Chronic Non Communicable Disease

The Grenada Experience.
Core Values

• Government of Grenada views health
  – A basic human right
  – A vehicle for economic growth and social development.

• Emphasis
  – Primary prevention
  – Heath education and promotion
  – Renewal of the primary health care model
• **Vision**
  – An enhanced quality of life, improved health status of individuals, families, and communities.

• **Mission**
  – To promote and provide health services that are appropriate, accessible, equitable, and sustainable.
  – To encourage the improvement, protection, maintenance, and preservation of our fragile ecosystem on a sustainable basis.
THE REALITIES OF CHRONIC DISEASES
CNCDs by Hospital Discharge Diagnosis

Grenada (2001-2010)

Total Hospital Discharges

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Discharges</th>
<th>Chronic Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>10,000</td>
<td>1,800 (18%)</td>
</tr>
<tr>
<td>2002</td>
<td>11,000</td>
<td>1,900 (19%)</td>
</tr>
<tr>
<td>2003</td>
<td>12,000</td>
<td>1,800 (18%)</td>
</tr>
<tr>
<td>2004</td>
<td>13,000</td>
<td>2,000 (20%)</td>
</tr>
<tr>
<td>2005</td>
<td>15,000</td>
<td>2,200 (15%)</td>
</tr>
<tr>
<td>2006</td>
<td>16,000</td>
<td>2,200 (15%)</td>
</tr>
<tr>
<td>2007</td>
<td>17,000</td>
<td>2,300 (14%)</td>
</tr>
<tr>
<td>2008</td>
<td>18,000</td>
<td>2,600 (15%)</td>
</tr>
<tr>
<td>2009</td>
<td>19,000</td>
<td>2,600 (15%)</td>
</tr>
<tr>
<td>2010</td>
<td>20,000</td>
<td>2,900 (29%)</td>
</tr>
</tbody>
</table>
Deaths in Grenada, 2006-2010

Total Number of Deaths

<table>
<thead>
<tr>
<th>Period (Years)</th>
<th>Deaths from CNCD</th>
<th>Other Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>348</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>379</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>452</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>410</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>457</td>
<td></td>
</tr>
</tbody>
</table>

Deaths from Complication of Chronic Diseases, Grenada 2010

- Deaths from CNCD: 65%
- Other Deaths: 35%
Deaths in Grenada as a Consequence of CNCDs 2006-2010

- **Cardiovascular Disease**: 37%
- **Hypertension**: 26%
- **Diabetes**: 21%
- **Other CNCD**: 16%
Deaths Due to Complications of Diabetes (2006-2010)

<table>
<thead>
<tr>
<th>Period (Years)</th>
<th>Total Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>60</td>
</tr>
<tr>
<td>2007</td>
<td>80</td>
</tr>
<tr>
<td>2008</td>
<td>80</td>
</tr>
<tr>
<td>2009</td>
<td>100</td>
</tr>
<tr>
<td>2010</td>
<td>120</td>
</tr>
</tbody>
</table>
Deaths Due to Complications of Cardiovascular Disease (2006-2010)
Risk Factors

• Tobacco use
  – Policy issue on tobacco use

• Decrease physical activity

• Rising socio-economic status
  – Adoption of developed world life style
  – Opposite to developed world trends

• Increased consumption of Alcohol

• Chronic Infection HPV and Hepatitis
Disease Control Efforts

• NCNCD Commission (multi-sectoral interdisciplinary)

• Surveillance
  – Weekly tally sheets form the community
  – Hospital medical records, births and discharge diagnosis

• Launch of the Primary Health Care Renewal program
  – Decentralize decision making closer to the communities
  – Disease prevention programs to be self generated with technical guidance from district health care teams

• Existing Program/Action
  – National tobacco committee.
  – Cabinet is asking for specific legislation needs
  – Framework convention on tobacco control
Public Activities

• Social Marketing – print and electronic media
• Public - Private partnership
  – SSU…”no pain no gain”.
  – Health fairs: private, companies trade unions & faith based organizations, after which, a report is submitted.
  – Private companies – staff exercise programs, annual exercise programs with community involvement.
• Diabetic Association.
• Launch of the Chronic Care Passport
  – Coordinate care between all levels of the health care system
Barriers

• Gaps in surveillance, data analysis and policy generation
• Fiscal - No costing tools used
• Non computerized system
• Lack of a Disease registry.
• Inadequacies
  – Mechanism for sustained social participation & marketing
  – Public health research
  – Human and financial resources, for improved integration of health services.
Strengths and Opportunities

• Factors poise for moving forward
  – Primary Health Care Integration
  – Excellent network of Health care facilities, still had challenging with the infrastructure.
  – >90% immunization coverage
  – 0 maternal mortality rate
  – Political will and stability
  – Strong affiliation with regional and international agencies
Key Stakeholders

• Government – Minister of health & Cabinet
• General public
  – (health initiatives must not appear non-partisan)
• Ministry of Health's’ Policy committee
• National Chronic Non-Communicable Disease Commission (NCNCDC)
• NGOs & Civil society
• Diabetic association
• Donors – regional and international organizations
Decision Making

• PAHO/WHO guidelines
  – Regional policy is being shaped. Aspects of it is included in our national strategic plan

• Advisory body, the NCNCD Commission and outcome of the 2007 Port of Spain declaration

• Commission reports to the Minister who heads the MOH Policy committee:
  – Chiefs of: Medical, Nursing, Planning and Hospital services

• Cabinet final approval if there are financial implications.
THANK YOU