The Evaluation of the 2007 CARICOM Port of Spain NCD Summit Declaration

Accelerating Action on NCDs

June 28th 2016, Marriott Hotel, Kingston, Jamaica

Dr. T. Alafia Samuels, Principal Investigator
Outline

• Major health challenges in the Caribbean
• Causes of this disease burden
• Heads of Government 2007 NCD Declaration
• Evaluation of 2007 Declaration
• Jamaica NCD response
• Accelerating Action
# Leading Causes of Death in CARICOM Countries by Sex, 2004

<table>
<thead>
<tr>
<th>MALES</th>
<th>FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart Disease</td>
<td>1. Heart Disease</td>
</tr>
<tr>
<td>2. Cancers</td>
<td>2. Cancers</td>
</tr>
<tr>
<td>3. Injuries and violence</td>
<td>3. Diabetes</td>
</tr>
<tr>
<td>5. Diabetes</td>
<td>5. Hypertension</td>
</tr>
<tr>
<td>6. HIV/AIDS</td>
<td>6. HIV/AIDS</td>
</tr>
<tr>
<td>7. Hypertension</td>
<td>7. Influenza/pneumonia</td>
</tr>
<tr>
<td>8. Influenza/pneumonia</td>
<td>8. Injuries and violence</td>
</tr>
</tbody>
</table>

Source: CAREC, based on country mortality reports
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• Major health challenges in the Caribbean
• **Causes of this disease burden**
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## NCDs: Risk factors
4 Diseases, 4 Modifiable Shared Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>Tobacco Use</th>
<th>Unhealthy diets</th>
<th>Physical Inactivity</th>
<th>Harmful Use of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Chronic Respiratory</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Highest Female (15yr+) Overwt/Obesity in the World (WHO 2011)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nauru</td>
<td>82</td>
</tr>
<tr>
<td>2</td>
<td>Tonga</td>
<td>81</td>
</tr>
<tr>
<td>3</td>
<td>Micronesia</td>
<td>79</td>
</tr>
<tr>
<td>4</td>
<td>Cook Is.</td>
<td>73</td>
</tr>
<tr>
<td>5</td>
<td>Samoa</td>
<td>72</td>
</tr>
<tr>
<td>6</td>
<td>Niue</td>
<td>70</td>
</tr>
<tr>
<td>7</td>
<td>Kuwait</td>
<td>67</td>
</tr>
<tr>
<td>8</td>
<td>Barbados</td>
<td>63</td>
</tr>
<tr>
<td>9</td>
<td>Palau</td>
<td>62</td>
</tr>
<tr>
<td>10</td>
<td>Trinidad</td>
<td>61</td>
</tr>
<tr>
<td>11</td>
<td>Dominica</td>
<td>60</td>
</tr>
<tr>
<td>12</td>
<td>Egypt</td>
<td>59</td>
</tr>
<tr>
<td>13</td>
<td>USA</td>
<td>55</td>
</tr>
<tr>
<td>14</td>
<td>Jamaica</td>
<td>53</td>
</tr>
</tbody>
</table>
ADULT OVERWEIGHT/OBESITY TRENDS IN THE CARIBBEAN

![Bar chart showing trends in adult overweight/obesity from the 1970s to the 2000s, with separate bars for males and females.](image-url)
BURDEN IN JAMAICA

SOURCES: JAMAICA HEALTHY LIFESTYLE SURVEY 2008, MINISTRY OF HEALTH NCD PLAN 2013-2018
Figure 6: Proportion of deaths due to the four major NCDs in Jamaica, 2010

70% of deaths are due to 4 major NCDs and 24% occur below the age of 70 years old

DEATHS (%)

- CANCER: 33%
- DIABETES: 21%
- DISEASES OF THE CIRCULATORY SYSTEM: 13%
- CHRONIC LOWER RESPIRATORY DISEASES: 30%
- OTHER: 3%

Caribbean Unity in Health
LOVE THAT BODY

Mortality decreasing in all groups

Compared to U.S. population, gap in stroke mortality among Afro-Caribbeans has widened

Declines in IHD much lower compared to U.S. African American and whites
Awareness, treatment and control for diabetes, hypertension and high cholesterol from Jamaica Healthy Lifestyle Survey 2008

Rainford Wilks, Novie Younger, Marshall Tulloch-Reid, Shelly McFarlane & Damian Francis; Jamaica Health and Lifestyle Survey 2007-8; Epidemiology Research Unit, Tropical Medicine Research Institute, University of the West Indies, Mona
## NCDs: Risk factors

### 4 Diseases, 4 Modifiable Shared Risk Factors

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Outline

• Major health challenges in the Caribbean
• Causes of this disease burden
• Heads of Government 2007 NCD Declaration
• Evaluation of 2007 Declaration
• Barbados NCD response
• Accelerating Action
2007 POS NCD Declaration

• Fully convinced that the burdens of NCDs can be reduced by
  – comprehensive and integrated preventive and control strategies
  – individual, family, community, national and regional levels
  – collaborative programmes, partnerships and policies
  – supported by governments, private sectors, NGOs

The Declaration recommends:
• “All of Government” and “All of Society” response
• NCD Commissions including NGOs, media, private sector
• Risk factor reduction
• Improved quality of care for those living with NCDs

Caribbean Unity in Health
Love That Body
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Port of Spain Declaration Evaluation

• To evaluate, seven years on, the implementation of the CARICOM NCD Summit Political Declaration in order to:
  – Learn lessons that will support and accelerate its further implementation

• April 2014 - March 2017
Research Partners

- UWI
  - Chronic Disease Research Centre
  - Public Health Group, Cave Hill
  - Department of Community Health and Psychiatry, Mona
  - HEU, Centre for Health Economics, St. Augustine
  - Institute of International Relations, St. Augustine
- G8 Research Group, University of Toronto
- Healthy Caribbean Coalition
- Caribbean Public Health Agency
- Pan American Health Organization
- CARICOM
- Canadian International Development Research Centre (funders)
Trends

• NCD mortality in the Caribbean is the highest in the Americas
• 40% of NCD deaths occur prematurely, in those < 70, and are potentially preventable
• Heart attacks, stroke, diabetes and cancers are the leading causes of premature death
• Hypertension is the leading risk factor for death.
• Diabetes prevalence is double global rates
Investing in health: Show me the money

2014 taxation on tobacco

Target taxation  75%

• St. Lucia  63%
• Suriname  56%
• Jamaica  43%
• Trinidad & Tobago  30%
• Guyana  25%
• St Vincent & Gren  17%
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NATIONAL STRATEGIC AND ACTION PLAN

for the

PREVENTION AND CONTROL
NON-COMMUNICABLE DISEASES (NCDS)

in

JAMAICA

2013 - 2018

MINISTRY OF HEALTH
2013
Figure 1: Map of Jamaica showing the four Health Regions

MOH Priorities

• Establish a high level NCD Commission with a coordinating role for “all-of-society” response

• Inter-sectoral collaboration
  – Civil society organisations
  – Faith based organisations
  – Media
  – Private sector
  – Public sector

• Focus on reducing prevalence of hypertension
NCD Communications

• An effective NCD communication plan needs to be developed and implemented.
  – The Health and Lifestyle Survey provides the preferred medium for health information
Key Priorities

• 1. Alcohol
  – Limiting access via increasing taxes, with automatic inflation adjustment
  – marketing restrictions,
  – Improve access to cessation services
  – Reduce Blood Alcohol Content (BAC) limits to 0.05 to match WHO recommendations and increase enforcement
  – Need a code of conduct for public sector interaction with alcohol industry

• 2. Tobacco Control
  – Total ban on tobacco ads, promotion and sponsorship
  – Increase tobacco taxes with automatic inflation adjustment
  – Enforce smoking restrictions
Suffer the little children.....

• Alcohol
  Our youth drinking is among the highest in the region - 6/10 boys, 5/10 girls drink alcohol

• Tobacco
  Highest prevalence of tobacco use in 13 to 15 years old 3/10 boys, 2/10 girls.

• School nutrition
  High prevalence of overweight, obesity, and diabetes. Related to unhealthy foods in school-cafeterias; ¾ drink sugar sweetened sodas;

• Obesity - 1/20 obese
Clinical

• **Improve access to Medicines.**
  – National Health Fund is unable to satisfy the demand for NCD pharmaceuticals.
  – Engaging PAHO Strategic Fund to procure essential medicines at reduced costs.

**Cancer management**

– Introduce HPV vaccination for cervical cancer prevention

– Increase screening coverage for cervical cancer in women aged 30-49 years of age through education, information, and outreach
Investing In Population Health

• National Health Fund (NHF) since 2008, partially financed by a tax on tobacco
• access to selected health benefits and subsidized NCD medications
• private and public sector projects with an emphasis on prevention.
Table 6.13: Percentage (%) Enrolment in NHF Programme by Age Group and Sex, JHLSII 2008

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Ever Heard of NHF</th>
<th>Enrolled with NHF*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>15-24</td>
<td>69.1</td>
<td>72.3</td>
</tr>
<tr>
<td>25-34</td>
<td>72.6</td>
<td>77.9</td>
</tr>
<tr>
<td>35-44</td>
<td>74.4</td>
<td>79.5</td>
</tr>
<tr>
<td>45-54</td>
<td>79.3</td>
<td>87.3</td>
</tr>
<tr>
<td>55-64</td>
<td>76.7</td>
<td>89.8</td>
</tr>
<tr>
<td>65-74</td>
<td>74.2</td>
<td>87.9</td>
</tr>
<tr>
<td>Totals</td>
<td>73.5</td>
<td>79.7</td>
</tr>
</tbody>
</table>

*Of the total population of 15-74 year olds
The Man Problem

- Higher rates of alcohol abuse and tobacco use
- Higher rates of injuries
- Low health service utilization
- Worse control of chronic conditions
- Higher death rates at every age
REDUCING NCD RISK FACTORS BY BEHAVIOUR CHANGE –
CARIBBEAN WELLNESS DAY
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Roadmap for Developing Public Policy
Dr. Sonia Copeland, Ministry of Health, Jamaica, May 28-30 2012

Public Advocacy

Policy Agenda

Develop Concept Paper & Plan of Action

Policy approved by Cabinet

Permission to develop policy

Cabinet Submission

Approved in Parliament

Strategic & Implementation Plan

Internal and public monitoring
Levels of Intervention

- Supportive politics & governance
- Supportive environments
- Supportive health systems
- Changing individual behaviours
- Improving quality of clinical care
# ACTION FRONTS

## 1. Upstream = Multi-Sectoral

<table>
<thead>
<tr>
<th>Ministry</th>
<th>Sector</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade</td>
<td>Trade</td>
<td>Fair Trade <em>Health over Profit</em></td>
</tr>
<tr>
<td>Finance</td>
<td>Tax</td>
<td>Higher taxes on unhealthy food</td>
</tr>
<tr>
<td>Agriculture</td>
<td>Food Production</td>
<td>Subsidies for indigenous production</td>
</tr>
<tr>
<td>Media</td>
<td>Social Marketing</td>
<td>Raise public awareness and enhance self-care e.g. <em>Eat What You Grow, Grow What You Eat</em></td>
</tr>
<tr>
<td>Education</td>
<td>Education</td>
<td>Sports/Physical Activity Intra- (not extra-) Curricula</td>
</tr>
<tr>
<td>Town Planner</td>
<td>Physical Planning</td>
<td>Green Spaces for recreation. “Pedestrian Only” thoroughfare</td>
</tr>
</tbody>
</table>

## 2. Downstream Factor = Health Sector

Office of the Chief Medical Officer, St. Kitts & Nevis
Role of Civil Society

To facilitate dialogue and disseminate information on social issues in order to encourage stakeholders to engage in a broadened search for solutions and policy coherence

“Mission of the Global Observatory”
National Commission on NCDs

- Mandate from the Port of Spain Declaration
- Establishment of a commission or analogous body
- Engages Civil Society
- Has representation from across the state agencies
- One of the Terms of Reference is to advise government on policies
Examples of Nutrition Responses

• 50 countries regulate ads aimed at children
• Australia: Bans food ads to kids < 14 years
• Netherlands: Bans ads for sweets to those < 12 years
• Sweden: Bans cartoon characters to promote foods to children < 12 years
• USA: Food ads may take 12 mins/hr during weekdays by “only” 10.5 mins/hr during weekends
Taxes on Sugar-Sweetened Beverages

- 2011 – France and Hungary
- 2014 – Mexico
- 2015 – Chile, Barbados, Dominica
- 2016 - ? Belgium, Britain??
- India, Philippines, Indonesia – considering

CDRC doing research on SSB tax price, sales, process in Barbados, in discussions with Dominica
Dr. Chan, DG WHO June 10, 2013

• “Globalization of unhealthy lifestyles...is a political issue. It is a trade issue. It is an issue for Foreign Affairs.”

• “Few Governments prioritize Health over Big Business”
Potential actions

• Set prices and subsidies jointly taking nutritional value into account
• Ensure low prices for whole grains, vegetables and fruits
• Avoid low prices for sugar, margarine and salty products
• Traffic light food labeling
• Tax unhealthy foods and earmark % of tax revenue for health sector
Marketting to Children

- Marketters claim “free speech” and “good for business”
- Nestle and others still promoting breast milk substitutes and depressing breast feeding rates
- Chefette and others in Barbados branding blackboards, calendars school supplies in primary schools in Barbados
- Marketters use toys, games, cartoons, celebrity endorsements, social media
- Marketting influences childrens’ preferences, requests, consumption
- Result: 30% childrens calories from sweets, drinks, salt snacks, fast food
Childhood obesity: Food and Nutrition

Determine nutrition goals of our:

• Agriculture policy
• Trade policy
• Education policy
• Health policy
MOH NCD Plan 2013 - 2018

• Partner with media organizations and telecommunication companies in the development of a NCD Health Promotion and Communication Strategy with targeted messages for public education using print media, television, radio, social media and text messaging.

• Partner with NGOs and Faith Based Organizations to promote healthy lifestyles and uptake of screening programmes

• Promote healthy diets and physical activity in schools and the inclusion of healthy lifestyles and aspects of disease prevention and control in the school curriculum

• Designating Schools as Health Promoting School Compliant if all stated targets are met

• Assemble multidisciplinary team and NGO representatives to produce short patient/family education booklets and IEC materials with relevant information of individual chronic diseases

• Publish patient/family IEC materials on MOH and NGO websites
CSO & Private Sector led community-based health promotion

Diego Martin Ciclovia in T&T
Bahamas:

Faith-based initiatives - Seventh Day Adventists
• Enhance supportive environments by:

• LEGISLATION, REGULATIONS, TAXATION

  – Recognising that the “Rights of the Child to Health” - ban on advertisement and promotion of unhealthy foods in schools
  
  – Advocating for taxation to reduce consumption of unhealthy products
    • Increase tax on sugar sweetened beverages
    • Consider tax on fatty foods e.g. french fries
• What we do in the physical and fiscal environment has more potential for impact that health education and one-to-one counselling
Changing
CONSUMPTION
PRICE trumps
HEALTH EDUCATION