

A photograph of a hospital room with a blue wall and a gurney. The room is dimly lit, with a bright light source on the right side of the frame. The gurney is positioned in the center of the room, and its reflection is visible on the floor. The overall atmosphere is somber and clinical.

LLYC

HABITS THAT CAN COST YOU YOUR LIFE:THE EPIDEMIC OF NONCOMMUNICABLE DISEASES

**PUBLIC POLICIES, PLANS, EXPERT OPINIONS AND OPPORTUNITIES TO IMPROVE
COMMUNICATION AND CONNECT WITH PEOPLE TO INFLUENCE MODIFIABLE FACTORS**

November, 2022

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Note: This report was put together by LLYC Healthcare's team of consultants in 7 countries. Documentary information published on official sites was reviewed and experts from medical societies, unions, companies and civil society organizations were interviewed to identify opportunities to fight noncommunicable diseases, from the perspective of communication, public affairs and digital marketing and in a collaborative environment, contribute with proposals to improve the lives of thousands of patients in Latin America.

PREAMBLE TO THE REPORT

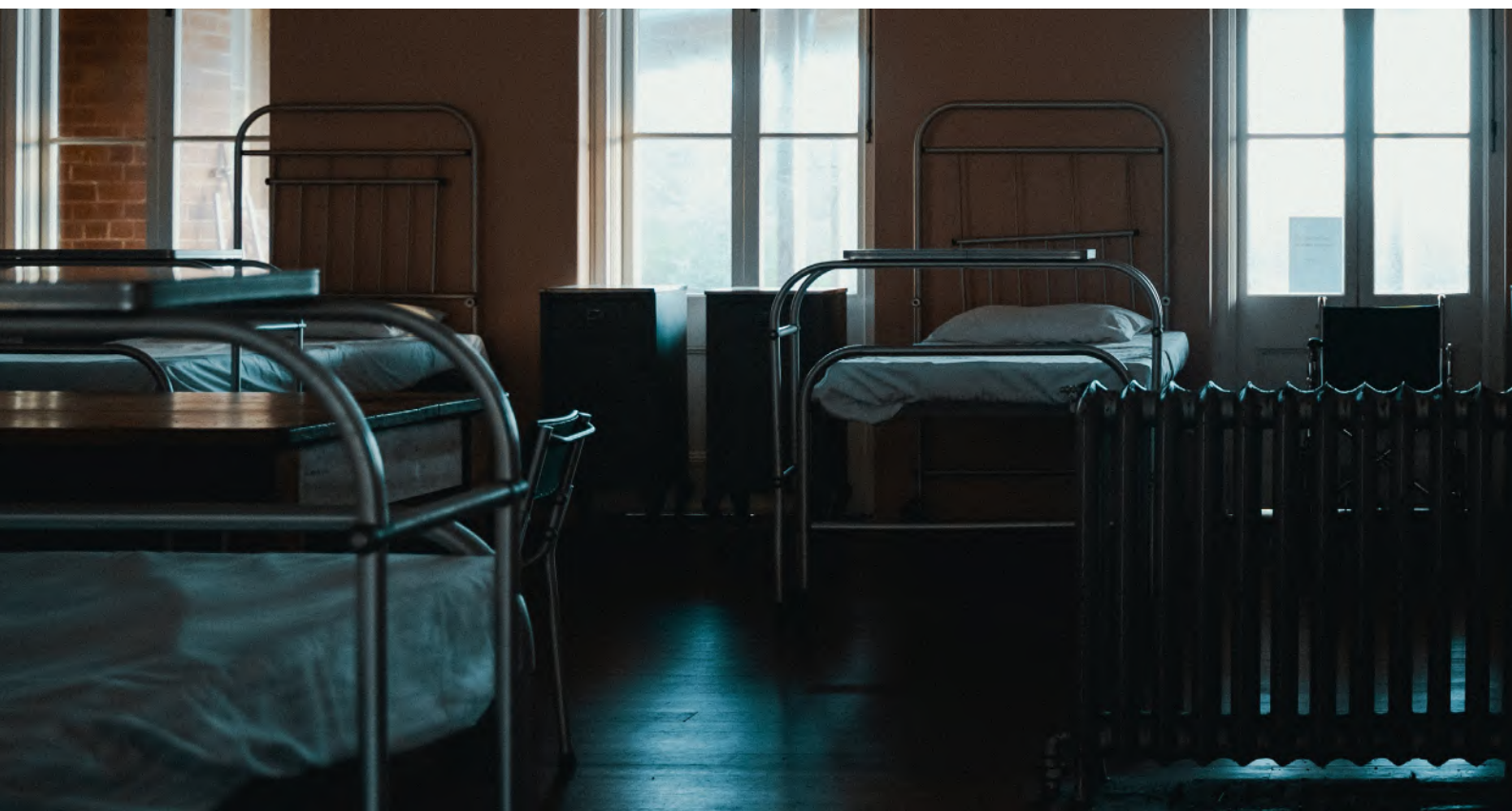
Those who have heard of the “Ice Bucket Challenge” will surely remember how some celebrities went viral on social media by pouring a bucket of ice water over themselves, with the intention of creating awareness and raising funds for the fight against amyotrophic lateral sclerosis (ALS). This initiative achieved the participation of 17 million people with donations from around the world, raising more than 115 million dollars in the US alone. Social media has the ability to connect with millions of people to highlight projects that can influence the behavior of different audiences, including the youngest.

Noncommunicable Diseases impact the life quality of millions of people and generate high expenses for Healthcare Systems. Although it has been widely discussed and public policies and communication campaigns have been designed to try to stop the impact of these diseases, the epidemic continues to grow. New alternatives and channels must be considered urgently and we must bring our society and experts together to fight against this battle.

For this report, policies and action programs (documental research), perceptions and opinions (interviews with experts) focused on the cure of diseases such as diabetes, cardiovascular diseases, respiratory diseases and cancer named by the **Panamerican Health Organization (PAHO)**- such as the major epidemic of our time- were analyzed. The evaluation focused on whether or not the plans and projects are enough to contain **the negative impact on the life quality of those who suffer from them, and if this will help reduce the elevated costs for Healthcare Systems.**

We focus on understanding the impact of modifiable factors and how to get people to take action to improve their life quality. In addition, we review mortality rates, investment in healthcare, and the cost that these diseases represent for health systems.

In order to explore alternatives to achieve an optimal strategy that motivates changes in habits and complements government plans and programs, we consulted **38 experts** in public health, physicians, business representatives and patient groups in **7 Latin American countries.** This report summarizes **the main findings and suggests actions from the perspective of communication, public affairs and digital marketing** to stop this epidemic, achieve a healthier society and reduce the impact of these diseases for health systems.



THE UPTURN OF NONCOMMUNICABLE DISEASES

GLOBAL FIGURES

According to **WHO** data, noncommunicable diseases (**NCDs**) claim the lives of:



41 million
people every year

which is equivalent to:



74% of all deaths globally

Every year, 17 million people die from an NCD before the age of 70:



86% of those premature deaths occur in **low and middle-income countries**.



Of all **NCD** deaths **77%** are in low and middle-income countries.



Tobacco use



Physical inactivity



Harmful use of alcohol



Unhealthy diets

Increase the risk of dying from an NCD.

3

MORTALITY NCDs IN LATAM

Source: WHO-2022

1

Cardiovascular diseases



17,9 million people a year

2

Cancers



9,3 million people a year

3

Chronic respiratory diseases



4,1 million people a year

4

Diabetes



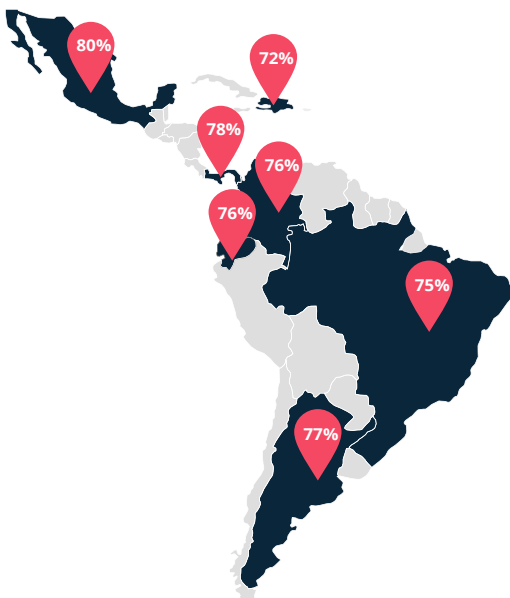
2,0 million people a year
(including deaths from kidney disease caused by diabetes)

These **four groups** of diseases are responsible for over **80%** of all premature deaths from NCDs.

THE MOST AFFECTED COUNTRIES IN LATIN AMERICA

PERCENTAGE OF MORTALITY NCDs IN LATAM

Noncommunicable diseases are the leading cause of death, disability and chronic disease in the Americas region -causing 5.5 million deaths each year- according to **PAHO**, with more than 85% of these “premature” deaths in low and middle-income countries and the elderly (2.2 million people die from this cause before their 70th birthday)



COUNTRY	TOTAL POPULATION	% NCD DEATHS	% RISK OF PREMATURE NCD DEATHS
ARGENTINA	44,781,000	77%	16%
BRAZIL	211,000,000	75%	15%
COLOMBIA	50,339,000	76%	10%
ECUADOR	17,374,000	76%	11%
MEXICO	127,600,000	80%	16%
DOMINICAN REPUBLIC	10,739,000	72%	19%
PANAMA	4,246,000	78%	11%

Source: WHO-2022

The majority of illnesses in Latin America are cardiovascular diseases (such as heart attacks and strokes), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes, which disproportionately affect the inhabitants of these countries, with **Mexico, Panama and Argentina** being the most affected with a percentage of **80%, 78% and 77%** of deaths respectively and the **Dominican Republic**, being the region with the highest risk for premature death with 19% according to the monitoring of Progress in relation to noncommunicable diseases in 2022 published by PAHO.



WHAT'S THE VALUE OF NCDs?

HUMAN AND FINANCIAL COST

The human cost of these diseases is very high and is increasing. Sated by the **NCD Alliance**, a global leading organization with the main goal of promoting the agenda against NCDs and forecasting that the number of deaths from this cause will increase from 41 million this year to 53 million in 2030.

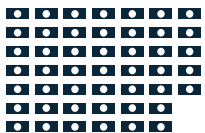
Despite this diagnosis, the association reports that funding for NCDs has stagnated over the last two decades and that investment by governments is very low, data in many countries is irregular and insufficient-a situation that was corroborated during the documentary research for this report. The NCD Alliance also reports the direct and indirect costs that these ailments produce, concluding that **the cost of inaction on NCDs far outweighs the investment required**- with the total estimated cost of the five main NCDs (cardiovascular disease (CVD), chronic respiratory disease (COPD), cancer, diabetes and mental health conditions) being 47 billion dollars between 2010 and 2030, an average of more than 2 billion per year worldwide.

By

2030

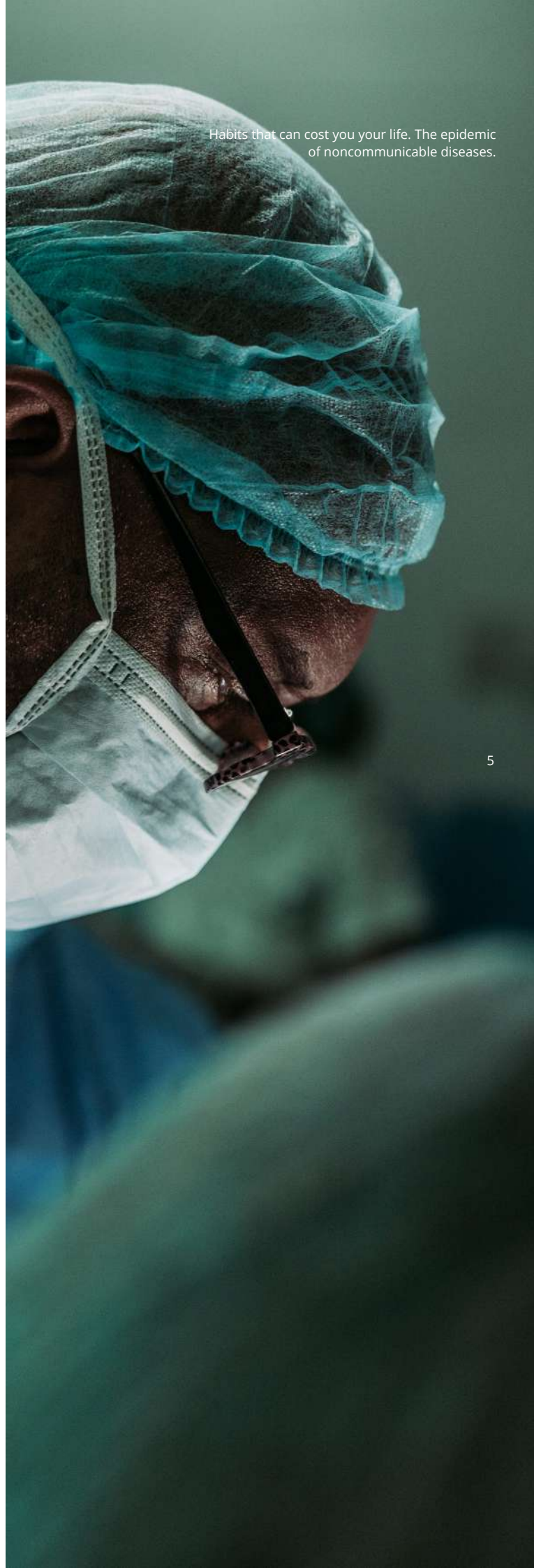


53 million
of deaths



\$47 billion
of cost

Habits that can cost you your life. The epidemic of noncommunicable diseases.



INVESTMENT IN HEALTH IN LATIN AMERICAN COUNTRIES

Health spending in Latin American countries, as well as the capacity of health systems to provide access to good quality services to their population, is considerably uneven. Expenditure varies by more than 4% between the one with the highest investment (Colombia, with 7%) and the one with the lowest (Dominican Republic with 2.8%), as highlighted in the following table:

COUNTRY	GDP ALLOCATION IN HEALTH	YEAR
COLOMBIA	7%	2021
ARGENTINA	5.9%	2019
ECUADOR	4.3%	2017
PANAMA	4.3%	2017
BRAZIL	3.9%	2019
MEXICO	3.3%	2020
DOMINICAN REPUBLIC	2.8%	2017

Colombia is the country that has shown the highest growth in the allocation of its GDP to health, since the year 2000 when it stood at 5.31% in comparison to 7% in 2021. We predict that this will continue to increase by 2030 exceeding 8% of national production. This increase in the sectoral budget is accompanied by multiple financial pressures as a result of the accelerated aging of the population, technological changes and the increase in the demand for services.

It is followed by **Argentina**, one of the few countries analyzed that allocates a specific budget towards Prevention and Control of Chronic Noncommunicable Diseases of 1.51% of the current budget for the National Ministry of Health in 2022, equivalent to

about \$8.4 billion pesos. This budget allocation has remained relatively constant in budgetary terms, being 1.40% in 2021 and 1.51% in 2020. However, people are diagnosed with an NCD late.

Ecuador and Panama share the same budget allocation, although the difference in their population is of 13 million inhabitants, which shows the need to establish a reference budget for the care of noncommunicable diseases, especially in the Ecuadorian country, since the expense is destined only to general attention of the system. Meanwhile, in **Brazil**, to cover all the financing needs of the Unified Health System (SUS), as well as the 8.8 billion reais (\$1.5M) of expenses with the 1.8 million hospitalizations caused by NCDs, public spending in health must reach values equivalent to at least 4.7% of the Gross Domestic Product (GDP) in 2030.

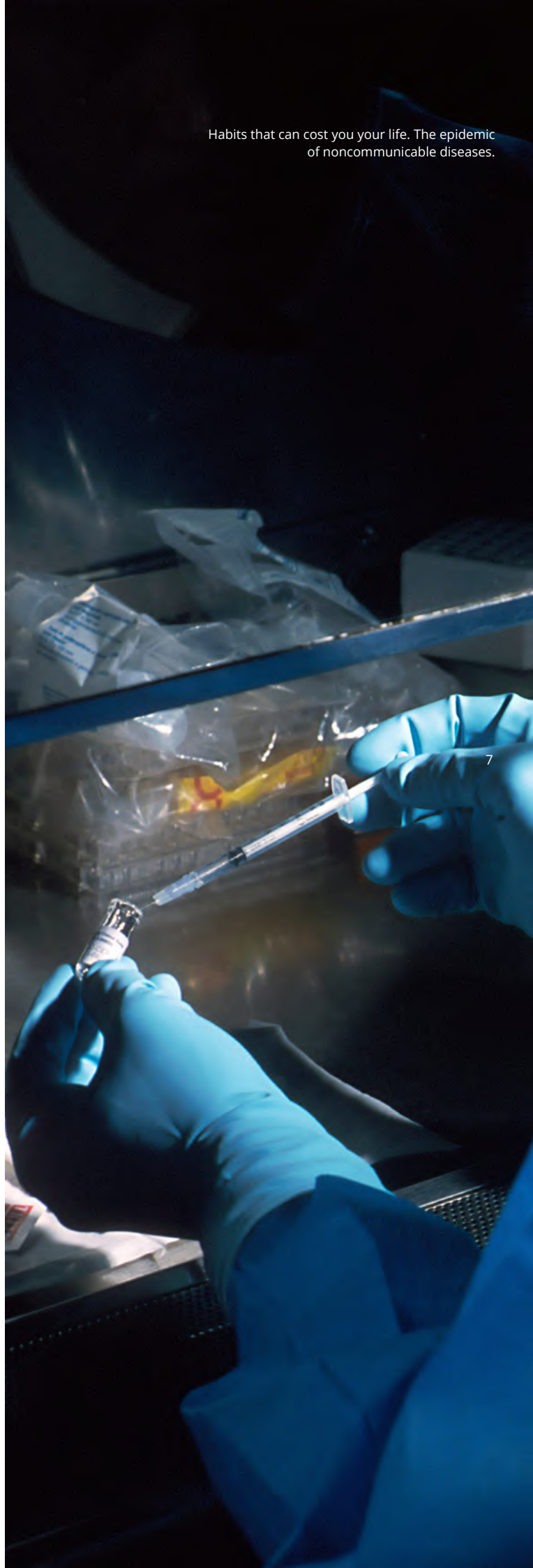
As for **Mexico**, the Panamerican Health Organization (PAHO) pointed out that the country spends **3% of its GDP** allocated to the health sector, which is insufficient according to said multilateral organization. Based on the Federation Expenditure Budget for 2022, health spending in proportion to **GDP represents 2.8%.**

On the bottom rung is the **Dominican Republic**, and even though it received a stimulus in 2020 as a result of the willingness to counteract the effects and consequences of the COVID-19 pandemic, it is still behind compared to the other countries in the region. Although much has been addressed regarding low investment in healthcare in respect to the GDP of Latin American countries and the need to increase it, this digit still falls short.



One of the greatest lessons learned from the pandemic was about investment in infrastructure, medicines and vaccines made by governments, in addition to public policies and specific action plans, which made it possible to face this public health threat and achieve economic recovery, since it was undoubtedly proven that a healthy society has an impact on the economic well-being of a nation. Consequently, it is necessary to continue insisting on the need for resources to be able to strengthen health **systems, demonstrating the impact of a preventive approach, but leadership is required that has not yet been identified and that can come from governments, the medical community, multilateral organizations, civil society and even from industry and its unions.**

This analysis reveals that there is a mismatch between the needs of patients suffering from these diseases and the resources allocated to act on them. Although there is a universal commitment to reduce premature mortality from these ailments by a third by 2023, which is included in the Sustainable Development Goals, shortening the investment gap for people living with NCDs remains one of the main challenges for the Americas region, where most countries still do not have a budget allocated to this specific strategy and **do not comply with the PAHO recommendation, according to which all countries in the region must reach a public investment in health equivalent to 6% of the GDP by 2027.**



CAUSES AND MODIFIABLE FACTORS

HEALTHY LIFE AND BODY

MODIFIABLE AND AVOIDABLE BEHAVIORS

Surprisingly, the top four risk factors for these diseases are **modifiable** and **avoidable behaviors** such as **tobacco use, physical inactivity, unhealthy diets, and harmful use of alcohol**- and although there are policies and programs in place, these behaviors have not been effectively affected.



In the Americas region, the 2019 **Global Burden of Disease** study reports that more than half of the population in the region suffers from being overweight or obese and 1 out of 10 adults suffer from diabetes- making this average larger than the world's. In addition, NCDs account for 8 out of 10 deaths in Latin America and the Caribbean (LAC) and 7 out of 10 deaths in the Andean region. This means that, "to this day, the amount of deaths from noncommunicable diseases in LAC is at least two times greater than the amount of deaths accumulated by COVID-19 estimated for the region," according to health specialists from the **Inter-American Development Bank** in an **article** from November 2021.

Therefore, prevention and control of noncommunicable diseases can **contribute significantly to achieving a healthier society and reducing the impact of these diseases for healthcare systems, and educating the population about risk factors as well as considering healthy habits as a fundamental aspect**, according to most of our interviewees. "Lifestyles need to be changed, and that is achieved with educational measures at their youngest stages, from kindergarten, and with public healthcare measures," highlighted **Ezequiel Forte, a cardiologist and member of the Argentine Society of Cardiology (SAC)**.

However, these are not the only factors-there are also other drivers such as: ethnicity, gender, educational level and socioeconomic status that determine access to healthcare services and health outcomes, as well as late diagnosis. According to our specialists interviewed in **Mexico**, there are other challenges such as medical infrastructure that limit the detection and treatment of cancer, one of the most frequent NCDs, due to the difficulty in accessing health services and available technology, as well as accessibility to medical centers and the lack of specialists and medications. In this sense, **Gabriel Martínez, Director of Public Affairs of the Mexican Association of Pharmaceutical Research Industries**, shares that "pharmaceutical innovation has been fundamental to increasing life expectancy of societies. Many NCDs have changed their meaning in just a few years from being diseases that involved early mortality or a complicated and painful prognosis to becoming chronic diseases, providing quality of life, fewer complications and greater wellbeing. Timely access to innovation means prevention, patient in therapeutic control, counteracting or even curing some of these diseases."

EXPERT'S VISION TOWARDS A PREVENTIVE HEALTH SYSTEM

Out of the **38 experts who have participated in this report, 31 of them** highlight the need to promote prevention through continuous programs for young people and define the current **promotion and prevention in health strategies as insufficient**. Likewise, when asked to identify the greatest challenge for the region's health systems, the interviewees responded that the current health systems are more focused on healing rather than on preventing, and highlighted that the biggest challenge is the lack of information they have about these diseases, over three thirds of the people blame this lack of information/education on the general public, saying that they fall ill and go to the doctor in late stages.

In Mexico, Rafael Gual, General Director of the National Chamber of the Pharmaceutical Industry (CANIFARMA), agrees with this statement and specifically mentions that the country lacks an efficient regulatory framework to guarantee expanded neonatal screening—a procedure that is carried out to discover apparently healthy newborns, who already have a disease that will cause serious damage over time, before they manifest it to be able to treat it, avoiding or lessening its consequences—. He also mentioned that “people do not have the habit of taking frequent preventive laboratory tests, so many patients with diabetes and other NCDs are diagnosed long after contracting the disease. This leads to complications of the disease and even the death of the patient.”

For María Alejandra Iglesias, chairwoman of the “Asociación Civil Sostén” for people who are ill with cancer in Argentina, “getting care as soon as possible is key. Being able to have appointments in the shortest time possible rather than after two months, is essential for a timely diagnosis. This requires making an investment not only in human resources, but also in the reorganization of those resources and the collection of human resources. We cannot pour the burden on people nor patients- the decision of when their symptomatology requires going to the doctors should fall on them”.

And this is what the numbers show: while in **Argentina** 66.1% of the population is overweight and 32.4% is obese, partly due to the abundant intake of salt, in Ecuador there is an underconsumption of healthy products such as fruits and vegetables (the **Ecuadorian** population consumes 1.1 portions of fruit and 0.9 of vegetables when the optimum

is to consume 5 portions a day between the two) which reflects a latent problem, since 37.9% of the population has problems of being overweight. The same thing happens in **Panama**, according to the study on Prevalence of risk factors associated with cardiovascular diseases (PREFREC), which highlights that only 4.9% of those surveyed consume the **recommended amount and one in five is obese. In Brazil**, according to a study by the Federal University of Minas Gerais (UFMG), the forecast is that, by the end of this decade, 68.1% of the population will be overweight, with 29.6% having some degree of obesity, 9.3% in classes II and III (serious or morbid).

In the case of the Dominican Republic, the latest statistics published in 2021 identify that in 2017, 30.8% of the population over the age of 18 suffered from hypertensive diseases (MSP, 2021; ENPREFAR-HAS, 2017), while 4.5% of Dominicans live with diabetes, in part, caused by a “lack of education regarding eating habits and physical activity,” according to **Ilonka Inoa, clinical nutritionist and Doctor of Medicine from the Technological Institute of Santo Domingo**. This is why **Alicia Troncoso, a Dominican endocrinologist**, insists that “Hospital care for our patients must be improved, educational programs for the prevention of these conditions must be created and an adequate and precise therapeutic arsenal must be available for the entire population with limited resources, for the control of diabetes mellitus and high blood pressure”.

Whereas in **Colombia**, interviewees consider that the risk factor that has the greatest impact in the country is a sedentary lifestyle, the harmful consumption of alcohol and smoking, which are very present dynamics in said society. Meanwhile, **Christian Acosta**, Colombian general practitioner specialized in the emergency service and ICU, calls for factors such as air pollution, water pollution and carcinogenic precursors in food to be considered in the discussion about NCDs. This is supported by the **chairwoman of the Brazilian Society of Food and Nutrition (SBAN) and nutritionist, Sueli Longo**, who points out that:

“Investing in healthy lifestyle habits is possible at any age and educating children in a healthier lifestyle is caring for a future with better physical, mental and social health and well-being.”

PUBLIC HEALTH POLICIES IN LATAM

WHAT ABOUT PUBLIC HEALTH POLICIES IN LATAM THAT ARE FOCUSED ON FIGHTING THESE DISEASES?

Of the **7 countries analyzed** throughout this report, 3 of them have specific action plans to prevent, detect or treat NCDs, with the exception of **Mexico, Ecuador, Panama and Colombia**, who have general actions within their national health plan to address these diseases and raise awareness of risk factors, but do not establish a clear plan with a budget assigned to fight these diseases.

Particularly, **Colombia**, has several public policy actions that have an impact on this type of disease, such as the National Food Safety Policy, Law 1335 of 2009 against the consumption of tobacco and the Obesity Law. Nevertheless, the most notable is the **Ten-Year Public Health Plan**, whose 2012-2021 version is still valid, and the publication of the one corresponding to the 2022-2031 period is pending. However, given that the new government has a recent administration, changes in the country's public policies on health can be expected.

The new president believes that it's important to work on a preventive system that can lower the rates of disease, morbidity and mortality and seeks to prioritize a system in which measures are taken against malnutrition, drinking water and the availability of fresh clean air. The health minister **Carolina Corcho** has pointed out the role of sugary drinks in the appearance of this type of disease, which is why she agrees on establishing taxes on this type of drink. This initiative is supported by several Argentinian interviewees such as **Ezequiel Forte**, who adds that "taxes could be removed from vegetables and fruits." Likewise, experts from this country shared as an example the transforming power of public policies such as the one carried out against smoking, the only indicator of risk factors that has improved in recent years in Argentina thanks to a series of measures that managed to impose a true cultural change in the population, such as the increase in the price of cigarettes, the regulation that requires not to smoke in closed spaces or regulations for advertising on cigarette boxes showing the detrimental impact on health.

The country of the Casa Rosada is one of the few that has a **NonCommunicable Chronic Diseases Approach Plan**, which works with programs such as: nutrition, Prevention and Assistance to Diabetes or School Health and that is framed by the Ministry of Health with other areas of government, NGOs' and Scientific Societies. However, it doesn't seem to bring down the fragmentation problems **highlighted by scientific experts who believe that there's inequality in access to care, medicines and information by patients** and highlight the need for medical services that have a better understanding towards the care of NCD.

Meanwhile, in the country with the most population out of all Latin America, with **211 million Brazilians** in 2020, the Ministry of Health launched the **2021-2030 Strategic Action Plan to Address Chronic Diseases and Noncommunicable Diseases**. The program reviews the guidelines for preventing NCD risk factors and promoting citizen's health, with the aim of mitigating inequalities in access to health. However, society is still far from having effective primary care, both on the part of the healthcare system, which does not adequately monitor the individual, and in relation to the patient, who does not accept the conditions of these diseases and the need for treatment. **The lack of adherence to pharmacological treatment by patients is considered a public health problem and has been called the "invisible epidemic"**, ranging between 15% and 93% for carriers of chronic diseases, with an estimated mean of **50%**.

Similar to Brazil's case, we encounter **Dominican Republic**, who, with the technical support of PAHO/WHO, led the multisectoral dialogues for the preparation of the **2019-2024 National Plan for the Prevention and Control of Noncommunicable Diseases**, promoted by the Ministry of Public Health and designed through multisectoral consultations with citizens, the non-governmental and private sectors, including representatives of specialized societies. This plan includes nine national goals for 2024, on which preventive measures are established to improve the quality of life and achieve a 12% reduction in premature mortality.

In **Mexico**, the **2020-2024 Health Sector Program** does not establish any national public policies on NCDs, but rather sets out specific actions to improve coverage, equitable access and quality of health services for timely diagnosis and treatment of NCDs to reduce its incidence among the general public. These are accompanied by **four current public policies with a federal budget** for the 2020-2024 Prevention and Control of Overweight, Obesity and Diabetes, Prevention and Control of Chronic Respiratory Infections, 2020-2024 Cardiometabolic Diseases (CDE) —which includes the participation of the private sector, but only through educational actions on CDE issues, in women and men aged 20 and over— and cancer prevention and control.

The National Center for the Health of Children and Adolescents and the National Center for Gender Equity and Reproductive Health are responsible for the execution of the past public policy. Both bodies are attached to the Ministry of Health, involving the participation of all health subsystems at the federal level. Nevertheless, **involving the private sector is not contemplated**. **Dr. Jesús González, chairman of the Mexican Society of Public Health**, considers that there is “a lack of coordination in the allocation of budgets that allow the materialization of the numerous public policies that have been announced by various governments” and “recognizes that the **communication campaigns will never be enough** if the resources that allow the implementation of public policies are not allocated correctly.”

Ecuador has no reference budget for NCD care, since the expense is permanently allocated to the general care of the system with programs promoted side by side with other organizations, as in the case of the **HEARTS initiative**, a program promoted by PAHO that seeks to progressively integrate into public health institutions at the regional level and tries to prevent and control cardiovascular diseases. The Ministry of Health fights against diseases such as diabetes and cancer, promoting other types of

initiatives such as the “Law of Prevention, Protection and Comprehensive Care for people with diabetes” project and the Cooperation Agreement with St. Jude Children’s Research Hospital, with the aim of promoting joint actions for the benefit of children with cancer.

Lastly, in **Panama**, the latest program is the **2016-2025 National Health Policy**. Included in this plan are some attention programs and actions on Modifiable Factors for tobacco control (Law No.5 of November 14, 1995, which establishes the tax base of the Selective Tax on Cigarette Consumption), the **HEARTS Healthy Habits Promotion**, launched in 2021, the **CSS Diabetes Clinic Program and the CSS “Exercise” program** in conjunction with the Panamanian Sports Institute (PANDEPORTES), which seeks to maintain or rehabilitate the physical health of patients through exercises to improve their mobility.

Emma Pinzón, Chairwoman of the Rheumatoid Arthritis Foundation of Panama, says that it’s necessary to “strengthen primary care to improve diagnosis timing and control in the first phase of hypertension, diabetes and other noncommunicable diseases, as well as ensuring that investment in healthcare in Panama is 8% of GDP and that the budget allocated to health is executed efficiently so that there are more programs for the control of obesity, the consumption of alcoholic beverages, tobacco and other toxic substances; promoting exercise and other activities for mental health and stress management.

Luis Alfredo Mendoza, Medical Manager of GSK Colombia, suggests the solution of “eliminating the administrative barriers that restrict access to health technologies and building a public policy to promote healthy lifestyles in all age groups, increasing the value of the UPC, which is an annual value that is recognized by each entity affiliated with the general social security health system (SGSSS) to cover the benefits of the Compulsory Health Plan (POS)”.



This is supported by **Mariana Carvalho Del Águila, Patient Advocacy Coordinator at Bayer**, who suggests: “Greater availability of resources and training with a distribution proportional to the number of people in each region, and not based on the amount of money generated in public coffers.”

There is a lack of synchronization and disparity in the way laws are designed and when it comes to establishing public policies with reference to a **National Plan for the Prevention and Control of Noncommunicable Diseases, as in the case of the Dominican Republic, Brazil and Argentina**, who have assigned an updated public policy and specific action plans and, although there has been progress, the result is that objectives that can drastically reduce the impact of these diseases are not achieved, especially by improving the modifiable factors, which are responsible for a high weight in quality and cost for people and systems.

In countries such as **Colombia and Brazil**, where there has recently been a change of government, there is greater uncertainty about future plans, although in the speech the Colombian president gave, he mentions designing a preventive health system with a pharmaceutical policy, which we hope will prioritize the guarantee of innovative medicines and timely diagnosis for patients.

Without a doubt, **if the private sector, civil society groups, the medical and scientific community, and academia are involved in a more collaborative environment**, it would be possible to more effectively achieve the objectives set by multilateral organizations such as WHO/PAHO, since, as some experts point out, there are many efforts that sometimes seem to compete with each other in the prevention and care of NCDs.



MORE PREVENTION CAMPAIGNS

EDUCATION AND RESOURCES FOR PRIMARY CARE ARE NEEDED

38 experts from different medical specialties, unions, academies, pharmaceutical companies, patients and society groups, with experience or focus on healthcare, treatment or design of public policies gave us their vision on the main challenges to take on NCDs and especially their recommendations to reduce the burden of these diseases.

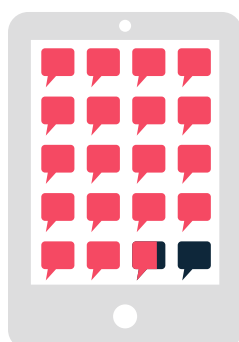
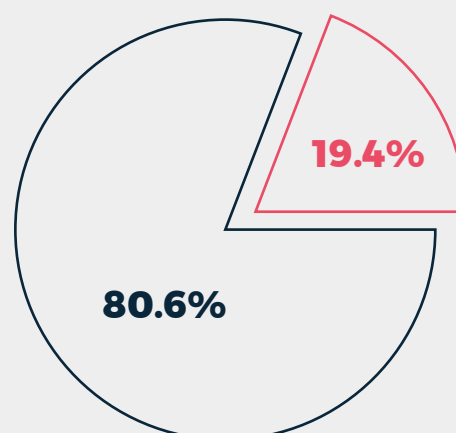
The responses were conclusive: 97% of the participants responded that their first recommendation or requirement for governments would be to focus on prevention to improve the rate of timely diagnosis; 90% mentioned the importance

of creating patient education programs on healthy lifestyles and access to medications; 80% noted the need to improve primary care; and 5% cited the importance of fighting against air and water pollution and being attentive to carcinogenic precursors in food. In the financial field, 30% proposed an increase in investment in the State budget with initiatives such as the imposition of taxes on unhealthy products and diverting the income generated from this to programs to improve the health of the population. Finally, on the promotion and communication side, 80% of the respondents who participated in this report consider that the population is not well informed and that there are very few communication campaigns to educate in an innovative and attractive way, particularly those aimed at the young population, since it is at this age that risk factors are established. And they add that the campaigns do not generally provide the general population with new information or achieve a significant positive cultural change for health. In short, they are insufficient and ineffective.

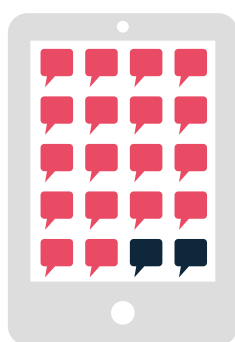
Do you think that the government pays much or little attention to increasing awareness of NCD risk factors?

38 responses

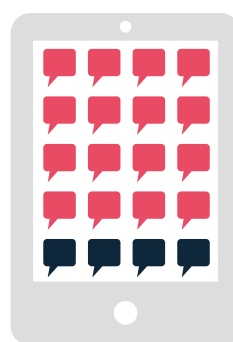
- A lot** (there is enough information, effective communication campaigns, and all sectors are involved, not just the public system)
- B. Little** (not enough information and although campaigns exist, they are not effective, infrequent and do not involve all sectors).
- C. None** (no information, no awareness, no communication campaigns)



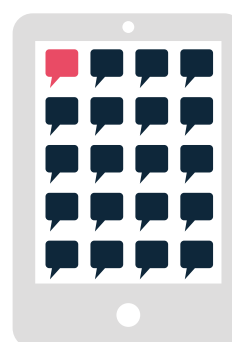
97% OF THE PARTICIPANTS EXPRESS THE NEED TO FOCUS ON PREVENTION TO IMPROVE THE RATE OF TIMELY DIAGNOSIS



90% MENTIONED THE IMPORTANCE OF CREATING PATIENT EDUCATION PROGRAMS ON HEALTHY LIFESTYLES AND ACCESS TO MEDICATIONS



80% NOTED THE NEED TO IMPROVE PRIMARY CARE



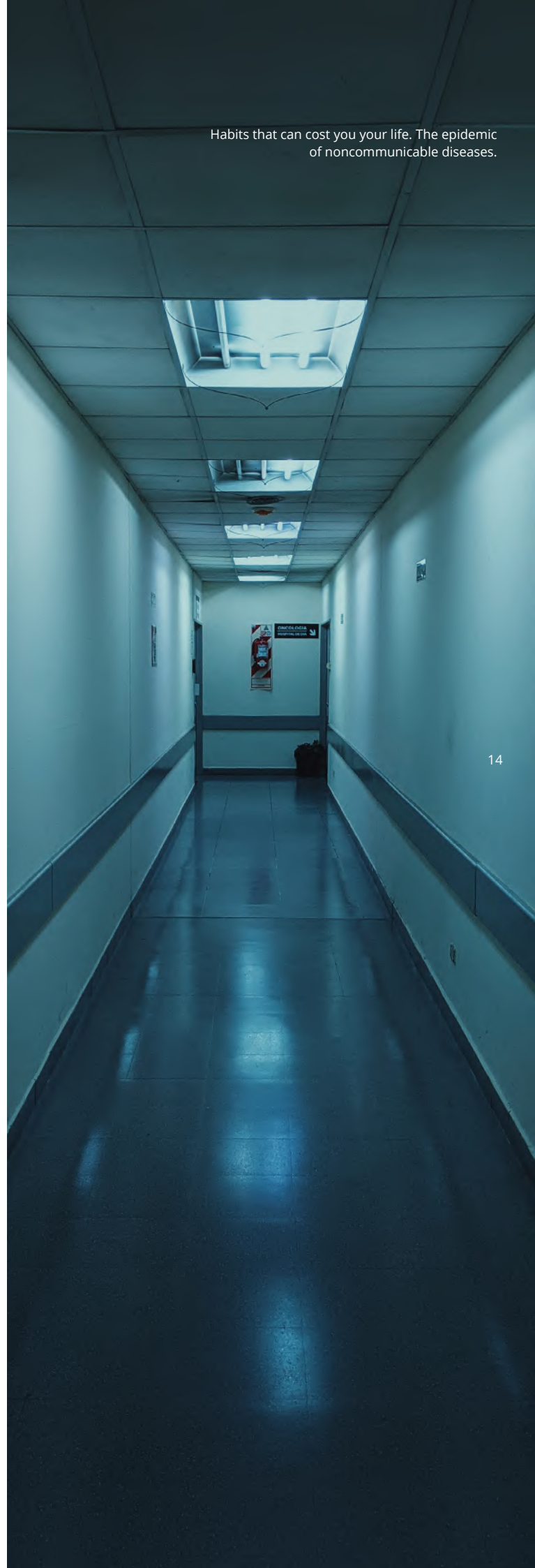
5% CITED THE IMPORTANCE OF FIGHTING AGAINST AIR AND WATER POLLUTION

"I believe that education in the promotion and prevention of chronic pathologies would be the most important aspect. Large amounts of money from national budgets are invested in the care of diseases or their deriving complications, but no national campaigns are generated to raise awareness, prevent, make timely diagnosis and, if the person already has the disease, achieve correct adherence to treatment. This would also help to care for the healthy population," emphasizes **Ana Fernanda Sánchez, director of the Casa de la Diabetes (House of Diabetes) in Ecuador.**

As mentioned by **Gabriel Battistella, undersecretary of Primary Care of the City of Buenos Aires**, "awareness campaigns are not really effective if there is not a care continuity system behind them. They do have a certain effect, because slightly more diseases are being diagnosed and the issue is being highlighted. But if this is done individually, without having a tracking system behind the people who were captured by that campaign, it loses its effect."

Likewise, there is consensus that, although it is acceptable and correct to carry out specific activations for Heart Day, Diabetes Day, Non Smoking Day, etc., its impact is one-off and limited compared to the transforming potential that a public policy can have. In this regard, **Ezequiel Forte, cardiologist and member of the Argentinian Society of Cardiology, SAC**, indicates that

"We have been doing World Heart Day for 25 years and are in a worse situation than when we started. It doesn't have much of an impact. Campaigns for changing habits do not have a great impact because they do not go in depth. It's like telling a drug addict 'don't use cocaine because it's not good for you'. It's not a matter of the will of the person or a lack of information. It's okay to put up a tent in town squares and take the pressure and give out leaflets; I do it. But the impact that this can have is minor in comparison to a public policy such as lowering the amount of sodium in food, enforcing regulations to stop restaurants from putting salt shakers on tables and a long list of similar efforts."



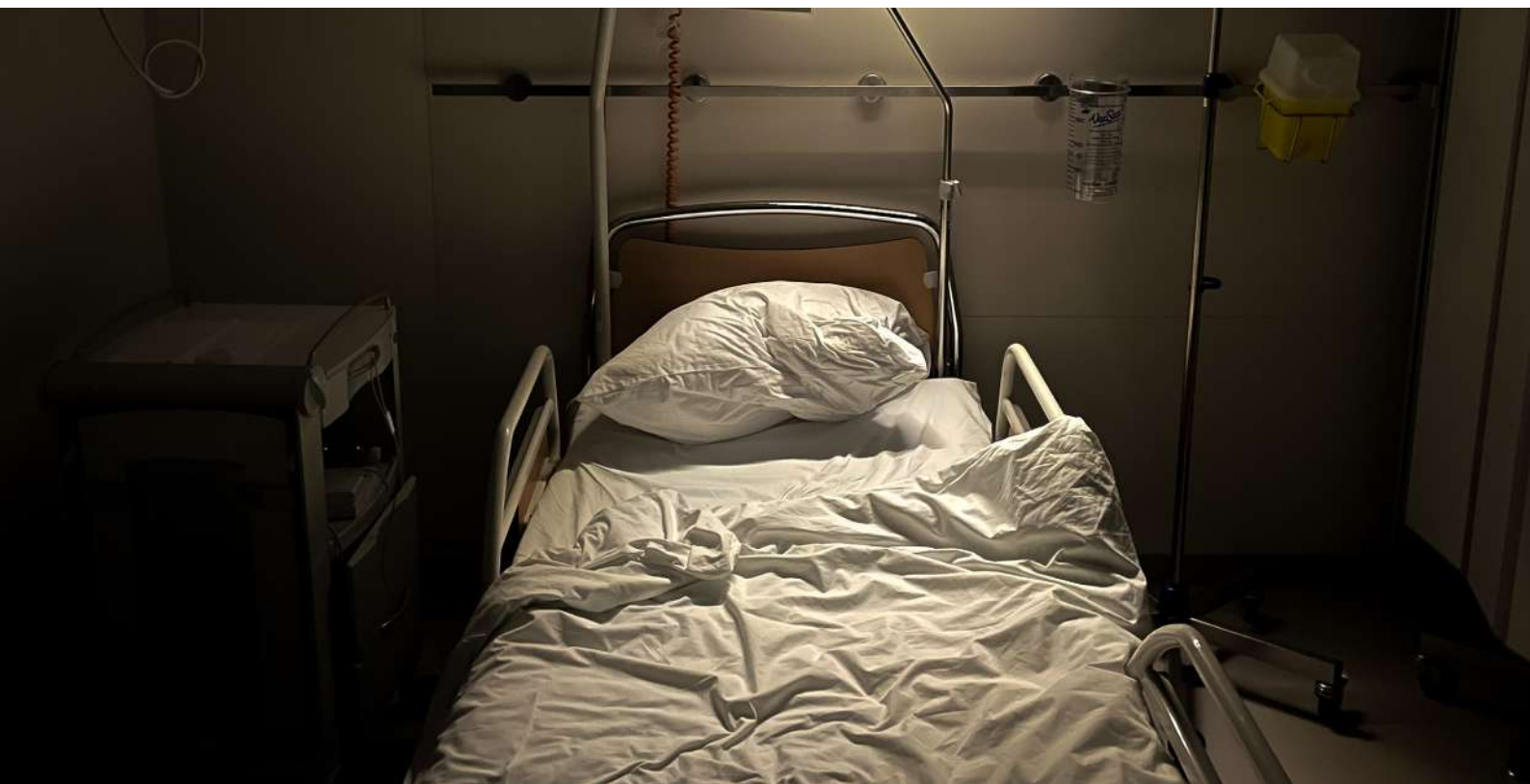
Andelys de la Rosa, Head of Chronic Noncommunicable Diseases in the Ministry of Health of the government of the Dominican Republic, concludes that the only solution to combat misinformation or infoxication is to continue working on regulation and the creation of strategies and alliances to promote healthy lifestyles and control and access to medicines, using evidence-based medicine.

This idea is shared by doctors in **Colombia**, such as **Christian Acosta and Dr. Mariana Tamayo**, who argue that primary health care should be optimized and promotion and prevention programs should be strengthened, emphasizing intersectoral work, as highlighted by **Dr. Germán Escobar, former Vice Minister of Public Health and surgeon from the Universidad del Valle**.

In this regard, **Mayra Galindo, chairwoman of the Mexican Association for the Fight Against Cancer**, affirms that prevention and diagnosis campaigns that have been launched in the little more than 50 years in which different efforts have been seen to try to handle and control the growth of cancer cases in Mexico, has been successful, although there are areas for improvement. And she focuses on timely diagnosis and care, and not because patients don't know, but because of the difficulty in achieving an expeditious diagnosis and care.

SUMMARY

Finally, when we think of noncommunicable diseases, we imagine health problems that affect older adults with chronic conditions that are even considered typical of age and, as in all risk factors, are assumed to be something in the distant future, especially if you don't belong to this age group. However, according to data published by PAHO, NCDs affect all socioeconomic groups, ages, and sexes, therefore, they are not diseases of the elderly. As an integral part of a policy, in addition to timely diagnosis, medical attention, treatment and medications, making a coordinated investment to influence modifiable factors should be considered in habits that will enable people to modify them and bring all ages closer to changing their lifestyle to avoid NCDs.



FROM WORDS TO ACTION: WHO

ACTIONS TO IMPROVE NONCOMMUNICABLE DISEASE OUTCOMES

During the **2022 WHO World Health Summit**, we were able to witness how public policy makers, global leaders in health, researchers and innovators, convened by NCD Alliance, came together to share their experience, lessons learned and show practical cases of access to treatment and care for NCDs.

It was highlighted that innovation and good practices are essential to reduce the impact of these diseases and achieve the progress indicators for prevention and control proposed for 2030. In addition, **new partnerships and new collaboration schemes** are required in an implementation plan that moves to action as soon as possible and that provides a faster response to people suffering from these diseases in order to reduce risks, mortality and premature mortality. In this regard, it was recognized that **it is not possible to move forward without the private sector** and that the fight against these diseases **is a collaborative effort focused on health promotion and prevention and promoting healthy habits and lifestyle**.

It's time to act and translate global commitments into action. NCDs can only be tackled when national capacities and structures are able to provide quality long-term care to prevent and treat these conditions, and when there is access to essential medicines and supplies, which can save lives, reduce suffering and improve health.

It is important to demonstrate the power of **joint action between different parties in the sector to show the example to follow and inspire a coordinated effort** to achieve the expected results by 2030.

Habits that can cost you your life. The epidemic of noncommunicable diseases.



RECOMMENDATIONS

1. A NEW RELATIONSHIP

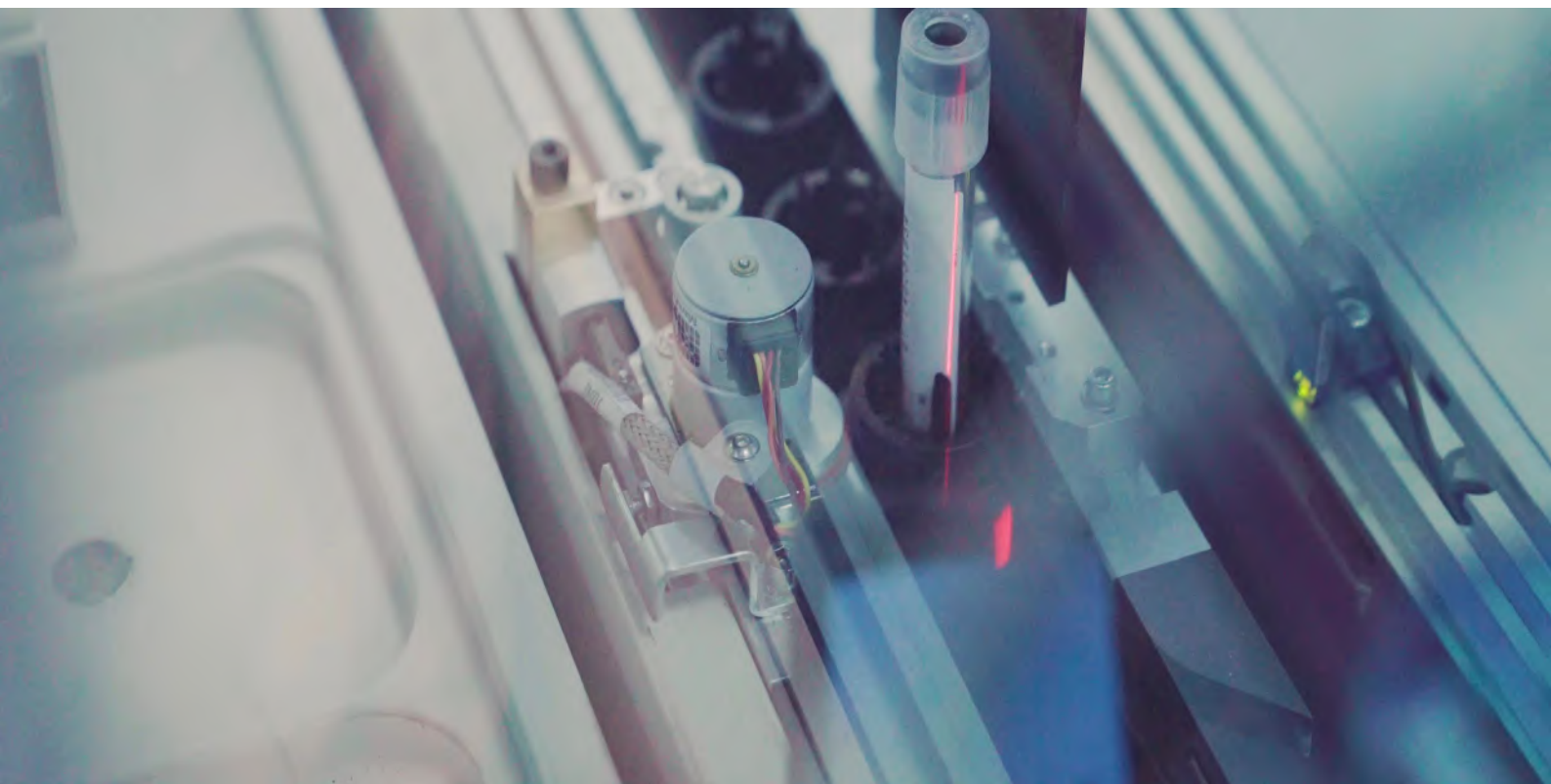
INCLUSIVE AND COMPREHENSIVE PUBLIC POLICIES FOCUSED ON PREVENTION

Due to the significant negative impact of these diseases on people's quality of life, global, regional and national programs have been designed that seek to reduce the repercussions of NCDs with very specific objectives, some focused on diet and obesity, and certain diseases such as diabetes and cardiovascular diseases, among others. However, according to the experts and the urgent need to obtain results, it's necessary to change the focus from a curative model to a preventive model. We are facing policies that focus on treating diseases and not on prevention. After reviewing the documents, we have come to the conclusion that there are countries that have areas and budgets earmarked specifically for the care and attention of patients with these diseases, and only one included the private sector in its plans.

9 out of 10 participants agree that patients do not have a culture of adherence to treatment, due to lack of attention. "A multidisciplinary and more personalized effort is required so that the patient knows about their disease and is constant with the treatment," concludes **Mariana Carvalho**.

90% of the 38 experts who participated in the report agreed on the need to **join efforts, link civil society and the private sector to obtain better results in the fight against these diseases and improve people's quality of life, and thus reduce the impact and burden they represent on health systems**. It is important that when drawing up public policies or implementing programs, links are made with **civil society organizations** that can provide information on patients with these diseases and together determine the best way to identify influencing and outreach opportunities. **Companies can contribute knowledge, experience** in disease research and participate more actively, not only in the design of policies, but also in the implementation of projects that achieve greater scope and impact. Nowadays, we see isolated efforts from companies, but they do not have the expected impact.

Ultimately, it requires **leadership** that searches for a **new relationship scheme** to achieve the participation of different sectors, **identify areas of conversation and opportunities to create a new narrative** that promotes change and modification of habits between patients and their influencers.



2. THE USE OF DATA AND THE VALUE OF INSIGHT

COLLABORATION BETWEEN DATA SCIENCE TEAMS, CREATIVITY AND STRATEGY

Both **Edison Ligna**, National Director of Prevention and Control Strategies of the Ministry of Health and Social Security, and **Julissa Cruz**, chairwoman of the Dominican Alliance of Patient Associations, agree on the need for coordinated work with greater budget allocation and more effective communication campaigns. The question is: what makes an education or awareness campaign successful and has the WOW factor that defies space-time and becomes mainstream?

The answer lies in what communication specialists like to call **Insight** or point of attraction, which is nothing more than that “hidden truth” within all people or social groups, which, when touched by some message or concept, makes the person react for better or for worse without even realizing why. Sometimes this happens when we watch a trailer for a movie and we get excited, laugh or question something. In other words: ‘that strikes a chord’. That’s what it’s all about: looking for that chord. And, as highlighted by **David Martin**, Senior Director of Deep Digital at LLYC, this requires “a close collaboration between **data science, creativity, strategy and planning teams** as has never before seen in communication. But this ensures that the contents work properly within a considerable range of efficacy.”

We must act from a **collaborative perspective** that includes the **largest number of participants** possible and that uses the **data** generated daily on the internet **and new technologies** to **create much more effective messages**.

Habits that can cost you your life. The epidemic of noncommunicable diseases.



3. INFLUENCE TO CONVERT

EFFECTIVE COMMUNICATION FROM THE ICE BUCKET CHALLENGE TO CAMPAIGNS THAT HAVE A LASTING EFFECT

There is a clear need for governments and other institutions to genuinely connect with their audiences and inspire a change in habits that can lead to a long-term improvement in their quality of life. And although it may seem like a simple task, because it has already been achieved in the past with the success of the ice bucket challenge, managing to capture the public's attention in a world where we scroll about 200 meters a day to avoid the more than 3,000 daily impacts we receive, and of which we are only able to remember 3 or 4 at the end of the day, may be the great challenge of our time.

For the last century, the best way to send messages is through mass media such as radio, TV and print, and it used to be the only way. Nowadays, digital media is the best way to provide the possibility of connecting. However, for that connection to inspire a change in habits, it requires the creation of a unique story that appeals to emotions in a creative and genuine way, in the form of **emblematic stories**. This becomes a key communication tool that can differentiate campaigns that identify the audiences' interests and the conversations of the most influential profiles to transmit values in a personalized way. Also, getting involved in the daily lives of their audiences by launching messages that respond to their concerns and worries, adapting the messaging to their tone and style, ultimately gets them to create healthier lifestyles.

It's necessary that, with the policies established by WHO/PAHO and the governments, not only one way messages are issued, but a connection is established with audiences to motivate change. And to do this, the solution is to generate communication campaigns that establish a real conversion. Success will be reflected in the change of habits and in the increase of the 10 indicators for monitoring progress in relation to NCDs, established by global and regional multilateral organizations (NCD Alliance, WHO, PAHO).



IT'S TIME TO STOP THIS EPIDEMIC

1

GOALS

Establishing goals that involve society and companies.

2

COMMUNICATIONS

Designing campaigns that generate connection and conversion with the use of data, two-way communication and using new technologies, big data and artificial intelligence.

3

COLLABORATION

Establishing a collaborative environment where civil society and the private sector have a relevant role in the design of public policies.

4

PUBLIC POLICIES

Manage public policies that impact and generate change for the fight against these diseases.

5

CREATIVITY AND EMBLEMATIC STORYTELLING

Driving creativity with emblematic stories that tap into emotions and generate a call to action for society.



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METHODOLOGY

The research, which lasted 3 months, had two different phases: a primary research phase and another phase of secondary research whose difference is marked by the sources of information.



Primary research: This was conducted by teams of consultants from the LLYC health area in each of the selected countries by reviewing official sources of information from the ministries of health, public health societies, health statistics centers and civil society organizations, among others.



Secondary research: conducted by inviting opinion leaders from the health sector with influence and experience in noncommunicable diseases with whom an interview was carried out that confirmed and contrasted some of the findings of the primary research.

DATA SHEET



INFORMATION ANALYZED FROM 7 COUNTRIES: including Colombia (5), Mexico (5), Brazil (6), Argentina (5), Panama (6), Dominican Republic (7) and Ecuador (4) *Include a map with the number of interviewees by country.



PERIOD: In general, the data was reviewed from 2019, although due to the lack of official sources in some countries such as Brazil or Colombia, they were analyzed and compared with public policies from 2010, and forecasts of future ten-year health plans are also included, as in the case of Ecuador until 2031.

ACKNOWLEDGEMENTS

This report would not have been possible without the hard work of our teams of consultants in all the countries and the willingness of the 38 experts in public health from Colombia, Mexico, Brazil, Argentina, Panama, the Dominican Republic, and Ecuador who have contributed their experience, knowledge, and constructive vision to join forces and stop the epidemic of noncommunicable diseases in the region. Our most sincere thanks go to them all.

Thank you for being part of our outreach and commitment effort to work with doctors, governments, companies, institutions and civil society organizations to improve health in the region.

INTERVIEWED PROFILES:

38 experts from medical societies, government, academia, patient groups, civil society organizations, companies and unions. All with a link or focus on care, treatment or design of public policies to deal with NSDs.

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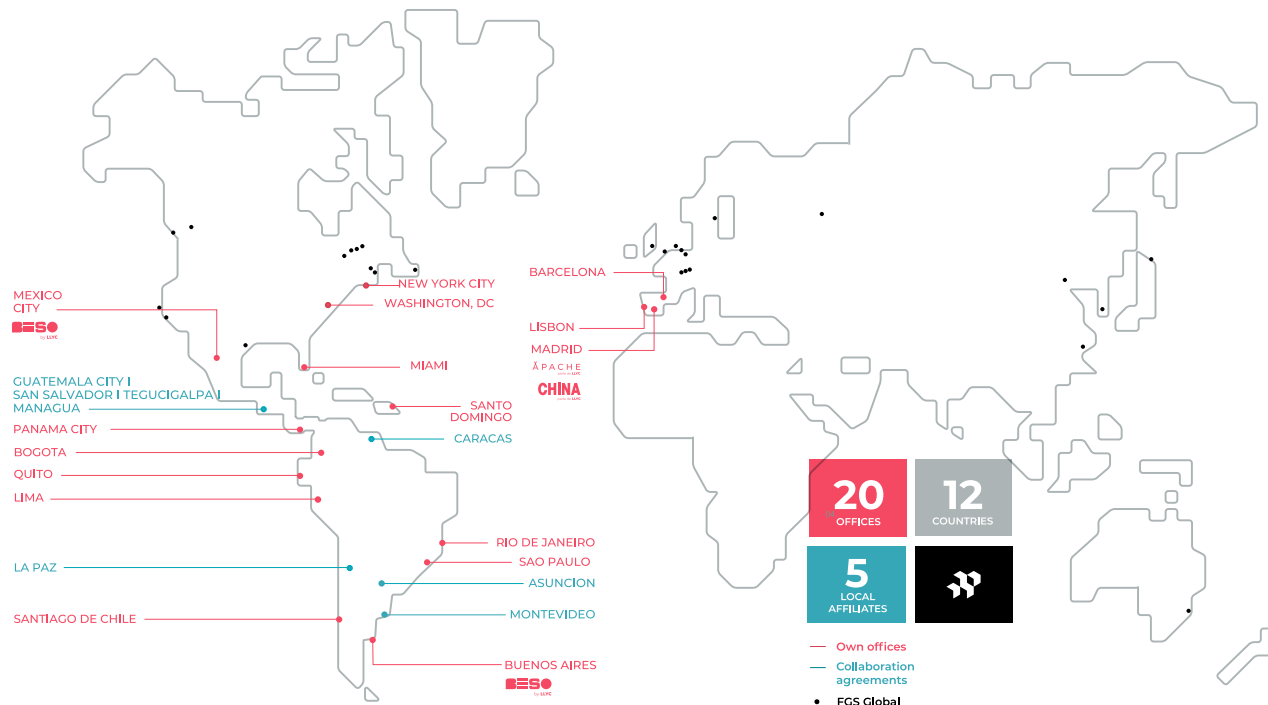
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