



Caribbean  
Public Health  
Agency

**CARPHA**

Preventing disease  
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# **NCD Surveillance in the Caribbean: Preparing for Reporting on Regional and Global NCD indicators**

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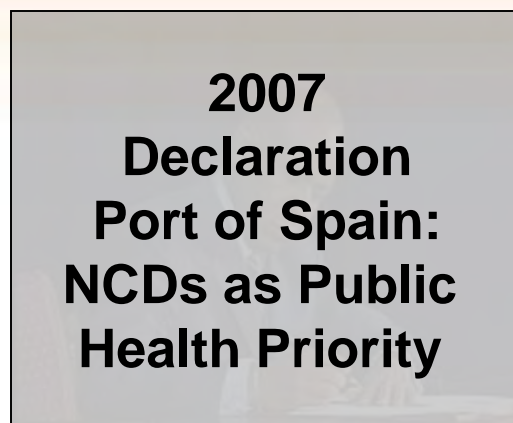
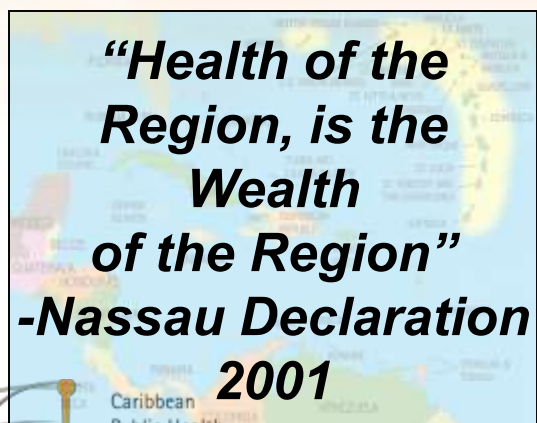
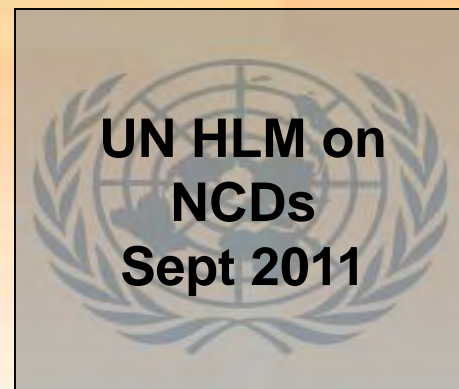


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# Outline of the Presentation

- ❖ 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



# 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



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# 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



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# 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



# STEPS Risk Factor Surveys

## Starting point for Risk Factor Surveillance

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<sup>st</sup> 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



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# Other Risk Factor Surveys

- ❖ Jamaica (2001 & 2008) Lifestyle Survey-TMRI, UWI
- ❖ 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*)

# Minimum Data Set for Surveillance of NCDs (2010)

## 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

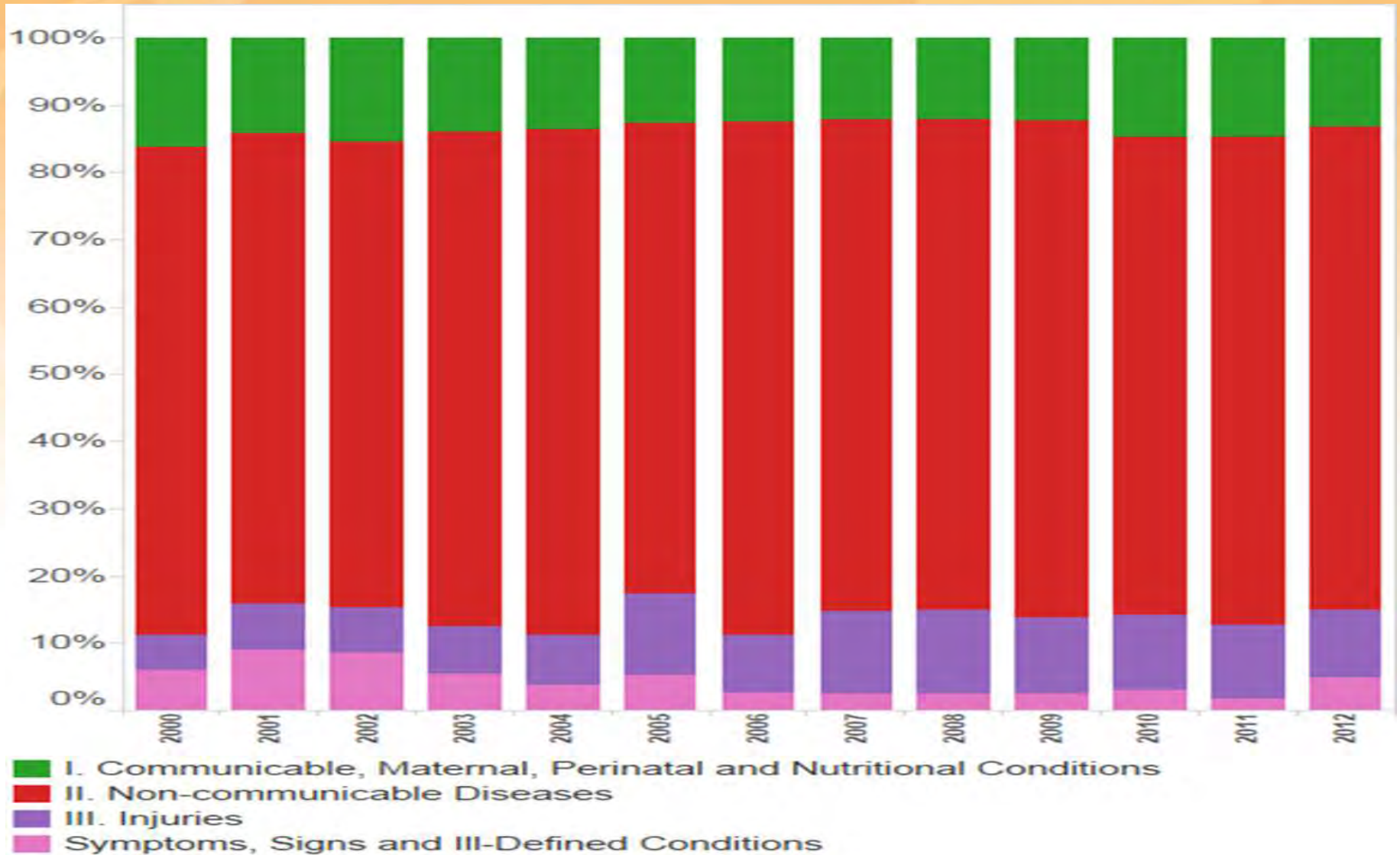
- ❖ **Annual Country Reporting on NCD Minimum Data Set began in 2010**
  - >50% of CMCs submitted at least 1 report to CAREC
- ❖ **14 countries reported (May 2010- May 2011)**
  - Aruba, Barbados, Bahamas, Belize, Bermuda, BVI, Dominica, Grenada, Guyana (partial), Jamaica, St. Lucia (partial), St. Kitts & 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 3<sup>rd</sup> report in 2012



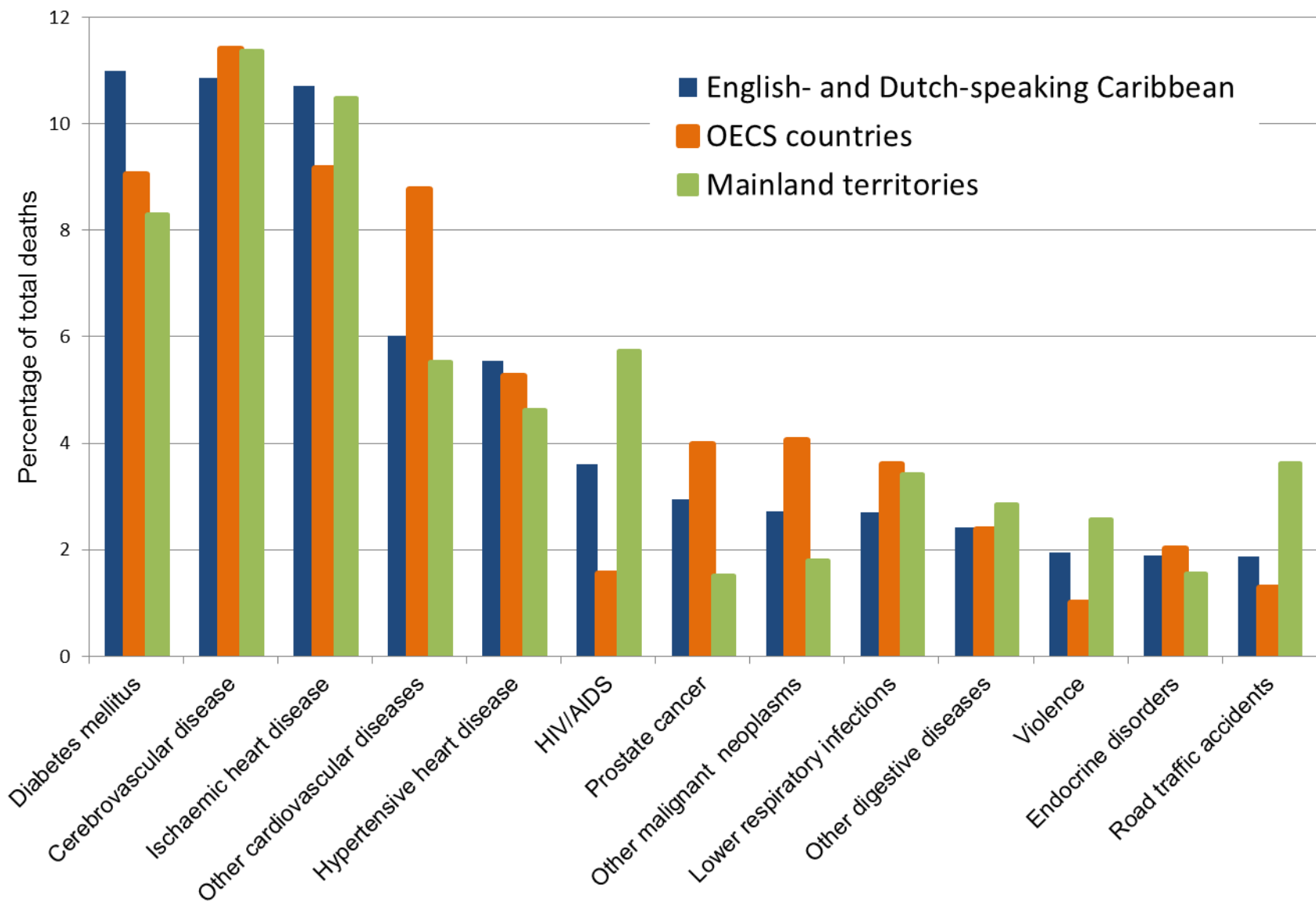
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# Broad Groupings of Conditions Causing Death in CARPHA Member States

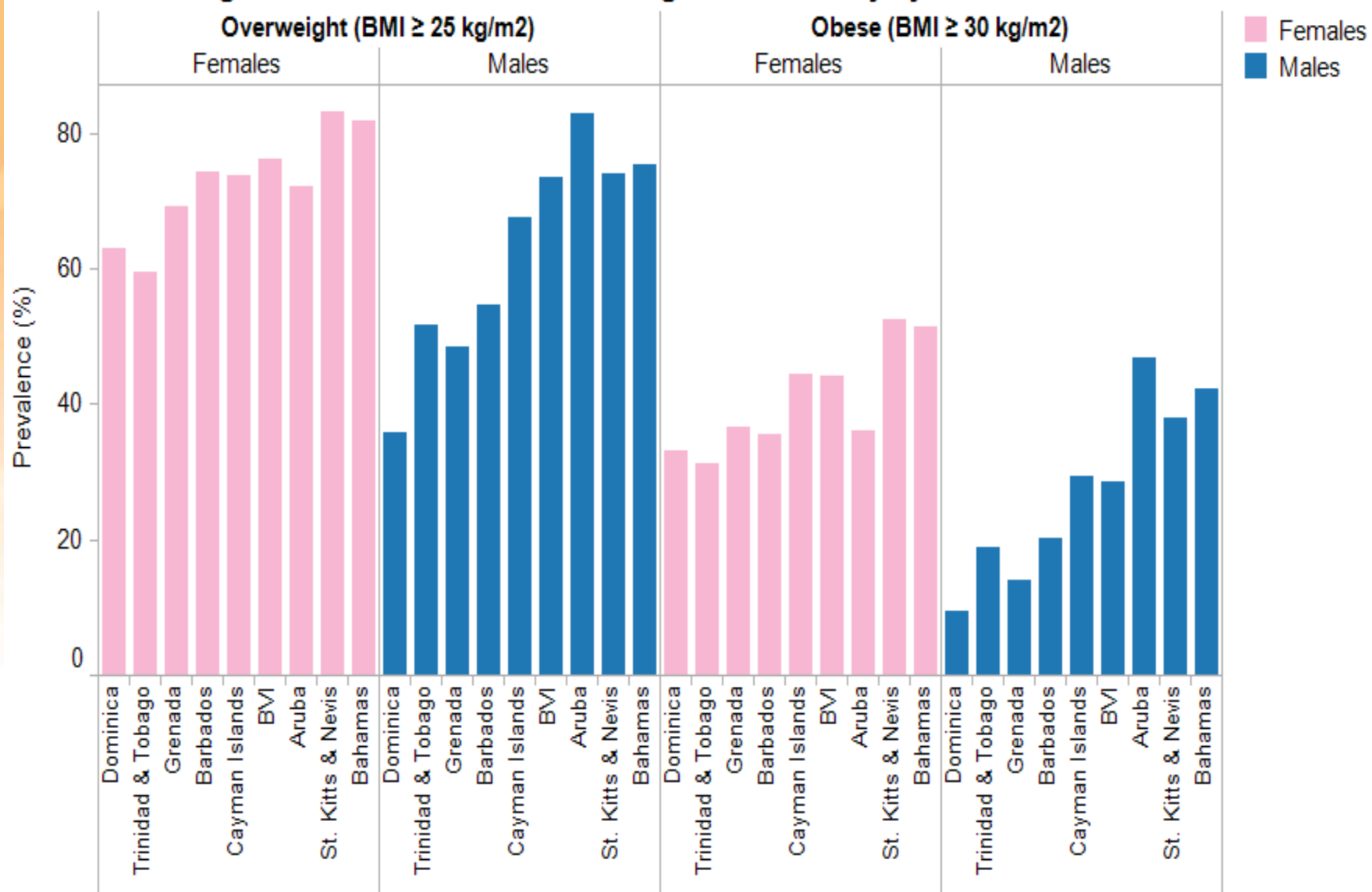




**Figure 2: Leading causes of death in the English- and Dutch-speaking Caribbean and in the OECS countries and the Mainland territories, 2006**



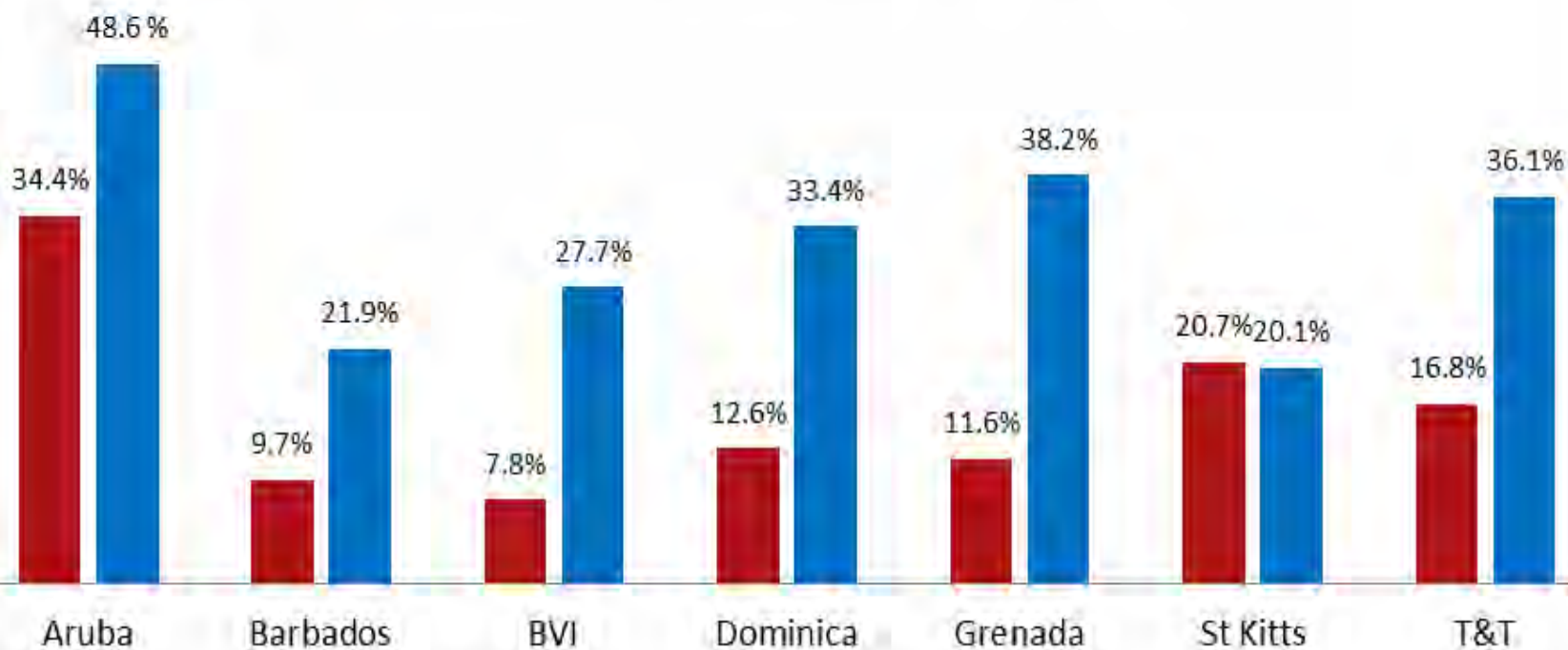
**Figure 34: Prevalence of Overweight and Obesity by Gender**



# Harmful Use of Alcohol

## Harmful Use of Alcohol

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



# Global and Regional Context

UN General Assembly

2011:

Commitments from Heads of State and Government

2012:

World Health Assembly

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

World Health Assembly

May 2013:

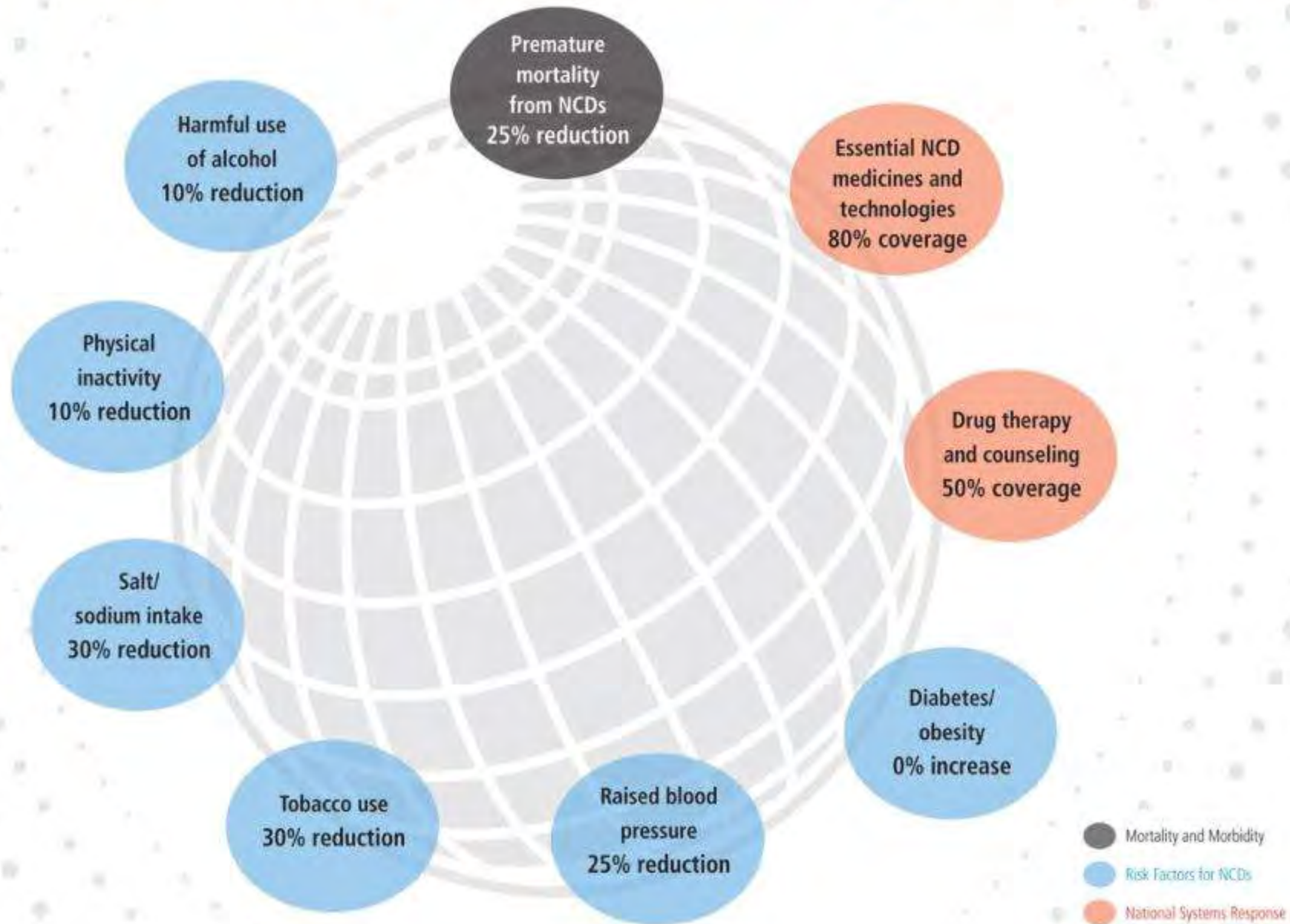
WHO Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators

PAHO Directing Council

Sept 2013:

PAHO Regional NCD Action Plan 2013-2020, fully aligned with WHO Global Action Plan 9 Targets, 25 + 12 region specific indicators

# Set of 9 voluntary global NCD targets for 2025





# Global monitoring framework, including indicators and voluntary global targets

Indicators with targets

**Mortality between ages 30 and 70 due to CVD, cancer, diabetes, or chronic respiratory disease**  
*25% relative reduction*

**Raised Blood Pressure**  
*25% relative reduction*

**Tobacco**  
*30% relative reduction*

**Salt/sodium**  
*30% relative reduction until 5gm/day*

**Physical inactivity**  
*10% relative reduction*

Other WHO core indicators

Overweight/obesity (adult, child, adolescent)

Policies to virtually eliminate trans fats and to reduce marketing of unhealthy foods to children

Raised total cholesterol

Cervical cancer screening

Raised blood glucose/diabetes

Vaccination: HPV, Hepatitis B

Adult per capita consumption of alcohol and heavy episodic drinking

Availability of basic technologies and medicines

Low fruit and vegetable intake

Access to palliative care

Cancer incidence, by type

Multidrug therapy for CVD risk reduction

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

\* 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!!**



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