Meeting Brief

Promoting Healthy Living in the Americas: Multisectoral Interventions to Reduce Health Risk Factors

- Event arranged by the Latin America Health, Nutrition, Population Sector, the Human Development Network Health, Nutrition Population Sector, and the Pan American Health Organization (PAHO/WHO) with financial support from the Spanish Fund for Latin America and the Caribbean.

- **Purpose:** The purpose of this event is to bring together policy makers and experts in the field to share country experiences and lessons from recent promising multisectoral interventions to reduce health risk factors and explore the implications for policy-making.

- **Objectives:**
  - (i) Highlight the importance of multisectoral interventions to promote healthy living.
  - (ii) Share and exchange lessons from successful or promising multisectoral interventions to promote healthy living in the region.
  - (ii) Discuss the challenges involved in designing and implementing multisectoral interventions to prevent NCDs and promote healthy lifestyles.

- **Background:**
  - The Latin American and Caribbean region has been undergoing a rapid demographic and epidemiological transition, which has had important health and economic consequences for the region.
  - Aging population and major lifestyle changes.
  - These changes, in turn, have altered the disease and mortality profile, resulting in a greater weight of non-communicable diseases—such as heart disease, stroke, cancer, and diabetes—within the overall disease burden.
  - NCDs pose a growing economic and development threat to households, health systems, and economies.
  - Unhealthy diet, physical inactivity, tobacco use, and alcohol abuse are leading health risk factors – all of which are preventable.
  - Reducing the exposure to these risks factors at the society level requires the concerted effort of stakeholders from a variety of sectors.
  - Experience has shown that overcoming these challenges often requires negotiation and dialogue among all interested parties; public opinion, information and research, political figures, and institutional arrangements that favor multisectoral coordination.
Exemplary Multisectoral Interventions to reduce health risk factors

- There are a myriad of multisectoral interventions designed and implemented to share and exchange lessons and examine the implications for policy-making. This event is based on aims at exchanging knowledge on the challenges and opportunities of these interventions:
  - Amendment of the food Code to Regulate Trans Fats and Agreements between the Government and the Industry to Reduce Sodium in Processed Foods, Argentina.
    - To reduce trans-fats and sodium intake in diets, the Argentinean government initiated a dialogue with multiple actors – government agencies, food producers and distributors, the media and the public.
    - Through this dialogue an agreement was reached to eliminate trans fats in processed foods through a regulation and to achieve targets for the reduction of sodium in different processed foods.
    - The process to eliminate trans fats was less complex: It was technically feasible, foreign experience and research/development had provided important models, and substitute products were available. Indeed, 70% of Argentine companies were already restructuring their production processes at the time the dialogue started.
    - Lowering salt intake, however, would be more problematic because it is a key ingredient in processed foods and baked goods, there is less awareness about its negative health effects, and fewer alternatives are available.
    - As a result the national Food Code was amended to specify that “Content of industrially-produced trans-fatty acids in food should not be greater than 2% of total fats in vegetable oils and margarines for direct consumption and 5% of total fats in the rest of foods.”
    - In the case of sodium, agreements were reached with 35 large scale food producers and 8,000 bakeries.
  - Mexico’s National strategy for the Prevention and Control of Overweight, Obesity and Diabetes
    - 70% of Mexican adults are overweight, and about one in three are obese. Of OECD countries, Mexico has largest percentage of obese adults
    - Type II diabetes mellitus is second leading cause of death in Mexico and about 9% of adults have been diagnosed with it
    - The strategy has three axis: Public Health, including promotion of healthy living, education campaigns, and careful surveillance of these conditions; Medical Care, ensuring quality and effective
coverage of services; and Regulation, food labeling, regulation of advertising, and fiscal measures to reduce incentives to consume foods and beverages with low nutritional value.

- A city with a built environment that promotes physical activity
  - Thanks to the efforts of individuals, local government agencies, and civil society organizations, the city of Bogotá, Colombia, has developed over the years an environment that promotes physical activity (PA).
  - Infrastructures and programs such as the Ciclovía, CicloRutas, the TransMilenio (TM) (Bus Rapid Transit system [BRT]), and outdoor gyms make the city an example in the region.
  - Ciclovía is a weekly program in which streets are closed to motor vehicles and open for citizens to engage in activity
  - There is 344km of exclusive bikeways.

- Alcohol Control Policies in Canada
  - Levels and patterns of alcohol use, compared to that in South America, Central America, and Europe – specifically looking at risky use by males and females
  - Who has authority to make policy and how it is created and implemented in Canada
  - Multisectoral examples including; national framework for action on substance abuse; national alcohol strategy working group; and national alcohol strategy advisory committee
  - Challenges and lessons learned

- Lessons from the design and implementation of New York City’s multisectoral activities to reduce health risk factors
  - TBD

- Chronic Disease Policy in Barbados: analysis and evaluation of policy initiatives
  - Local and regional indicators suggest Barbados has made the greatest progress in regard to NCDs in comparison to other Caribbean islands
  - High level of awareness among policy makers and the general public on the burden imposed by NCDs
  - Strong authoritative opinion leaders raising awareness on impact of NCDs
  - The high awareness and strong leaders has led to genuine political commitment and the formulation of strategic policy frameworks
  - Communication is vital for future steps to drive the NCD agenda forward
Burden Non-Communicable Diseases (NCDs) in the Americas

Latin America and the Caribbean:

- NCDs such as heart disease, stroke, cancer, and diabetes are the main causes of death and disability in the region. Heart disease is the leading cause of Disability-adjusted life years (DALYs) in the LAC region and Diabetes is the 9th leading cause of DALYs.
  - No communicable disease ranks in the top 7 of DALYs while 4 NCD’s can be found in the top 7 (in 1990 the top three DALYs were communicable diseases).
- The number of people dying from NCDs has grown by 30% since 1990.
  - Uruguay has the highest percentage of DALYs due to NCDs in LAC at 81%
  - Haiti had the lowest percentage of DALYs due to NCDS in LAC at 15%
- Many NCD increases in LAC were higher than the worldwide increases
  - High BMI increased by 127% between 1990 and 2010 in LAC compared to 82% worldwide
  - Alcohol use rose by 50% in the region and 35% worldwide
  - Smoking declined by 4% in LAC compared to a slight increase worldwide
- Much of this health and economic burden can be avoided since an important share of NCDs is due to exposure to preventable risk factors, such as unhealthy diet, a sedentary lifestyle, tobacco use, and alcohol abuse.

United States and Canada:

- The top ten causes of premature death in Canada consists of 8 NCDs, with Ischemic heart disease, Lung cancer, and Stroke as the top three.
  - Only two Chronic diseases make the top 25 for years of life lost in Canada
    - Lower respiratory infections and Preterm birth complications
- The top ten causes of premature death in the United States consists of 8 NCDs, with Ischemic heart disease, Lung cancer, and Stroke as the top three.
  - Only three Chronic diseases make the top 25 for years of life lost in Canada
    - Lower respiratory infections, Preterm birth complications, and HIV/AIDS