNHLM BEGAN IN THE CARIBBEAN

The UNHLM Political Declaration on NCDs

Consensus and clear positions:

- NCDs as priority within the **development and economic agenda**
- **Whole of government & society approach** to implement WHO's recommendations on surveillance, prevention and health care
- **Leading role of WHO** in coordinating global action on NCDs
- **Specific assignments** that WHO has to deliver over the coming months and years



UN High Level Meeting on NCDs (Chairs: Jam, Lux)



Participants	Member States: 113 Heads of State/Government: 35 Over 300 civil society groups From Americas: 25 From Americas: 9
Political Declaration	<ul style="list-style-type: none">• economic & development challenge; prevention as cornerstone• calls for multi-sector approach• strengthen national NCD policies and programs• strengthen health systems, based on primary health care, and increase access to essential medicines; TRIPS flexibilities• improve international coordination and collaboration
Plenary & roundtable discussions	<ul style="list-style-type: none">• over 120 interventions• unanimous call for action against tobacco, more surveillance, improve care and treatment• more investments on the “best buys”
Side events	<ul style="list-style-type: none">• over 35 side events: 4 sponsored by WHO, 3 sponsored by PAHO• illustrated integration of NCDs in: nutrition/agriculture, HIV, women’s health, urban health, communications, gender, oral health, physical activity, Pan Am Forum for Action on NCDs 2nd phase launched

WHO NCD ‘Best Buys’: \$9/Bn/yr investment for developing world to implement (WHO, 2011)

Condition	Interventions
Tobacco use	Tax increases; smoke-free indoor workplaces & public places; health information / warnings; advertising/promotion bans
Alcohol use	Tax increases; restrict retail access; advertising bans
Unhealthy diet & physical inactivity	Reduced salt intake; replacement of trans fat; public awareness about diet & physical activity
CVD & diabetes	Counselling & multi-drug therapy (including glycaemic control for diabetes) for people with >30% CVD risk (including those with CVD); treatment of heart attacks with aspirin
Cancer	Hepatitis B immunization to prevent liver cancer; screening & treatment of pre-cancerous lesions to prevent cervical cancer

Specific assignments given to WHO

- To develop a comprehensive **global monitoring framework** for the prevention and control of NCDs, including a set of indicators
- To prepare recommendations for a set of **voluntary global targets** for the prevention and control of NCDs
- To provide **guidance to Member States** on the development of national targets and indicators based on national situations





SPECIFIC COMMITMENTS FROM THE UN HLM on NCDs

By 2012

WHO: global monitoring framework, including indicators, and recommendations for voluntary global targets (WHA 2012: “25% X 25”)

UNSG: present options for multi sectoral partnership (Pan Am Forum for Action on NCDs – Americas response)

By 2013

Member States: develop /strengthen national multi-sector NCD policies and plans (7 Caribbean countries & territories need plans)

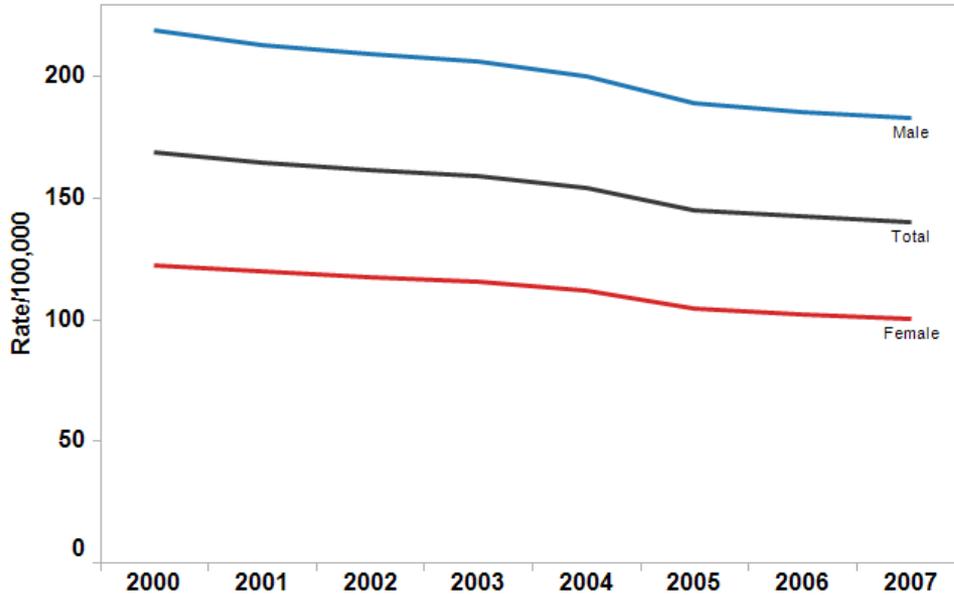
By 2014

UNSG: comprehensive review and assessment of progress (?Global GetTheMessage 2.0 to surpass 2011 UNHLM attendance?)

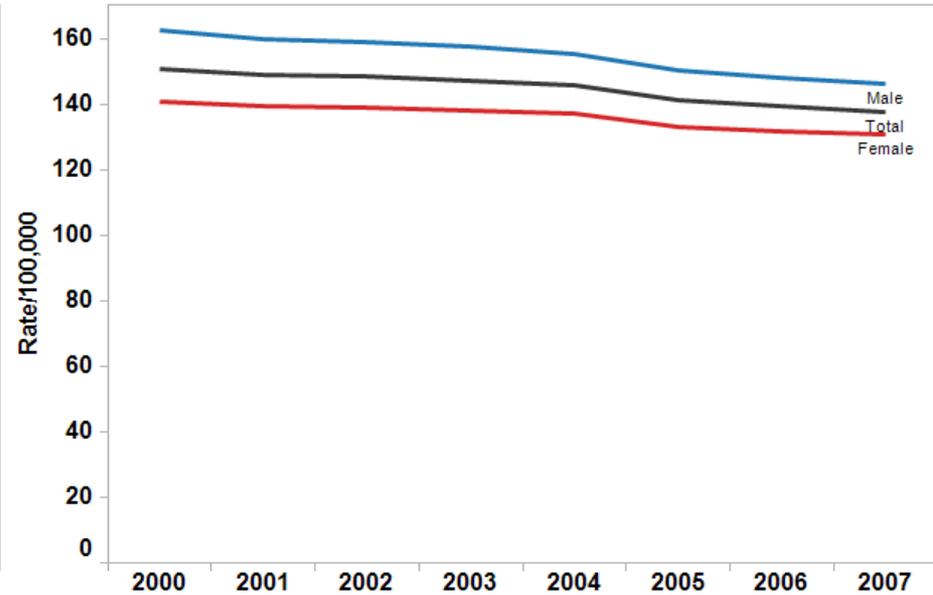
UN System coordination (Dec 2011; June 26, 2012; UNDP/WHO Letter)

NCD Premature (30-69yrs) Mortality, Americas, 2000-07

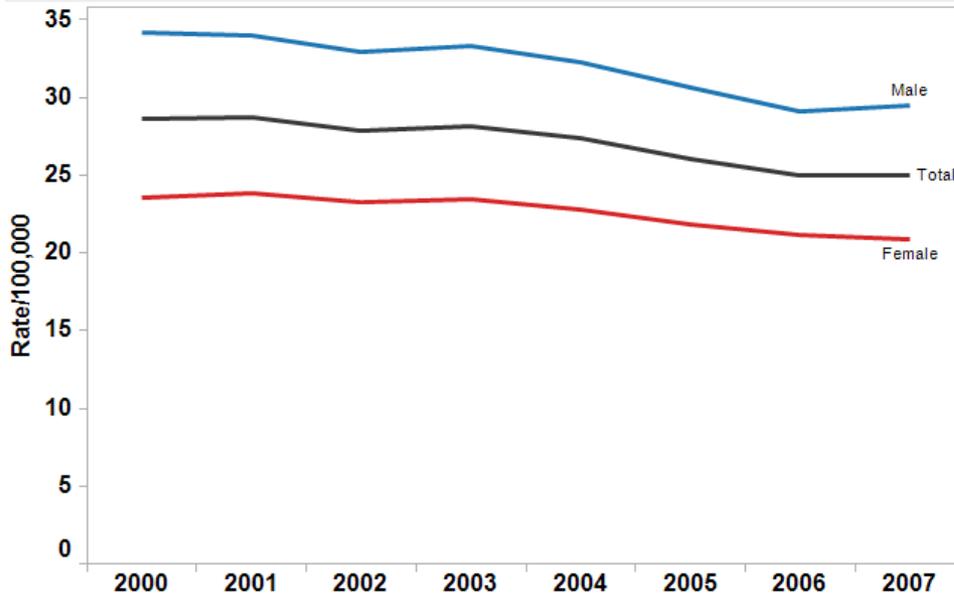
Cardiovascular diseases



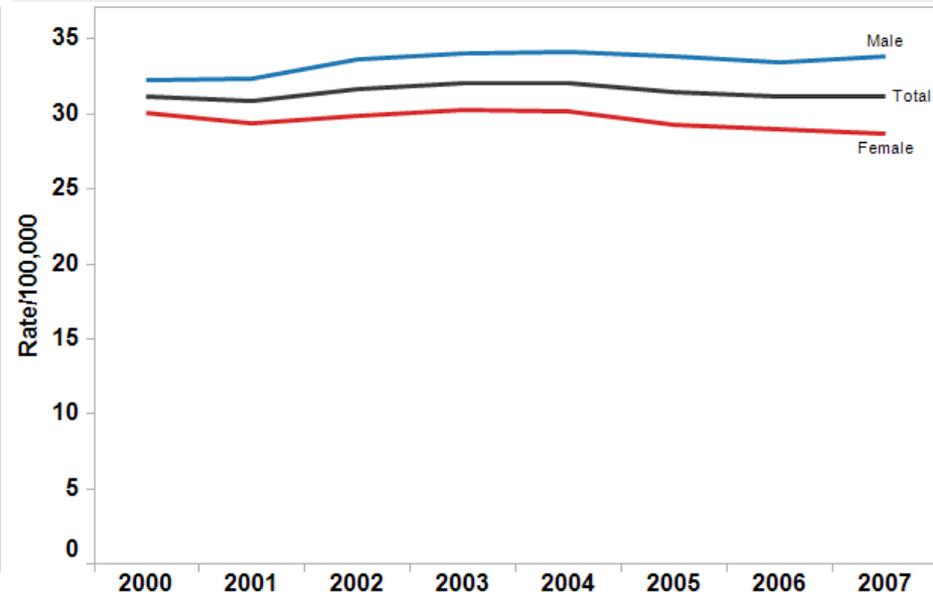
Malignant neoplasm



Chronic respiratory diseases



Diabetes mellitus



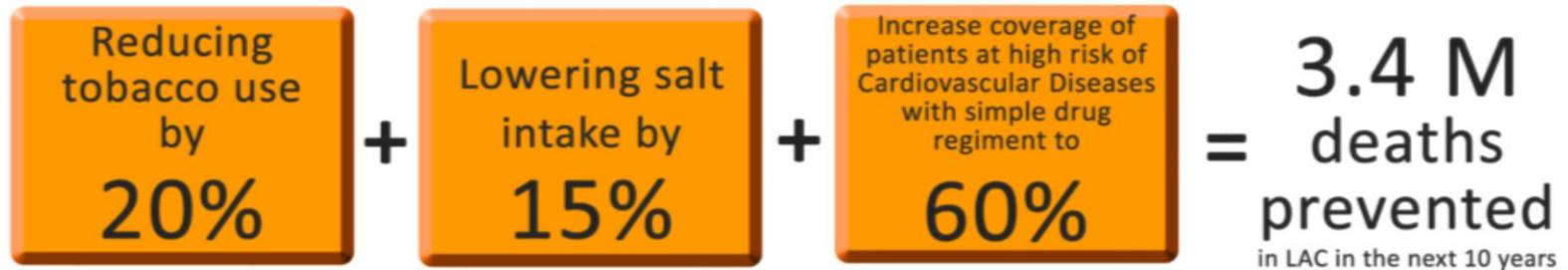


REGIONAL STRATEGY AND PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NCDs; 2013-2020

- Goal: reduce avoidable mortality, morbidity, risk factors, and costs, thus promoting well-being & improving productivity and development prospects
- What's new?
 - Putting NCDs on development & economic agendas
 - **Multisector “all-of-society” approach**
 - Implementing “best buys” and other CE measures
 - Communications and advocacy, traditional & new media
 - Strengthening /adapting health services for NCDs
 - Explicit goals and targets for the Region, aligned with WHO
- http://new.paho.org/hq/index.php?option=com_content&task=view&id=6546&Itemid=39453&lang=en

We can avoid 3 million deaths in 10 years in LAC

NCDs ARE HIGHLY PREVENTABLE



*Gaziano T, et al. Scaling-up interventions for chronic disease prevention: the evidence. Lancet, 2007;370: 1939-46; extrapolated to countries of Latin America and Caribbean countries.

The tobacco and salt intake interventions would be cost than US \$ 0.40 per person/year in low and middle income countries, and US\$ 0.50-1.00 in upper middle-income countries

Plus Education & Communication



Indicators:

- at least a 25% relative reduction in overall mortality from CVD, cancer, diabetes, or chronic respiratory disease *
- 25% relative reduction in prevalence of raised blood pressure, among persons aged 25+ years *
- 10% relative reduction in prevalence of diabetes, among persons 25+ years *
- no increase in adult obesity prevalence*, and 2% relative reduction in adolescents and children
- Physical activity increase by 15% children and adults
- Salt consumption reduce to 5gm/person/day
- 80% coverage with preventive treatment of people at high risk CVD; 80% coverage cervical cancer screening

All indicators presume the baseline to be from 2010; target year IS 2020

- *Proposed by WHO in Global Monitoring Framework and Targets for 2025 on the prevention & control of NCDs; subject to further modification following WHA 2012



STRATEGIES & OBJECTIVES

OBJECTIVE 1: Multi sector policies and partnerships

1.1: To establish multi-sector partnerships and integration of NCD prevention policies into sectors outside of health

OBJECTIVE 2: NCD risk factor reduction & protection

2.1: To reduce **tobacco use** and **exposure to second-hand smoke**

2.2: To reduce the harmful use of **alcohol**

2.3: To promote **healthy eating and active living**

OBJECTIVE 3: Health System Response to NCDs

3.1 To strengthening the **capacity of primary health care providers**

3.2 To implement a **model of integrated management of NCDs**

3.3. To secure **supplies for NCD drugs.**

3.4. To secure **coverage of multi-drug therapy**

OBJECTIVE 4: NCD surveillance and research

4.1.**quality of NCD and risk factor surveillance** systems, including cancer registries

4.2. improve **utilization of NCD and risk factor surveillance** systems to plan and monitor NCD program



CARMEN Network & Pan Am Forum for Action, Brasilia, May 7-9

- CARMEN: 15 years, 33-country network
- Rich, practical, hands-on sharing
- Declaration to Action: Sharing experiences
 - Policy to action, opportunities, challenges
 - Health promotion & NCD prevention; tobacco, healthy eating, active living; engaging other sectors
 - Integrated management of disease; improving access to medicines
 - NCD and risk factor monitoring/surveillance; strengthening data
 - Human Resources development
- Work groups: Caribbean & Canada; C. America, Mex & Spanish Caribbean; Andean; Southern Cone
- *CARMEN – Network of National NCD program managers in the Americas*



CARMEN Network & **Pan Am Forum for Action**, Brasilia, May 7-9

- 36 member states, 24 companies, 41 NGOs and academia, 6 Int'l Orgs; PAHO as honest broker
- Governments accept role private sector & NGOs
- Agree unifying and coordinating efforts is needed for NCDs
- Initial priority areas for Action Partnerships
 - Dietary Salt Reduction, Tobacco control, Physical activity & healthy workplaces
 - Scaling up cardiovascular treatment, Breast & Cervical Cancer, Diabetes
 - Communication, Advocacy & Social Mobilization
 - Showcase of successful practices
 - M-Health
- Diversify the range of partners, incl insurance, comms, entertainment



Pan American Forum Mission

In response to the NCD Regional strategy and the UN HLM mandate:

- The PAFNCD brings together government, the scientific and academic community, private sector, and civil society to raise awareness of and help promote new innovative initiatives and scale-up successful practices for the prevention and control of NCDs/chronic diseases and promotion of health at all levels.



Early Supporters

- Countries (Brazil, Canada/PHAC, US CDC, Mexico, Panama, Argentina, Trinidad and Tobago and Guatemala/INCAP)
- Civil Society (Inter Am Heart, 5-A-Day, Consumers Int'l, HCC, WEF, PAHEF, McGill U, SIAC, NCDA, IDF etc)
- Business groups (IBLF, Kraft, Pepsi, Coke, Nestle, Grupo Bimbo, Arcos Dorados, IFPMA, Unilever, Pfizer, GSK, Sanofi, Merck, J&J, AdVamed, Medtronic, Philips, Nike, WFSGI)
- International Agencies (IADB, W Bank, IFRC, IUHPE)



Ethical Framework

- Managing conflict of interest in the Forum:
 - Differentiate “WHAT” is to be done, decided by public health authorities, from “HOW” where members work together
 - Application and due diligence process
 - Screen out Tobacco, Alcohol, Firearm interests; and allow “whistle blowing”
 - Shared values and commitment signed
 - Rights and responsibilities/rules of engagement
 - Engage diverse government, civil society, academic and business entities; ensure no one has undue influence; hold each other accountable

Controlling NCDs through Summitry

- Subject-specific Summits began in 80s
- Successful summits
 - Civil society role
 - Declaration structure
 - Accountability & evaluation
 - Use /leveraging surrounding high level meetings
 - UN Commissions, ECOSOC
 - Rio +20, WEF Econ Summit, G-20, G-8, WHA
 - Champions
 - Female heads of state event to promote breast and Cervical cancer program, September 2012, NY



CARIBBEAN

5 Year Evaluation after Port of Spain Declaration

GOAL: to accelerate implementation of the POS CARICOM Declaration & UNHLM commitments

Questions/objectives:

To what extent, and why and why not, and with what results have the commitments of the POS Declaration been implemented?

What “course corrections” can be proposed to CARICOM Heads 5 years after the CARICOM Summit, and how best to do so?



Conclusions

- Exciting, dynamic time for NCDs & Health
- Many outcomes of UNHLM
- Targets process critical to accountability post UNHLM
- New Regional strategy provides way forward
- Keep NCDs on political and development agenda
- Key role civil society
- *“It took us, all of us, governments, people and business, decades to get into this mess (NCD epidemic), and it will take all of us working together many years to get out of it”*

Dr Mirta Roses Periazo, D/PAHO

THANK YOU!





OBJECTIVE 1: MULTI SECTOR POLICIES AND PARTNERSHIPS

1.1: To establish **multi-sector partnerships** and integration of NCD prevention policies into sectors outside of health

indicator 1.1.1: # countries with a government wide inter-sectoral mechanism, including public-private partnership, to coordinate, promote and implement multi-sector NCD policies.

indicator 1.1.2: # countries with multi-sector workplace wellness and occupational health initiatives, to protect and promote health and prevent NCDs in the workplace.

indicator 1.2.1: # countries implementing a national multi-sectoral plan for NCD prevention and control.

indicator 1.3.1: # countries with evidence based NCD interventions, medicines & diagnostics in their national social protection schemes.



Objective 2: NCD risk factor reduction & protection

2.1: To reduce **tobacco use** and exposure to second-hand smoke [\[1\]](#).

- indicator 2.1.2:
- number of countries which have implemented the 4 “best buys” from the WHO Framework Convention on Tobacco Control: art. 6 (taxes); art. 8 (smoke-free environments); art. 11 (packaging and labeling); art. 13 (complete ban tobacco advertisement, promotion and sponsorship).

2.2: To reduce the harmful use of **alcohol** [\[2\]](#).

- indicator 2.2.1: number of countries with the 10% relative reduction in alcohol per capita consumption in persons aged 15 years and older.



2.3: To promote **healthy eating and active living**

- indicator 2.3.1: number of countries with operational national nutrition policies to support healthy eating in schools.
- indicator 2.3.2: number of countries that increase by at least 15% the proportion of children, adolescents and adults who meet WHO physical activity guidelines [\[1\]](#)
- indicator 2.3.3: number of countries which reduce age standardized mean population intake of salt to less than 5 grams per day*
- indicator 2.3.4: number of countries with regulations that restrict marketing to children of food and non-alcoholic beverages, in line with WHO guidelines.
- indicator 2.3.5: number of countries that have national policies eliminating industrially produced trans-fats from the food supply*



Objective 3: Health System Response to NCDs

- indicator 3.1.1: # countries strengthening the *capacity of primary health care providers for NCD prevention, screening, early detection, treatment, rehabilitation and palliative care.*
- indicator 3.2.1: # countries implementing a model of integrated management of NCDs (eg. evidence based guidelines, clinical information system, self-care, community support).
- indicator 3.3.3: # countries utilizing the PAHO Revolving Fund for Strategic Public Health Supplies for NCD drugs.
- indicator 3.4.1: # countries with 80% coverage of multi-drug therapy (including glycaemic control) for CVD high risk people aged 30 years and older [\[1\]](#)*.