Public Health Surveillance of chronic non communicable diseases in the Region of Americas

MOVING THE AGENDA FORWARD
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Development & strengthening of chronic disease and risk factor surveillance systems

Surveillance

To encourage and support the development and strengthening of countries’ capacity for better surveillance of chronic diseases, their consequences, their risk factors, and the impact of public health interventions.
CNCD surveillance systems in the region

- Canada, US, Brazil

Aruba:

Countries with advances on construction of the system:
- Chile, Argentina, C Rica, Cuba, Mexico, Bahamas
Principles:

- Guided by the expressed interests and needs of countries.
- Data and indicators, part of country health information system
- Use WHO and PAHO (Global Info base, PAHO Basic data, Healthy metrics)
- Coherent and continue previous work within countries PAHO, WHO, international community
- Based on WHO Global surveillance strategic directions.
Focus on the following in the countries, sub regions and the Region:

- Capacity assessment, monitoring & evaluation
- Ongoing collection of reliable, comparable, and quality data;
- timely and advanced analysis;
- dissemination and use of analysis results for national policy and program planning & evaluation,
- Infrastructure & technical competency of the surveillance workforce
- novel thinking and innovation
• NATIONAL SYSTEM FOR REPORTING AND SURVEILLANCE (28 responded)

• National health information system ........................................... 25

• Includes CNCD ............. 17

• Includes some RF ........ 17

• Includes Mortality......... 25

• Includes prevalence ........ 20

• Routine surveillance system that includes CNCD .......................... 4
Challenge: Assessment of country capacity

Advances:

- Assessment tool under revision:
- Be adapted for country use to monitor and evaluate advances in its CNCD capacity
- Sections under revision: policy capacity; health information systems & surveillance, health system capacity,
- New sections: work of NGOs & civil society, partnerships, availability of basic package of medicaments
Ongoing systematic collection of reliable, comparable, and quality data

- **Data availability**
  - 1 country without data on Mortality (PAHO WHO mortality data Base)
  - 6 countries with problems in assessing mortality trends
  - 4 countries without data on specific mortality for CNCDs (PAHO Basic Data initiative)

- **Quality**
  - Sub register in mortality range from 15-50%
  - 35 countries have data on one RF (WHO info Base)

- 10 countries have realized at least one survey on RF
  - Chile, Brazil, Cuba, Colombia, Argentina, Mexico have done more than one survey
Challenge: data selection, collection, standardization to assure comparability

Advances:

- **Inter programmatic Working group:**
- **Proposal for a set of basic indicators,** (Caribbean proposal, PAHO Basic Data indicators from Canada, CDC, Brazil and Mexico)
  
  Data set: mortality, disease and RF prevalence, protective factors/determinants, program performance, costs

- **Expert consultation on the proposal**

- **Regional Consultation with countries** and pilot

- **Products:** CNCD Basic indicators
  - Manual
  - Profiles & recommendations
Challenge: data selection, collection, standardization to assure comparability,

Multiple sources & methods:
Vital statistics
Disease, risk and protective factors in adults:
Pan Am STEPS-
New fact sheet
employment, education
social class
insurance
Trained 10 countries: 3 finished, 3 in course, 4 in preparation
methods

- **BRFS** by phone in 26 capitals of Brazil (VIGITEL),
- **Trinidad and Tobago** pilot of same methodology.
- **St Lucia** ongoing data collection through PHC visitors
- **Costa Rica**: sentinel sites

- **RF surveillance of adolescents**: Pan Am GSHS y GYTS, 9 countries in the Region
Informações

Fatores de risco/proteção
- Inquérito base populacional
  - Uso de serviços (PNAD*)
- População específica Escolares (PNAD*)
- Outros VIGITEL

Morbidade
- Registro de Câncer de Base Populacional
- Registro Hospitalar de Câncer
- Sistema de informações Ambulatoriais APAC*

Mortalidade
- Sistema de informações Hospitalares Autorização de Internação Hospitalar
- Registro de Câncer de Base Populacional
- Causa Básica
- Causas Múltiplas

*PNAD: Pesquisa Nacional por Amostras de Domicílios
APAC: Autorização de Procedimentos de Alta Complexidade
Use of results for national policy

- Brazil
- Chile
- Uruguay
- Aruba,
- Dominica
- Bahamas,
- St Kits & Nevis

As well as Sub regional or Regional policy decisions
Expected results by 2008:

- Basic Data on CNCD (minimum list) for 2008
- Partnership for implementation of Line of action
  Invited: CDC, PHAC, AMNET, WHO, CAREC, Inter American Heart Foundation, WB, IDB to meet at Bi annual CARMEN meeting
- First Regional report on CNCD
- INFO Base demo for Caribbean
- PAHO program for quality improvement of vital and health statistics
Caribbean Example

• Summit of Heads of state on CNCDs

Declaration of Port of Spain

• Need for baseline, M & E
Potential Years of Life Lost <65 years by main causes, 2000 & 2004, CARICOM countries (minus Jamaica)

Note: Chronic Disease includes heart disease, stroke, cancer, diabetes, hypertension, chronic respiratory disease

‘Injuries’ includes traffic fatalities, homicide, suicide, drowning, falls, poisoning

Source: CAREC, based on country mortality reports
Total cost of DM and H/T as percent of GDP
Summit Objectives

- Increase political, financial and technical attention and commitment
- Achieve Healthy public policy by inserting health into social and development agenda
- Change Business practices of private sector
- Reoriented health services and systems
- Influence Development Agencies’ agendas
Declaration: Public Financing, Dedicated Taxes, Price incentives

• Ensure a line item in the health budget for health promotion and chronic disease prevention and control

• Establish a tax on all tobacco products and earmark revenue for chronic disease prevention and control

• Use fiscal policies, such as valued added tax schedules, to influence eating of healthy foods and promote access to recreational and sporting facilities

• Develop national benefits package to include screening, treatment and preventive and long term care
Critical other recommendations

- Establish national level Commissions on NCDs
- Establish a system of behavior and risk factor surveillance with support of CAREC and UWI
- Insist on the updating of the Caribbean Regional Plan of Action for NCDs
- The Community should name a “CARICOM”
Involve Partners

- PAHO/WHO
- Financial institutions
- Caribbean social partners – private sector and civil society

Monitoring and evaluation

- Designate CARICOM/PAHO as the joint Secretariat with responsibility for monitoring and reporting progress in the control of the NCDs.
IMPLEMENTATION

- INTERNATIONAL MANDATES:
  - FCTC
  - DPAS
  - Regional Strategy & Action plan

- EFFECTIVE INTERVENTIONS

- EXISTING REGIONAL & SUBREGIONAL INITIATIVES and TOOLS
SUPPORT FOR PLANNING, M&E:

- Assessment of country capacity: revised tool
- Country data consolidation - Minimum Data SET – Basic Data
- Risk & protective factors surveys, policy & program formulation & implementation
- Pan Am STEPS methodology for CDCD, RF & protective factors Caribbean: Bahamas, Aruba, Barbados, T&T, ST Kitts, St Vincent, Turks & Caicos, Dominica, Grenada
- Exploring modalities for surveillance (sentinel sites, ongoing collection through PHC visitors, telephone, e-surveys)
- Sub-regional INFO BASE
Thank You

Grazie Mille

Muchas Gracias

Merci Beaucoup