

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.



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CNCD surveillance systems in the region

- Canada, US, Brazil

Aruba:



NEDERLANDS INTERDISCIPLINAIR
DEMOGRAFISCH INSTITUUT (NIDI)

DIRECTIE VOLKSGEZONDHEID ARUBA
AFDELING EPIDEMIOLOGIE EN ONDERZOEK

EPSEA

Health Information System Aruba

Project: Research and Integration
Information Sources

Countries with advances on construction of the
system:



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Chile, Argentina, C Rica, Cuba, Mexico, Bahamas

Principles:

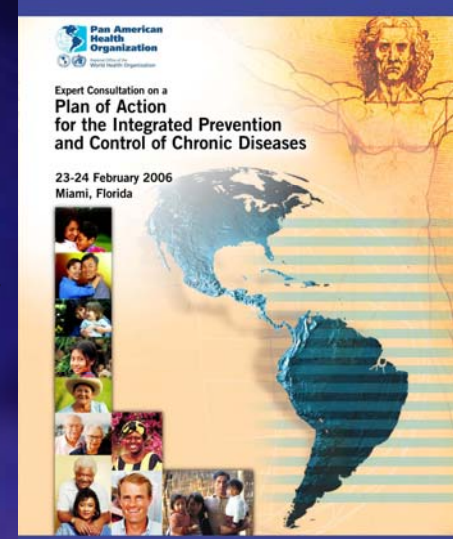
- *Guided by the expressed interests and needs of countries.*

- 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.*

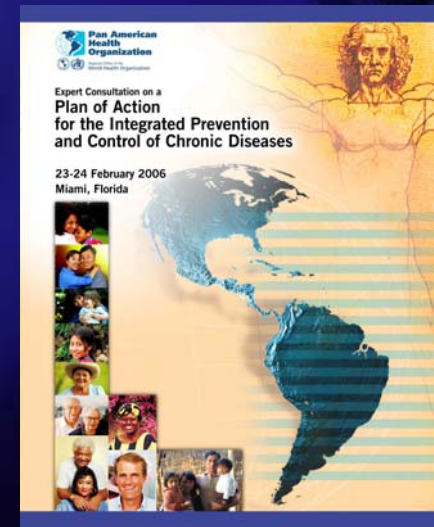


Focus on the following in the countries, sub regions and the Region:

- 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*

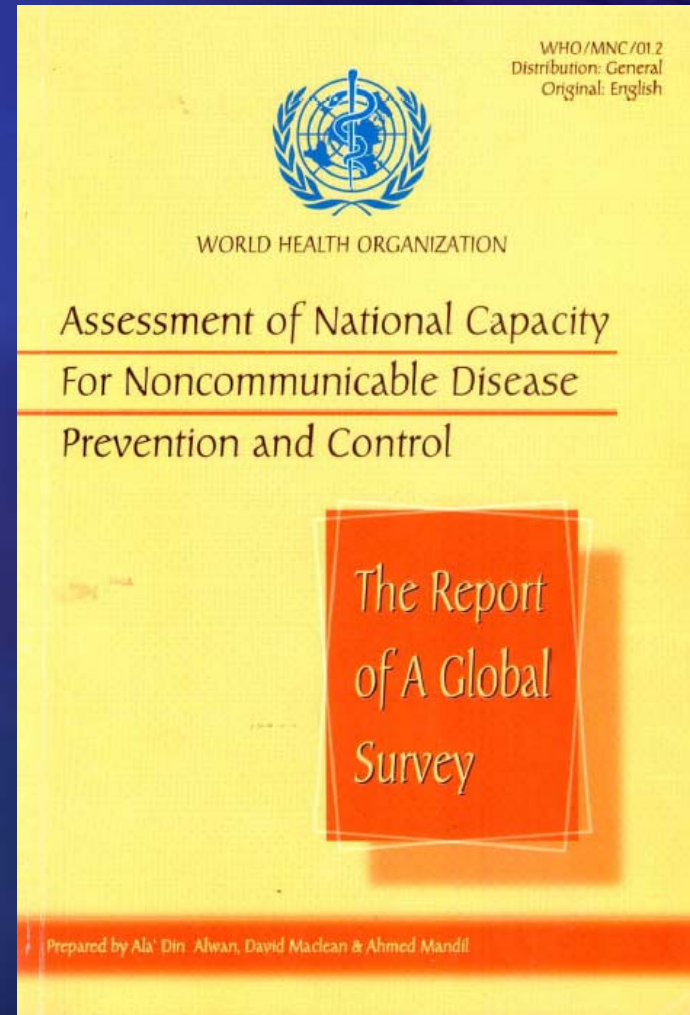


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- **NATIONAL SYSTEM FOR REPORTING AND SURVEILLANCE (28 responded)**

- 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**
- **Products: CNCD Basic indicators**



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– **Manual**

– **Profiles & recommendations**



CNCD BASIC INDICATORS

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

<Site/Country > STEPS Survey <year> Fact Sheet Analysis Guide		
PLEASE use this as a guide when you are altering your instrument as it will provide you with a guideline for which questions are needed in order to calculate these basic indicators. To calculate the basic indicators that are presented on the fact sheet refer to the Data Analysis section of the user manual (Part 4 Section 5)		
Results for adults aged 25-64 years (incl. 95% CI) (adjust if necessary)	Questions required to calculate result (based on coding systems), always need C1, C2 or C3	Epi Info Program Name
Step 1 Tobacco Use		
Percentage who currently smoke tobacco daily For those who smoke tobacco daily	T2	TsmokestatWT
Average age started smoking (years)	T2, T3	TsmokeageWT
Average years of smoking	T2, T4a-c	TsmokeageWT
Percentage smoking manufactured cigarettes For smokers of manufactured cigarettes	T2, T5a	TsmokemanWT

Additional modules



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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*

Challenge: Timely analysis and dissemination

BRAZIL



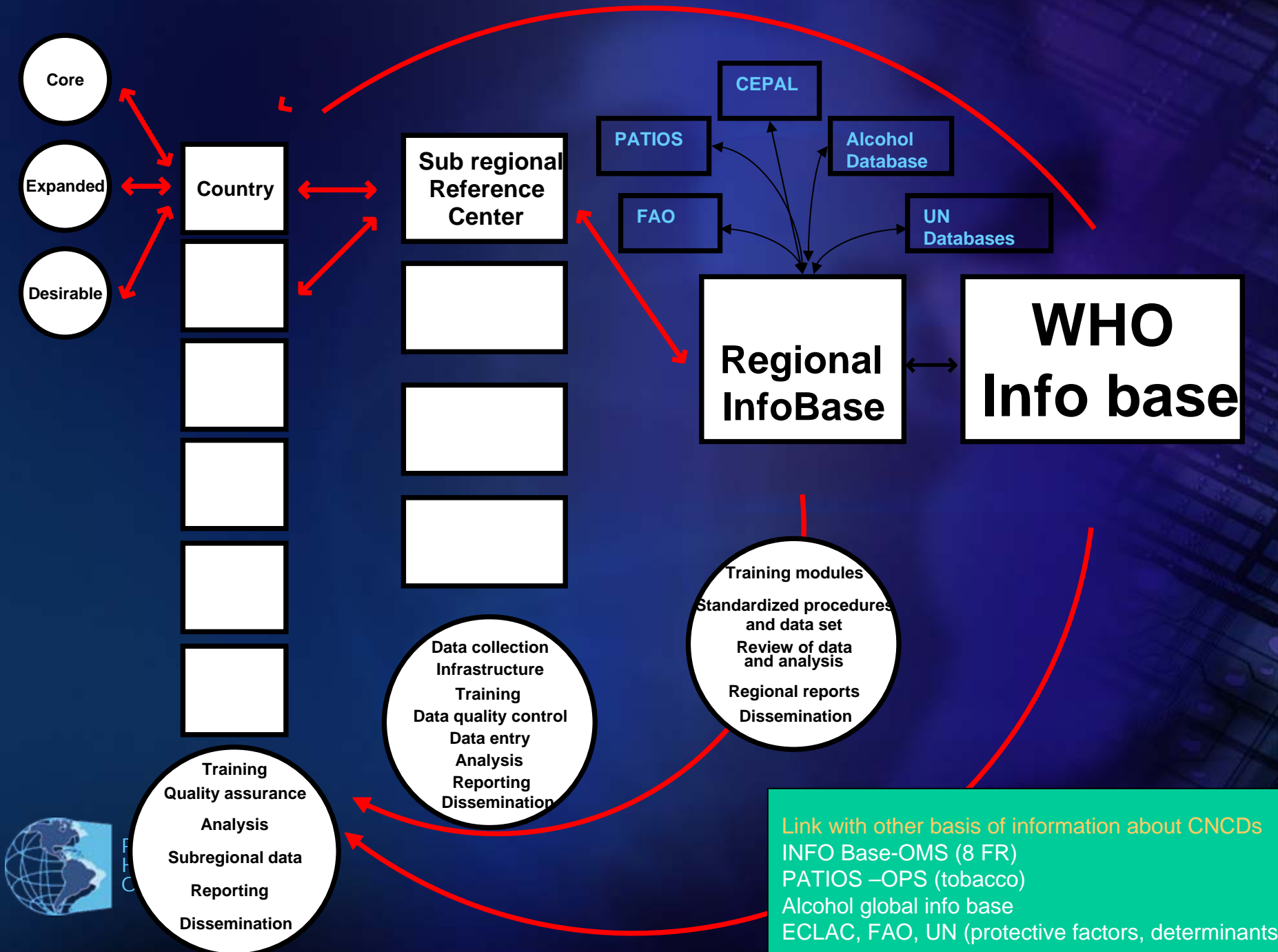
Secretaria de Vigilância em Saúde



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* PNAD: Pesquisa Nacional por Amostras de Domicílios

APAC: Autorização de Procedimentos de Alta Complexidade



Core

Expanded

Desirable

Country

Sub regional
Reference
Center

PATIOS

FAO

CEPAL

Alcohol
Database

UN
Databases

Regional
InfoBase

WHO
Info base

Data collection
Infrastructure
Training
Data quality control
Data entry
Analysis
Reporting
Dissemination

Training modules
Standardized procedures
and data set
Review of data
and analysis
Regional reports
Dissemination

Training
Quality assurance
Analysis
Subregional data
Reporting
Dissemination

Link with other basis of information about CNCDs
INFO Base-OMS (8 FR)
PATIOS –OPS (tobacco)
Alcohol global info base
ECLAC, FAO, UN (protective factors, determinants)

Use of results for national policy



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

As well as Sub regional or
Regional policy
decisions



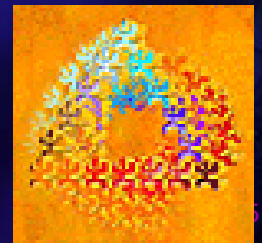
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Expected results by 2008:

- *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



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Caribbean Example

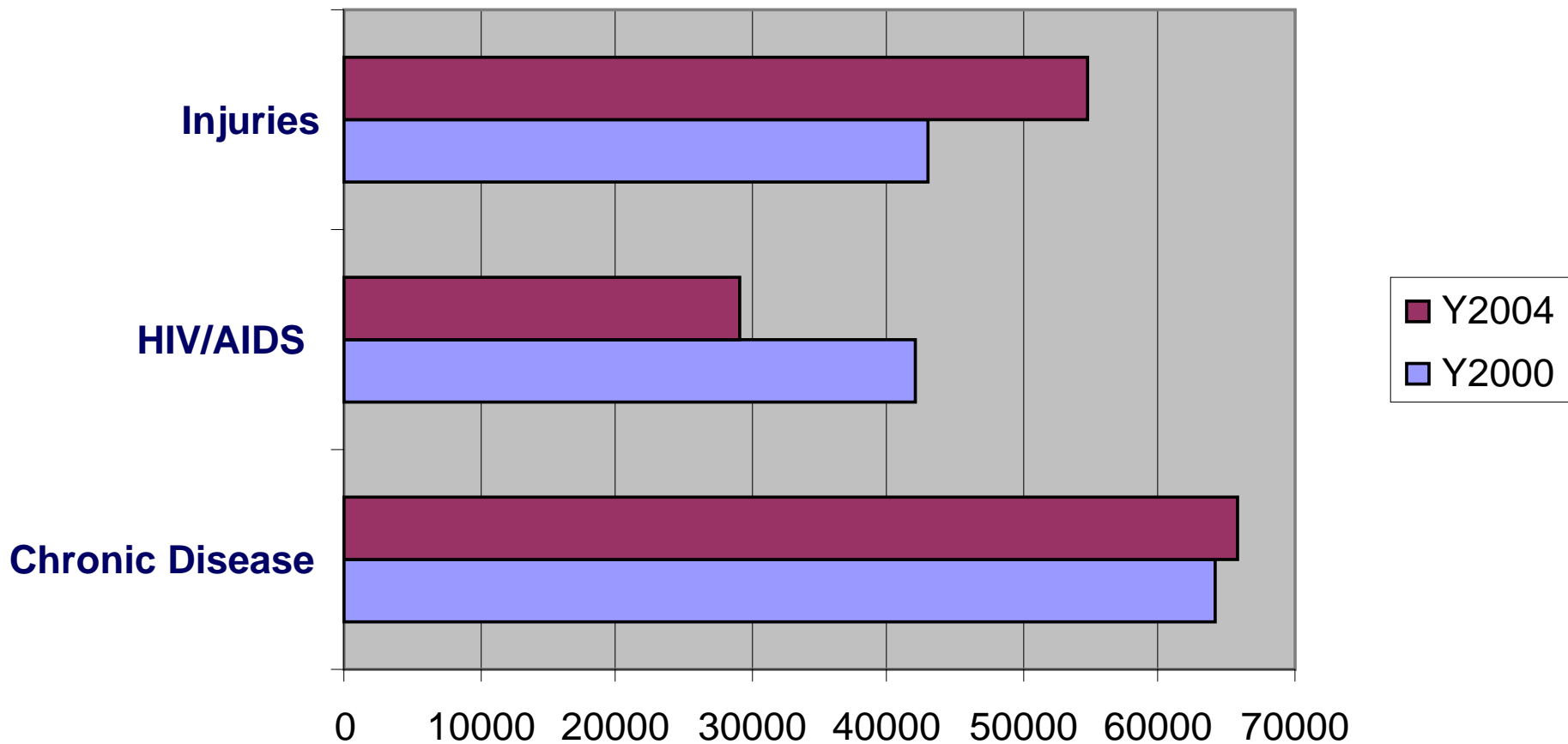
- Summit of Heads of state on CNCDs

Declaration of Port of Spain

- Need for baseline, M & E



Potential Years of Life Lost <65years by main causes, 2000 & 2004, CARICOM countries (minus Jamaica)

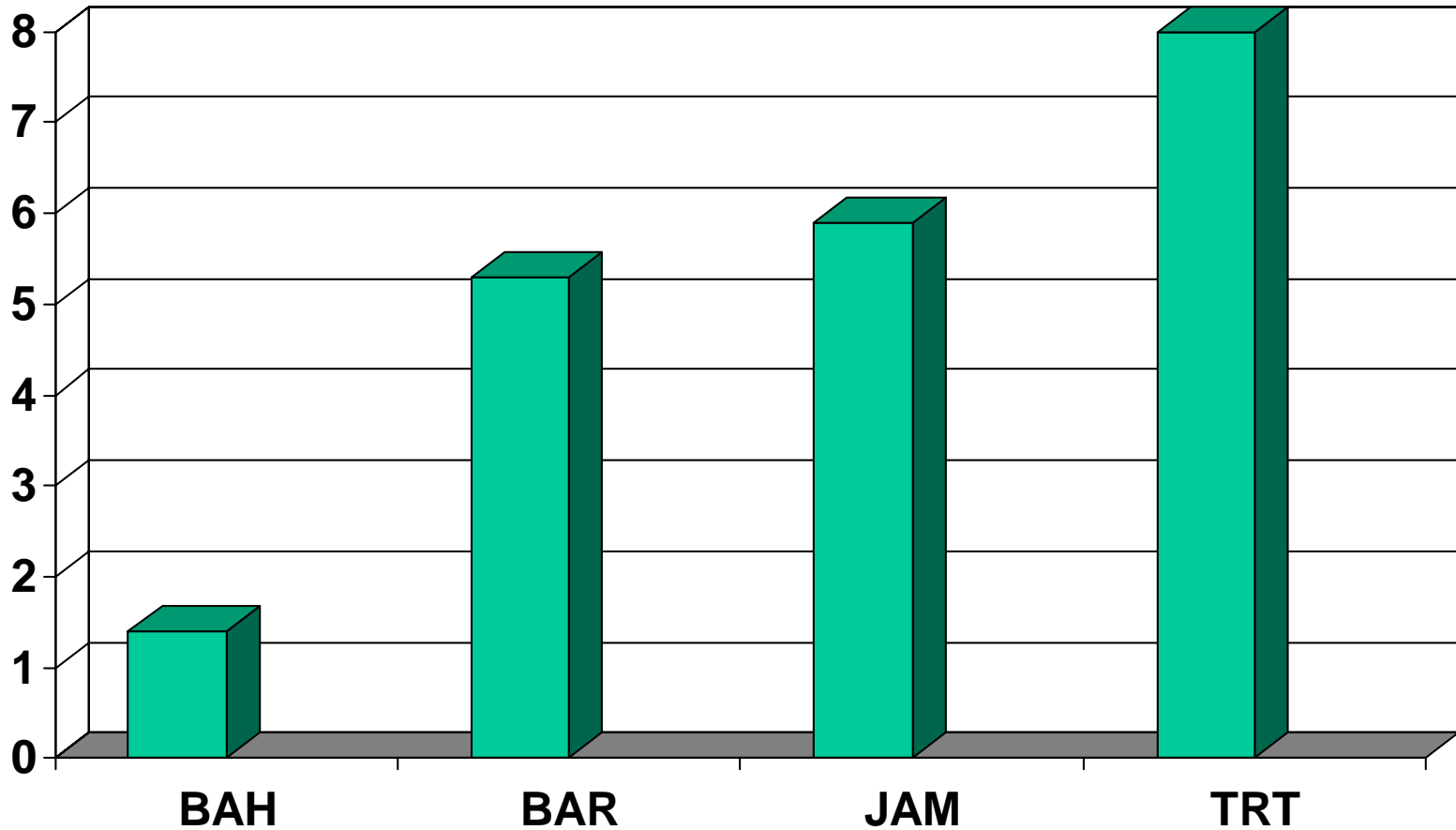


Source: CAREC, based on country mortality reports

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

'Injuries' includes traffic fatalities, homicide, suicide, drowning, falls, poisoning

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**



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- **The Community should name a “CARICOM**

Involvement 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 & Cayucos, Dominica, Grenada
- Exploring modalities for surveillance (sentinel sites, ongoing collection through PHC visitors, telephone, e-surveys)



Thank You

Grazie Mille

Muchas Gracias

Merci Beaucoup



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