



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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STRATEGY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Comments from PAHO Member States to the draft paper on the WHO NCD Global Monitoring Framework

Summary

Countries agreed the value of a Global Monitoring Framework for public health action-oriented, accountability, communication and resource mobilization purposes. There was agreement on the “25% x 2025” premature mortality reduction target. There was general agreement on targets for tobacco, salt/sodium, physical inactivity, obesity, blood pressure and diabetes; and questions about alcohol, cholesterol and health system response. Given the UNHLM, some issues were felt missing: development and economic investment indicators; equity and access to medications and health services interventions; regulatory capacity; interventions targeting children and adolescents particularly on healthy lifestyle; concrete multisectoral actions particularly on education, agriculture, urban planning and transportation; and social determinants of health. Concerns were expressed re indicator formulation and that most rely on surveys and countries may not have resources. Also important to have short- and medium-term targets (structure, process and results) to assess progress.

Main issues discussed:

- Value of GMF and challenge in getting agreement.
- Including measure of equity.
- Regulation (especially on food with a focus on children).
- Multisectoral actions missing and determinants of health.
- Methodological implications of how some of the indicators are formulated.

- Age groups, there is a focus on 18+ adulthood, but need to consider targets for children and adolescents such as age 15-24 years.
- Importance of having short- and mid-term targets to assess progress.
- Concern about indicators that rely on surveys and countries may not have necessary capacity/resources to conduct periodic surveys.
- Need better framework to communicate this to non-health sector.

United States:

- Measureable and achievable targets needed.
- Support the WHO criteria for the GMF.
- Fully support targets for blood pressure, tobacco, salt and physical activity.
- Concern about cholesterol indicator and question the global relevance of it—suggest moving target to 240mg/dl as this will capture lifestyle changes.

Suriname:

- Question about source of information for alcohol indicator.

Belize:

- Support the GMF, but its monitoring will require population surveys and this is too expensive and a challenge.

Brazil:

- Support the GMF, but lacking an indicator related to health systems.
- Question the indicator on HPV vaccination.
- Alcohol indicator should not be based on consumption, but on harmful use.
- Regarding physical activity, there is not a globally accepted tool for measurement and this poses methodological difficulties.
- The blood pressure target is very ambitious. It would be more feasible and realistic to set a target regarding treatment.
- Setting a cholesterol target is also questionable since high cholesterol represents an altered test but is not a disease in itself.
- Monitoring these indicators will require surveys with biomedical tests, this may be unrealistic given that it is challenging.
- Country participation in this process will be very important in the coming months to reach a set of agreed targets. PAHO should provide more detail as to how these

targets will be measured so that countries can have a clearer idea. Additionally some indicators imply national surveys with biological samples and it would be important to know how many countries have capacity to conduct this kind of surveys.

Trinidad and Tobago:

- Include reference to genetic predisposition of target populations.
- Need to reference the heterogeneity of populations in this GMF.

Jamaica:

- GMF needs a list of assumptions and limitations.
- The indicators are relevant and mostly measurable.
- Missing indicators on development/economic issues and NCD is a development issue per UNHLM.

Colombia:

- Would be helpful to add the assumptions and the scenarios on how to calculate/measure the targets and indicators.
- Need an indicator on medicines and on expenditures in health.
- It would be very useful if planning teams at the country level could have access to the technical grounds that have led to the setting of these targets. This technical background would be an important input to setting targets both at the regional and national level.
- There are only targets for physical activity, tobacco and vegetables and fruit consumption for adults of 18 years or more. Some of the most effective interventions are the ones targeting children, and they shouldn't be invisibilized.
- There is no reference to breastfeeding.
- There is no reference to marketing and advertising.

Saint Lucia:

- From the regional and country perspective it may be more practical to have fewer indicators while ensuring that the multisectoral approach stands out.
- Wary on indicators that rely on surveys because it is challenging for small countries to ensure funding availability to conduct surveys on a regular basis.
- Break down the targets into short and medium term targets so that countries can evaluate their progress, as they work to achieve 25 x 2025.

- Align global framework with Sub-regional monitoring process/scorecard that tracks implementation of the CARICOM Heads Declaration.
- Need to add NCDs as a development issue.
- Suggest using a monitoring grid as that used by CARICOM to monitor the implementation of the NCD declaration from Port of Spain.

Barbados:

- A suggestion was made to use the color coded indicator template like CARICOM to show if targets are met, because it is known and will be more easily accepted.

Mexico:

- Concern with the targets set on alcohol and on cholesterol.
- Concern about country capacity to conduct period surveys for monitoring the targets/indicators.
- Need to include targets for treatment in primary care (availability, access, correct prescription, adherence to treatment, etc.).
- Concerned was raised about the fact that many indicators will require national surveys to be measured. Additionally, standardized indicators have important methodological implications requiring bigger samples, which will require more funding.
- Measuring availability of drugs and technologies is not enough, they also need to be accessible and be used adequately.
- Social and economic determinants are not clearly measured by the current set of indicators. Equity is also left out, including gender issues. It would be important not only to measure global progress but also how the gaps between populations are closed.
- The global framework still lacks a component to measure countries' efforts.

Honduras:

- Need assistance to improve quality of mortality data.
- May not be able to achieve all targets and indicators, but will try and want to be recognized for efforts.
- Need more advocacy around NCDs in the country, and this GMF should be designed to serve advocacy purposes as well.

Canada:

- Reduction in inequalities: would like to see a target on this and would appreciate further discussion on the feasibility of equity indicator.
- Alcohol: would like to see a policy indicator linked to the Global Alcohol Strategy; concerned about the target as it stands.
- Concern about capacity to measure all the indicators/targets.
- GMF is good and will add value to process of engaging other sectors and building the case.
- Public engagement/participation very important and there should be a communications piece to socialize the monitoring framework.

Argentina:

- Process indicators should be included regarding what is needed to achieve the outcomes, for example the number of portions allowed should be regulated.
- It would be important to have an indicator on the number of countries with regulations on food, food labeling, etc.

Ecuador:

- Multisectoral indicators needed and should be explicit as this is needed to achieve health targets; it is not only health ministry that has to act.
- Social mobilization also very important.
- Concern about lots of surveys being needed to measure the indicators.