Editor's Note

In 2007, we celebrated the first 12 months of the Newsletter. I would like to take this opportunity to thank all our readers and contributors.

In 2008, we want to increase the relevance of the Newsletter, expand our mailing list, and have more country contributions. We are now reaching about 600 readers and will soon start using a listserv. In April, we will ask for your opinion: What did you like? What could we do better? What more could we do via the Newsletter to support your work in chronic disease prevention and control and health promotion? Look for our survey and the chance to receive a prize!

Chronic Disease: The Case for Urgent Global Action

The December 2007 *Lancet* series on chronic diseases is a “must read” for all involved in the fight against CNCDs. The articles—which include analyses from Argentina, Brazil, Colombia, and Mexico—summarize the burden and costs of chronic disease in 23 countries, the scope for prevention, and the impact of population- and individual-based approaches. In summary, 32 million deaths can be avoided over the next 10 years with a 15% reduction in salt consumption and comprehensive tobacco control (at a cost of USD $0.40 per person per year); along with scaling up treatment for high blood pressure and cholesterol with low-cost drugs and aspirin (at a cost of $1.10 per person per year). This comprehensive approach of prevention/promotion and treatment is congruent with the PAHO Regional Strategy for Chronic Disease Prevention and Control. See new publication format for strategy.

Stopping the Epidemic of Chronic Diseases: Focus on Advocacy and Policy

After 10 years of CNCD programmatic activities in PAHO, last year was the start of an approved *Regional Strategy for an Integrated Approach to the Prevention and Control of Chronic Disease*.

In 2008–2009, we commence implementation of the PAHO Strategic Plan 2008–2012, including (in Strategic Objectives 3 and 6) objectives for chronic disease prevention, risk factor reduction, and health promotion. Key priorities and values for success in this work in 2008–2009 include building awareness, advocacy and policy; strengthening the science base for prevention and control programs; and teamwork and partnerships. This editorial note deals with the topic of advocacy and policy, and future ones will deal with the other priorities.

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www.paho.org
**Advocacy** uses information in deliberate and strategic ways to change perceptions and to influence decision-making. It aims to persuade and differs from education, which aims to inform. Advocacy, communication and consciousness-raising are the first objectives of the *Global Action Plan on NCDs*, presented to the WHO Executive Board last month. In addition, the Oxford Health Alliance’s *Grand challenges in chronic noncommunicable diseases* lists raising awareness and political prioritization of CNCDs as the first of 20 priorities (*Nature* 450, 494-496, 22 November 2007).

A good resource to assist public health professionals with advocacy is the *WHO Chronic Disease Advocacy Toolkit*, which provides a range of practical tools that can be used immediately to help make the case with decision-makers. The principles in this toolkit and other approaches were used in the *CARICOM Heads of Government Summit on Chronic Diseases* in September 2007, which was a joint effort between the CARICOM Secretariat and PAHO/WHO, with funding support from Public Health Agency of Canada.

The main presentations of the summit were designed to “speak to the head, the heart and the pocket” and covered the evidence of the epidemiologic burden, the economic costs of chronic disease in the 15 CARICOM countries, and the scope for prevention. The heads of government adopted the 15-point *Declaration of Port-of-Spain*, “Uniting to Stop the Epidemic of Chronic Disease”. This is a historic declaration; a first in the world.

The Port-of-Spain Declaration is comprehensive and includes policy directions for health, finance, agriculture, education, trade, consumer affairs, standards bureaus, as well as the establishment of national commissions for CNCD prevention, the strengthening of regional health institutions, and the engagement of other social actors. The declaration is a significant step forward in achieving healthy public policy, as it contains many actions and policy directions that lie uniquely in the purview of the heads of government that are needed to promote health and prevent disease, as well directions for the health sector. The summit agenda and presentations and other materials are available via the [CARICOM website](http://www.paho.org/english/ad/dpc/nc/cronic.htm).

Currently, PAHO is working with CARICOM on implementation of the summit declaration.

Similar advocacy exercises are being planned for Central America, the Andean subregion, the Southern Cone, the US-Mexico Border, as well as for the *Summit of the Americas* in Trinidad and Tobago in 2009, in order to achieve high-level political recognition, commitment, and policy changes. A case study is being conducted to document the Port-of-Spain summit and to assess its applicability to other parts of the world. Preliminary analysis suggests a number of critical factors that will need to be addressed to successfully ‘export’ the example of the summit. These include:

- the existence of the political integration movement among countries;
- a strong history of Caribbean cooperation in health;
- a subregional analysis of the health and economic burden of chronic diseases;
- the presentation and packaging of the evidence to “speak to the head, heart and pocket”;
- the need for ‘champions,’ both technical/academic and political, (e.g. Dr George Alleyne, former Director of PAHO and Chancellor of the University of the West Indies / UWI, and Prime Minister Douglas);
- a strong partnership between PAHO/WHO and the Political Integration Secretariat;
- pre-sensitization of many of the countries by visits to their national cabinets to present data on the burden of chronic diseases and risk factors;
- the role of the media in creating awareness and a sense of public involvement; and
- involvement of countries in preparing and planning activities for the summit.

During the coming months, visits will be made by high-level PAHO officials to El Salvador, Peru, and Uruguay, the sites of the subregional political
integration secretariats. Talks will be conducted with key stakeholders to sensitize them to the multisectoral nature of chronic disease prevention and to secure support for conducting future NCD summits. In this way, the health issue of CNCDs would be repositioned on the political agenda and the collective policy-making mechanisms leveraged.

Please join the PAHO CNCD team and use all opportunities to promote, advocate, and raise awareness about policy changes for the prevention and control of chronic disease.

Regional Developments

CERVICAL CANCER PREVENTION IN LATIN AMERICA AND THE CARIBBEAN

An End to Cervical Cancer—The Time Is Now!

The Alliance for Cervical Cancer Prevention (ACCP) presented key findings for cervical cancer screening and precancer treatment, and how new approaches can be coordinated with human papillomavirus (HPV) vaccination programs to dramatically reduce cervical cancer deaths worldwide. The event took place on 5 March 2008 in Washington, DC.

Cervical cancer is the number-one cancer killer of women worldwide, taking 270,000 lives each year. In a sense, cervical cancer maps the inequities of our time—inequities related to gender, geography, age, and income. Women in developing countries bear the brunt, as 85% of cervical cancer deaths occur in poor countries. This is due to lack of effective cancer screening and treatment programs; it stands in stark contrast to the United States, Europe, and Australia, where cervical cancer rates have dropped dramatically over the past 40 years.

Now the world has an extraordinary opportunity: recently we have gained new insights into the potential of simple, visual screening methods that can detect HPV, the virus that causes cervical cancer. In addition, U.S. companies and research institutions have developed new solutions that hold great promise for the developing world, like innovative, low-cost screening technologies and HPV vaccines that protect young women early in life.

These new tools have dramatically focused the world’s attention on cervical cancer and mobilized unprecedented political commitment to prevent hundreds of thousands of unnecessary deaths.

This advocacy event helped raise awareness about the significance of cervical cancer and the need for more funding for global initiatives.

Panelists

- **Dr. Jacqueline Sherris**, Program for Appropriate Technology in Health (PATH), Seattle, Washington, USA
- **Dr. R. Sankaranarayan**, International Agency for Research on Cancer (IARC), Lyon, France
- **Dr. Thomas Wright**, Columbia University, New York City, USA
- **Silvana Luciani**, PAHO/WHO, Washington, DC, USA

Sponsored by the Alliance for Cervical Cancer Prevention (ACCP)

- EngenderHealth
- JHPIEGO, an international health organization affiliated with the Johns Hopkins University
- International Agency for Research on Cancer (IARC)
- Pan American Health Organization (PAHO)
- Program for Appropriate Technology in Health (PATH)

http://www.paho.org/english/ad/dpc/nc/cronic.htm
Progress in the Countries

Subregional Cancer Plan for Central America and the Dominican Republic

In September 2007, the 23rd meeting of RESSCAD (Reunión del Sector Salud de Centro América y la República Dominicana / Meeting of the Health Sector of Central America and the Dominican Republic) resolved to create a subregional cancer plan (see October 2007 issue). As a follow-up, the cancer program coordinators from the ministries of health and social security Systems of Central America and the Dominican Republic will meet in Costa Rica on 6–7 March 2008 to further develop this plan.

Participants will discuss the present situation of cancer programs in their countries, propose solutions for inter-country cooperation, and design a subregional cancer plan. The plan will consider the continuum of care from prevention, early detection, diagnosis, treatment, and palliative care, as well as areas for institutional strengthening such as training, research and information systems. The output from this meeting will be presented for approval at the 24th meeting of RESSCAD in Honduras later this fall.

PanAm STEPS Country Update

PanAm STEPS is PAHO’s Pan American adaptation of the WHO Stepwise Approach to Surveillance of Chronic Noncommunicable Diseases. It is a simple, standardized method for collecting, analyzing, and disseminating data in member countries. Its first component deals with adult risk-factor surveillance. Below is a summary of progress made in the countries to date in adopting this new methodology and putting it to use:

- **Published and promoted for policy purposes** (pending PAHO support)
  - Aruba
  - Uruguay

- **Attended second-level training and completed data processing**
  - Aruba
  - Bahamas
  - Uruguay

- **Currently in the field**
  - Barbados
  - Dominica
  - St. Kitts and Nevis

- **In the preparatory phase**
  - Cuba
  - Dominican Republic
  - Grenada
  - Paraguay
  - Trinidad and Tobago

- **Completed first-level training**
  - Curacao
  - Turks and Caicos Islands

- **Planning first-level training for 2008**
  - British Virgin Islands
  - Costa Rica
  - Guatemala
  - Panama
  - St. Lucia
  - St. Vincent and the Grenadines

- **Working on harmonizing data with PanAm STEPS**
  - Argentina
  - Brazil
  - Chile

WHO also has developed an approach for stroke surveillance, which will also be implemented in the countries in due course. WHO has recently released a video from Brazil, Stroke: Roberto Survives on Family Support (found at the bottom of the page).
Announcements

3-Day Walk for Breast Cancer

The Susan G. Komen for the Cure foundation is once again holding its annual Walk for the Cure.

The event’s website offers materials (in English) for those interested in participating or in organizing a fundraising event in their locale. Anyone registering on the site will have access to personal coaching and help in developing an individual training and fundraising plan, with robust online resources, including a support handbook, a personalized fundraising web page and a network of volunteer leaders. Emphasis is on raising community awareness. The slogan is:

We can’t walk for you, but we are with you every step of the way!
Be a part of something big!

New Improved CARMEN Website

We invite our readers to visit the new and improved website of the CARMEN Network, an initiative of PAHO/WHO and various Member States and partners for the integrated prevention and control of chronic noncommunicable diseases (CNCDs) in the Americas. The site has undergone major redevelopment and improvements, now providing access to all the network’s products and resources and serving as an index of the PAHO/WHO and country resources available on chronic noncommunicable diseases—as well as activities, links to partners, etc.

2008 PAHEF Grants Program

Call for Proposals

The Pan American Health and Education Foundation (PAHEF) is pleased to announce its 2008 PAHEF Grants Program to support innovative, results-oriented projects in Latin America and the Caribbean. We invite PAHO technical units and country offices/centers, recognized NGOs, universities, semi-autonomous government laboratories, research centers, and other nonprofit organizations in Latin America and the Caribbean to apply for one- or two-year project grants in the $5,000 to $25,000 range.

The PAHEF Grants Program focuses on two priority areas:

1. Combating Childhood Obesity and Improving Nutrition
2. Promoting Healthy Aging.

Please visit the PAHEF website for more information and application guidelines. The deadline to apply is 5:00 PM EST 30 May 2008.

We encourage you to forward this announcement to your friends and colleagues in Latin America and the Caribbean who may be eligible and share our interest in improving the health of the people of the Americas.

Awardees 2007

In time for the New Year, PAHEF announced the four winners of last year’s competition:

http://www.paho.org/english/ad/dpc/nc/cronic.htm
Guatemala: Pan American Health Organization, Institute of Nutrition of Central America and Panama (INCAP), to apply an intervention model for the prevention of childhood malnutrition through promotion of healthy diet and physical activity in elementary school children. ($49,880)

Jamaica: INMED Partnerships for Children (USA) and INMED Caribbean, to develop a replicable, culturally appropriate, integrated pilot program, Lyrics for Life, in two schools in Trenchtown among 1,000 students ages 7-11 years, as well as their teachers and families, to reduce obesity and form a solid foundation for future healthy lifestyles. ($25,000)

Trinidad and Tobago: University of the West Indies (UWI), to develop and evaluate a collaborative model addressing nutrition and healthy lifestyles to be incorporated in the national school curriculum. ($50,000)

Venezuela: South Florida Veterans Affairs Foundation for Research and Education (SFVAFRE), University of Miami, to implement screening and lifestyle interventions to reduce cardiometabolic risk in obese older persons in Maracaibo, Venezuela. ($50,000)