

Non-Communicable Diseases in the Caribbean Region

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Outline

- Why the World Bank is providing Technical Assistance Program on Non-Communicable Diseases in the Caribbean Region;
- The major findings from the World Bank's TA program
- Policy Options and Recommendations

Why Focus on NCDs

- Responding to CARICOM's request to support NCD control after the Port of Spain Regional Summit on NCDs in 2007.
- Expanding the support from HIV/AIDS programs to NCDs – the needs to address the leading causes of death in the Caribbean Region.
- Sharing international experiences on NCD control and learn from the Caribbean Region

The World Bank's NCD Program in the Caribbean Region

The World Bank undertook two assessments of NCDs in the Caribbean region to build on the knowledge and understanding on NCDs in the region.

- ***“The Growing Burden of Non Communicable Diseases in the Eastern Caribbean”***
- ***Non-Communicable Diseases in Jamaica: Moving from Prescription to Prevention”***

Main Findings from the Two Studies

HNP
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HEALTH, NUTRITION, AND POPULATION

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Burden of NCDs in Caribbean

- NCD deaths are **5** times of deaths from other diseases
- NCD deaths are **10** times of deaths from HIV/AIDS
- NCDs account for **65%** burden of disease
- Increasing trend of NCDs in the region

Source: PAHO

Global Rank of Years of Life Lost (YLL) Due to NCDs

| Country | Global Rank (out of 195 countries) |
|----------------------------------|--|
| Cuba | 43 |
| Antigua and Barbuda | 50 |
| Dominica | 53 |
| Grenada | 58 |
| Jamaica | 59 |
| Barbados | 60 |
| Saint Lucia | 69 |
| Saint Kitts and Nevis | 71 |
| Saint Vincent and the Grenadines | 78 |
| Trinidad and Tobago | 102 |
| Bahamas | 106 |
| Suriname | 108 |
| Belize | 118 |
| Dominican Republic | 129 |
| Guyana | 131 |
| Haiti | 153 |

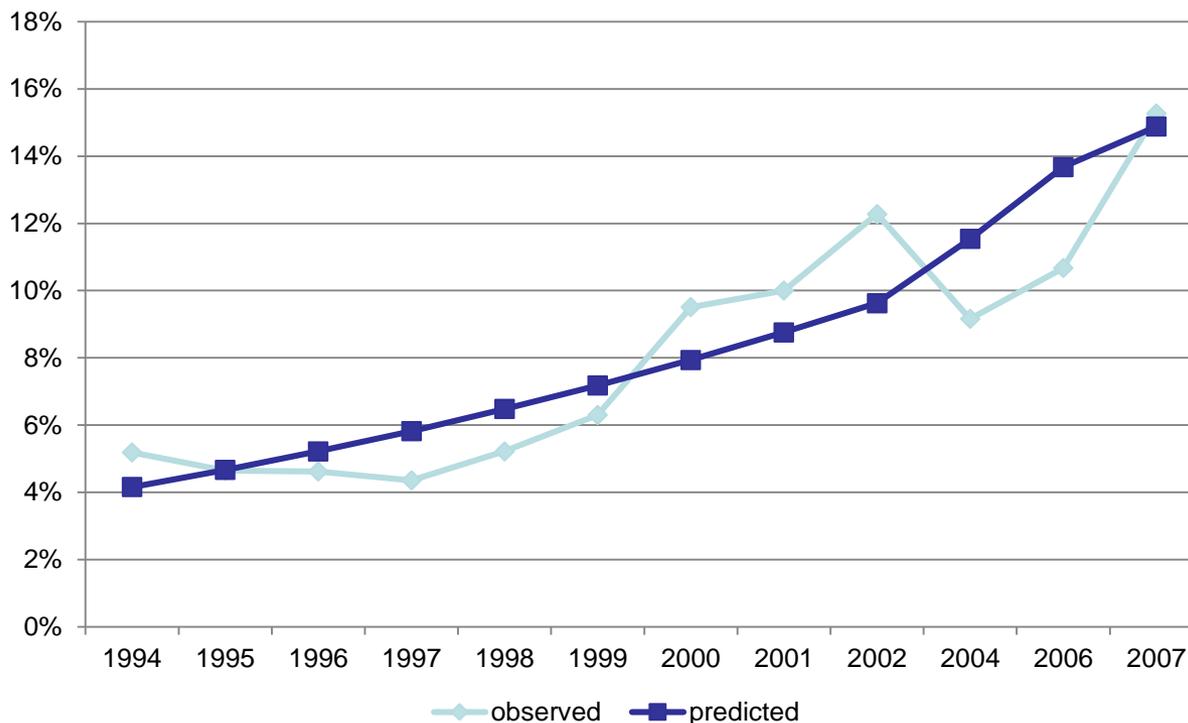
Source: WHO

Leading Causes of Death for Jamaica

| Causes | Deaths | Years of Life Lost |
|-----------------------------------|-----------|--------------------|
| | (%) | (%) |
| All Causes | 100 | 100 |
| Cerebrovascular disease | 18 | 11 |
| Diabetes mellitus | 11 | 8 |
| Ischaemic heart disease | 10 | 6 |
| Hypertensive heart disease | 6 | 4 |
| Lower respiratory infections | 4 | 4 |
| HIV/AIDS | 4 | 9 |
| Stomach cancer | 3 | 2 |
| Nephritis and nephrosis | 3 | 3 |
| Perinatal conditions | 2 | 8 |
| Breast cancer | 2 | 3 |

Source: WHO

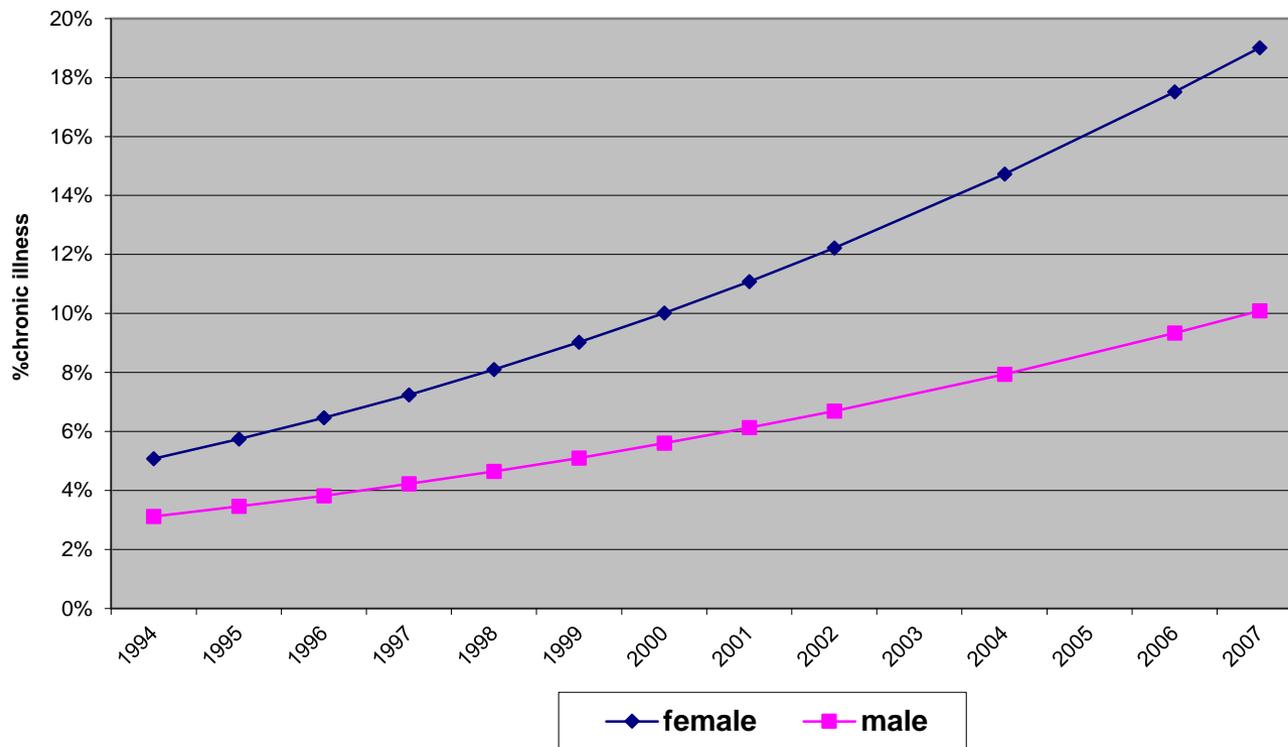
Chronic Disease Prevalence is Increasing among Adult Population



Source: JSLC author calculation

Predicted prevalence controlled for key individual socioeconomic and demographic characteristics

Gender Gap of Chronic Illness Burden is widening



Source: JSLC author calculation

Adjusted prevalence controlled for key individual socioeconomic and demographic characteristics

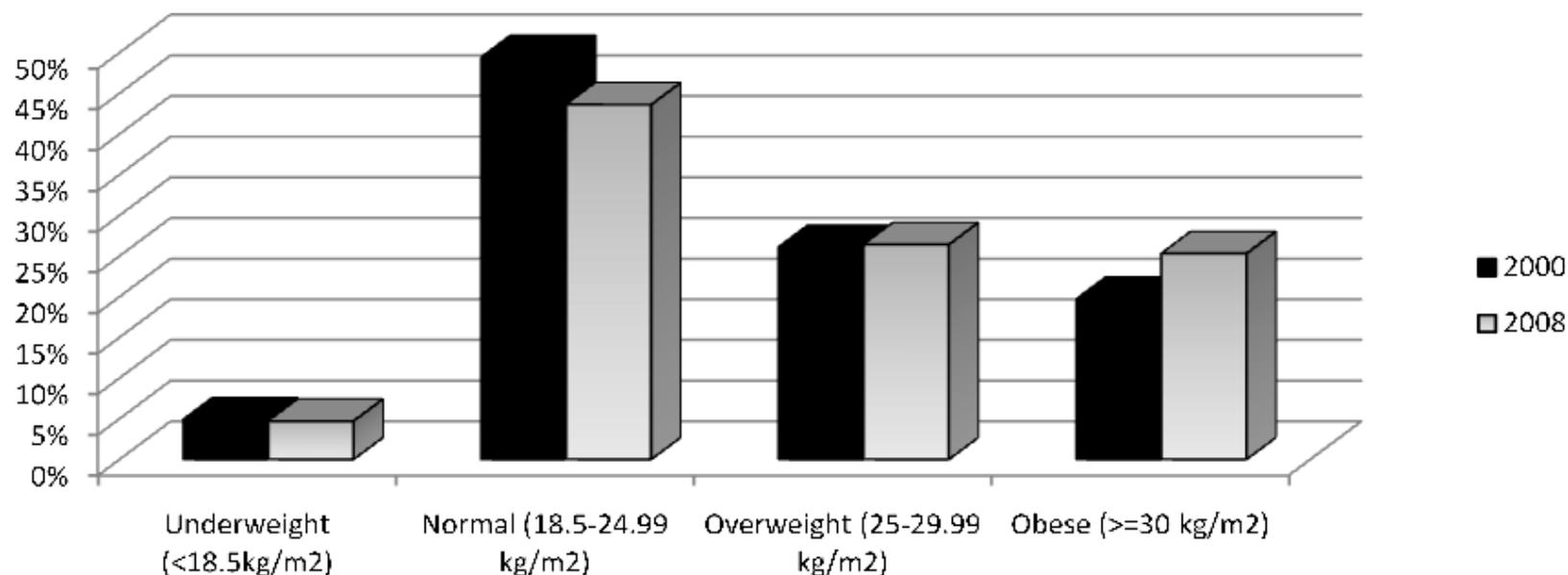
Common Risk factors Contributing to NCDs

- Overweight and Obesity
- Physical Inactivity
- Tobacco use
- Alcohol Abuse

Rick Factors

- Overweight/obesity is steadily increasing, especially among women.
- Physical inactivity levels are high across the OECS and women are less physically active than men in each country.
- Tobacco use and excessive alcohol consumption are widespread across the Caribbean and the early age of initiation is of a particular concern.

Changes (%) in nutritional status of Jamaicans 15-74 years during 2000-2008



Economic Burden of NCDs

- Economic Burden to individuals have two components:
 - Direct economic burden: at individual level is the sum of
 - (a) out-patients visits; (b) hospital stays, and (c) medication.
 - Indirect economic burden of NCDs is from reduction of productivity due to illness.

Impact of NCDs

- Health expenditure on a diabetic patient ranges from US\$322 to US\$769 per year which is more than annual per capita spending for health in the six OECS countries.
- Data for Saint Lucia show that NCD patients spend 36 percent of their annual household expenditures on out-of-pocket healthcare costs for NCD care.
- Poorer households carry the heavier financial burden of NCDs as they spend 48 percent of their per capita healthcare expenditures on NCDs while the richest spend less than 20 percent.

Findings

- Based on household survey data, NCDs economic burden accounted for 3% of Jamaica GDP in 2008. This does not include government expenditure or insurance expenditure.
- Jamaican women have much higher risk in developing NCDs.

Policy Options

- Policies and programs need to not only focus on treatment, but more importantly on prevention.
- Strengthen surveillance and monitoring of NCDs to enable developing targeted interventions.
- Prioritize actions on tackling underlying behavioral risk factors.

Policy Options

- Continue to raise political awareness to secure commitment at the decision-making level and to mobilize resources.
- Regulatory acts on tobacco and alcohol to address pricing policies, taxing tobacco products, enforcing smoke-free worksites and public places and restricting alcohol sales outlets and their operating hours.

Recommendations

- Build a comprehensive National Strategy on NCDs
- Adopt a multi-sector approach (lessons learned from AIDS Programs)
- Engage NGOs and CSOs in NCD control