Looking beyond 2018 towards 2030 in CARICOM: Regional NCD Priorities and WHO Best-Buys

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Global and regional commitments

Port of Spain Declaration

2007

1st UN High Level Meeting

2011

Political Declaration

2013

2nd UN High Level Meeting Outcome Document
10 progress indicators

2014

PAHO Regional Plan of Action (2013-2019)
“WHO Best Buys”

2018

3rd UN High Level Meeting

2025

WHO Global Monitoring Framework
9 voluntary targets
25 indicators
25% reduction premature mortality

2030

One third reduction in NCD premature mortality

Global and regional commitments
The burden of NCDs: Caribbean

NCD-related mortality in the Caribbean

53,928
Estimated total deaths

41,995 (78%)
All deaths are caused by NCDs

38%
NCD deaths are premature (30-70 years)

78%
NCDs

Injuries
10%

Communicable, maternal, perinatal and nutritional conditions
12%

Cardiovascular diseases
37.2%

Cancer
28%

Diabetes
14%

Respiratory diseases
3.2%

Other NCDs
16.7%

Prepared by NMH/PAHO using the Regional Mortality Dataset.
Technical note: Bolivia, Curacao and Haiti were excluded from the analysis due to lack of reported data for 2010-2015.
3 | Status of NCDs in the Caribbean - GMF

Probability of dying between 30-70 years from any major NCDs by sex.

Region of the Americas

9 out of the 10 top countries with the highest probability of premature deaths by NCDs are Caribbean countries.


Technical note: Bolivia, Curacao and Haiti were excluded from the analysis due to lack of reported data for 2010-2015.
2025 | Global and regional commitments

Global Monitoring Framework
9 Targets and 25 Performance Indicators

- Premature mortality: 25% reduction
- Salt/sodium intake: 30% reduction
- Insufficient physical activity: 10% reduction
- Drug therapy and counseling: 50% eligible people coverage
- Essential medicines & basic technologies: 80% availability in facilities
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Harmful use of alcohol: 10% reduction
- Diabetes & obesity: halt the rise
By 2030, reduce by one third premature mortality from Noncommunicable Diseases through prevention and treatment and promote mental health and well-being.
CCH IV Framework

• Health Systems for Universal Health Coverage
• Safe, resilient, healthy environments
• Health and well-being of Caribbean people
• Data and evidence for decision making
• Partnership and Resource Mobilization for Health
CARICOM Regional Health Priorities

- 25th Meeting of Chief Medical Officers in April 2017, CMOs identified the following priority RPGs.

- Strengthened legislative framework for health, including legal briefs and model legislation
- Regional legislation for nutritional labeling
- Regional approach to trade legislation and regulation in support of reducing child obesity
- Caribbean Regulatory System for essential medicines
- Regional level partnership of health and tourism
- Caribbean guaranteed minimum package of health services
- Common health promotion campaigns
- Common training programs for health and other personnel, including in partnerships and negotiation
- Common clinical guidelines and auditing tools for national NCD programs
- Regional data sharing and ethics policy
- Regional health information systems policy
- Regional strategy to stimulate private sector partnerships
- Resource mobilization strategies for reaching non-traditional funders
COHSOD: Progress towards the WHO Global NCD Targets

- Having considered Paper COHSOD/2017/33/7.2 entitled “Annotation of Progress towards WHO Global NCD Targets”,

- Noting with concern the burden of NCDs and prevalent risk factors in this Region, and its impact on social and economic development;

- THE COHSOD:

  • Recognized the limited progress in this Region with regards to the Global NCD targets and four time-bound commitments, which will be reported on at the UN during the 3rd UN High Level Meeting on NCDs in 2018;

  • Urged the Member States of the Community to increase efforts to improve health policy implementation to reduce tobacco use, reduce harmful use of alcohol, and improve diet and physical activity while reducing obesity;

  • Approved the required actions of countries in health system strengthening to improve the access and quality of care for persons with NCDs, in order to control NCDs and prevent premature death.
COHSOD: Position on NCDs

• THE COHSOD:
• Urged Member States to implement policies aimed at making CARICOM **100% smoke-free in public spaces**;
• Also urged Member States to implement the Regional standard for labelling of tobacco products approved by COTED;
• Advocated for Taxation of tobacco, alcohol, salty and sugary foods and trans fat containing foods as a fiscal measure, with a proportion of these revenues earmarked to support health and other social sectors;
• Congratulated PAHO for its ongoing support for health development in the region, and for facilitating south-south collaboration through the Chile-CARICOM agreement.
• Recognized the distinguished collaboration among the regional partner institutions serving the NCD agenda CDRC (UWI), CARPHA, HCC, PAHO and CCS.
COHSOD: CVD and Diabetes care

• Having considered Paper COHSOD/2017/33/12.1 entitled ‘Treatment: A Rational Approach for CARICOM’;

• Expressed support for the efforts to implement the WHO Global Hearts Initiative in the Member States of the Caribbean Community, as an innovative strategy to transform health systems, rationalize treatment and strengthen integrated NCD management, focusing on CVDs and diabetes as high-impact entry points.
PAHO: Developing the Sustainable Health Agenda for the Americas 2018–2030

Principles
• 1. The right to the enjoyment of the highest attainable standard of health
• 2. Pan American solidarity
• 3. Equity in health
• 4. Universality
• 5. Social inclusion

Vision
• By the year 2030, the Region and the countries of the Americas shall achieve the highest possible level of health with equity and well-being for all peoples throughout the life course, with universal access to health and universal health coverage, resilient health systems and quality health services.
The Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) is a framework that reflects the highest level of strategic planning and policy for health in the Americas. It is a call for collective action to achieve higher levels of health and well-being within the new regional and global context. The Agenda is approved by the Pan American Sanitary Conference, the highest authority of the Pan American Health Organization (PAHO), representing all the countries of the Western Hemisphere.

The SHAA2030 represents the health sector response to commitments made by the countries in the 2030 Agenda for Sustainable Development, unfinished business from the Millennium Development Goals and the Health Agenda for the Americas 2008-2017, as well as future and emerging regional public health challenges. It will be implemented through the PAHO Strategic Plans and strategies, as well as through subregional and national health plans.
PAHO: Developing the Sustainable Health Agenda for the Americas 2018–2030

1. Expand equitable access to comprehensive, integrated, quality, people-, family- and community-centered health services, with an emphasis on health promotion and illness prevention.

2. Strengthen stewardship and governance of the national health authority, while promoting social participation.

3. Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health.

4. Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families.

5. Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.

6. Strengthen information systems for health to support the development of evidence-based policies and decision-making.
PAHO: Developing the Sustainable Health Agenda for the Americas 2018–2030

7. Develop capacity for the generation, transfer and use of evidence and knowledge in health, promoting research, innovation and the use of technology.

8. Strengthen national and regional capacities to prepare for, prevent, detect, monitor and respond to disease outbreaks and emergencies and disasters that affect the health of the population.

9. Reduce morbidity, disabilities and mortality from noncommunicable diseases, injuries, violence and mental health disorders.

10. Reduce the burden of communicable diseases and eliminate neglected diseases.

11. Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.
PAHO: Developing the Sustainable Health Agenda for the Americas 2018–2030

• Member States should implement and report on the Agenda through collaborative efforts among themselves, the Pan American Sanitary Bureau and other strategic actors and partners at the national, subregional and regional levels.

• Member States agree on the adoption of several key strategic approaches for implementing this Agenda.

  • National accountability for results
  • Advocacy and coordination of multisectoral actions
  • Interagency coordination and cooperation at the national level
  • South-South cooperation for health development
  • Regional interagency coordination
  • Strategic communication
<table>
<thead>
<tr>
<th>Project</th>
<th>Package</th>
<th>End point for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEARTS</td>
<td>Launched</td>
<td>Reduce cardiovascular deaths through hypertension control</td>
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<tr>
<td>CXCa</td>
<td>Pending</td>
<td>Towards elimination of cervical cancer through screening, early diagnosis and treatment (as well as HPV)</td>
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<tr>
<td>REPLACE</td>
<td>Pending</td>
<td>Eliminate industrially produced artificial trans-fats</td>
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<tr>
<td>MPOWER</td>
<td>Launched</td>
<td>Reduce tobacco use</td>
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<tr>
<td>SHAKE</td>
<td>Ready</td>
<td>Reduce salt intake</td>
</tr>
<tr>
<td>SAFER</td>
<td>Pending</td>
<td>Reduce harmful use of alcohol</td>
</tr>
<tr>
<td>GAPPA</td>
<td>Pending</td>
<td>Promote physical activity</td>
</tr>
<tr>
<td>mhGAP</td>
<td>Launched</td>
<td>Increase service coverage to improve mental health</td>
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<tr>
<td>LIVE LIFE</td>
<td>Pending</td>
<td>Reduce suicide mortality rate</td>
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<tr>
<td>SAVE LIVES</td>
<td>Launched</td>
<td>Reduce road traffic deaths and injuries</td>
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<tr>
<td>STUNT</td>
<td>Pending</td>
<td>Reduce the number of stunted children</td>
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<tr>
<td>INSPIRE</td>
<td>Launched</td>
<td>End violence against children</td>
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<td>ECHO</td>
<td>Launched</td>
<td>End childhood obesity</td>
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<tr>
<td>Be Healthy, Be Mobile</td>
<td>Launched</td>
<td>Use mobile phones and social media to reduce premature mortality from NCDs</td>
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<tr>
<td>SURVIVE</td>
<td>Pending</td>
<td>Improve survival from childhood cancer</td>
</tr>
<tr>
<td>SPLASH</td>
<td>Launched</td>
<td>Reduce drowning</td>
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<td>IT’S URGENT</td>
<td>Launched</td>
<td>Reduce deaths from trauma and emergencies</td>
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<tr>
<td>STEPS</td>
<td>Launched</td>
<td>Monitor trends</td>
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<tr>
<td>INVEST</td>
<td>Pending</td>
<td>Build the national investment case for NCDs</td>
</tr>
<tr>
<td>ACTIVE</td>
<td>Pending</td>
<td>Promote physical activity</td>
</tr>
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“BEST BUYS” INTERVENTIONS FOR NCD PREVENTION AND CONTROL

Best buys: Effective interventions with cost effectiveness analysis ≤ I$ 100 per DALY averted in LMICs

Effective interventions with cost effectiveness analysis > I$ 100 per DALY averted in LMICs

Other recommended interventions from WHO guidance (cost effective analysis not available)

Source: WHO Tackling NCDs. “Best buys” and other recommended interventions for the prevention and control of NCDs. Available at: https://goo.gl/9JkRN1
“BEST BUYS” INTERVENTIONS FOR NCD PREVENTION AND CONTROL

TOBACCO
1. Increase tobacco taxes and prices
2. Smoke-free policies
3. Graphic health warnings / plain packaging
4. Advertising, promotion & sponsorship bans
5. Mass media campaigns

ALCOHOL
6. Increase taxes
7. Restrictions on advertising
8. Regulations on availability and physical access

DIET & PHYSICAL INACTIVITY
9. Reduce salt content through reformulation of food products
10. Providing supportive environments
11. Behavioural change communication and mass media campaigns
12. Front-of-pack labelling
13. Awareness campaign for physical activity

CANCER / CVD / DIABETES
14. Drug therapy and counselling for high-risk persons
15. HPV vaccination for girls
16. Cervical cancer screening

Source: WHO Tackling NCDs. “Best buys” and other recommended interventions for the prevention and control of NCDs. Available at: https://goo.gl/9JkRN1
Adult smoking in NYC down over 30% since 2002

Source: Source: New York City Department of Health and Mental Hygiene, Community Health Survey (CHS) 2002-2011. Slide adapted from the U.S. Department of Health and Human Services https://goo.gl/6WNd1W
5 | NCDs Best-Buys

Impact of NCD policies in the Americas

Chile: nutrition labeling law

Jamaica: higher tobacco prices lowered consumption

Mexico: taxes on sugar-sweetened beverages

Uruguay: wins regulatory battle against tobacco industry
Working better together

Policies/plans; health systems strengthening; risk reduction; legislation/regulation; essential medicines and technologies; health promotion; monitoring, evaluation and research; information dissemination/communication; information systems; advocacy; financing;

• Coherency
• Coordination
• Collaboration
Richard Horton: Where is the social movement?

“...where is the anger and the activism in response to its own diagnosis of a “global scandal”? Where is the urgency? Where are the Presidents and Prime Ministers corralled by WHO to lead nations in their fight against NCDs? The NCD movement is too quiet, too pedestrian, and too polite to make the impact it deserves. It has allowed process to kill action.”

- Richard Horton*
  Editor-in-Chief, The Lancet

Thank you!

TOGETHER LET’S BEAT NCDs

Preparing for the third UN High-level Meeting on NCDs, 2018

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