



## 158th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2016

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Provisional Agenda Item 7.13-C

CE158/INF/13  
23 March 2016  
Original: English

### C. PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES: MIDTERM REVIEW

#### Background

1. This report reviews the status of noncommunicable diseases (NCDs) and their risk factors in the Region, based on the implementation of the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019 (1), adopted by the 52nd Directing Council in 2013, which is aligned with the WHO Global NCD Action Plan (2).
2. In the Americas, approximately 4.4 million people die each year as a result of NCDs, and 35% of these deaths are premature, occurring among people less than 70 years of age (3). The regional NCD plan of action aims to reduce premature mortality by 15% by 2019 through four overall strategies: implementing national multisectoral NCD policies and plans, reducing NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity), strengthening the health system response to NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases), and undertaking systematic surveillance and monitoring, notably for the nine NCD targets and 25 indicators of the NCD Global Monitoring Framework (4).
3. The global National NCD Capacity Survey, conducted by WHO in 2015, provides relevant and current data on NCD policies, health service response, and surveillance capacity. The survey was completed by Ministry of Health NCD focal points in each country using the WHO standardized survey instrument, and responses were subsequently validated with the focal points. In the Americas, PAHO/WHO conducted and validated the survey, and 38 countries and territories provided responses. The results from each National NCD Capacity Survey provide the main data and information used in this report (5).<sup>1</sup>

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<sup>1</sup> The 2015 WHO National NCD Capacity Survey was a self-administered, standardized questionnaire completed by Ministry of Health NCD focal points using the global online response system. A total of 38 countries and territories in the Americas provided their responses between July and November 2015, and responses were validated by PAHO/WHO between September 2015 and January 2016. The data

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## Update on the Progress Achieved

4. Worldwide, premature mortality from NCDs, measured according to the unconditional probability of dying from an NCD between the ages of 30 and 70 years, is lowest in the Region of the Americas, at 15% (6). Almost all countries in the Region show a stable or modest decline in **NCD premature mortality**, and 14 countries and territories are on target to meet the overall regional NCD goal of a 15% reduction in premature mortality by 2019<sup>2</sup> (3).

5. All countries were committed to establishing national NCD plans and national targets by 2015. However, only about half of the countries and territories in the Americas that provided responses (22 of 38, 58%) report having an operational, multisectoral national NCD policy, strategy, or action plan, and only 17 countries (45%) report having set national NCD targets. Of the countries with national NCD plans, 13 have developed them since 2013, the year in which the Regional NCD Plan was adopted (5).

6. NCDs can be adequately addressed only through a whole-of-government and whole-of-society approach, and the regional NCD plan of action calls for countries to establish multisectoral commissions and to implement actions in at least three sectors outside the health sector. Yet, only 11 countries (29%) report having established NCD commissions with several government ministries and civil society; 19 countries (50%) have integrated NCDs into their national development agenda (5).

7. NCDs are largely preventable, and while the Region has made some important advances with respect to NCD risk factor reduction policies, many countries have yet to establish the necessary interventions that will sufficiently reduce tobacco use and harmful use of alcohol and promote healthy diets and physical activity. Although 30 countries have ratified the WHO Framework Convention on Tobacco Control, much more progress is required in its implementation. Only four countries have implemented at least three of the four tobacco demand reduction interventions (taxation policies, smoke-free environments, health warnings, advertising and marketing bans) at the highest level of achievement. In addition, only 11 of the 38 countries and territories (29%) report having implemented general policies to reduce harmful use of alcohol; only 8 countries (21%) report policies to reduce the impact on children of marketing of foods and non-alcoholic beverages; 10 countries (26%) report policies to limit saturated fats and eliminate partially hydrogenated vegetable oils in the food supply; three countries (8%) tax sugar-sweetened

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used in this report were extracted from the WHO database of survey responses (<https://extranet.who.int/ncdccs/RegionHome>). A report on the results of this NCD capacity survey is in process as of March 7, 2016.

<sup>2</sup> Data from the PAHO Mortality Database were extracted and analyzed in 2015 to determine, among people 30-70 years of age, premature mortality rates and trends for the four main NCDs in each country where information was available. These data were then used to create projections to the year 2019. Based on this unpublished PAHO analysis, countries and territories that are estimated to be on track to meet the premature NCD mortality reduction goal by 2019 include Argentina, Aruba, Canada, Chile, Colombia, Costa Rica, French Guyana, Guadeloupe, Martinique, Saint Lucia, Trinidad and Tobago, the United States of America, Uruguay, and the U.S. Virgin Islands.

beverages; and 11 countries (29%) report policies to reduce salt consumption. Also, only eight countries have fully implemented legislation aligned with the International Code of Marketing of Breast-milk Substitutes. Twenty-three countries (60%) report having implemented a national public awareness campaign to promote physical activity within the past five years (5).

8. **Overweight and obesity** (body mass index of 25 kg/m<sup>2</sup> or above) continue to be of major concern, as the Americas has the highest global prevalence of these conditions. Thirty percent of women and 24% of men are obese (6). Seven percent of children less than 5 years of age and 17% to 36% of adolescents (12-19 years of age) in Latin America and the Caribbean are overweight or obese (7). This situation is compounded by the low rates of physical activity in the Region, where 38% of women and 27% of men report insufficient physical activity (6). The regional Plan of Action for the Prevention of Obesity in Children and Adolescents offers clear direction on how to halt the rise in obesity, and all countries are urged to implement policies and regulatory strategies (8).

9. **Tobacco use**, perhaps the single most important NCD risk factor, continues to be a challenge in the Region, with an estimated 127 million adult smokers (6). Some advances have been made in implementing tobacco interventions: 17 countries (45%) have 100% smoke-free policies, and 15 (39%) have appropriate health warnings on tobacco product packaging (5).

10. Progress in reduction of **alcohol use** has stalled; 22% of drinkers report heavy episodic drinking, only six countries (16%) have regulations that restrict alcohol availability, and only two countries (5%) have bans on advertising and promotion (5). Of particular concern is that an estimated 3.2% of adult women in the Americas suffer from an alcohol use disorder, a rate higher than that of any other region in the world (9). In addition, between 51% and 94% of children 13-15 years old report initiation of alcohol use before age 14. More information is available in the midterm progress report on the Plan of Action to Reduce the Harmful Use of Alcohol, which is presented as agenda item 7.13-D of the 158th Session of the Executive Committee.

11. **Cardiovascular diseases** (CVD), including hypertension, continue to be the leading cause of death in almost all countries in the Region (3). In the Americas, 16% of women and 21% of men have elevated blood pressure (systolic blood pressure  $\geq$  140 mmHg or diastolic blood pressure  $\geq$  90 mmHg) (6). CVD guidelines have been established in 18 countries (47%), but only 10 countries report that these guidelines have been fully implemented (5). Although CVD risk stratification is offered in 20 countries (53%), only five countries report that it is available in more than half of their primary care facilities (5). Essential medicines for CVD—*aspirin, thiazide diuretics, ACE (angiotensin-converting-enzyme) inhibitors, calcium channel blockers, statins, and sulfonylureas*—are reported to be generally available in the public sector in 26 countries (68%) (5).

12. An estimated 62 million people in the Americas have **type 2 diabetes**, with 8% of women and 9% of men reported to have elevated blood glucose (i.e., they have a blood glucose level of 7.0 mmol/L or above or they are on medication) (6). Guidelines for diabetes management are available and have been fully implemented in only 18 countries (47%), whereas blood glucose measurement is generally available in primary care settings throughout the Region (36 countries and territories, 95%); HbA1c testing is available in 20 countries (53%) (5). With respect to essential medicines, 34 countries (89%) report that metformin and insulin generally are available in public primary care settings (5).

13. **Cancer** is the second leading cause of death in the Americas, and the most common types are lung, prostate, and colorectal cancer among men and lung, breast, and cervical cancer among women (3). Comprehensive cancer plans that address the continuum of care (primary prevention, secondary prevention, diagnosis, treatment, palliative care) are promoted by WHO and other institutions. About half of the countries in the Region (23 countries, 61%) report having in place a national cancer plan, either a stand-alone plan or one integrated into the country's NCD plan (5). Notable progress is being made in cervical cancer prevention, with 20 countries (53%) introducing HPV vaccines and 33 countries (87%) reporting available screening services; however, only six countries report screening coverage at levels that are likely to have an impact (70% coverage or greater) (5). Although 31 countries (86%) report that breast cancer screening is available and 16 (42%) report that mammography is used, only three of these countries have significant screening coverage likely to have an impact (70% coverage or greater) (5).

14. **Chronic respiratory diseases (CRD)**, principally chronic obstructive pulmonary disease, asthma, and occupational lung diseases are responsible for approximately 372,000 deaths in the Americas (5). Tobacco use, air pollution, and occupational chemicals and dusts are the most important risk factors for these diseases, which cannot be cured but for which effective treatment is available. Treatment is reported as generally available in the primary care facilities of the public health sector in the Region: 28 countries (74%) report availability of steroid inhalers and 33 countries (87%) report availability of bronchodilators. Guidelines on the management of CRD, however, are only implemented in 9 countries (24%), and only 8 countries (21%) indicate that they have an operational policy, strategy or action plan specific for CRD (5). Better surveillance to establish the magnitude of CRD, as well as primary prevention to reduce risk factors and strengthening health care for people with chronic respiratory diseases, are urgently needed to improve quality of life for those affected by CRD.

15. As countries work towards universal health coverage, there are opportunities to improve access, coverage, and quality of care for NCDs as well as to address comorbidities, notably depression and other mental health conditions. The chronic care model, an approach promoted by PAHO and other institutions to integrate NCD management into primary care as a means of providing continuous quality improvement and self-management, is being applied in several countries with PASB's technical

assistance. These experiences are being documented and shared to stimulate more countries to adopt this approach. Access to essential NCD medicines is being strengthened through PAHO's Revolving Fund for Strategic Public Health Supplies (Strategic Fund), which now includes almost 40 drugs used to treat hypertension, diabetes, and cancer and to manage tobacco cessation; however, very few countries are using this mechanism, and, as a result, many are paying significantly higher prices for their NCD medicines than the prices available through the fund.

16. Surveillance capacity needs to be improved, especially in the Caribbean and Central America, to enable all countries to measure their progress in meeting NCD targets and indicators; evaluate the impact of their NCD policies, programs, and services; and report progress at the Third UN High-level Meeting on NCDs in 2018. Nonetheless, there has been some progress in this area, with 29 countries reporting either full or partial implementation of NCD risk factor surveys<sup>3</sup> and 34 countries reporting mortality data (5).

### **Challenges and Lessons Learned**

17. NCDs, a complex set of four diseases with four shared risk factors, require political will, investments, and concerted actions across all sectors of government and society to address their underlying drivers. There is a great deal of political commitment to NCDs in the Region, as noted in this regional NCD Plan of Action as well as the Global NCD Plan of Action and the 2011 and 2014 UN High-level Meetings on NCDs. Moreover, there have been some important advances, as noted above. Nonetheless, these advances have not yet fully translated to all countries achieving their time-bound commitments to create national NCD plans, establishing multisectoral NCD commissions, setting national NCD targets and indicators, advancing the implementation of stronger regulations and policies to reduce risk factors, improving health services for NCDs, or completing risk factor surveys. Interference from the tobacco, alcohol, and food and beverage industries continues to inhibit countries' progress in attaining the NCD risk factor targets.

18. Multisectoral action is an area that has been particularly challenging for countries to implement, given the complexity of engaging other sectors beyond health, along with civil society, academia, and the private sector, in preventing NCDs. The Sustainable Development Goals, as well as the regional commitments to Health in all Policies, health-related law, prevention of obesity in children and adolescents, and establishment

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<sup>3</sup> NCD risk factor surveys are considered fully implemented if the country, in the 2015 National Capacity Survey, responded "yes" to each of the following for adults: "Have surveys of risk factors (may be a single risk factor or multiple) been conducted in your country for all of the following:" "Harmful alcohol use" (optional for Member States according to national circumstances), "Physical inactivity," "Tobacco use," "Raised blood glucose/diabetes," "Raised blood pressure/hypertension," "Overweight and obesity," and "Salt/sodium intake?" In addition, for each risk factor, the country must indicate that the most recent survey was conducted in the past five years (i.e., 2010 or later for the 2015 survey responses) and must respond "Every 1 to 2 years" or "Every 3 to 5 years" to the sub-question "How often is the survey conducted?" This indicator is considered partially achieved if the country responded that at least three (but not all) of the above risk factors are covered or that the surveys were conducted more than five years but less than 10 years ago.

of the Inter-American Task Force on NCDs, call for and support creating multi-sectoral NCD responses. Therefore, more concerted action is required with sectors beyond health that can intervene in NCD prevention and control.

### **Action Necessary to Improve the Situation**

19. The regional NCD Plan of Action should continue to be implemented, and the following actions are highlighted for attention to improve the current NCD situation:

- a) Intensify political, technical, and financial commitments to NCDs, especially in the subregions of Central America and the Caribbean, where progress in NCD prevention and control appears to be lagging.
- b) For those countries that have not yet established their national NCD plan, national targets, or multisectoral commissions, prioritize these actions without further delay.
- c) Accelerate implementation of the WHO Framework Convention on Tobacco Control, notably to put in place the four demand reduction interventions of taxation policies, smoke-free environments, health warnings, and advertising and marketing bans.
- d) Focus on obesity prevention by promoting healthy lifestyles and healthy diets through public awareness campaigns, physical activity promotion, taxation of sugar-sweetened beverages, restrictions on the marketing of foods and non-alcoholic beverages to children, and restrictions on the marketing of breast milk substitutes.
- e) Make alcohol policies a priority within the NCD and health agenda and put in place the demand reduction interventions (taxation policies, regulation of access and availability, and advertising and marketing bans) needed to reduce harmful use of alcohol.
- f) Fully use the PAHO Strategic Fund to increase access to and affordability of NCD essential medicines, particularly medicines to improve blood pressure control and prevent cardiovascular diseases.

### **Action by the Executive Committee**

20. The Executive Committee is invited to take note of this progress report and consider actions needed to accelerate NCD prevention and control interventions.

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