

## ***Tackling the Chronic Non Communicable Diseases – a national imperative.***

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***Professor Trevor A. Hassell, Chairman of the National Chronic Non Communicable Diseases Commission.***

Mr. Chairman, President and members of the Executive Council of the Barbados Workers Union, distinguished guests, ladies and gentlemen, my first words must be to the leadership of the Barbados Workers Union for giving me the opportunity to make this presentation to your distinguished organization which has a tremendous track record of achievement and has played a remarkable role in many important aspects of national development.

It is especially appropriate that the first major address delivered by the Chairman of the Chronic Non Communicable Diseases Commission, is at the invitation of an organization that represents the workers of this country. The successful discharge of the mandate of the Commission and the effective implementation of many of its ideas and plans for tackling the scourge of the Chronic Non Communicable Diseases will be aimed at the broad mass of people and workers, and their families. The objectives of the commission cannot be successfully achieved without the fullest participation and support of the Barbados Workers Union and many others.

Over the next several minutes as I speak directly to the topic of "Tackling the Chronic Non communicable diseases, I shall explain or define these diseases and review the extent of the problem they present. I shall advance reasons for the epidemic occurrence of this group of medical conditions and share examples of initiatives that have resulted in slowing the epidemic. Finally, I shall conclude by signaling specific steps that I consider the BWU and its members might champion and pursue in an effort to slow the rate of spread of the chronic noncommunicable diseases.

The chronic noncommunicable diseases are a group of medical conditions that includes heart disease, type 2 diabetes, hypertension, or high blood pressure, obesity, stroke, and some cancers such as of the breast, prostate, and cervix. These conditions share many features. They develop over relatively long periods initially without causing any symptoms after which evidence of disease occurs with protracted periods of ill health, impairment of quality of life, and premature death. Chronic noncommunicable diseases may be controlled and their onset delayed. They are partly genetic and lifestyle related with the diseases occurring in middle or older

age after prolonged exposure to modifiable lifestyle behaviours and environmental risk factors.

Over the past few decades a phenomenon known as epidemiological transition has taken place in several countries, in which the major cause of disease and death has shifted from infectious to non infectious diseases, with both infectious and chronic diseases occurring at the same time in many countries. The so-called double burden of disease.

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The World Health Organisation (WHO) reports that 59% of global deaths are due to Chronic Non Communicable Diseases. 58 million deaths occurred worldwide in 2005; 35 million of these were due to Chronic Non Communicable Diseases and 80% of the deaths occurred in middle to lower income countries. The prevalence of Chronic Non Communicable Diseases worldwide far outweighs that of TB, malaria and HIV/AIDs combined as noted in a recent Report on the Global Burden of Disease.

In our region the burden of the chronic non communicable diseases is no less startling, thus for example the CNCs account for more than half of all deaths in our region, and of these deaths 30 % are due to heart disease. Heart disease is the leading cause of death in 31 of the 35 countries in Latin America and the Caribbean, and it is estimated that heart disease will cause 3 times more death and disability than infectious diseases over the next 20 years in this region.

And what of here at home in Barbados? Dr. Hennis, Head of the Chronic Disease Research Centre estimates that of the 190,000 Barbadians aged 20 years and older, 90,000 are overweight, 38,000 suffer from hypertension or high blood pressure, 19,000 are diabetic, and one person suffers a stroke every day.

As alluded to earlier and as one might anticipate the reasons for the development of the epidemic of the CNCs are multi-factorial. Exposure to tobacco smoke, unhealthy diet, overweight, sedentary life style, alcohol abuse and psychosocial stress are risk factors, related and contributory to the CNCs. In the particular instance of psychosocial stress, stressor conditions such as isolation, poor social network, low self esteem, low perceived power, poverty, low education, dangerous stressful work, polluted environment, discrimination, low political - economic power, all predispose to increased death and disability from heart disease: the commonest of the Chronic Non Communicable Diseases. Being poor, no matter where in the globe, increases risk of heart disease and stroke, says Judith Mackay and George Mensah in a WHO Report of 2004. Sir Michael Marmott in his book titled Status Syndrome provides an in-depth discussion on the subject of the relationship between poverty and lack of control over one's life on the one hand and the occurrence of heart disease on the other, and his book should be compulsory reading for anyone interested in this subject.

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But there are other less obvious factors that contribute to the epidemic of the CNCs globally. (a) Annual expenditure on pet food in Europe and the USA, on cigarettes in Europe, and on military spending throughout the world far exceeds that on basic health and nutrition; further almost as much money is spent on ice cream and on perfumes in Europe and the USA as is spent on basic health and nutrition - the worlds priorities are therefore counter to achieving best outcomes in health and nutrition. (b) The emphasis on the provision of health care internationally on disease

treatment and not prevention of disease is yet another contributing factor in the failure to contain and control the chronic noncommunicable diseases. Prof. Sir Kenneth Stuart expressed it well recently when he referred to and I quote, "prevention in health care is the Cinderella of international public health, with lip service given to prevention". (c) The occurrence of globalization has also in recent years adversely affected health throughout the world, and encouraged the development of the Chronic Non Communicable Diseases, particularly in the non industrialized countries. Speigel and others writing in International Joint Occupational Health, 2004, highlighted global capital trade transfer, flow of people, export of technology, widespread distribution of images with politico-ideological meaning, and global distribution of mass media images as major contributors to the increase of the chronic noncommunicable diseases. The reality is that all our best efforts locally can be frustrated by the financial strength of the multinational soft drink manufacturers, by the promotions and attractions of the international and local chains of fast food restaurants, and by overt or covert advertisements of the multinational tobacco industry.

Despite the many challenges, there is nevertheless much that can be done to slow and delay the epidemic of the CNCDs. This requires two approaches, firstly, a reduction in the modifiable risk factors for chronic noncommunicable diseases thus leading to postponing of these diseases resulting in healthier older people, and secondly, establishment of cost effective programmes to treat the chronic noncommunicable diseases when they do occur. Internationally the best known example of these approaches having been successfully applied is in a district in Finland known as North Karelia where an entire community was targeted with a view to smoking reduction, reduction of serum cholesterol, control of high blood pressure, weight reduction, and increase in physical activity. The effect of all of this was that within 10 years, death from heart disease fell by 24% among men and by 51% among women, and death from all causes was reduced by 49%. In Barbados we have also had our successes, though perhaps less dramatic. One such example has been the decline in Tobacco use by 32% between 1982 and 1993, so that presently only 9% of Barbadians admit to smoking cigarettes; one of the lowest prevalence rates for any country in the world. Yet other local examples of successful programmes aimed at the chronic noncommunicable diseases, include those at public health facilities for the treatment of hypertension, heart disease, diabetes, and other chronic diseases, and the cardiac or heart rehabilitation programme, provided by the Heart and Stroke Foundation which has recently been made available to indigent Barbadians. Unfortunately utilization and effectiveness of these services is sub-optimal leading to the personal observation that possibly not more than 30 - 40 % of diabetics and hypertensives are well controlled at any given time, and only some 20% of eligible Barbadians access cardiac rehabilitation services.

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Many local organizations and groups, including the BWU spearheaded by your own Mr. Orlando "Gabby" Scott have been active in the field of health promotion for quite some time urging Barbadians to adopt healthy lifestyle changes aimed at smoking avoidance, pursuit of regular physical activity, maintenance of ideal body weight, and appropriate nutritional intake. I would like to use this forum to commend all these organizations for their outstanding efforts, and commitment, over the past many years.

The Ministry of Health has over the past several years attempted to deal with the chronic noncommunicable diseases by establishing treatment programmes, and

addressing the modifiable risk factors for the Chronic Non Communicable Diseases; and in its Barbados Strategic Plan for Health, 2002-2010 identified Tackling of the Chronic Non Communicable Diseases as a national priority. In 2004 the Ministry of Health published a defining document titled Strategy for the Prevention and Control of CNCDs which called for among other things the establishment of a CNCD Commission. In the following year a Ministry of Health sponsored International Consultation on a Strategy for the Prevention and Control of Non-Communicable Diseases for Barbados, was held. These initiatives, together with others, subsequently led to the establishment of the National Chronic Non Communicable Diseases Commission which became operational in January 2007, consisting of 18 members whose expertise and disciplines are gathered from a wide cross section of the community.

The Terms of Reference of the Commission include:

- advising the Minister of Health on chronic non communicable disease policies and legislation
- brokering effective involvement of all relevant sectors in programme implementation
- assisting in the mobilization of resources to facilitate implementation of prevention and control programmes
- recommending relevant research particularly in relation to behavior change
- promotion of collaborative relationships with local, regional, and international institutions and organisations
- monitoring of regional and international trends in chronic non communicable diseases and providing direction for national responses
- facilitating the commissioning of audit, and evaluation, of aspects of chronic non communicable disease programmes
- recommending to the Minister a framework that encourages and promotes behavior change and prevention of chronic non communicable diseases

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The Commission has the potential to serve as a focal point, be an umbrella body, a national resource, facilitator, an advocacy body, and an instrument for positive change aimed at slowing and delaying the onset of the epidemic of the chronic non communicable diseases.

The Commission has achieved much in its few months of existence. Some of its achievements and plans include, supervision of the establishment and conduct of a National CNCD Register in which it is planned that all Barbadians suffering from cancer, heart disease and stroke will be registered in a highly confidential manner. Secondly, the commission is playing a leading role in the implementation of several of the recommendations of a recent Cardiovascular Services Task Force. Thirdly, the commission from the outset has been advocating for the passage of No Smoking legislation in Barbados as part of Barbados' commitment to a recently passed international treaty (Framework Convention on Tobacco Control). Fourthly, the commission is presently preparing, in consultation with stakeholders, a framework for addressing the recognition and mitigation of the impact of trans fats on the occurrence of chronic non communicable diseases and will shortly be hosting a workshop on Transfats, nutrition and the chronic non communicable diseases. Finally, the commission has adopted faith based, and youth directed and targeted approaches, aimed at influencing life styles at the national level, about which you will hear more over the coming months. In this regard we support the Parish

Ambassadors healthy lifestyle programmes, and those of the Ministry of Education, conducted among school age children. We strongly commend the recent efforts aimed at making provisions for, and encouraging, healthy eating habits among our children, on, near to, and away from, school premises.

The Commission is very active, its several members are very keen and enthusiastic and we look forward to receiving wide national support from civil society, the media and policy makers, as we attempt in the years ahead to change national lifestyles not only because this is likely to slow the epidemic of CNCDs but also because there is abundant evidence to show that the health and wellness life is a happy and rewarding one.

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I should like for the last few moments to address specific steps that the BWU and its members might champion and pursue in an effort to reduce the epidemic of the chronic non communicable diseases. Perhaps all of us present here today should first recognize that disease prevention represents the most cost effective method of financing long-term, sustainable, and affordable health care. The BWU should resolve at all levels to place health on the personal, organizational and national agenda as we all strive for good health, empowered with the knowledge and resources to promote behavior change.

I encourage the BWU to seek to locate effective chronic disease prevention and treatment programmes in its organization, among its CTUSAB colleagues, and throughout the workplace in Barbados. (I understand that a resolution to this effect, which has my fullest support, is due to be debated later today). And at the highest level nationally, perhaps the BWU should advance the need for the specific inclusion and representation of Health as a member of the Social Partnership, for I make bold to say that few of the admirable aims of the Social Partnership can be achieved on a long-term sustainable basis in the absence of good health among our people, for as was recognized by the Heads of Government of the Region in the Nassau Declaration; "The Health of the Region is the Wealth of the Region".

The epidemic of the chronic non communicable diseases provides an opportunity for the BWU to play a continuing major role in national development. In this year designated in Barbados as the "the Year for the Promotion of Health and Wellness", and 2 weeks before the Opening of a Summit of Leaders of the Region on the topic of Chronic Non-Communicable Diseases, I invite the BWU to consider how it might further contribute to the challenging task that we have set ourselves, namely, changing the lifestyles of the people of a country. For were we to successfully reduce the incidence of obesity and overweight, improve eating patterns, further reduce tobacco exposure of our people, have a more empowered society, have hypertension and diabetes better controlled, then it is anticipated that there will be a significant slowing and delay of arrival of what Sir George Alleyne, refers to as "the coming tsunami of the Chronic Non Communicable Diseases". We in the CNCD Commission stand ready to partner with the BWU, and all Barbadians, in creating a healthier Barbados, in which our people enjoy the highest quality of life.