

# Proactive prevention: the Caribbean contribution to global health

## The Caribbean Community is taking a leading role in elevating non-communicable diseases to the global development agenda

By C James Hospedales, executive director, Caribbean Public Health Agency

Besides being famous for Olympic sprinters and beautiful beaches, the Caribbean was the first area in the world to eliminate measles after the May 1991 'Big Bang' immunisation campaign. More than 20 years of measles-free benefits have accrued, including the prevention of thousands of cases and hundreds of deaths. With leadership from the Pan American Health Organization and two years of planning, the campaign vaccinated 91.4 per cent of children between the ages of two and 14, stopping measles transmission and establishing proof of concept. This model was adapted to eliminate indigenous measles throughout the Americas and gave a glimpse into the possibility that global eradication was possible. The Caribbean countries' ability to punch above their weight heralded their success two decades later in elevating the issue of chronic non-communicable diseases (NCDs) to the United Nations General Assembly.

### Threat to global development

Global health and economic development face significant threats from NCDs such as heart disease, stroke, cancer, diabetes and chronic respiratory disease, plus overweight and obesity epidemics. Closely related are mental health problems such as dementia. Representing some two thirds of all mortalities, these conditions are the major preventable causes of death in most countries and drive the upward spiral in avoidable health costs. NCDs are a cause and effect of poverty. More than 80 per cent of NCD deaths are in developing countries, with half in the prime productive years. The epidemic of NCDs is being driven by population aging

and widespread risk factors such as tobacco use, unhealthy diet, physical inactivity and harmful consumption of alcohol, plus a lack of access to quality health services.

Tobacco is the biggest killer on the planet; at current trends up to one billion people will die in the 21st century as the result of tobacco use. More than one billion people in the world are now overweight or obese, facing approximately 50 per cent higher lifetime health costs. The alarm has intensified as children increasingly become overweight and unfit, with associated educational, mental health and employment problems, in addition to national security concerns about youth failing admission criteria to uniformed services. Besides contributing to

***One billion people will die in the 21st century from tobacco. More than a billion people are now overweight or obese***

NCDs, the harmful use of alcohol is also a major contributor to mental health problems, all types of injuries and violence, damaged families, and reduced workplace productivity.

The human and economic costs are not sustainable for government, business and families. The World Economic Forum and Harvard University have estimated a \$30 trillion economic impact due to NCDs over a 20-year period, rising to \$46 trillion if mental health conditions are included, representing millions of families being pushed into poverty. By way of example, take a 45-year-old man with diabetes and kidney failure requiring dialysis, who resigns his job and has two female relatives give up their employment to care for him. At some

\$15,000 per year in out-of-pocket costs, plus the indirect costs of lost income, the man and his family soon become poor. He dies with his relatives resenting the effect of his illness.

In contrast, evidence now exists on how millions of preventable deaths may be avoided and economic losses greatly reduced by putting added focus on prevention and investment. The World Health Organization estimates that key measures for cutting tobacco exposure and harmful use of alcohol, as well as promoting healthy diets and physical activity, will cost \$2 billion per year for low- and middle-income countries, or less than \$0.40 per person. Tobacco control and dietary salt reduction have benefit-to-cost ratios in the order of 20 or 40 to one.

### Need for whole-of-society approach

Up to 80 per cent of heart disease and diabetes, and half of cancers are preventable or treatable. However, given that the root causes of NCDs lie mostly in non-health sectors such as education, agriculture, trade and finance, urban planning and transportation, combined with cultural habits and private sector forces, successful intervention requires a whole-of-government and a whole-of-society approach, at all levels from local to global. Some interventions, such as cycling and walking as alternative modes of transport, have triple bottom-line returns: good for health, good for climate change due to lower emissions, and good for energy

security and the fuel import bill. Some interventions, such as reducing dietary salt, require close collaboration with the food manufacturing industry.

### Leadership and raising NCD awareness

In 2001, the governments of the Caribbean Community recognised that the "health of the region is the wealth of the region" – the countries having had Caribbean Cooperation in Health (CCH) programmes in place since 1985. The latest example is the Caribbean Public Health Agency (CARPHA) programme, which was established by the Caribbean Community and Common Market (CARICOM) in 2010. A merger of five regional health institutions, CARPHA



Morant Bay, Jamaica: health interventions in terms of cycling and healthy eating require a whole-of-society approach involving non-health sectors

GETTY IMAGES

encompasses surveillance and response to emergencies, laboratories, nutrition and food security, health research, environmental health, and pharmaceutical quality. It aims to provide a more efficient, effective and synergistic approach to the region's health and development challenges.

The recognition of NCDs as a 'super priority' in the 2005 *Report of the Caribbean Commission on Health and Development* led to the first heads-of-state summit on NCDs in September 2007. It issued the Port-of-Spain declaration, *Uniting to Stop the Epidemic of NCDs*. Annual monitoring of the 27 commitments in the declaration shows movement on indicators under the control of health, but less progress on indicators requiring multi-sectoral action, such as trade,

agriculture and labelling standards. An evaluation of the Port-of-Spain declaration is under way to learn lessons on how to accelerate multi-sector implementation. The CARICOM summit led to the historic UN High-Level Meeting on NCDs in September 2011. Subsequently, Caribbean countries participated actively in the development of the global monitoring framework and targets.

#### Leading the way

Caribbean countries have been contributing to redefining global health through proactive prevention, including being the first region in the world to eliminate measles and leading the charge to elevate NCDs to the global development agenda. In reality, NCDs are symptoms of the failure of

today's development paradigms. Excessive consumption of food, tobacco, alcohol and fossil fuels underpin the epidemic of NCDs and the ever-increasing concern about climate change.

Caribbean countries as small states are particularly vulnerable to external human-made or natural shocks. They have banded together to take joint action on common problems such as NCDs, recognising their threat to economic growth and sustainable development. Other world leaders should take note and follow through on their commitments made at the UN High-Level Meeting on NCDs, including the need for whole-of-government and whole-of-society approaches, to remove these preventable impediments to growth. ■

# The Democratic Republic of Congo: investing in child development



**T**he Democratic Republic of Congo (DRC) is the second-largest country in Africa with an estimated population of 71 million. More than two thirds live in poverty. Decades of continued armed conflicts have weakened the social sector – including health. In spite of these challenges, the country has made encouraging progress to reduce mortality among children and women.

**Progress towards achieving the Millennium Development Goals**  
**MDG 1: Eradicate extreme poverty and hunger** Between 2001 and 2010, the prevalence of underweight among

children fewer than five years decreased from 31 per cent to 24 per cent, and the prevalence of acute malnutrition decreased from 16 per cent to 11 per cent. However, the prevalence of chronic malnutrition has remained very high and stagnant at 43 per cent. More than two million children are affected by acute malnutrition and more than six million children are stunted.

**MDG 4: Reduce child mortality** Over the past decade, child mortality fell from 213 to 158 deaths per 1,000 live births. At this rate, DRC will not reach the MDG 4 target by 2015. The country remains the world's third-largest contributor to child mortality, following India and Nigeria.

**MDG 5: Improve maternal health** Between 2000 and 2010, maternal mortality decreased from 930 to 540 deaths per 100,000 live births. However, without a concerted effort, the country will not reach the target set for 2015.

**MDG 6: Combat HIV/AIDS, malaria and other diseases** The HIV epidemic in DRC is generalised. In 2008, HIV prevalence was estimated at three per cent in the general population and 3.7 per cent among pregnant women. In 2011, respective figures were at 2.6 per cent and 3.5 per cent among pregnant women attending antenatal care facilities.

### Causes of slow progress towards achieving the MDGs

There are several factors within the health system and bottlenecks that limit access to quality health services for women and children:

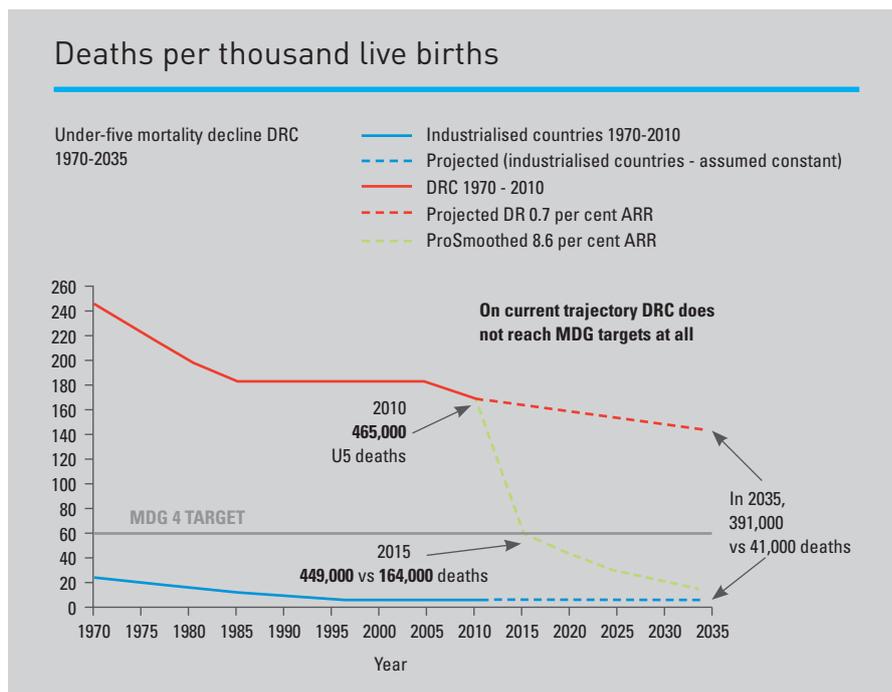
- frequent stock outs of essential commodities and drugs;
- limited availability of trained and motivated health personnel;
- financial barriers to access services;
- geographical barriers in certain areas of the country; and
- overall low quality of healthcare.

### Opportunities

- High coverage of antenatal consultations (first visit) – 87 per cent.
- High coverage of births attended by a skilled personnel – 74 per cent.
- High coverage of the first dose of the pentavalent vaccine (diphtheria, pertussis, tetanus, haemophilus B, hepatitis B) – 85 per cent.
- Fivefold increase in the use of ready-to-use therapeutic foods to treat severe acute malnutrition between 2008 and 2012.
- Existence of community-based approaches implemented to scale, such as the Healthy Villages programme.

### Implementation strategies

The government has developed a strategy for the provision of family kits containing essential drugs, nutritional supplements



and other basic commodities. To reduce household financial barriers to access healthcare and to improve motivation of health personnel, the approach also incorporates a voucher system. Furthermore, this approach will ensure a win-win, as it will piggyback on high-coverage interventions such as antenatal care and immunisation to facilitate rapid scaling-up of the family kits. In turn, this will trigger and increase in coverage these

interventions. In hard-to-reach areas, the community-based approaches will improve access to health services.

### In nutrition

The treatment of acute malnutrition will be scaled up through the provision of ready-to-use therapeutic foods at community level. Prevention will be strengthened, particularly the implementation of multisectoral and coordinated interventions, by ensuring both direct nutrition-specific interventions (optimal infant and young child feeding) and broader multisectoral nutrition-sensitive interventions (water, sanitation and food security). In this regard, the DRC's commitment to global initiatives, such as Scaling Up Nutrition (SUN), will facilitate the mobilisation of partners and resources for large-scale actions. To monitor progress, the government has developed a score card based on child survival indicators.

'A Promise Renewed' is a global initiative to align actions and mobilise more resources in favour of women's and children's health. The intention is to reduce infant and child mortality, by 2035, to fewer than 20 deaths per 1,000 live births. The guiding principles of the initiative are: equity, national leadership, multisectoral action, efficiency and mutual accountability.

In response to high child and maternal mortality rates, the Government of DRC, in line with this global initiative, has committed, since June 2012, to accelerate progress towards MDGs 1, 4, 5 and 6. More specifically, this commitment will:

- increase the coverage of high-impact interventions against the main child-killer diseases (malaria, acute respiratory infections, diarrhoea and severe acute malnutrition);
- increase the coverage and quality of antenatal care to reduce the incidence of low birth weight, prematurity and prevent neonatal and maternal tetanus, mother-to-child HIV transmission, and pregnancy complications (such as hypertension, malaria, anemia, bleeding);
- increase the coverage and quality of skilled attendance at birth in health facilities to reduce complications related to bleeding, infection and eclampsia for mothers, as well as hypothermia, asphyxia and neonatal infection for newborns; and
- increase the coverage and quality of routine immunisation and introduce new high-impact vaccines to reduce child mortality.

#### Contact details

T: 00243 81 700 54 63

E: [depsante@micronet.cd](mailto:depsante@micronet.cd)

[hkalambay@yahoo.fr](mailto:hkalambay@yahoo.fr)

