Plano de Ações Estratégicas para o Enfrentamento das Doenças Crônicas Não Transmissíveis (DCNT) no Brasil
2011 - 2022

NCD Action Plan Brazil: 2011-2022

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1. Demographic Transition in Brazil

The demographic transition in Brazil can be seen by the reduction in child mortality rate and an increase in life expectancy and elderly population.
Prevalence of underweight, overweight and obesity population with 20 or more years, by sex.

Sources: IBGE.
1. Epidemiologic Transition

Sources: GBD, 2013.
2. NCD Action Plan 2011-2022

- The NCD Action Plan was launched in UN High Level Meeting - 2011
- The NCD Plan had a multi-sectoral participation in its elaboration.
- About 20 sectors participated in the planning and definition of the actions (Education, Sports, Finance, Agriculture, Communication, others)
- And: NGOs, Universities, civil society, private sector.
- The Plan contains actions that will be implemented by Health Sector and also by other sectors.
2. NCD Action Plan 2011-2022

- More than 320 Actions

There are 3 main groups of strategic actions:

- Surveillance, monitoring and evaluation
- Integral Care
- Prevention and Health Promotion

The Plan covers 4 main chronic diseases and their risk factors:

- Tobacco use
- Unhealthy diets
- Physical inactivity
- Harmful use of alcohol
## 2.1. Surveillance and monitoring

### Surveillance System for Non-Communicable Diseases *

<table>
<thead>
<tr>
<th>Survey Type</th>
<th>Surveys (MoH) **</th>
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</thead>
<tbody>
<tr>
<td>Household</td>
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<tr>
<td>School (PeNSE)</td>
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<tr>
<td>Telephone VIGITEL</td>
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<table>
<thead>
<tr>
<th>Survey Details</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>Household</td>
<td>2003-SVS/INCA</td>
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<td>2008-PNAD/GATS</td>
<td>2013- PNS (NHS)</td>
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<td>School (PeNSE)</td>
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<td>2015</td>
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<td>Telephone VIGITEL</td>
<td>2006 a 2016</td>
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* Information Systems - includes information on mortality, morbidity, Cancer Registration, others IS surveys;  ** There are 3 kinds of survey: 1) the Household - held every five years, 2) School Based - conducted in adolescents every 3 years, 3) phone survey, conducted annually in adults
2.1 - National Health Survey: 2013

-In 2013 the National Health Survey (household) for producing national data on health status, risk behaviors, NCD, access, financing, other.

-This survey is important to monitor the targets of NCD.

Sample: 64.000 households

Representation: Brazil, Regions, States, Capitals, metropolitan regions, municipalities urban and rural.

Include anthropometric measurements, blood pressure testing laboratories.

Monitoring NCD targets (Brazil, WHO)
Self-reported chronic disease – Brazil, 2013 NHS

NCD = 45% or 66 million adult populations

- Hipertensão (21.4%)
- Problema crônico de coluna (18.5%)
- Colesterol alto (12.5%)
- Depressão (7.6%)
- Artrite ou reumatismo (6.4%)
- Diabetes (6.2%)
- Asma (4.4%)
- Doenças do coração (4.2%)
- DORT (2.4%)
- Câncer (1.8%)
- AVC (1.5%)
- Insuficiência renal (1.4%)
2.2. Prevention and Health Promotion

Tobacco Control

Background:
✓ Brazil has important initiatives such as banning the advertising of cigarettes in 1990; and the warnings on packs of cigarettes in 2001.
✓ In 2006 was adopted the Framework Convention for Tobacco Control.

Progress:
✓ approved a law by banning smoking in collective space, increasing health warnings on cigarette packs and increasing cigarette taxes.
Tobacco smoking, Brazil’s Capitals States, 2006-2014
VIGITEL**, Phone Survey

These initiatives have resulted in reducing the prevalence of smoking from 34.8% in 1989 to 14.5% in 2013. Survey conducted by telephone in Capitals shows that the reduction has been sustained. Between 2006 and 2014 the prevalence in States Capitals decreased from 15.8% to 10.8%. The reduction occurred in both sexes, schooling, ages..

* p<0.05

** MoH /NUPENS/USP
Food Guide for the Brazilian Population

Launched in November 2014

Promote the healthy foods to individuals, families and communities.

Alert to the danger of ultra-processed foods and the importance of healthy food.
The Ministry of Health signed an agreement with the Food Industry Association (ABIA) to reduce salt in food and eliminate trans fat. The agreement includes almost all groups of food (pasta, bread, cookies, cakes …). Reduction until 2014: Bread, Industrialized cakes, cookies and crackers, and mayonnaise. Reduction until 2016: French fries, cake mix, and corn snacks. The goal is to reduce the salt intake of 12 g to 5 g per day (2012 to 2022).
Monitoring salt:
Salt in the pasta instantaneous before (2011) and after the agreement with the food industry (2013)

94.9% of the brands were below the target in 2013.
Physical Activity Policies

✓ The Health Academy Program was created with the goal of providing physical activity classes in community settings, at no cost to the participants.

✓ The Health Academies are spaces with equipment, and human resources to stimulate and guide people in physical activity.

✓ The program is integrated with Primary Health Care.
Alcohol regulation

- Law n° 11.705/2008 - in 2008 approved the “Dry Law" which have prohibited driving after drinking
- 2012 - New Law - increased penalties.
- “Dry Law" reduced the proportion of drivers after drinking
- 2014 - law punishes adults and establishments that sold alcohol to children and adolescents
The Public Health System (SUS) in Brazil has the principles of Universality, Equity and integrality;

Provided services at all levels (primary, secondary, tertiary).

In Primary Health Care over 160 free essential medicines are accessed (thiazide, β blocker, angiotensin-converting-enzyme inhibitor, statin, aspirin, insulin, oral hypoglycemic, strips measure glucose, vaccines hepatitis B, treatment to tobacco cessation, others). Free access in all PHC.
3.4 Access free medicine

✓ In 2011 the program "Here there is a Popular Drugstore" was created.

✓ Access free medicine to treat hypertension, diabetes and asthma in commercial drugstores.

✓ Partnerships were made with more than 45,000 commercial drugstores.
Integral Care: Level secondary, tertiary

- **Emergency Services** - Acute myocardial treatment, Stroke (thromboembolic);
- **High complexity** - cancer treatment (radiotherapy, chemotherapy, hormone therapy), access to specialized technologies (stent, cardiovascular surgery, specialized procedures, others).
4.1 NCD Global Targets are monitored

Set of 9 voluntary global NCD targets for 2025

- Premature mortality from NCDs 25% reduction
- Essential NCD medicines and technologies 80% coverage
- Drug therapy and counseling 50% coverage
- Diabetes/obesity 0% increase
- Raised blood pressure 25% reduction
- Tobacco use 30% reduction
- Salt/sodium intake 30% reduction
- Physical inactivity 10% reduction
- Harmful use of alcohol 10% reduction
The Brazilian NCD Plan targets includes:

- Reduce premature death rate (<70 years) by NCD in 2% a year
- Reduce the prevalence of obesity in children
- Reduce the prevalence of obesity in adolescents
- Detain the increase of obesity in adults
- Reduce the prevalence of harmful alcohol consumption
- Reduce the average salt intake
- Reduce tobacco prevalence
- Increase the prevalence of physical activity in leisure time
- Increase fruit and vegetable consumption

Goals to be achieved

Goals difficult to achieve
Mortality (deaths / 100,000 inhabitants) by major chronic diseases in Brazil, 2000-2013

Mortality Rate Declined 2.5%
Evolution of the frequency of recommended intake of fruits and hortaliças1, according to sex. VIGITEL 2008-2014.

*significant increase in all strata (2007-2014)  p <0.01

1consumo de 5 ou mais porções por dia, em 5 ou mais dias da semana
Trends of adults who practice the recommended level of physical activity during leisure time.

VIGITEL, 2009-2014

*significant increase in all strata (2009-2014)  \[ p < 0.01 \]
Evolution of women (50-69 years) who had a mammogram in the past two years. VIGITEL, 2007-2014

significant increase in all strata (2007-2014)  p <0.01
Trends Obesity, VIGITEL 2006-2014

Significant increase in all strata (2006-2014)  \( p < 0.01 \)
4. In conclusion

- The NCD Plan has been implemented by MOH in the last years, with good results.
- Advances in Surveillance - all targets will be monitored and goals are being achieved.
- Advances in health promotion and Integral Care
- Despite advances, we still have challenges as: Integrate and articulate others sectors and civil society.
- Brazil is going through serious political crisis. The guarantee of social projects and advances is not yet clear.
- It is necessary the commitment to maintain the NCD agenda as a priority.
Thank you
Muito obrigada!
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Proportion of people aged 18 and over who reported physician diagnosis of hypertension, according to the recommendations made by doctor for hypertension - Brazil - 2013
Self-reported chronic disease, by sex – Brazil, 2013 NHS

- Hipertensão: 21.4% (Total), 24.2% (Mulher), 18.3% (Homem), 15.5% (Total), 18.5% (Mulher), 12.5% (Homem)
- Problema crônico de coluna: 21.1% (Total), 24.2% (Mulher), 18.3% (Homem), 15.5% (Total), 18.5% (Mulher), 12.5% (Homem)
- Colesterol alto: 12.5% (Total), 15.1% (Mulher), 9.7% (Homem), 10.9% (Total), 15.1% (Mulher), 9.7% (Homem)
- Depressão: 7.6% (Total), 3.9% (Mulher), 10.9% (Homem), 6.4% (Total), 3.5% (Mulher), 9.0% (Homem)
- Artrite ou reumatismo: 6.2% (Total), 5.4% (Mulher), 7.0% (Homem), 6.2% (Total), 5.4% (Mulher), 7.0% (Homem)
- Diabetes: 6.4% (Total), 5.4% (Mulher), 7.0% (Homem), 6.4% (Total), 5.4% (Mulher), 7.0% (Homem)