



# Equity and Prevention of Cardiovascular Diseases in Latin America and the Caribbean

**EDITORIAL**

]u[ubiquity press

**EUGENIA RAMOS** **MONICA ANDREIS****CRAIG BEAM****RONNIE BISSESSAR****DEBORAH CHEN****MARIELBA CORDIDO****JAVIER VALENZUELA****ANDREAS WIELGOSZ** **NATHAN WONG**

\*Author affiliations can be found in the back matter of this article

## ABSTRACT

Non-communicable diseases, particularly cardiovascular diseases, are the leading cause of decreased life expectancy and death in Latin America and the Caribbean. Although a lifestyle, which includes no tobacco use, good nutrition, and regular physical activity is touted as key to health, the environmental, racial, social and economic conditions, which underpin lifestyle are often ignored or considered only secondarily. Placing the main responsibility on a patient to change their lifestyle or to simply comply with pharmacological treatment ignores the specific conditions in which the individual lives. Furthermore, there are major disparities in access to both healthy living conditions as well as access to medical care.

There is sufficient evidence to support advocating for policies that support healthy living, particularly healthy food choices. Progress is being made to improve the food environment with enactment of front of package nutritional labels. However, policies were enacted only after intense regional research and advocacy supporting their implementation.

Government officials must rise above the pressures of commercial interests and support health-promoting policies or be exposed as self-interest groups themselves. Strong advocacy is required to persuade officials that all policies should take health into consideration both to improve lives and economies.

## CORRESPONDING AUTHOR:

**Andreas Wielgosz**

University of Ottawa Faculty of Medicine, CA

[wielgosz@uottawa.ca](mailto:wielgosz@uottawa.ca)

---

## KEYWORDS:

Advocacy; Prevention of Cardiovascular Diseases; Latin America; Caribbean; InterAmerican Heart Foundation

## TO CITE THIS ARTICLE:

Ramos E, Andreis M, Beam C, Bissessar R, Chen D, Cordido M, Valenzuela J, Wielgosz A, Wong N. Equity and Prevention of Cardiovascular Diseases in Latin America and the Caribbean. *Global Heart*. 2022; 17(1): 35. DOI: <https://doi.org/10.5334/gh.1123>

Non-communicable diseases (NCD), particularly cardiovascular diseases (CVD), are the leading cause of decreased life expectancy and death in Latin America and the Caribbean (LAC) [1]. Although a lifestyle, which includes no tobacco use, good nutrition, and regular physical activity is touted as key to health, the environmental, racial, social and economic conditions, which underpin lifestyle are often ignored or considered only secondarily. Placing the main responsibility on a patient to change their lifestyle or to simply comply with pharmacological treatment ignores the specific conditions in which the individual lives. Furthermore, there are major disparities in access to both healthy living conditions as well as access to medical care. Access is predicated not only on availability but also on awareness, opportunity, and affordability, with significant disparities in each of these. Some demographic groups are affected more than others, notably Indigenous peoples, those of low socioeconomic status, women, and immigrants who are generally of a racial or religious minority group.

In 2017 the InterAmerican Heart Foundation, with support from the World Heart Federation, initiated a survey of the CVD and NCD policy landscape in the LAC region. The LAC Civil Society Scorecard project, currently being updated, gathered data from 12 countries about main indicators and policies affecting CVD, related NCD, and their main risk factors [2]. The study revealed that few countries measure inequities in morbidity and mortality rates due to NCDs and that a lack of information on care gaps for primary and secondary prevention and for treatment is common. Few countries have information about the proportion of their at-risk population that has periodic medical checkups and/or know their risk factor levels, even after events such as heart attacks. Most countries do not adequately measure the quality of care provided to patients. Only four countries had legislation mandating CVD medicines at fully affordable prices or at no cost, while three had only some provisions in place to address access and cost. These data likely signal widespread inequities and low standards of care that are often not even measured, let alone prioritized for improvement.

There is, however, sufficient evidence to support advocating for policy interventions that ban the marketing of unhealthy foods and beverages to children and inform consumers about critical nutrients such as sugar, salt, saturated and trans fats. However, progress is slow. Expectations are high that governments, whether local, regional, or national, will prioritize and act on policies supporting health. Since ratification of the WHO Framework Convention on Tobacco Control (FCTC) in 2005, many countries in the region have enacted comprehensive tobacco control laws, most recently Bolivia [3]. New laws address health warnings, advertising bans and higher tobacco taxes as well as smoke-free environments in workplaces and public spaces but it is necessary to advance on these policies faster.

Progress is being made to improve the food environment with enactment of front of package nutritional labels (FOPL) in Chile, Ecuador, Peru, Mexico, Uruguay and now Argentina [4]. FOPL effectively convey information to consumers, improving their ability to make healthier choices while also inducing reformulation of products by manufacturers. However, policies were enacted only after intense regional research and advocacy supporting their implementation.

Oftentimes, however, even after being provided with the best scientific evidence and strong recommendations, governments succumb to pressures from commercial interest groups blocking or reversing important public health decisions. In Jamaica, an earlier vote supporting the 'high in' octagon FOPL model was reversed, likely due to industry interference. This decision was upheld by the Cabinet, leading Jamaica to vote against it [5]. In Brazil, the inter-ministerial commission in charge of coordinating FCTC implementation was excluded from the 9<sup>th</sup> meeting of the Conference of the Parties to the FCTC this past year [6].

Government officials must rise above the pressures of commercial interests and support health-promoting policies or be exposed as self-interest groups themselves.

Finally, another area of yet unmitigated inequities is the early detection and treatment of comorbidities associated with CVD. Unequal access, availability and cost of newer treatments are enduring barriers that have challenged countries in the region for decades.

Inequities must be addressed to meet the SDG 2030 goals [7]. With governments focused on economic priorities and limiting expenditures, budgets for health are at risk of being significantly curtailed. Furthermore, the return on investment in health is longer term and often too long to secure re-election, which is a priority for elected government officials. Therefore, strong advocacy is required to persuade officials that all policies should take health into consideration both to improve lives and economies.

## FUNDING INFORMATION

InterAmerican Heart Foundation received \$40,000 from the World Heart Foundation in 2017 to work on the Scorecard project mentioned in the article.

## COMPETING INTERESTS

The authors have no competing interests to declare.

## AUTHOR AFFILIATIONS

**Eugenia Ramos**  [orcid.org/0000-0002-9770-0059](https://orcid.org/0000-0002-9770-0059)

InterAmerican Heart Foundation, US

**Monica Andreis**

ACT Promoção da Saúde, BR

**Craig Beam**

InterAmerican Heart Foundation, US

**Ronnie Bissessar**

Trinidad and Tobago heart Foundation, TT

**Deborah Chen**

Heart Foundation of Jamaica, JM

**Marielba Cordido**

Fundación Venezolana del Corazón, VE

**Javier Valenzuela**

InterAmerican Heart Foundation, US

**Andreas Wielgosz**  [orcid.org/0000-0002-9533-7022](https://orcid.org/0000-0002-9533-7022)

University of Ottawa Faculty of Medicine, CA

**Nathan Wong**  [orcid.org/0000-0003-1102-7324](https://orcid.org/0000-0003-1102-7324)

University of California Irvine, US

## REFERENCES

1. **Barceló A.** Cardiovascular diseases in Latin America and the Caribbean. *The Lancet. Comment.* 18 Aug 2006; 368(9536): 625–626. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69223-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69223-4/fulltext) (accessed 22 November 2021). DOI: [https://doi.org/10.1016/S0140-6736\(06\)69223-4](https://doi.org/10.1016/S0140-6736(06)69223-4)
2. Scorecard Project: an analysis of the situation and progress on CVD and NCDs in Latin America and the Caribbean from a civil society perspective. InterAmerican Heart Foundation. June 2018 (unpublished manuscript).
3. **Law 1280, February 13, 2020.** Law on the Prevention and Control of the Consumption of Tobacco Products (Ley N° 1280 del 13 de febrero de 2020. Ley de Prevención y Control al Consumo de los Productos de Tabaco). [http://www.silep.gob.bo/norma/15818/ley\\_actualizada](http://www.silep.gob.bo/norma/15818/ley_actualizada) (accessed 21 December 2021).
4. **Official Bulletin, Republic of Argentina.** Law 27642 - Promotion of healthy nutrition (Ley 27642 de Promoción de la Alimentación Saludable). Buenos Aires, Argentina; 27 October 2021. <https://www.boletinoficial.gob.ar/detalleAviso/primera/252728/20211112>. (accessed 21 December 2021).
5. Letter of the Day – Put people, rather than trade interests first. *The Gleaner*, Letter to the Editor. Published: 27 September 2021. <https://jamaica-gleaner.com/article/letters/20210927/letter-day-put-people-rather-trade-interests-first> (accessed 14 December 2021).
6. At COP 9, the tobacco industry wins, but does not take. (Na COP 9, indústria do fumo ganha, mas não leva). *O Joio e o Trigo*. <https://ojoioetrigo.com.br/2021/11/na-cop-9-industria-do-fumo-ganha-mas-nao-leva/> (accessed 15 December 2021).
7. **Progress towards the Sustainable Development Goals - Report of the Secretary-General. 23 July 2020–22 July 2021.** High-level political forum on sustainable development, convened under the auspices of the Economic and Social Council. 2021 Session, Agenda item 6. [https://sustainabledevelopment.un.org/content/documents/28467E\\_2021\\_58\\_EN.pdf](https://sustainabledevelopment.un.org/content/documents/28467E_2021_58_EN.pdf) (accessed 21 December 2021).

### TO CITE THIS ARTICLE:

Ramos E, Andreis M, Beam C, Bissessar R, Chen D, Cordido M, Valenzuela J, Wielgosz A, Wong N. Equity and Prevention of Cardiovascular Diseases in Latin America and the Caribbean. *Global Heart*. 2022; 17(1): 35. DOI: <https://doi.org/10.5334/gh.1123>

**Submitted:** 17 January 2022

**Accepted:** 09 May 2022

**Published:** 02 June 2022

### COPYRIGHT:

© 2022 The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC-BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See <http://creativecommons.org/licenses/by/4.0/>.

*Global Heart* is a peer-reviewed open access journal published by Ubiquity Press.