



World Cancer
Research Fund
International



PARTENARIAT CANADIEN
CONTRE LE CANCER

Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a global perspective



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Overview of policy strategies to address Cancer in Latin America :

- **Surveillance to identify early stages of the disease, regional and national data**
- **Addressing Known Modifiable Risk Factors: tobacco, diet and physical activity**
- **PAHO follows closely WHO guidance in NCD including Cancer prevention considering the need for a life course approach to health**



Criteria recommended for selection of targets

- High epidemiological and public health relevance
- Coherence with major strategies
 - Priorities of the Global Strategy for the Prevention and Control of NCDs and its Action Plan, as well the Political Declaration.
 - WHO framework for health systems priorities to monitor exposures, outcomes, and health systems response
- Evidence driven targets and indicators
 - Availability of evidence-based effective and feasible public health interventions
- Evidence of achievability at the country level
- Existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time.



Outcome targets	Indicator	Data Source(s)	Criteria
1 Mortality from NCDs 25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease	Unconditional probability of dying between ages 30-70 from, cardiovascular disease, cancer, diabetes, or chronic respiratory disease	Civil registration system, with medical certification of cause of death, or survey with verbal autopsy	*
2 Diabetes 10% relative reduction in prevalence of diabetes	Age-standardized prevalence of diabetes among persons aged 25+ years	National survey (with measurement)	
Exposure targets	Indicator	Data Source(s)	Criteria
3 Tobacco smoking 40% relative reduction in prevalence of current tobacco smoking	Age-standardized prevalence of current tobacco smoking among persons aged 15+ years	National survey	*
4 Alcohol 10% relative reduction in persons aged 15+ alcohol per capita consumption (APC)	Per capita consumption of litres of pure alcohol among persons aged 15+ years	Official statistics and reporting systems for production, import, export, and sales or taxation data; and national survey	*
5 Dietary salt intake Mean population intake of salt less than 5 grams per day	Age-standardized mean population intake of salt per day	National survey (with measurement)	*



	Exposure targets	Indicator	Data Source(s)	Criteria
6	Blood pressure/Hypertension 25% relative reduction in prevalence of raised blood pressure	Age-standardized prevalence of raised blood pressure among persons aged 25+ years	National survey (with measurement)	•
7	Obesity No increase in obesity prevalence	Age-standardized prevalence of obesity among persons aged 25+ years;	National survey (with measurement)	
8	Prevention of heart attack and stroke 80% coverage of multidrug therapy (including glycaemic control) for people aged 30+ years with a 10 year risk of heart attack or stroke $\geq 30\%$, or existing cardiovascular disease	Percentage of estimated people aged 30+ years with a 10 year risk of heart attack or stroke $\geq 30\%$, or existing cardiovascular disease who are currently on multiple drug therapy (including glycaemic control).	National survey (with measurement)	
9	Cervical cancer screening 80% of women between ages 30-49 screened for cervical cancer at least once	Prevalence of women between ages 30-49 screened for cervical cancer at least once	National survey; health facility data	
10	Elimination of industrially produced trans-fats from the food supply Elimination of industrially produced trans-fats (PHVO) from the food supply	Adoption of national policies that eliminate partially hydrogenated vegetable oils (PHVO) in the food supply	Policy review	•



1. Mortality from NCDs

- Target: 25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease
- Indicator: Unconditional probability of dying between ages of 30 – 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease





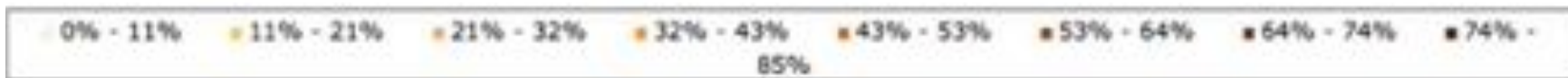
The Political Declaration on NCDs (66/2)

- Clear focus on 4 NCDs and 4 common risk factors for NCDs

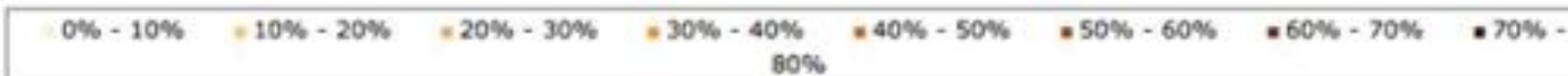
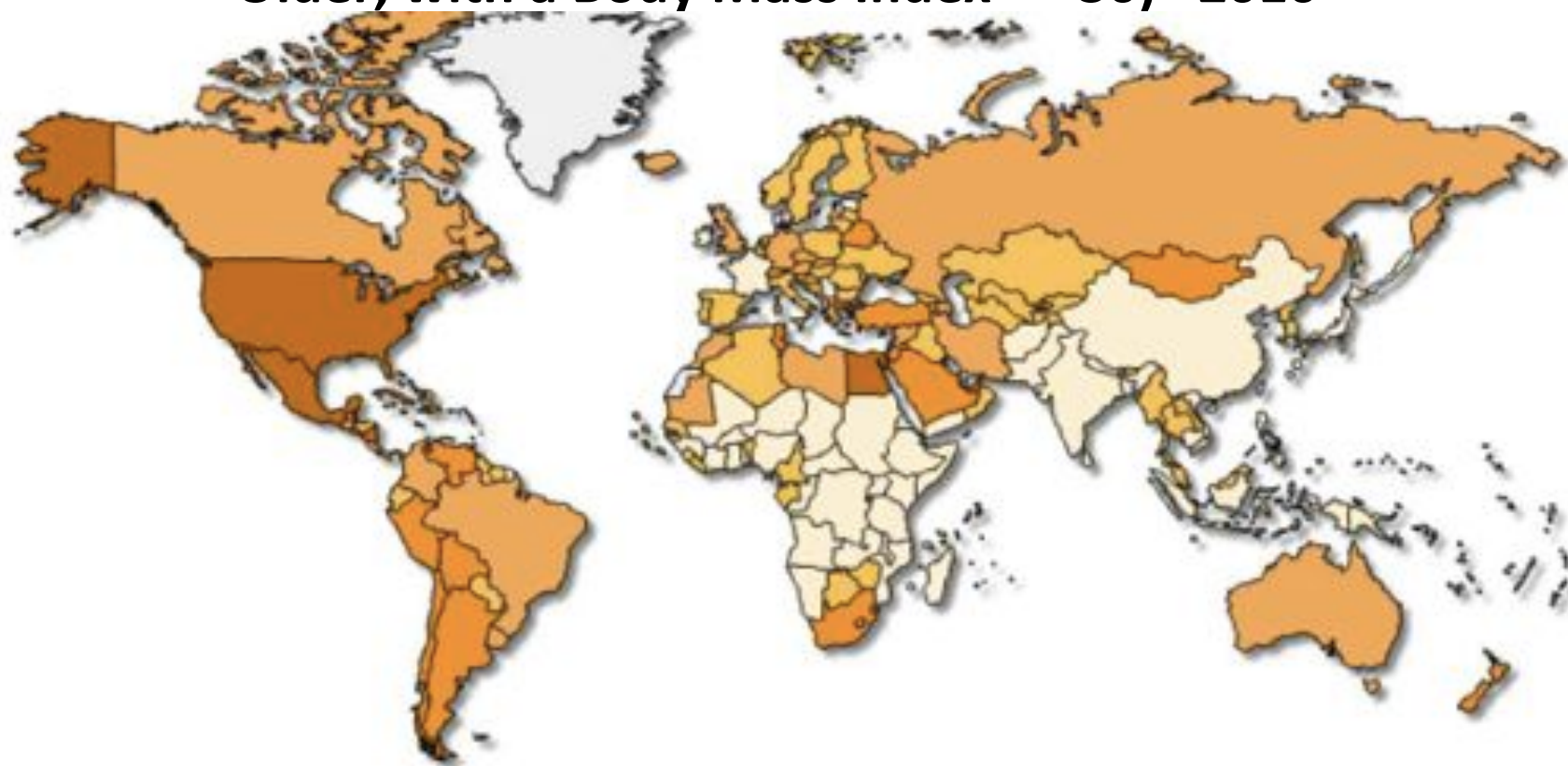
	Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Heart disease and stroke	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Chronic lung disease	✓			



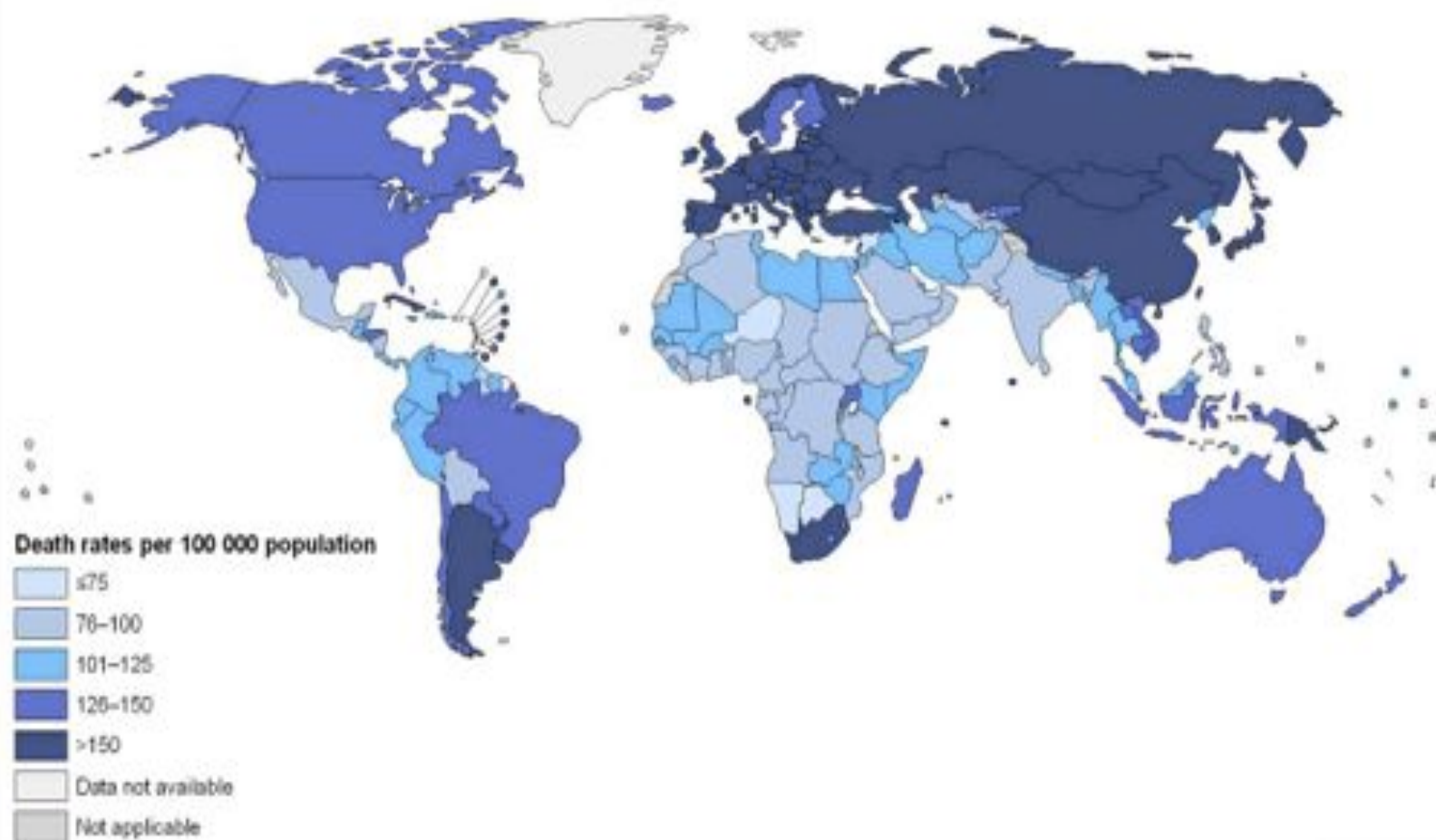
Male Prevalence of Obesity (Percent of Adults, Aged 15 and Older, with a Body Mass Index ≥ 30) 2010



Female Prevalence of Obesity (Percent of Adults, Aged 15 and Older, with a Body Mass Index ≥ 30) 2010



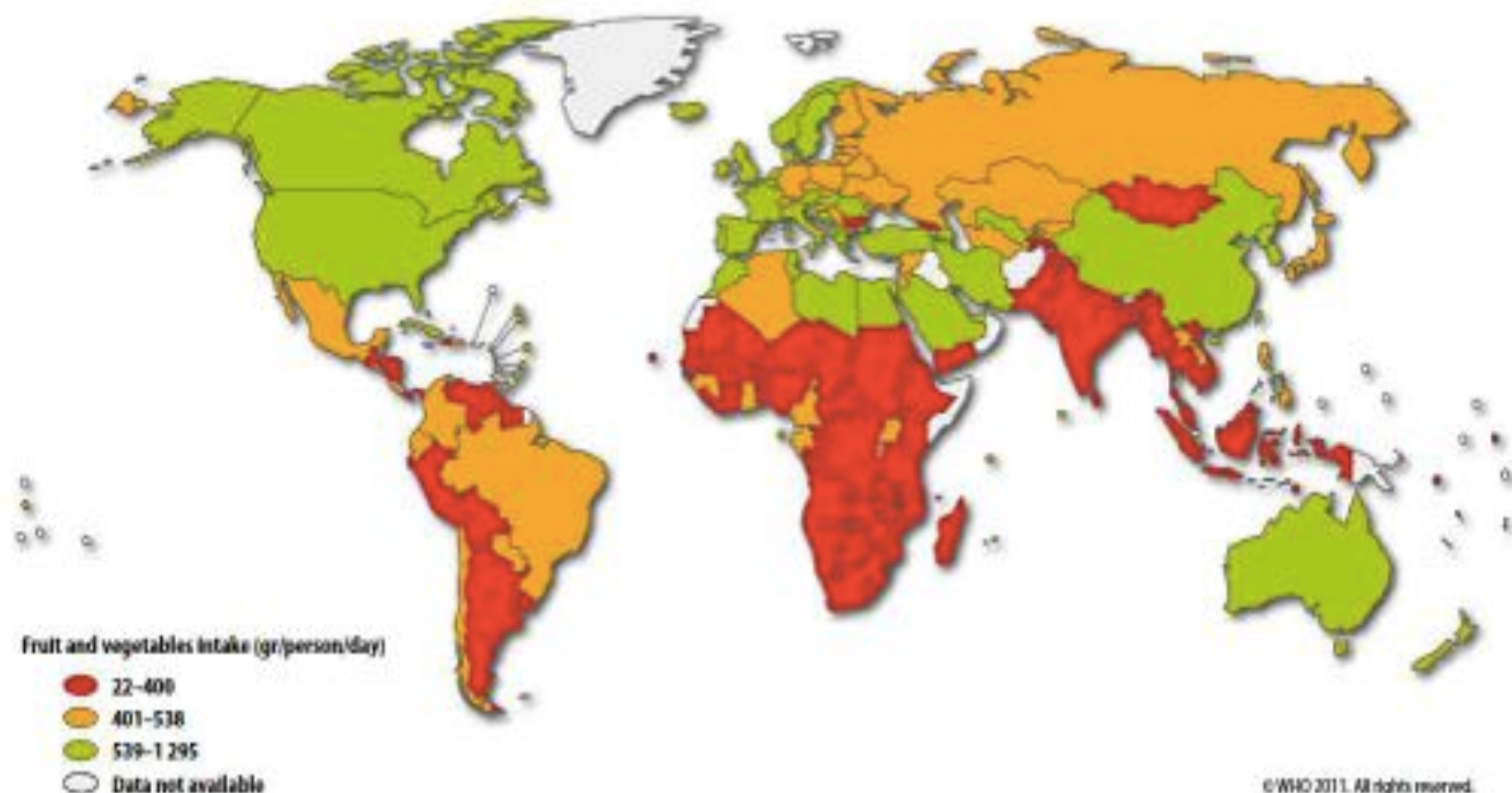
Cancer, death rates per 100 000 population, age standardized Males, 2008



Cancer, death rates per 100 000 population, age standardized Females, 2008



Figure 40 World map showing fruits and vegetable intake (grams per person per day) (ii).



National and Regional Summaries

- Brazilian (Portuguese)
- Latin American (Spanish)
- Tailored to the local context



The Brazilian Experience

- Summary has informed:
 - Steering Committee of the National Policy on Health Promotion
 - National Plan for Obesity Control
 - National Plan against Chronic Diseases in Brazil
- Summary has fed into policy discussions on:
 - Marketing to children
 - Taxation of unhealthy products

Good Practice Policies

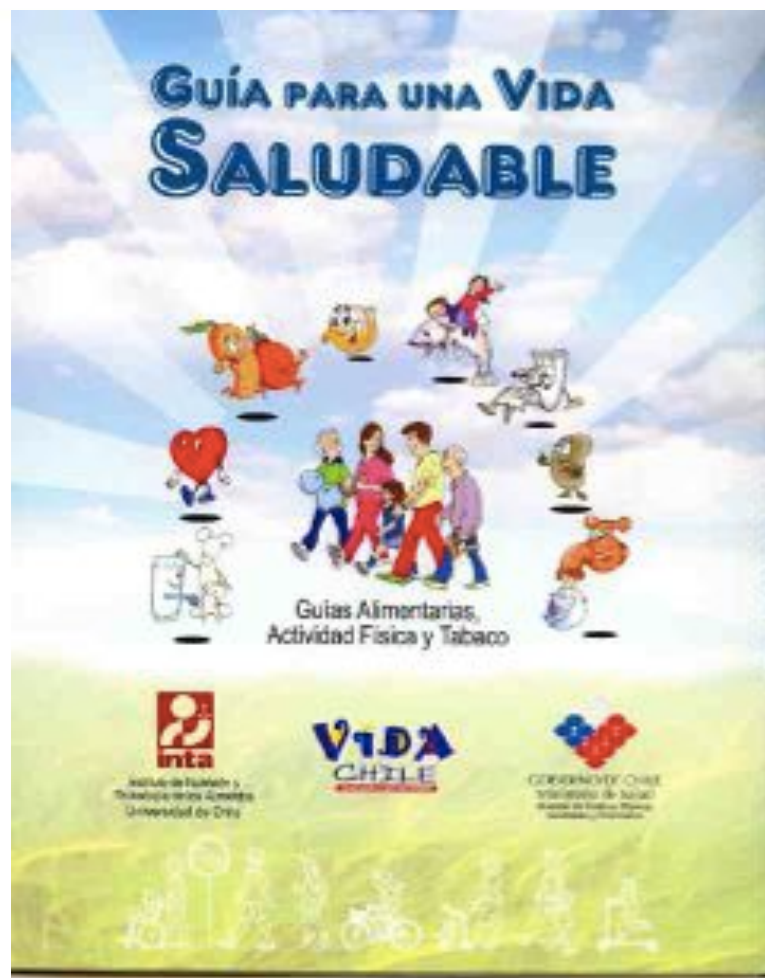
- **Healthy school meals in Brazil**
 - New laws passed by federal government
 - 70 % of budget spent on fruit and veg
 - Networks of health professionals to advise municipal authorities
- **Ciclovías: reclaim the street**
 - Car-free Sunday across big cities in Latin America
 - Reach at least 2 million people every Sunday across the region
- **Protection of breastfeeding in Brazil**
 - Increase in length of paid maternity leave
 - Promotion of breastfeeding
 - Facilities for expressing and storing milk
 - Significant increases in levels of breastfeeding



Estrategia Global Contra La Obesidad (Ego-Chile)

General Objective of the *Global Strategy Against Obesity (Ego-Chile)*

Promote policies and plans of action aimed at
**the population improving its eating habits and
increasing its level of physical activity**



Summit on Nutrition and Health, 2008



Act of Valparaíso, 2008

Summit on Nutrition and Health

- To make progress in defining and implementing a **framework of guidelines**.
- To include provisions to help consumers make a **good food choice**.
- To protect the population, especially children, from the effects of **advertising**.
- To make progress in **defining an educational curriculum**.
- To introduce incentives and programs to facilitate **physical activity**.
- To promote policies for **agricultural development**.
- To establish concrete mechanisms to favor **community participation**.
- To implement a broad national plan for **education and social communication**.

Food and Advertising Law Project

(Main Points)

- The Ministry of Health will **determine which foods have a high calorie, fat, sugar, salt or other content** that the regulation considers that should be labeled as **"high in ..."**
- The content, form, size, messages, illustrations or images, proportions, and other characteristics of foods "high in ..." shall be determined by the **Food Health Regulations**. In addition, **fixed limits** can be set on the content of energy and nutrients in the foods previously indicated.
- The **Health Authorities** can **corroborate with their own analyses** the information indicated on food labelling.
- These foods **cannot be used, sold, promoted, or advertised within educational facilities**.
- In addition, it is **prohibited** to offer these foods or distribute them free of charge to **minors under 18, or to advertise them** through messages aimed at that age group.
- **Food sales especially targeted at minors cannot be carried out through commercial promotions** such as gifts, contests, games, or any other element that could attract a child.
- **Any food advertising** carried out through the mass media must contain a **message** with characteristics determined by the Ministry of Health to **promote healthy lifestyles**.

Conclusions

- Cancer is preventable
- The evidence is strong enough to justify action
- Cannot expect results from isolated initiatives
- Concerted action needs leadership from government and health professionals
- Local implementation requires collection of locally relevant evidence