



## INTRODUCTION

# Series on Latin America and the Caribbean 2007 sponsored by the InterAmerican Heart Foundation

Non-communicable diseases, particularly cardiovascular diseases, diabetes, and certain cancers, now rank as the leading cause of death in the Latin American region. There are 95 million smokers in Latin America and the Caribbean and approximately 506,000 die every year from this cause. Urbanization, motor transportation and other factors have increased rates of overweight, obesity and physical inactivity. Hypertension remains largely untreated. Diabetes prevalence is reaching epidemic proportions. These diseases and risk factors, once associated with the affluent, are increasingly associated with the lower and middle socio-economic groups. The rise of morbidity, mortality and financial burden from chronic diseases has been resistant to simple or narrowly focused interventions. Change requires strong socio-ecologic, structural interventions that reshape the environment in which people live.

The InterAmerican Heart Foundation chose to focus this series of articles regarding Latin America and the Caribbean on prevention through policy and ecological and structural changes to reduce the primary risk factors for cardiovascular disease, i.e., tobacco, unhealthy diet and sedentary lifestyle, as well as conditions that predispose people to heart disease and stroke, i.e., diabetes, hypertension and dyslipidemias. Its principal objectives are:

- To inform health professionals and policy makers of the unique situation regarding cardiovascular diseases including stroke in Latin America and the Caribbean. The region is still undergoing an epidemiological transition, but facing a double burden of diseases (infectious and chronic). Its unique genetics and indigenous populations create a very diverse backdrop.

- To showcase policy interventions that can short-circuit systems and allow for fast, more effective change in the region.
- To note what civil society can do to reduce the epidemic of cardiovascular diseases including stroke. Ultimately these changes are the responsibility of governments, but organizations such as the InterAmerican Heart Foundation and its members and networks can be powerful advocates for policy change, including health system reform, human resources, and ‘‘whole-of-government’’ approaches.

The InterAmerican Heart Foundation has focused increasingly on advocacy for policy change. In research, it has aimed to ensure research results support advocacy actions. In particular in the area of tobacco control, its efforts have included capacity building throughout the region on the Framework Convention on Tobacco Control and more recently on the implementation and monitoring of this treaty. The Foundation has taken many actions to encourage the enactment and enforcement of 100% smoke-free environments.

The CARMELA Study, to be published later this year, is unique in the region in that it provides prevalence data on risk factors for heart diseases and stroke in seven major Latin American cities, using proper sampling methodologies and standardized measurement instruments that allow comparability between cities. The results from this study will allow a better understanding of the epidemiological situation in the region and will support policy change in healthcare as well as lifestyle changes.

This series of articles is another effort to provide a perspective that calls to action all those who hold the keys to a healthier population in Latin America and the Caribbean.

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