Preventing disease
Promoting and protecting health
NCD Surveillance in the Caribbean: Preparing for Reporting on Regional and Global NCD indicators

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Outline of the Presentation

- Background

- NCD Surveillance in CARPHA Member States

- Preparing for reporting on Global and Regional Indicators

- Moving forward
Political Commitment to improved Public Health and surveillance of Non communicable Diseases

Caribbean Commission On Health & Development 2005

"Health of the Region, is the Wealth of the Region" - Nassau Declaration 2001

2007 Declaration Port of Spain: NCDs as Public Health Priority

UN HLM on NCDs Sept 2011

Caribbean Cooperation in Health (CCH)
Epidemiological Transition
NCD Surveillance in the Caribbean

- Robust information systems for surveillance of communicable diseases
  - Elimination of Polio
  - Elimination of Measles
- 2002 - Scientific Council of Caribbean Epidemiology Centre (CAREC/PAHO/WHO) mandated the implementation of systems for surveillance of NCDs and their Risk Factors
- 2003/2004 – Development/Agreement and Pilot
  - Risk Factor Survey
  - Minimum Data Set for NCDs
- 2006 – National Epidemiologists adopted the WHO STEPS methodology for conducting Risk Factor Surveys as a start to conducting risk factor surveillance
Collecting reliable NCD surveillance Data

- Routine data collection through health systems
  - Disease Registries (cancer, stroke)
  - Hospital discharge data
  - Morbidity data

- Periodic population-based Risk Factor Surveys
  - Such as Pan Am STEPS methodology and other Risk factor surveys
  - Risk factor data

- Integrating standardized core questions in other surveys
  - National Census, Labour Force surveys, Other national surveys (poverty assessments)

- Vital records - Mortality Data
Status of Risk Factor Surveillance in CARPHA Member Countries (CMCs)

❖ Pan Am STEPS Methodology

❖ Standardized process

➢ Capacity building in countries
➢ Training for protocol development
➢ Interviewer training for data collection
➢ Data analysis and report writing
➢ Follow up

❖ 13 countries completed National Risk Factor surveys

➢ 11 CMCs have completed these National Risk Factor Surveys using the Pan Am STEPS methodology as a starting point for surveillance of risk factors for chronic diseases
Pan Am STEPS methodology was used for RF surveys done in:

- Bahamas – 2005; 2011
- Aruba - 2007
- Barbados - 2008
- Dominica - 2008
- St. Kitts- 2008
- British Virgin Islands - 2009 (1\textsuperscript{st} country to use E-steps)
- Grenada - 2011
- Trinidad and Tobago – 2011
- Cayman Islands, St. Lucia – 2012
- Suriname - 2013
- St. Vincent and the Grenadines, Bermuda – data collection in process
Other Risk Factor Surveys

- **Belize** (2007) CAMDI Project, PAHO - Mapping was done to identify indicators comparable to STEPS survey
- **Bermuda** (2011) Health Survey of Adults in Bermuda. Some questions from STEP 1 were included in questionnaire
Risk Factor Surveillance cont’d.

- Other countries trained in STEPS methodology at various stages in the survey planning process
  - Anguilla, Guyana, Montserrat, Turks and Caicos Islands
  - Nevis *(did not do RF survey with St. Kitts-2008)*
Components

- Mortality from/with selected NCDs (12 core indicators)
- Prevalence/incidence selected conditions (6 core indicators)
- Risk factors for chronic diseases:
- Health System Performance Indicators (19 indicators - 9 core)
- Socioeconomic and context indicators (16 indicators – 5 core)
Implementation of NCD Minimum Data Set

- **Annual** Country Reporting on NCD Minimum Data Set began in 2010

- >50% of CMCs submitted at least 1 report to CAREC

- **14 countries reported (May 2010- May 2011)**
  - Aruba, Barbados, Bahamas, Belize, Bermuda, BVI, Dominica, Grenada, Guyana (partial), Jamaica, St. Lucia (partial), St. Kitts & Nevis, St. Vincent and the Grenadines, Suriname

- Countries which submitted additional NCD reports
  - BVI, Belize, Dominica, Grenada & St. Lucia (partial only mortality),
  - Only Dominica submitted a 3rd report in 2012
Broad Groupings of Conditions Causing Death in CARPHA Member States
Figure 2: Leading causes of death in the English- and Dutch-speaking Caribbean and in the OECS countries and the Mainland territories, 2006
Preventing disease, promoting and protecting health

Figure 34: Prevalence of Overweight and Obesity by Gender

- Overweight (BMI ≥ 25 kg/m²)
  - Females
  - Males

- Obese (BMI ≥ 30 kg/m²)
  - Females
  - Males
Harmful Use of Alcohol

- Females (having ≥ 4 drinks on any day in the last week)
- Males (having ≥ 5 drinks on any day in the last week)

<table>
<thead>
<tr>
<th>Country</th>
<th>Females (%)</th>
<th>Males (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aruba</td>
<td>48.6%</td>
<td>34.4%</td>
</tr>
<tr>
<td>Barbados</td>
<td>21.9%</td>
<td>9.7%</td>
</tr>
<tr>
<td>BVI</td>
<td>27.7%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Dominica</td>
<td>12.6%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Grenada</td>
<td>38.2%</td>
<td>20.1%</td>
</tr>
<tr>
<td>St Kitts</td>
<td>20.7%</td>
<td>16.8%</td>
</tr>
<tr>
<td>T&amp;T</td>
<td>36.1%</td>
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Global and Regional Context

UN General Assembly

2011:
Commitments from Heads of State and Government

2012:
Adopt a global target of 25% reduction in premature mortality from NCDs by 2025

May 2013:
WHO Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators

Sept 2013:
Set of 9 voluntary global NCD targets for 2025

- Premature mortality from NCDs: 25% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Diabetes/obesity: 0% increase
- Raised blood pressure: 25% reduction
- Tobacco use: 30% reduction
- Salt/sodium intake: 30% reduction
- Physical inactivity: 10% reduction
- Harmful use of alcohol: 10% reduction
Global monitoring framework, including indicators and voluntary global targets

**Mortality between ages 30 and 70 due to**

CVD, cancer, diabetes, or chronic respiratory disease

*25% relative reduction*

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<th>Indicators with targets</th>
<th>Mortality reduction</th>
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<tbody>
<tr>
<td>Raised Blood Pressure</td>
<td>25% relative reduction</td>
</tr>
<tr>
<td>Tobacco</td>
<td>30% relative reduction</td>
</tr>
<tr>
<td>Salt/sodium</td>
<td>30% relative reduction until 5gm/day</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>10% relative reduction</td>
</tr>
</tbody>
</table>

**Other WHO core indicators**

- Overweight/obesity (adult, child, adolescent)
- Raised total cholesterol
- Raised blood glucose/diabetes
- Adult per capita consumption of alcohol and heavy episodic drinking
- Low fruit and vegetable intake
- Cancer incidence, by type

**Other country-specific indicators of NCD and related issues including social determinants of health**

- Policies to virtually eliminate trans fats and to reduce marketing of unhealthy foods to children
- Cervical cancer screening
- Vaccination: HPV, Hepatitis B
- Availability of basic technologies and medicines
- Access to palliative care
- Multidrug therapy for CVD risk reduction

*All indicators should be disaggregated by gender, age, socioeconomic position, and other relevant stratifiers*
Moving Forward to Strengthen NCD surveillance in CARPHA Member countries

- Continue partnering and working with regional and international agencies and institutions
- Build capacity of CARPHA member countries for reporting on revised NCD Minimum Data Set to facilitate **reliable** reporting on Global and Regional Indicators
- Continue surveillance of NCDs with annual reporting by **all** countries to CARPHA on **core indicators**
  - Including cancer incidence by type
- Periodic feedback on NCD surveillance data provided by CARPHA to countries to facilitate continuous improvement of data quality
- Publication of NCD data in collaboration with countries
THANK YOU!!