

# NCDs in the Caribbean Implications for Insurance

At the 43rd ANNUAL CARIBBEAN INSURANCE  
CONFERENCE

Monday, June 2

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# CONTEXT

- BURDEN
- WHAT'S IN A NAME?
- NCD TRENDS
- RISK FACTORS
- RESPONDING TO NCDS
- CLIMATE AND NCDS

# BURDEN OF NCDS

GLOBALLY, NCDS ACCOUNT FOR:

- 74% OF ALL DEATHS — THAT'S APPROXIMATELY 41 MILLION DEATHS PER YEAR.
- OF THESE, 17 MILLION OCCUR BEFORE THE AGE OF 70 (PREMATURE DEATHS).
- OVER 85% OF THESE PREMATURE DEATHS OCCUR IN LOW- AND MIDDLE-INCOME COUNTRIES.

# NCD deaths in the Americas, 2000–2021

## Deaths in the Americas, 2021

Deaths	NCD deaths	Premature NCD deaths
<b>9.2 million</b>	<b>6 million</b> (65% of total deaths)	<b>2.3 million</b> (38% of total NCD deaths) in people under 70 years old

# BURDEN OF NCDS

THE COUNTRIES OF THE CARIBBEAN REGION LOSE AT LEAST 10% OF GDP ANNUALLY IN HEALTHCARE COSTS AND PRODUCTIVITY LOSSES WHILE SPENDING APPROX. 6% OF GDP ON HEALTH (PUBLIC AND PRIVATE)

- THEODORE 2023

CENTRE FOR HEALTH ECONOMICS, UWI

[HTTPS://BARBADOSTODAY.BB/2023/05/12/COSTLY-NCDS/](https://barbadostoday.bb/2023/05/12/costly-ncds/)

**BEFORE WE GO ANY  
FURTHER...**

# Dictionary

Definitions from [Oxford Languages](#) · [Learn more](#)



## con·fes·sion

/kən'feSH(ə)n/

noun

1. a formal statement admitting that one is guilty of a crime.

"he signed a confession to the murders"

# **The Language Around NCDs**

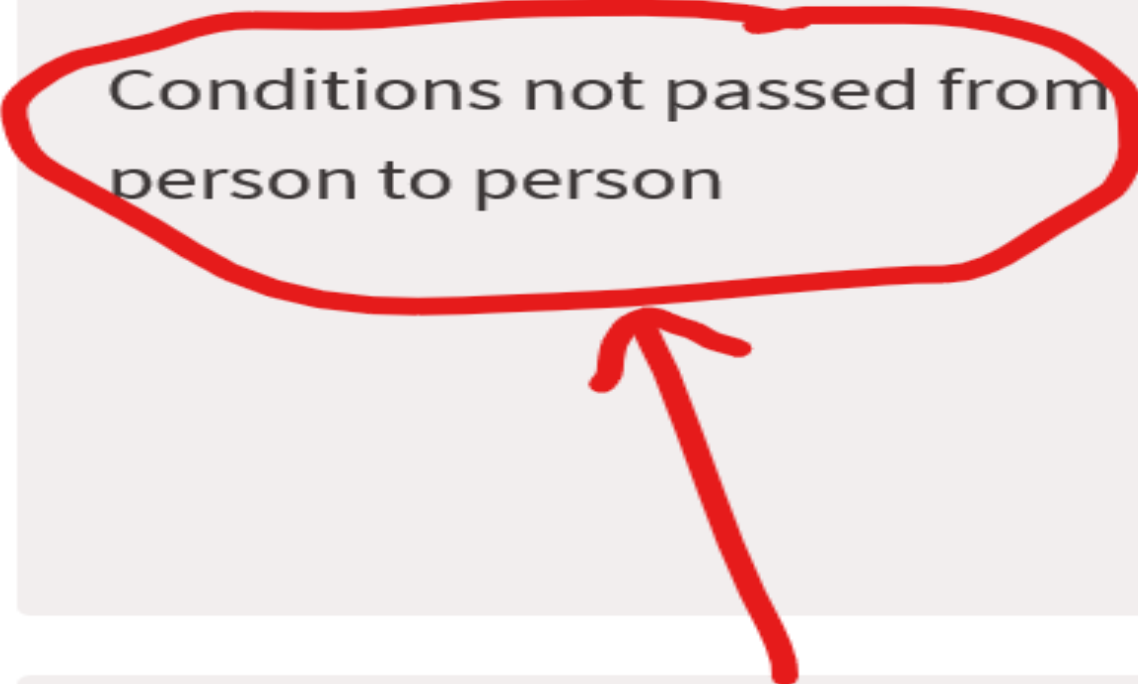




# What Are NCDs?

## Definition

Conditions not passed from person to person



## Major Categories

- Cardiovascular disease
- Diabetes
- Cancers
- Chronic respiratory diseases

## Global Impact

Leading cause of death and disability worldwide

# Problems with the "Noncommunicable" Label

1

## Misleading terminology

Implies no infectious origin

2

## Contradictory examples

Cervical cancer caused by HPV

3

## Further contradictions

Liver cancer linked to hepatitis B/C

4

## Conceptual limitations

Oversimplifies complex disease causation

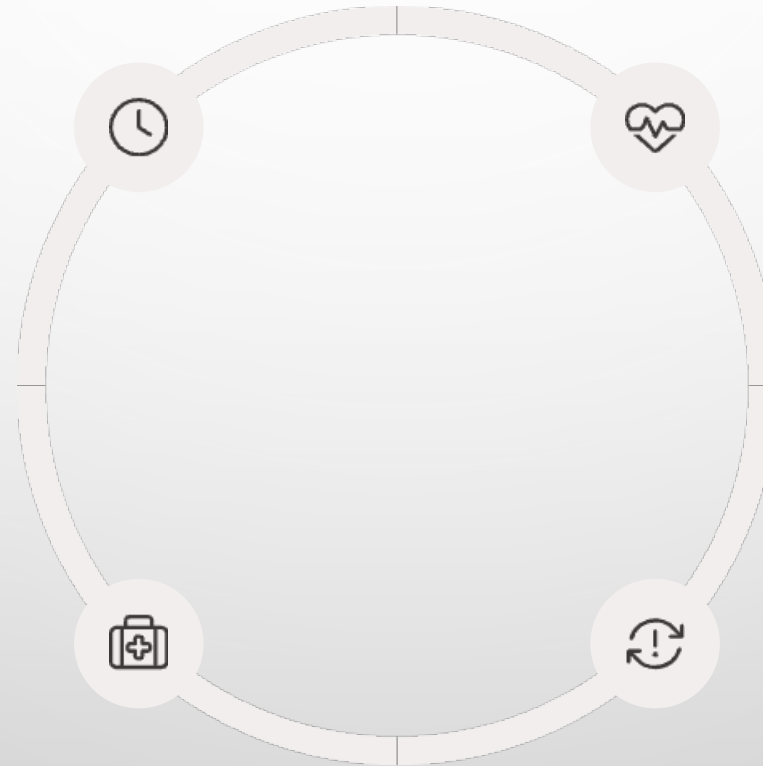
# The Term "Chronic Diseases"

## Duration focus

Emphasizes time rather than causes

## Intervention guidance

Limited utility for treatment planning



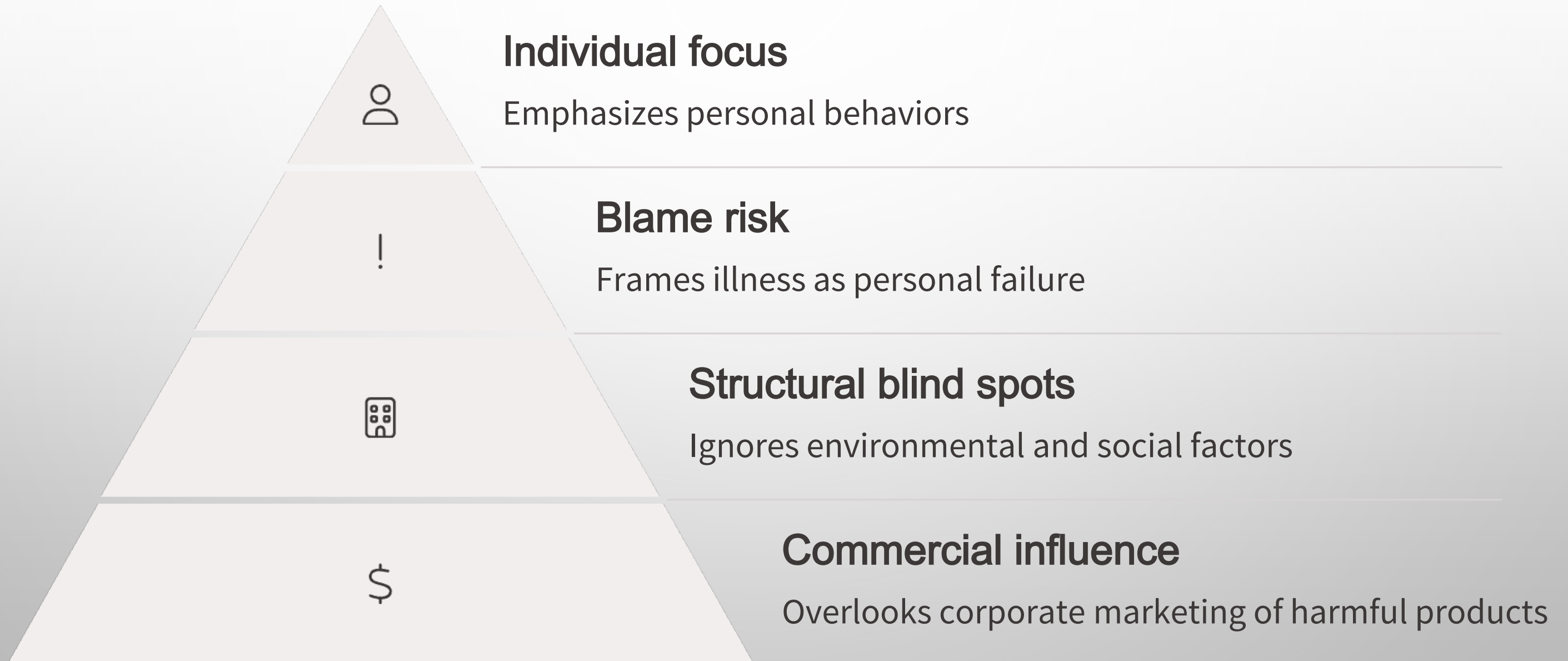
## Acute events

Doesn't account for heart attacks, strokes

## Reversibility

Some conditions can improve or resolve

# "Lifestyle Diseases" – Problematic Framing



# What's Missing from the Language

## **Structural factors**

Poverty, urban design, food systems

## **Commercial determinants**

Marketing of harmful products

## **Physical and Cultural environments**

Limited healthy choices for many

## **Policy frameworks**

Regulatory landscapes that shape health outcomes

# Thoughts



Words shape action

Language influences how we respond

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Precision matters

Accurate terms lead to better solutions

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Work with it

It's the shared language  
we're working with for now

# REGIONAL RESPONSE

DECLARATION OF PORT-OF-SPAIN (2007)

*WE, THE HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (CARICOM), MEETING AT THE CROWNE PLAZA HOTEL, PORT-OF-SPAIN, TRINIDAD AND TOBAGO ON 15 SEPTEMBER 2007 ON THE OCCASION OF A SPECIAL REGIONAL SUMMIT ON CHRONIC NON-COMMUNICABLE DISEASES (NCDS)...*

UN HIGH-LEVEL MEETING ON NCDS, (2011, 2014, 2018)

UN INTER-AGENCY TASK FORCE ON NCDS VISIT (2015)

CARICOM REVIEW AND RECOMMITMENT 2017/18

SIDS MINISTERIAL CONFERENCE ON NCDS AND MENTAL HEALTH 2023

UN HIGH-LEVEL MEETING ON NCDS 2025

# DECLARATION OF PORT-OF-SPAIN - MANDATES

1. NATIONAL MULTISECTORAL ADVISORY GROUPS (COMMISSIONS)
2. SCREENING AND MANAGEMENT OF NCDS
3. PHYSICAL EDUCATION IN SCHOOLS
4. ELIMINATE TRANS-FATS; IMPLEMENT FOOD LABELLING
5. INCREASE IN PHYSICAL ACTIVITY FACILITIES
6. ENHANCED ROLE OF MEDIA
7. RESEARCH & SURVEILLANCE OF RISK FACTORS
8. CARIBBEAN “WELLNESS DAY”



# NCD RELATED SDG 2030 TARGETS

- 1.SDG TARGET 3.4:** *REDUCE BY ONE THIRD PREMATURE MORTALITY FROM NONCOMMUNICABLE DISEASES...*
- 2.SDG TARGET 3.5:** *STRENGTHEN THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE, HARMFUL USE OF ALCOHOL.*
- 3.SDG TARGET 3.8:** *ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES...*
- 4.SDG TARGET 3.A:** *STRENGTHEN THE IMPLEMENTATION OF THE WORLD HEALTH ORGANIZATION FRAMEWORK CONVENTION ON TOBACCO CONTROL...*
- 5.SDG TARGET 3.B:** *SUPPORT THE RESEARCH AND DEVELOPMENT OF MEDICINES AND TECHNOLOGIES FOR... NONCOMMUNICABLE DISEASES...PROVIDE ACCESS*
- 6.SDG TARGET 3.9:** *REDUCE THE NUMBER OF DEATHS AND ILLNESSES FROM HAZARDOUS CHEMICALS AND AIR, WATER, AND SOIL POLLUTION AND CONTAMINATION.*

# BRIDGETOWN DECLARATION ON NCDS AND MENTAL HEALTH (2023)

**ADDRESSING THE TRIPLE THREAT:** NCDS, MENTAL HEALTH CONDITIONS, AND CLIMATE CHANGE

**SIDS-SPECIFIC APPROACH:** UNIQUE VULNERABILITIES: RELIANCE ON IMPORTED FOODS, EXPOSURE TO CLIMATE-RELATED DISASTERS, AND LIMITED HEALTHCARE RESOURCES

**INTEGRATION INTO UNIVERSAL HEALTH COVERAGE (UHC):** INTEGRATION OF ESSENTIAL NCD AND MENTAL HEALTH SERVICES INTO UHC FRAMEWORKS, ENSURING ACCESSIBLE AND COMPREHENSIVE CARE

**COMBATTING COMMERCIAL DETERMINANTS OF HEALTH:** ADDRESS THE INFLUENCE OF HEALTH-HARMING INDUSTRIES, THROUGH REGULATORY MEASURES AND FISCAL POLICIES.

**STRENGTHENING HEALTH SYSTEMS:** BUILDING CLIMATE-RESILIENT AND CRISIS-READY HEALTH SYSTEMS

**COMMUNITY ENGAGEMENT:** INVOLVING CIVIL SOCIETY, AND INCLUDING INDIVIDUALS LIVING WITH NCDS AND MENTAL HEALTH CONDITIONS, IN POLICYMAKING AND IMPLEMENTATION PROCESSES.

**MONITORING AND ACCOUNTABILITY:** SETTING NATIONAL TARGETS AND ESTABLISHING MECHANISMS TO MONITOR PROGRESS

# DECLARATION OF MISSION BARBADOS (2023)

SIGNED ON MAY 1, 2023, BY MEMBERS OF THE SOCIAL PARTNERSHIP, THIS DECLARATION OUTLINES SIX NATIONAL MISSIONS AIMED AT TRANSFORMING BARBADOS BY 2030.

MISSION 4: PRIORITIZE WELLNESS AND HAPPINESS, AIMING FOR A 50% REDUCTION IN NEW CASES OF NON-COMMUNICABLE DISEASES (NCDS)...

# **FLAVOUR OF 2024 WHO NCD BEST BUYS**

Tobacco Control: • Increase taxes • Ban advertising

Alcohol Control: • Raise alcohol taxes

Unhealthy Diet: • Salt reduction • Front-of-pack labeling

Physical Inactivity: • Community-wide campaigns

Also CVD, Diabetes, Asthma and Cancer Prevention

# APPROACHES

INDIVIDUAL **AND** POPULATION LEVEL INTERVENTION

LIFE-COURSE APPROACH

MULTISECTORAL WORK- GOVERNMENT/PRIVATE/CSOS

SPECTRUM OF CARE: PREVENTION TO PALLIATION

EVIDENCE OF BURDEN/ EFFECTIVENESS OF OPTIONS

# APPROACHES

*...THE JOINT MISSION EMPHASISED THE NEED FOR THE APPROPRIATE **LEGISLATIVE, FISCAL AND REGULATORY FRAMEWORKS** TO BE IN PLACE. UNLESS THE ENVIRONMENT ENCOURAGES INDIVIDUALS TO MAKE HEALTHY CHOICES, HEALTH EDUCATION WILL HAVE LITTLE IMPACT*

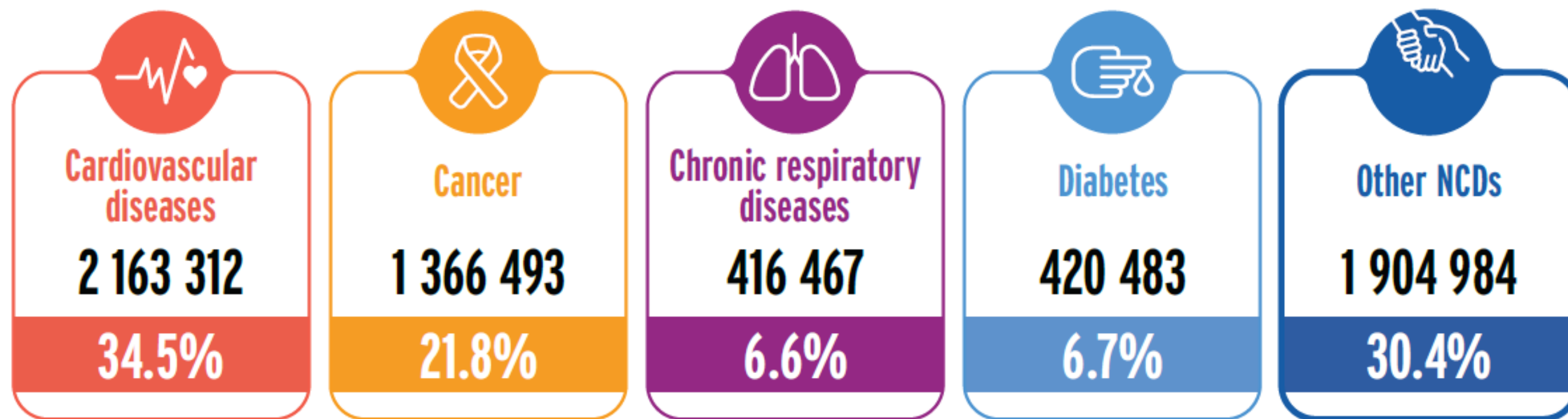
*- UNITED NATIONS INTERAGENCY TASK FORCE ON NCDS 2015*

# THE BIG 4 NCDs

1. **Cardiovascular diseases** (MI and stroke); most frequent cause of NCD death
2. **Cancers**; next most frequent
3. **Chronic respiratory diseases** (COPD + Asthma) rank third
4. **Diabetes**- fourth (These 4 groups of diseases account for 82% of all NCD deaths).

# NCDs in the Americas

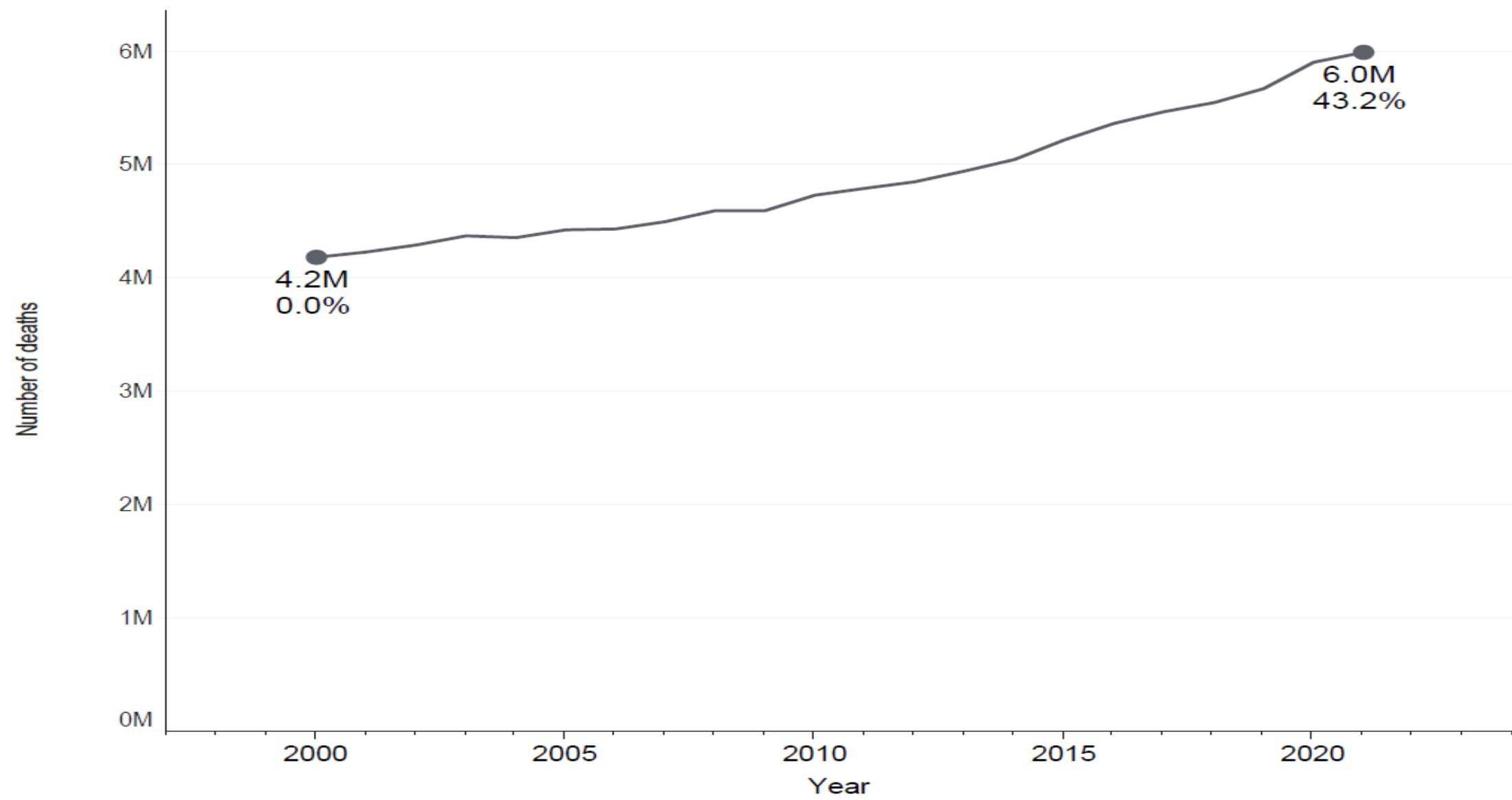
## NCD deaths by disease





# NCD in the Americas

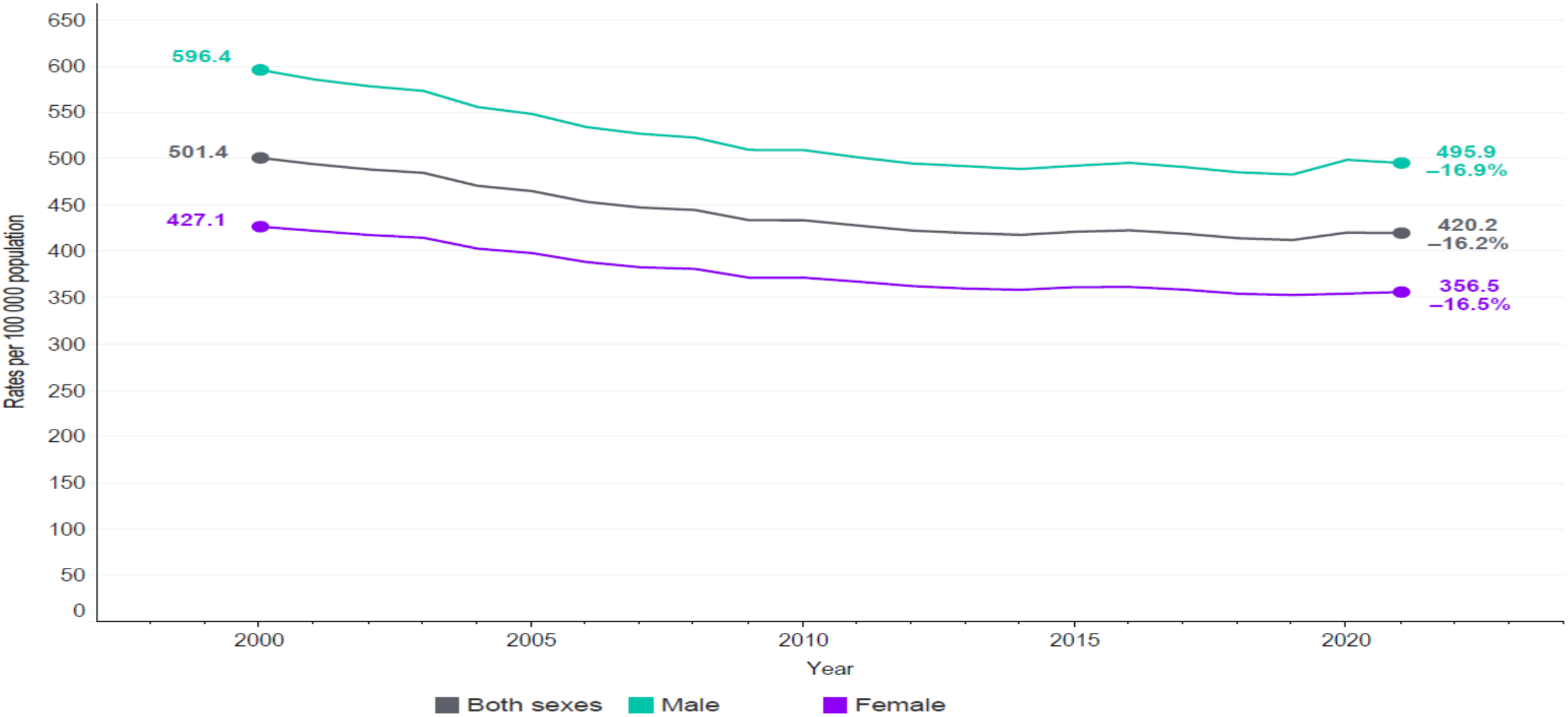
**Figure 1.** Trend in total number of NCD deaths and percentage change from 2000 to 2021 in the Americas



Source: World Health Organization. Global health estimates: Leading causes of death. Cause-specific mortality, 2000-2021. Geneva: WHO; 2024 [cited 11 March 2025]. Available from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>.

# NCD in the Americas

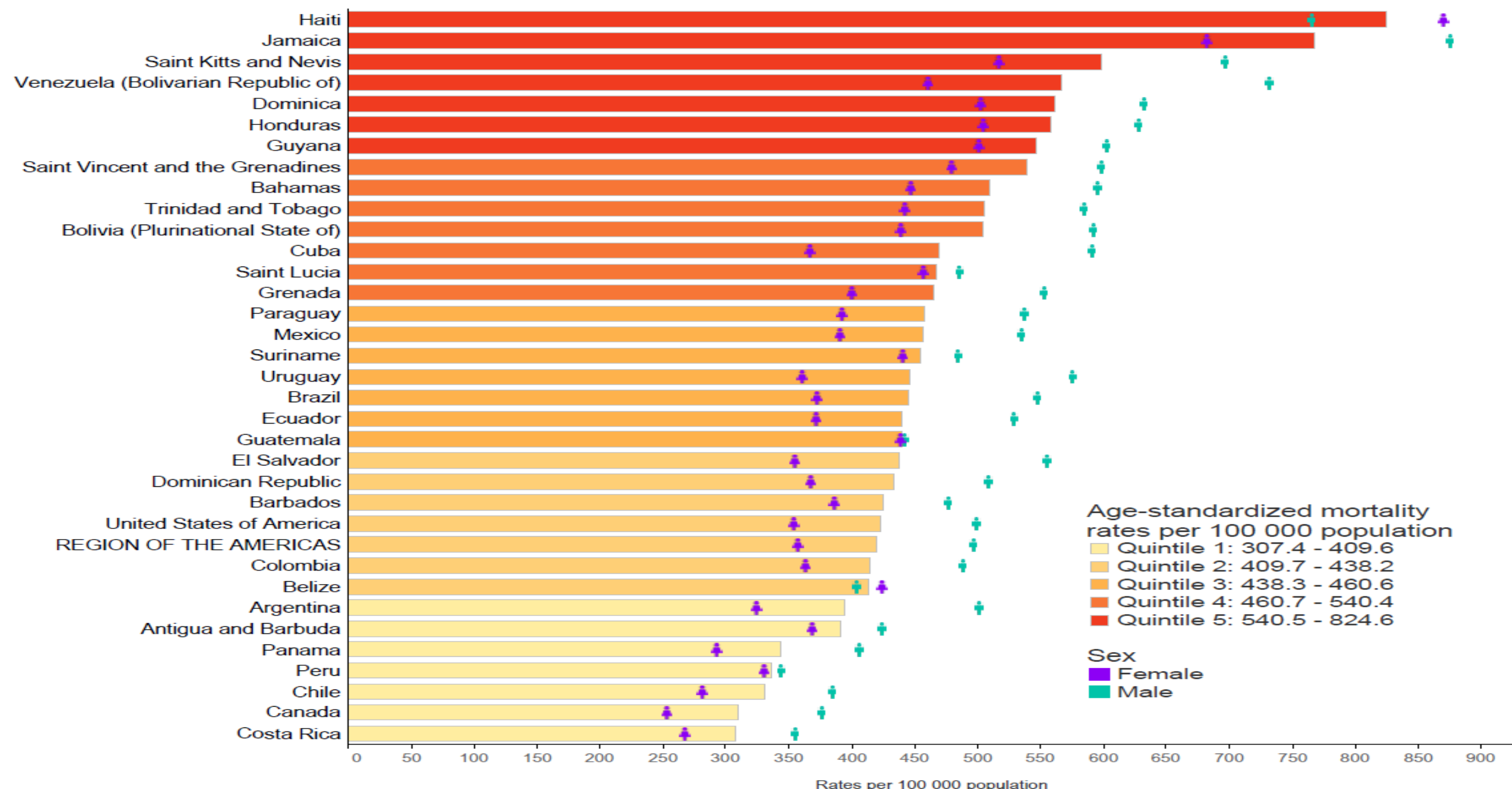
**Figure 2.** Noncommunicable disease mortality rates per 100 000 population (age-standardized), by sex in the Americas, 2000-2021



Source: World Health Organization. Global health estimates: Leading causes of death. Cause-specific mortality, 2000-2021. Geneva: WHO; 2024 [cited 11 March 2025]. Available from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>.

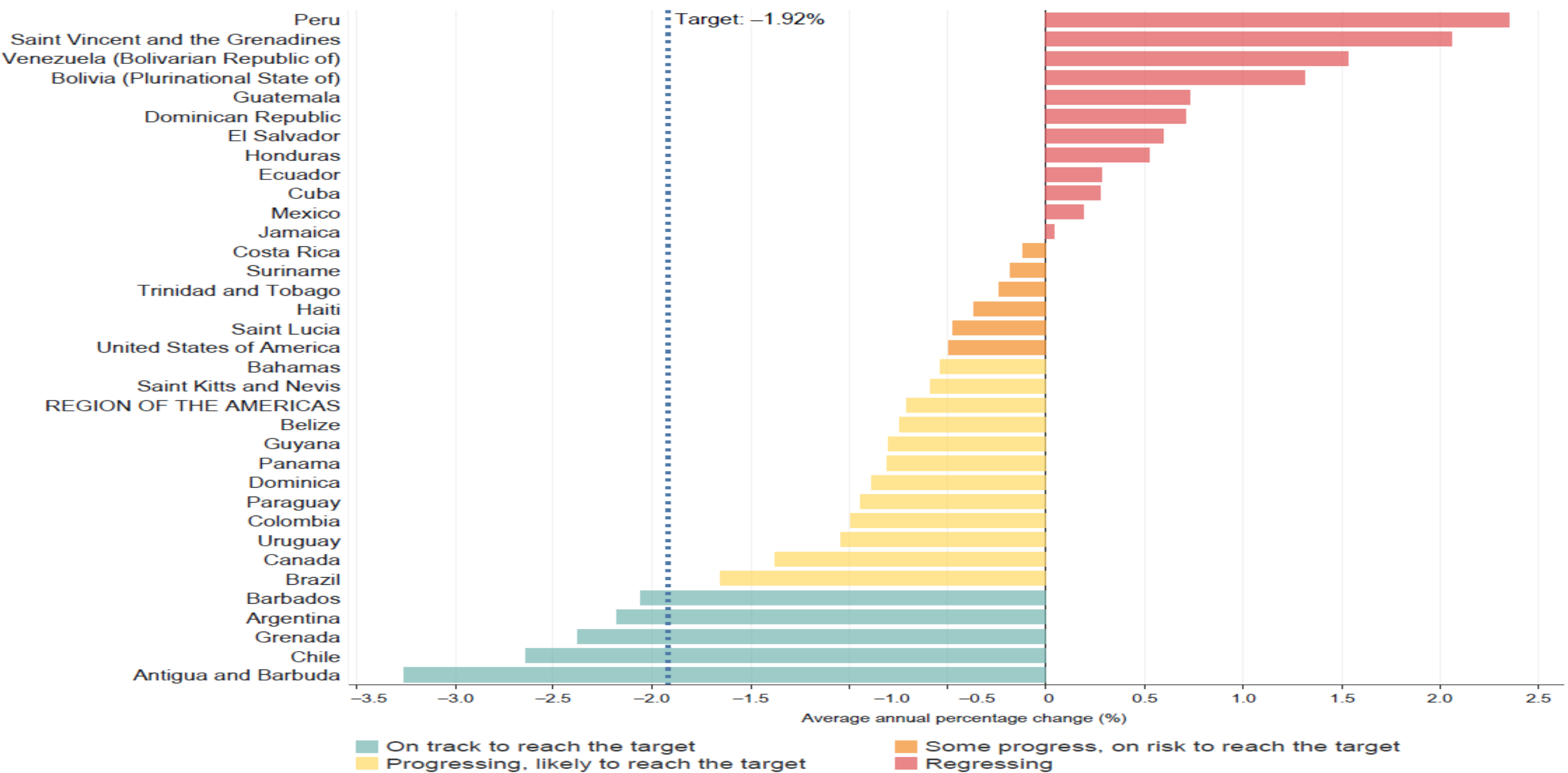
# NCD in the Latin America and the Caribbean

**Figure 3.** Age-standardized mortality rates per 100 000 population due to noncommunicable diseases, by sex in countries of the Americas, 2021



# NCD in Latin America and the Caribbean

**Figure 5.** Average annual percentage change in the probability of dying between ages 30 and 70 years from any of the four major NCDs in the period 2010-2021 in countries of the Americas



On Economy:	On Health System:	Households/Individuals:
Reduced manpower	Increased consumption of NCD related health care	Reduced well-being
Reduced labour outputs (e.g. cost of absenteeism)	High medical treatment costs	Increased disabilities and premature death
Lower tax revenues	Demand for more effective treatments (e.g. cost of technology and innovation)	Income decrease, loss, impoverishment
Lower returns on human capital investments	Health system adaptation needs and costs (e.g. organization, service delivery and financing)	Higher health expenditures
Increased public health and social welfare expenditures		Savings and assets loss
Cost to employers		Reduced opportunities
		Loss of social participation in family and communities



# **NCD Risk Factors**

# WHAT ARE RISK FACTORS?

- RISK FACTORS ARE TRAITS, CONDITIONS, OR BEHAVIORS THAT INCREASE THE LIKELIHOOD OF DEVELOPING A DISEASE.
- NCDS (E.G., HEART DISEASE, DIABETES, CANCERS, CHRONIC RESPIRATORY DISEASES) ARE INFLUENCED BY MULTIPLE RISK FACTORS.
- SOME WE CAN CHANGE, OTHERS WE CANNOT (AGE, ETHNICITY, GENETIC PREDISPOSITION)— BUT ALL ARE IMPORTANT FOR PREVENTION AND CONTROL.

# **THE BIG 4 RISK FACTORS (MODIFIABLE)**

- TOBACCO USE
- UNHEALTHY DIET
- PHYSICAL INACTIVITY
- HARMFUL USE OF ALCOHOL

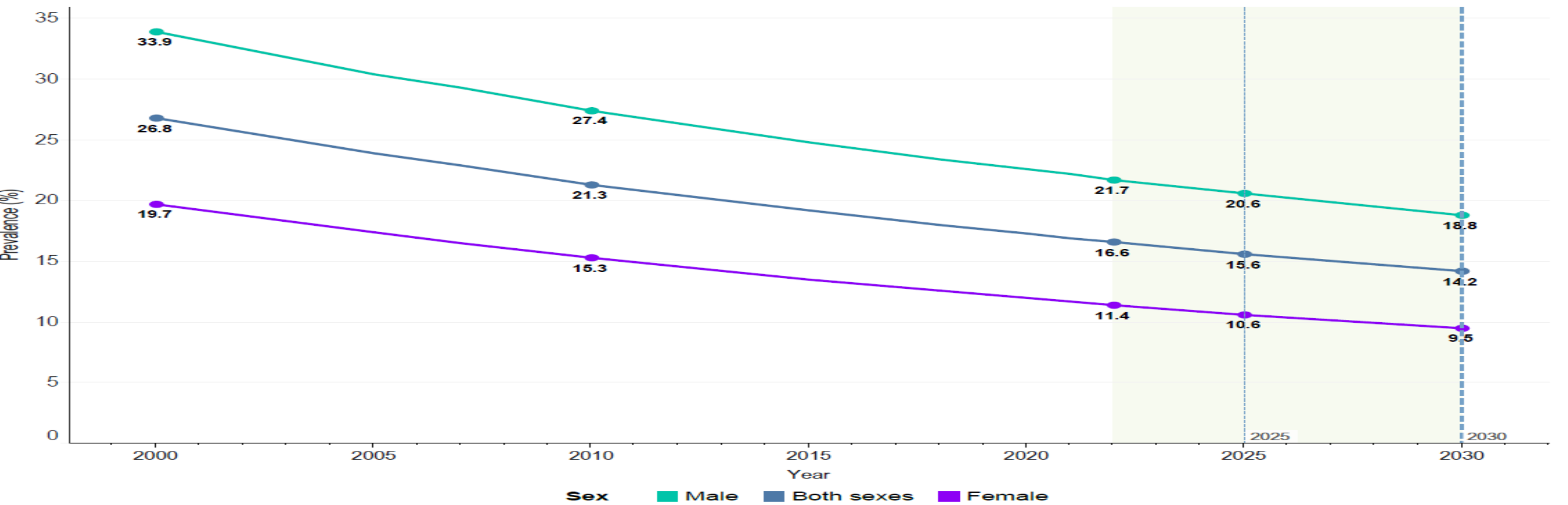


# Risk Factors in Latin America and the Caribbean

## Tobacco use trends

The regional prevalence of tobacco use among adults declined by 22.1% from 21.3% in 2010 to 16.6% in 2022 (Figure 18). The NCD global target for 2025 is to reduce tobacco use by 30% from the 2010 baseline year, and if the current trend continues, the Region will come close to meeting this target, by reducing the prevalence of tobacco use by 26.4% by 2025.

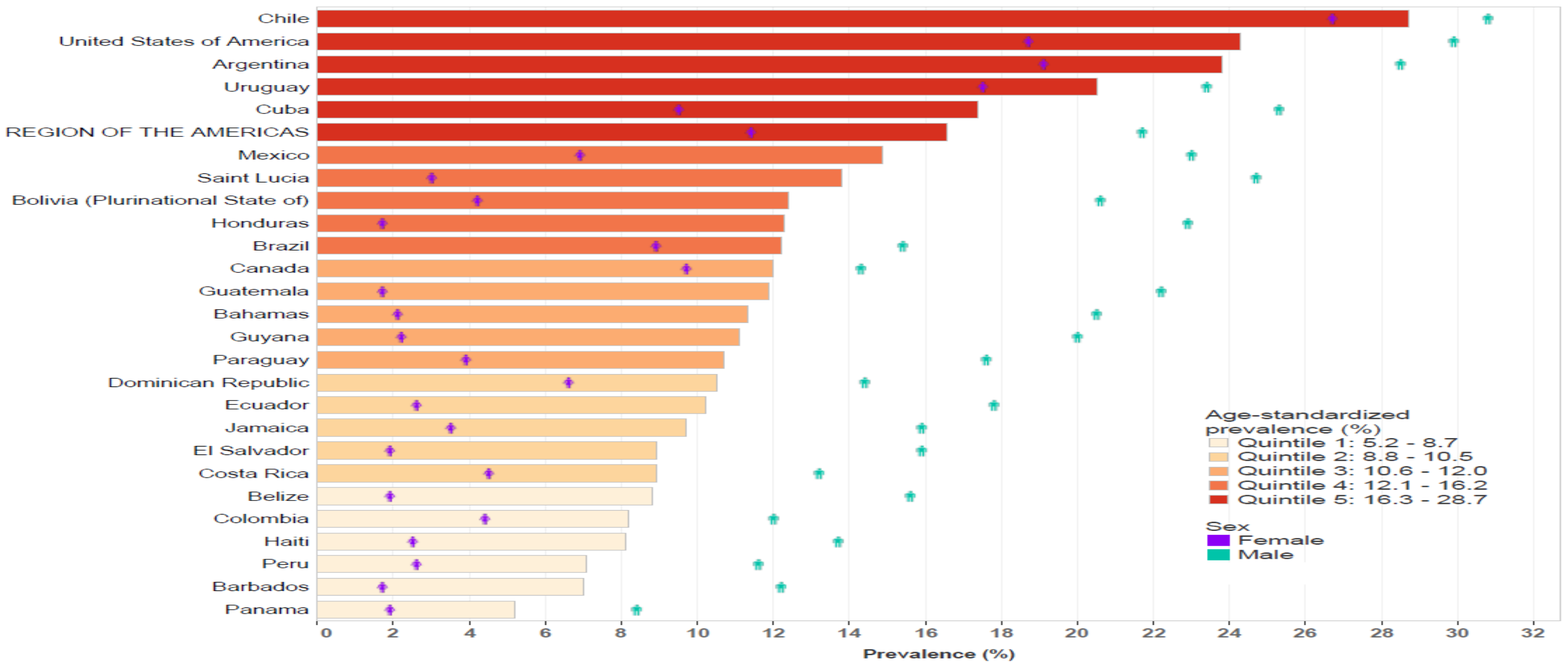
**Figure 18.** Prevalence of tobacco use among individuals aged 15 years and older (age-standardized estimates, %), by sex in the Region of the Americas, 2000-2022, and projections to 2025 and 2030



Source: World Health Organization. WHO global report on trends in prevalence of tobacco use 2000-2030. Geneva: WHO; 2024. Available from: <https://www.who.int/publications/i/item/9789240088283>.

# Risk Factors in Latin America and the Caribbean

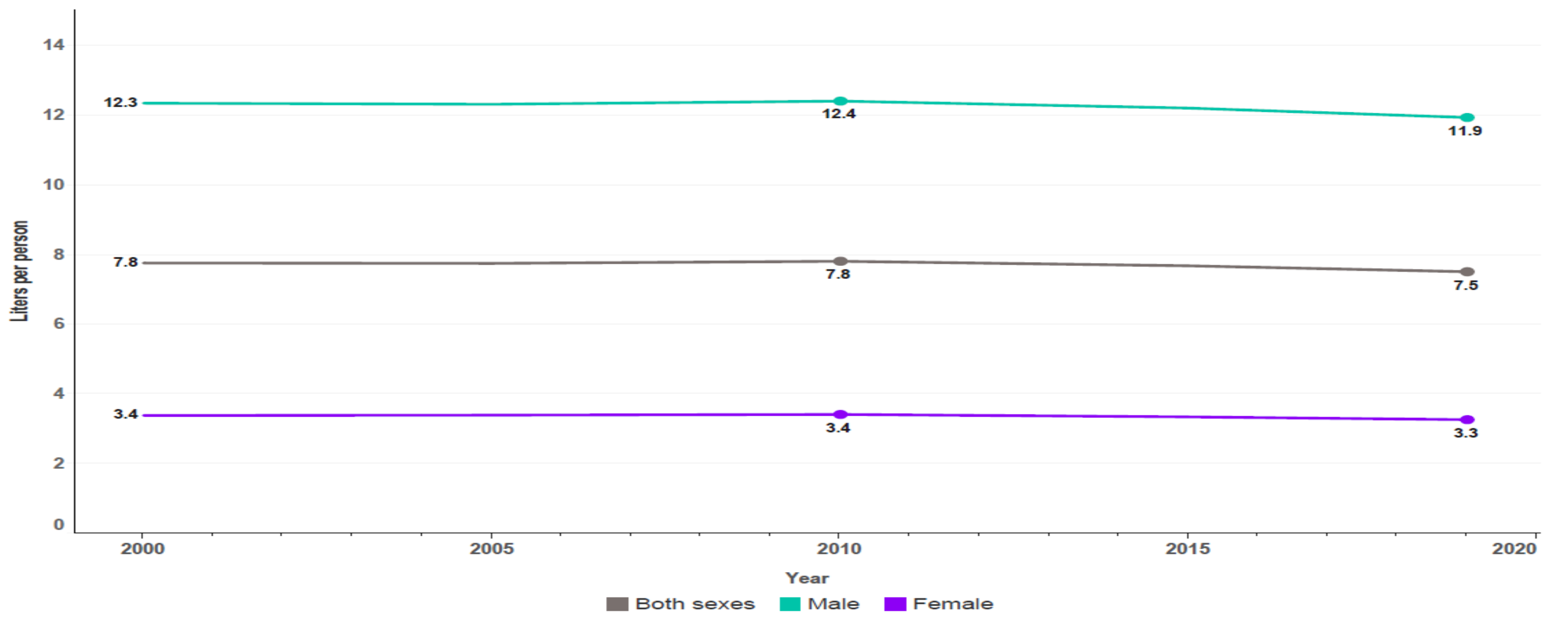
**Figure 17.** Prevalence of current tobacco use (age-standardized) among persons aged 15 years and older in the Americas, 2022



*Note:* No data are available or verified by national authorities for the countries not shown in the chart.  
*Source:* World Health Organization. Global health estimates: Leading causes of death. Cause-specific mortality, 2000-2021. Geneva: WHO; 2024 [cited 11 March 2025]. Available from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>.

# Risk Factors in Latin America and the Caribbean

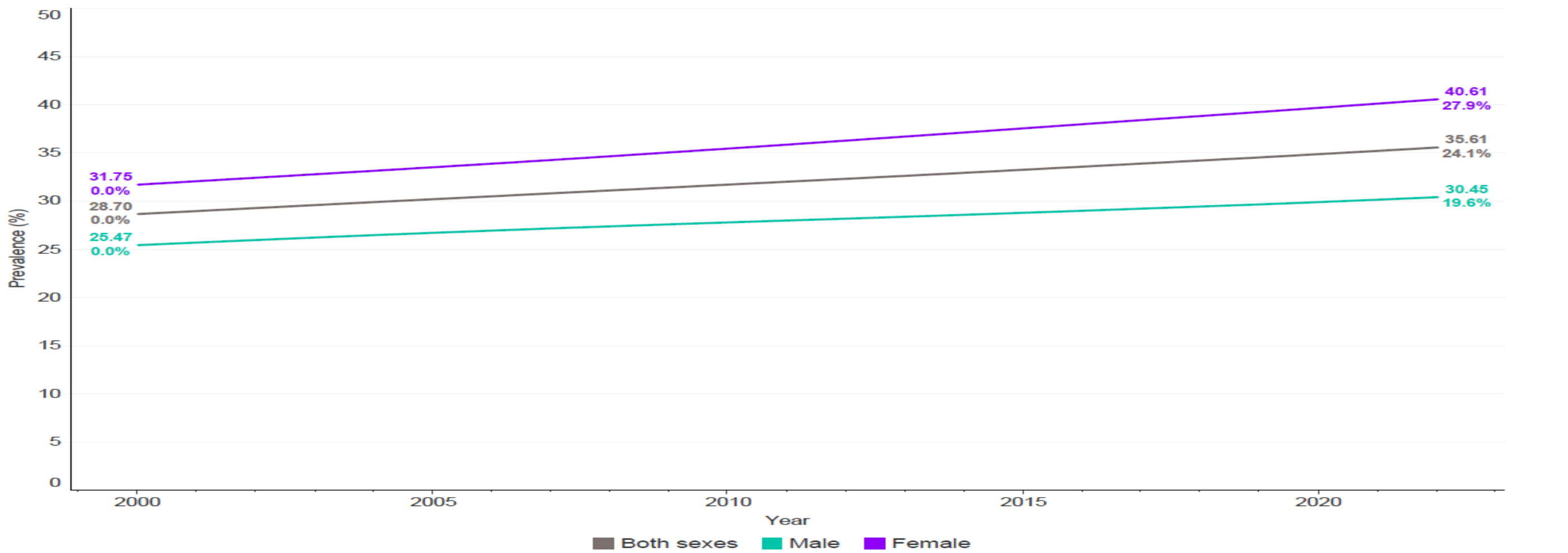
**Figure 24.** Trends in total alcohol per capita consumption among adults aged 15 years and older in liters of pure alcohol per person per year in the Americas, 2000-2019



Source: World Health Organization. Global status report on alcohol and health and treatment of substance use disorders. Geneva: WHO; 2024. Available from: <https://www.who.int/publications/i/item/9789240096745>.

# Risk Factors in Latin America and the Caribbean

**Figure 26.** Trends in the prevalence of insufficient physical activity among adults aged 18 years and older in the Americas, 2000-2022



Source: World Health Organization. NCD data portal. Comparable estimates available from 1990-2022. Available online: <https://ncdportal.org/>.  
Strain T, Flaxman S, Guthold R, et al. National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022: a pooled analysis of 507 population-based surveys with 5·7 million participants. Lancet Glob Health. 2024;12(8):e1232-e1243. Available from: [https://doi.org/10.1016/S2214-109X\(24\)00150-5](https://doi.org/10.1016/S2214-109X(24)00150-5).

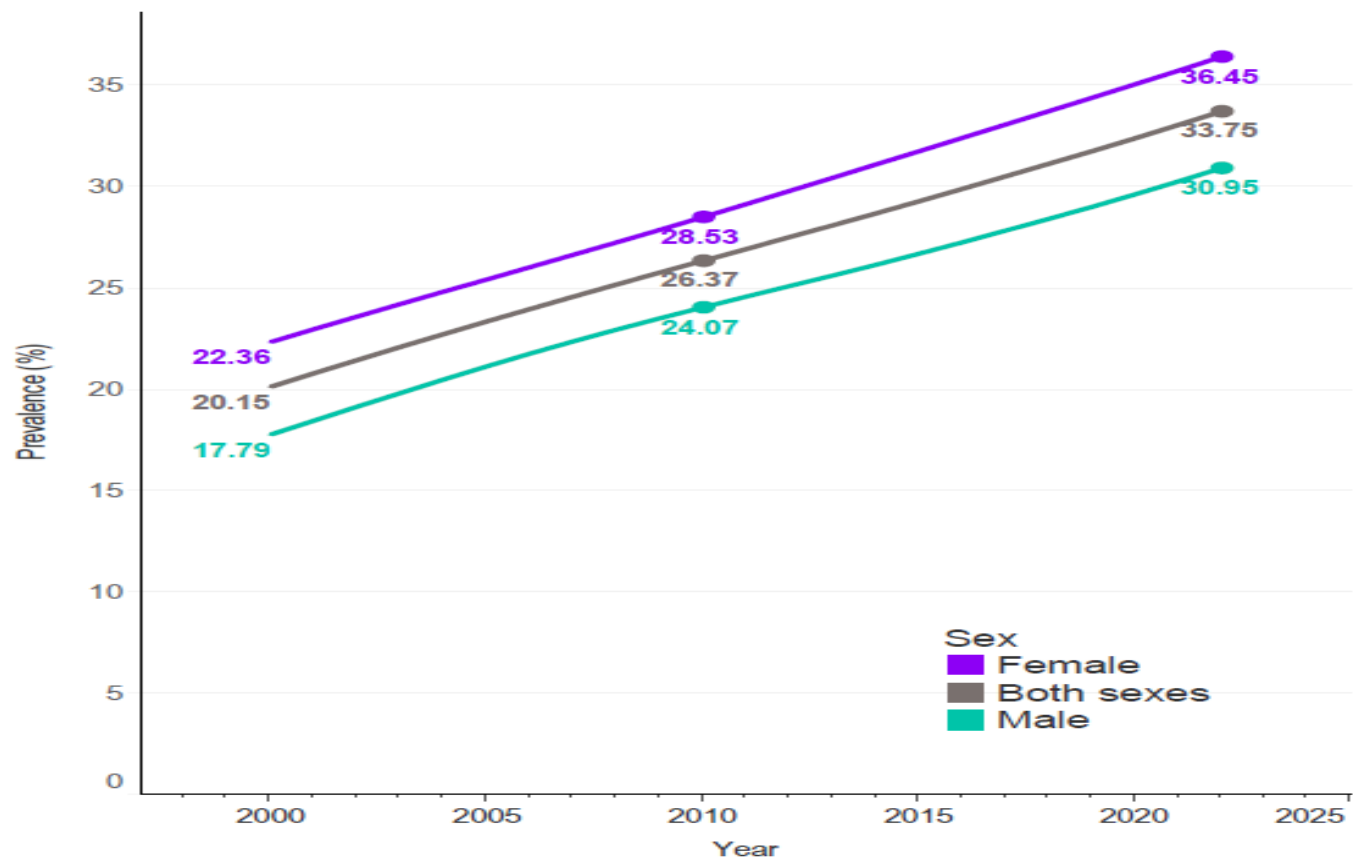
# Risk Factors in Latin America and the Caribbean

**Figure 20.** Prevalence of obesity among (left) children and adolescents aged 10–17 years, and (right) adults aged 18 years and older in the Americas, 2000–2022

Prevalence of obesity among children and adolescents, BMI > +2 standard deviations above the median (crude estimate) (%)



Prevalence of obesity among adults, BMI ≥ 30 kg/m<sup>2</sup> (age-standardized estimate) (%)



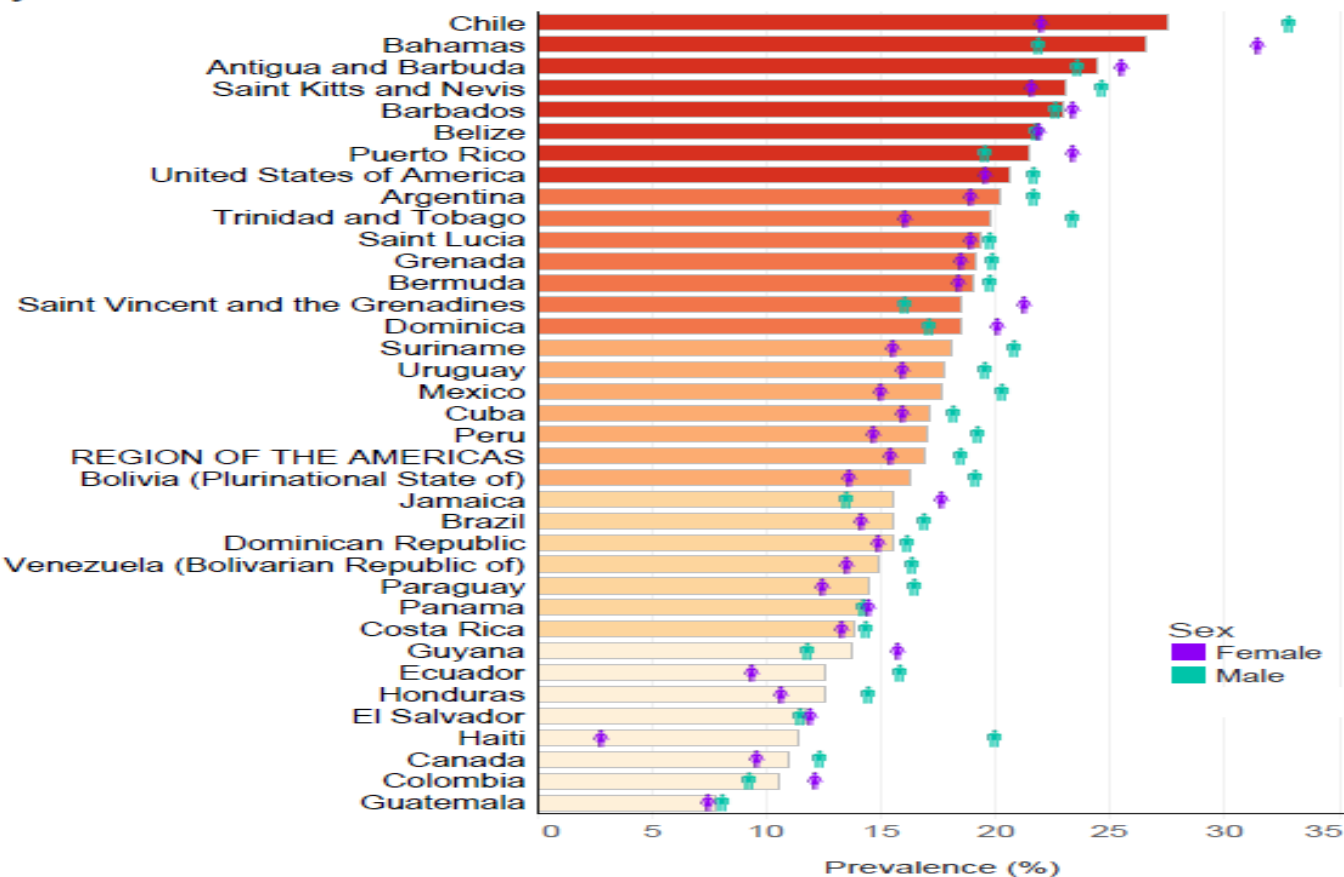
Source: NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults. Lancet. 2024;403(10431):1027-1050. Available from: [https://doi.org/10.1016/S0140-6736\(23\)02750-2](https://doi.org/10.1016/S0140-6736(23)02750-2).



# Risk Factors in Latin America and the Caribbean

**Figure 19.** Age-standardized prevalence of obesity among (A) adolescents aged 5-19 years and (B) adults aged 18 years and older in the Americas, 2022

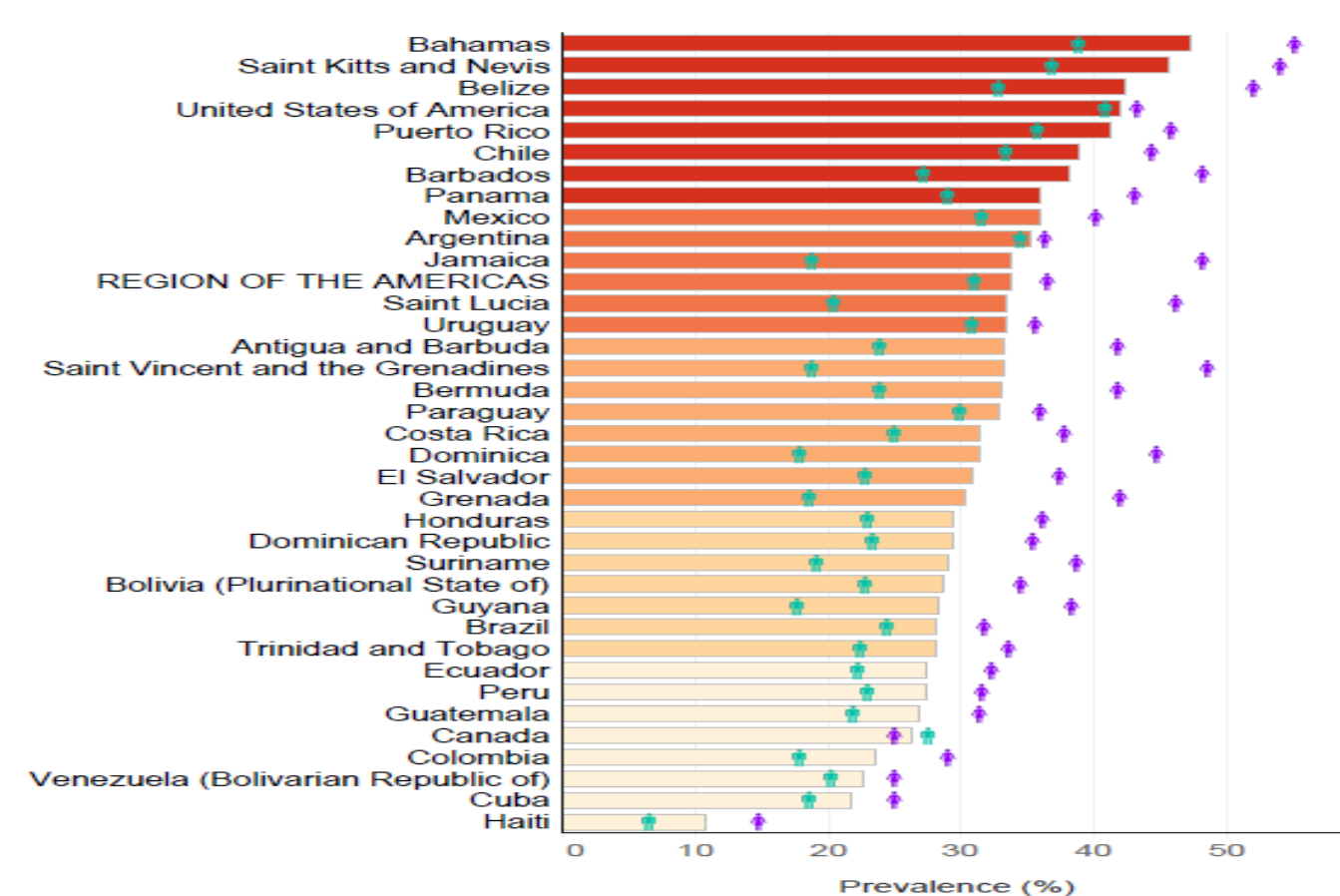
Prevalence of obesity among children and adolescents, BMI > +2 standard deviations above the median (crude estimate) (%), 5-19 years



Prevalence among children and adolescents (%)

Quintile	Prevalence Range (%)
Quintile 1	7.7 - 13.6
Quintile 2	13.7 - 15.7
Quintile 3	15.8 - 18.3
Quintile 4	18.4 - 20.4
Quintile 5	20.5 - 27.5

Prevalence of obesity among adults, BMI ≥ 30 kg/m<sup>2</sup> (age-standardized estimate) (%), 18+ years



Age-standardized prevalence among adults aged 18+ years (%)

Quintile	Prevalence Range (%)
Quintile 1	10.7 - 27.4
Quintile 2	27.5 - 29.7
Quintile 3	29.8 - 33.2
Quintile 4	33.3 - 36.0
Quintile 5	36.1 - 47.3

**Note:** No data are available or verified by national authorities for the countries not shown in the chart.  
**Source:** World Health Organization, NCD data portal. Comparable estimates available from 1990-2022. NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults. Lancet. 2024;403(10431):1027-1050. Available from: [https://doi.org/10.1016/S0140-6736\(23\)02750-2](https://doi.org/10.1016/S0140-6736(23)02750-2).

A photograph of three light-colored wooden blocks stacked vertically on a dark wooden surface. The blocks are arranged to spell out 'TIME FOR RECAP' in bold, black, sans-serif capital letters. The top block has 'TIME', the middle block has 'FOR', and the bottom block has 'RECAP'. The background is a blurred blue-grey wall.

**TIME  
FOR  
RECAP**

# **So lets recap: Burden and Trends**

- 10% OF GDP (MORE THAN HEALTHCARE EXPENDITURE)
- RECOGNISED BY CARICOM HEADS AND UN
- PROGRESS ON SEVERAL NCDS AND RISK FACTORS
- SLOWER THAN TARGETED FOR 2025 GOALS
- 2030 GOALS STILL TO BE ADDRESSED
- MULTISECTORAL APPROACH IS NEEDED TO ADDRESS RISK FACTORS



CLIMATE  
CHANGE

# WHAT THE SCIENCE TELLS US

- CLIMATE CHANGE IS "THREATENS... THE LAST FIFTY YEARS OF PROGRESS IN DEVELOPMENT, GLOBAL HEALTH..." (WHO, 2021).



- 1.5°C WARMING WILL CAUSE "SEVERE HEALTH IMPACTS" IN VULNERABLE REGIONS (IPCC AR6).

# CLIMATE RISKS WE FACE

## **INTENSIFYING HURRICANES**

CATEGORY 4-5 STORMS IN THE CARIBBEAN HAVE RISEN BY 80% SINCE 1980.  
GREATER DESTRUCTION TO LIVES, PROPERTY, AND ECONOMIES.

## **SEA LEVEL RISE**

1-3 METERS BY 2100.  
60% OF REGIONAL INFRASTRUCTURE (E.G., COASTAL CITIES, PORTS) AT RISK.

## **PROLONGED DROUGHTS**

SHIFTING PRECIPITATION PATTERNS.  
DECLINING WATER SECURITY, AFFECTING AGRICULTURE AND FOOD SECURITY.

## **MARINE ECOSYSTEM COLLAPSE**

CORAL BLEACHING + OCEAN ACIDIFICATION.  
FISHERIES AFFECTED, THREATENING FOOD SECURITY.

# **CLIMATE CHANGE & NCDS**

- EXTREME HEAT EXACERBATES HEART AND LUNG CONDITIONS
- DISRUPTIONS TO LOCAL FOOD SYSTEMS AND ACCESS TO HEALTHY FOOD
- LIMITED ADAPTIVE CAPACITY IN SIDS TO ADDRESS NCD BURDENS

# The Convergence of Risks



## Climate Events

Immediate physical impacts damage infrastructure

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## Health Systems

Degraded services limit NCD management

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## Biosecurity

Population health vulnerabilities threaten

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## Economic Security

Fallout could worsen health impacts

# **CLIMATE-RESILIENT HEALTH SYSTEMS**

- **SMART FACILITIES: SOLAR POWER, ELEVATED STRUCTURES, WATER RECYCLING**
- **EARLY WARNING SYSTEMS: DISEASE MONITORING LINKED 2 CLIMATE INFO**
- **FLEXIBLE CAPACITY: SURGE PLANNING, MOBILE UNITS, STAFF CROSS-TRAINING**
- **SUSTAINABLE PRACTICES: REDUCE HEALTHCARE CARBON FOOTPRINT**

# FOOD SYSTEMS AND LOCAL PRODUCTION

Climate Impact	NCD Connection	Resilience Solution
Crop failures	Nutrition deficits	Diverse local farming
Supply disruption	Diet deterioration	Community gardens
Water scarcity	Food safety risks	Drought-resistant crops

# **WORKFORCE TRAINING AND SUPPORT**

- CLIMATE-HEALTH CURRICULUM: NEW SKILLS FOR EMERGING THREATS
- DISASTER RESPONSE TRAINING: REGULAR DRILLS AND SCENARIOS
- MENTAL HEALTH SUPPORT: TRAUMA-INFORMED CARE FOR PROVIDERS
- COMMUNITY HEALTH WORKERS: LOCAL CAPACITY FOR RESILIENCE



# HEALTH NATIONAL ADAPTATION PLANS

- ENABLING ENVIRONMENT

POLICY COHERENCE, GOVERNANCE, LEGISLATION.

- CAPACITY BUILDING

ENHANCE TRAINING, INFRASTRUCTURE, EARLY WARNING SYSTEMS.

- REDUCING VULNERABILITY

IMPROVING THE RESILIENCE OF HEALTH FACILITIES

- ACCOUNTABILITY AND GOVERNANCE

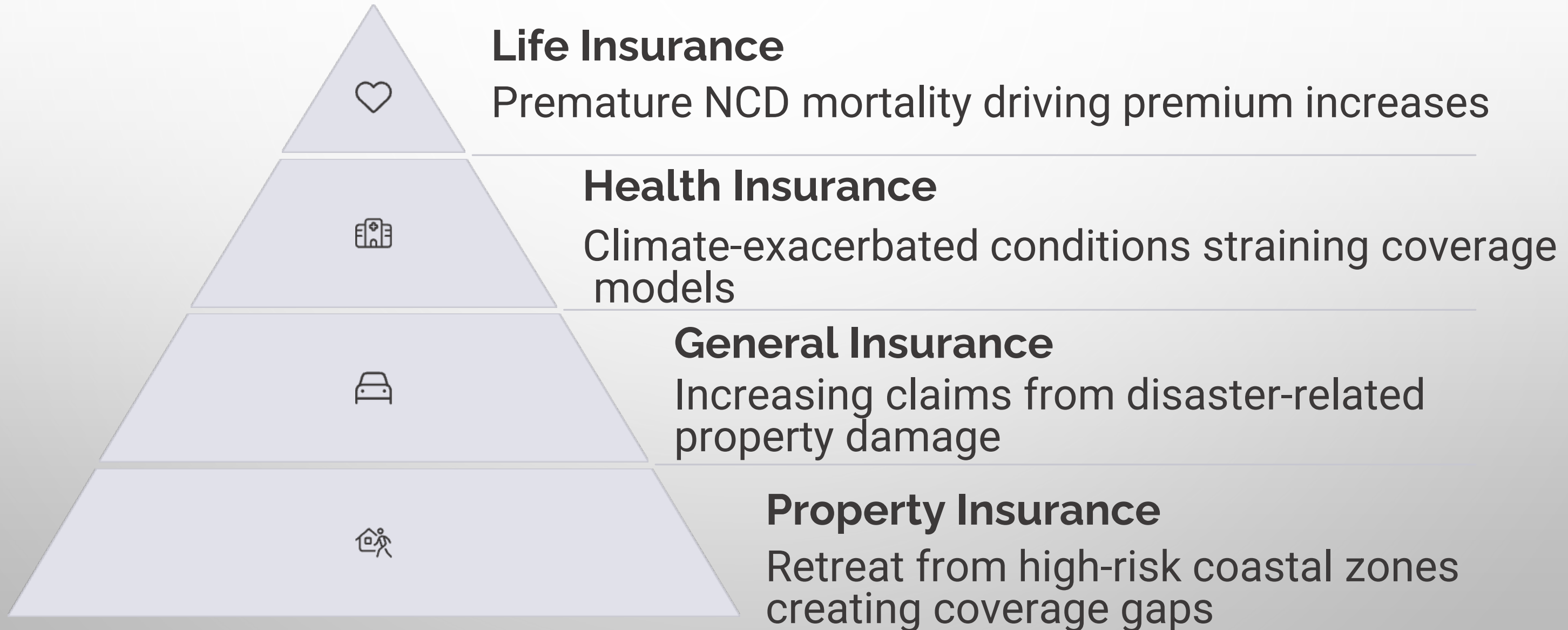
- USING DATA FOR EVALUATION AND ENGAGING STAKEHOLDERS

# **Thoughts on Private Insurance**

## **Addressing NCDs**



# Insurance Implications



# Universal Health Coverage

Def- Essential Healthcare available to everyone when and where needed without suffering financial hardship (people, services, protection).

**Access to essential quality health services:** Prevention to Palliation  
**Financial protection** so that people don't go bankrupt or fall into poverty because of health expenses (out of pocket payment).

**1.Coverage of health services** (SDG Indicator 3.8.1)

**2.Financial protection** (SDG Indicator 3.8.2)

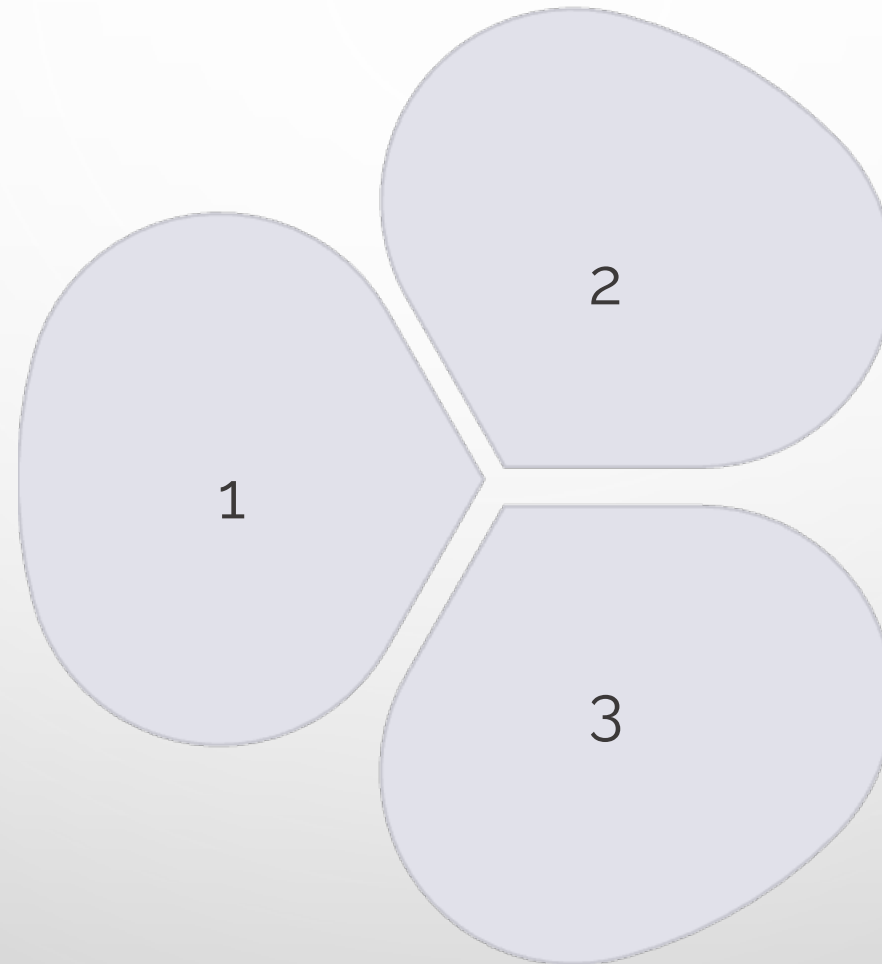


# Public vs. Out-of-Pocket Spending Relationship

## Public Spending

Represented 61% of total health spending in LAC region in 2021

Increased significantly during COVID-19 pandemic



## Out-of-Pocket Spend

Decreased to 30.1% in 2021 from 35-40% in early 2000s

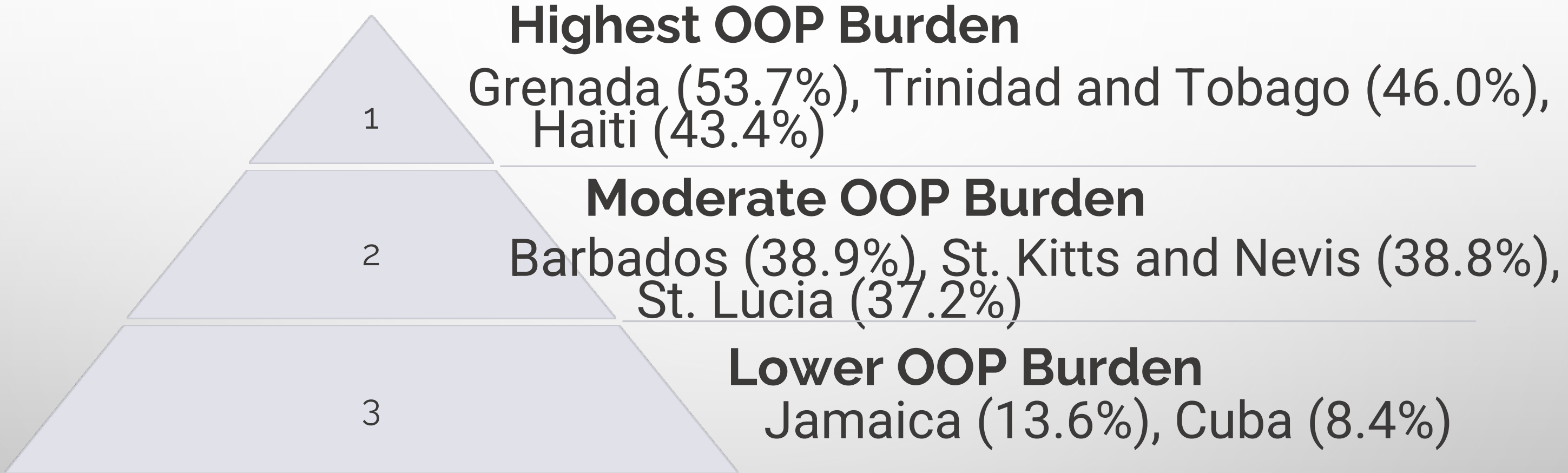
Shows "substitutive relationship" with public spending

## Private Insurance

Comprises remaining portion of health financing

Varies significantly across countries in the region

# Caribbean Countries: OOP Payment Levels



# Universal Health Coverage

The region has high levels of Out of Pocket Payment for Healthcare

UHC speaks to being intentional about:

People- Who is covered?

Services- What is covered?

Protection- How do we prevent financial catastrophe and lack of access



# The Dual Role of Insurance in NCDs

## Addressing Risk Factors

- Lifestyle incentives that promote prevention
- Addressing social determinants of health
- Policy engagement to create healthier environments

## Supporting Access to Care

- Screening coverage for early detection
- Affordable medications and services
- Financial protection for patients



# The Caribbean Paradox

## Paradise

Biodiverse marine ecosystems support tourism and fisheries.

Unique cultures draw visitors from worldwide.

Coastal communities maintain traditional practices dating back centuries.

NCD progress through multisectoral response

## Peril

Extreme weather events growing in frequency and intensity.

Sea level rise threatens infrastructure.

Limited evacuation options when disasters strike.

NCD Threat with extreme weather and infectious disease outbreaks as intensifiers

# Takeaways

The Caribbean burden of NCDs is significant despite progress.

Climate Change can increase the NCD burden

Public health spending is below the 6.0% of GDP target, limiting UHC.

Out-of-pocket payments are too high.

Two ways that insurance can reduce the NCD burden:

- continuing to supporting access to care
- by addressing risk factors

# RESOURCES

- PAN AMERICAN HEALTH ORGANISATION. NCDS AT A GLANCE 2025. NCDS SURVEILLANCE AND MONITORING: NONCOMMUNICABLE DISEASE MORTALITY AND RISK FACTOR PREVALENCE IN THE AMERICAS
- BERNHARDT ET AL. "EMPIRICAL EVIDENCE OF THE EFFECTS OF CLIMATE CHANGE ON NCDS: A LITERATURE REVIEW" *REVIEW OF ECONOMICS*, VOL. 75, NO. 2, 2024, PP. 71-108.

# RESOURCES

- TAN, M.M.J., HAN, E., SHRESTHA, P. *ET AL.* FRAMING GLOBAL DISCOURSES ON NON-COMMUNICABLE DISEASES: A SCOPING REVIEW. *BMC HEALTH SERVICES RESEARCH* 21, 20 (2021).
- WORLD HEALTH ORGANIZATION; 2024. TACKLING NCDS: BEST BUYS AND OTHER RECOMMENDED INTERVENTIONS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES, SECOND EDITION.

# RESOURCES

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THANK YOU