

# DCP3: Improving Health and Reducing Poverty

Messages on Volume 5: Progress in Mexico – A Alwan

5. Cardiovascular, Respiratory, and Related Disorders - 2017

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## Volume 5: Cardiovascular, respiratory and related disorders: Key messages

- People living in LMICs face higher risk of premature death, disabilities and impoverishment.
- HICs/UMICs have reduced age standardized CVD mortality more than 25% since 2000. but effective prevention activities are underutilized in LICs.
- Pop. based measures on tobacco, alcohol, salt, and trans fat are not widely adopted by countries.
- Same for individual based interventions like treatment of hypertension & secondary prevention of CVD
- Many high impact interventions are delivered at community or PHC levels but health system gaps particularly in LMICs impede implementation of best buys.  
2/26/18
- CE interventions are possible to implement in LMICs but require health system strengthening (75% of incremental costs)

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## Key population based interventions

- Proven tobacco control measures including large excise taxes
- Measures to control the harmful use of alcohol
- Actions to reduce salt consumption
- Banning trans fat
- Taxes on sugar sweetened beverages

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# Key recommended interventions

- Opportunistic screening for hypertension
- Screening for diabetes in high risk people including pregnant women
- Drug treatment for people with high CVD risk
- Treatment with aspirin for people with suspected MI
- Treatment with aspirin, beta blockers, ACEi and statins for people with IHD, stroke and peripheral vascular disease
- Treatment of acute pharyngitis to prevent RF in children
- Medical treatment of heart failure
- Glycemic control and prevention of long term complications by managing blood pressure, lipid and foot care
- Annual flu vaccination and 5 yearly pneumococcal vaccine for people with underlying lung disease
- Low dose inhaled corticosteroids and bronchodilators for asthma and selected people with COPD

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# The situation in Mexico

- According to WHO, total number of deaths due to NCDs represents 79% of all deaths (492,000)
- Disease cluster (CVD, CRD, and diabetes including diabetes related CKD) constitutes 48% of premature deaths in Mexico. 34% of premature deaths, and 48% of all premature deaths due to NCDs.
- Cancer accounts for 13% of premature deaths in Mexico and 19% of premature death due to NCDs.
- CVRD and cancer account for 62% of premature deaths due to NCDs.
- Current tobacco use prevalence: Youth 20% : 21 M and 17 F. Adult 17% 25 M and 8 F. age standardized prevalence of tobacco smoking 14, 20 M 7 F.

# MEXICO

**126 000 000**

Total population

**79%**

Percentage of deaths  
from NCDs

**492 000**

Total number of NCD  
deaths

**15%**

Risk of premature death  
from target NCDs



National NCD targets



Mortality data



Risk factor surveys



National integrated NCD policy/strategy/action plan



Tobacco demand-reduction measures:

increased excise taxes and prices



smoke-free policies



large graphic health warnings/plain packaging



bans on advertising, promotion and sponsorship



mass media campaigns



NR



### Harmful use of alcohol reduction measures:

- restrictions on physical availability
- advertising bans or comprehensive restrictions
- increased excise taxes



### Unhealthy diet reduction measures:

- salt/sodium policies
- saturated fatty acids and trans-fats policies
- marketing to children restrictions
- marketing of breast-milk substitutes restrictions



Public education and awareness campaign on physical activity



Guidelines for management of cancer, CVD, diabetes and CRD



Drug therapy/counselling to prevent heart attacks and strokes



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response



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## Tobacco control > Conclusions based on WHO's assessment

- ~~No changes in MPOWER since 2014. Areas requiring scale up is tobacco advertising, banning smoking in public transport, DSRs should not be permitted.~~
- Tax rates have not changed much since 2008 and earlier declines in affordability have not been maintained between 2014 and 2016.
- Using WHO interactive projection tool, there will be 11 m smokers in 2025 based on current trends but the number could be reduced to 8 m if MPOWER gaps are addressed over the next 3 years.
- According to survey data, prevalence of smoking is declining and Mexico is likely to achieve the 2025 target if there is scale up.



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# Tobacco Control Measures in Mexico

## World Report on the Global Tobacco Epidemic 2017

- **MONITORING:** Recent and representative data
- **SMOKE-FREE POLICIES:** Compliance is medium and SDRs are permitted by law
- **CESSATION PROGRAM:** National quit line, and both NRT and some cessation services are cost-covered
- **HEALTH WARNINGS:** Large warnings with all appropriate characteristics
- **MASS MEDIA:** Data not reported
- **ADVERTISING BANS:** Low compliance. Ban does not cover print media, point of sale
- **TAXATION:** 51–75% of retail price is tax
- **AFFORDABILITY:** Cigarettes less affordable since 2008

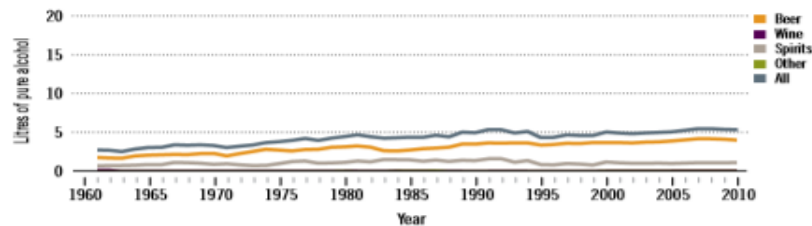
# Mexico

Total population: 118 000 000 > Population aged 15 years and older (15+): 70% > Population in urban areas: 78% > Income group (World Bank): Upper middle income

## ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

### Recorded alcohol per capita (15+) consumption, 1961–2010

Data refer to litres of pure alcohol per capita (15+).



### Alcohol per capita (15+) consumption (in litres of pure alcohol)

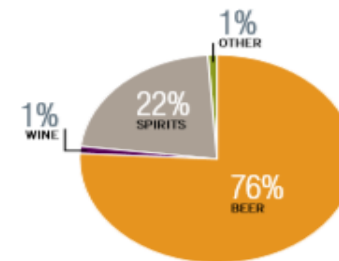
|                            | Average 2003–2005 | Average 2008–2010 | Change |
|----------------------------|-------------------|-------------------|--------|
| Recorded                   | 5.1               | 5.5               | →      |
| Unrecorded                 | 3.4               | 1.8               | ↘      |
| <b>Total</b>               | <b>8.5</b>        | <b>7.2</b>        | ↘      |
| Total males / females      |                   | 12.4   2.6        |        |
| WHO Region of the Americas | 9.2               | 8.4               |        |

### Prevalence of heavy episodic drinking\* (%), 2010

|                  | Population | Drinkers only |
|------------------|------------|---------------|
| Males (15+)      | 19.7       | 28.5          |
| Females (15+)    | 5.3        | 11.4          |
| Both sexes (15+) | 12.1       | 21.2          |

\*Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

### Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010



### Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2010

|                  |      |
|------------------|------|
| Males (15+)      | 18.0 |
| Females (15+)    | 5.7  |
| Both sexes (15+) | 12.7 |

### Abstainers (%), 2010

|                                  | Males | Females | Both sexes |
|----------------------------------|-------|---------|------------|
| Lifetime abstainers (15+)        | 12.8  | 31.3    | 22.6       |
| Former drinkers* (15+)           | 18.3  | 22.4    | 20.5       |
| Abstainers (15+), past 12 months | 31.1  | 53.7    | 43.1       |

\*Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

### Patterns of drinking score, 2010

LEAST RISKY < 1 2 3 4 5 > MOST RISKY

## HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2012

|   | ASDR* |      | AAF (%) |      |
|---|-------|------|---------|------|
|   | 54.7  | 16.6 | 65.5    | 51.6 |
| Liver cirrhosis, males / females        | 54.7  | 16.6 | 65.5    | 51.6 |
| Road traffic accidents, males / females | 26.7  | 6.5  | 45.2    | 9.5  |

\*Per 100 000 population (15+).

Years of life lost (YLL) score\*, 2012

LEAST < 1 2 3 4 **5** > MOST

\*Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2010\*

|                            | Alcohol use disorders** | Alcohol dependence |
|----------------------------|-------------------------|--------------------|
| Males                      | 5.2                     | 2.4                |
| Females                    | 0.5                     | 0.3                |
| Both sexes                 | 2.7                     | 1.3                |
| WHO Region of the Americas | 6.0                     | 3.4                |

\*12-month prevalence estimates (15+).

\*\*Including alcohol dependence and harmful use of alcohol.

## POLICIES AND INTERVENTIONS

|  |                                      |
|--|--------------------------------------|
| Written national policy (adopted/revised) / National action plan   | Yes (1984/2011) / Yes                |
| Excise tax on beer / wine / spirits  | Yes / Yes / Yes                      |
| National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)  | 18 / 18 / 18                         |
| National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)   | 18 / 18 / 18                         |
| Restrictions for on-/off-premise sales of alcoholic beverages:<br>Hours, days / places, density<br>Specific events / intoxicated persons / petrol stations | Yes, No / Yes, Yes<br>Yes / Yes / No |

|  |             |
|--|-------------|
| National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in % | Subnational |
| Legally binding regulations on alcohol advertising / product placement   | Yes / Yes   |
| Legally binding regulations on alcohol sponsorship / sales promotion   | Yes / Yes   |
| Legally required health warning labels on alcohol advertisements / containers  | Yes / Yes   |
| National government support for community action   | Yes         |
| National monitoring system(s)  | Yes         |

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# Progress in implementing population based interventions

- Tobacco control measures are inadequately implemented
- Important gaps in alcohol harm reduction measures
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- No clear information on implementation of cost-effective actions to address unhealthy diet
- No clear data to assess coverage on drug therapy and counseling to prevent heart attacks & strokes