
**HEARTS in the Americas
2021 – 2025
National Scale Up Plan Guide**

The HEARTS Initiative in the Americas is currently being implemented in 16 countries of the Region, at different stages of development, reaching 739 primary care health centers. A full description of the current status of the HEARTS Initiative can be found on the website: <https://www.paho.org/en/hearts-americas>

The basic premises of the HEARTS Initiative are:

HEARTS in the Americas is an initiative of the countries, led by the Ministries of Health with the participation of local stakeholders and with technical cooperation from PAHO.

The Initiative seeks to integrate seamlessly and progressively into already existing health delivery services to promote the adoption of global best practices in the prevention and control of cardiovascular diseases (CVD) and improve the performance of the services through better control of high blood pressure and the promotion of secondary prevention, including diabetes, with emphasis on the primary health care.

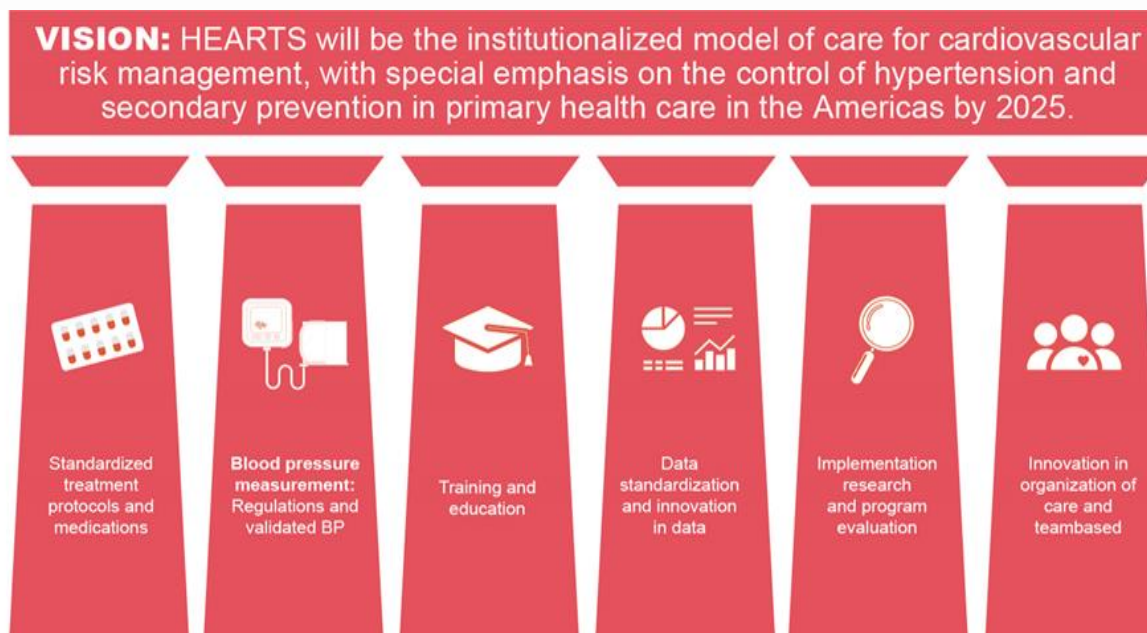
HEARTS in the Americas may be the front-line program to strengthen, integrate, and improve the quality of care for noncommunicable diseases (NCDs) in primary health care in the post-COVID 19 recovery.

Methodology to update the national strategy and expansion plans for the period 2021 - 2025

The updating of the national strategy, the projections for 2025 and the plans for the expansion of the countries needs to be aligned with the HEARTS programmatic priorities; considering the new context in a post-COVID 19 world which has required a rapid reorganization of healthcare services. Additionally, this update needs a strong interprogrammatic approach between PAHO entities and between the relevant areas of the Ministry of Health and the key health care providers.

Please use this template to guide the update of the HEARTS expansion plan and consult additional resources and references listed on the last page of this template.

HEARTS Vision and Technical Pillars

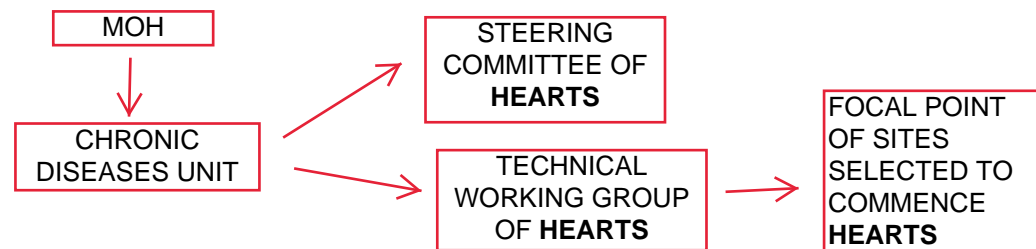


Based on the vision of HEARTS in the Americas and its technical pillars, please describe the main strategic lines to achieve the institutionalization of HEARTS as a model of care for the management of cardiovascular risk in Primary Health Care in your country. (Please summarize the strategic guidelines in a maximum of 500 words)

Strategic Axes:

I. Organizational capacity / general governance structure

Describe the general organizational structure and how the Ministry of Health is integrating the HEARTS model into existing services and structures (please attach an organization chart)



I.a Description of the composition of the national HEARTS coordination team

Please describe the composition of the national HEARTS coordinating team, including the bodies/agencies that are represented and the structure of the group. (Include the administrative levels that are represented, and the titles of the Ministry of Health officials who will be responsible for the execution of this national scale plan. Specifically indicate the entities and administrative levels who endorse and commit to the execution of this scale up plan.)

II. Health policy frameworks and inclusion of HEARTS within national NCD plans and other national plans

Please describe the steps that are being taken to institutionalize the HEARTS model by incorporating the HEARTS model / strategy into existing planning instruments in the country, for example, within national plans for Noncommunicable Diseases (NCDs), National Response to COVID-19 Plan, among others.

III. How and why the HEARTS methodology works in your country, what is your "program theory"

Present a brief explanation of how the HEARTS model works in your country, which is the basic "logic model" describing step by step the operation of HEARTS, showing the chain of the "cause and effects" of the previously described overall strategy or strategic axes and the main short, medium and long term goals. (A graphic representation can be attached)

HEARTS in the Americas Main Programmatic Priorities

1. Advance towards the institutionalization of the HEARTS model by expanding the number of primary care centers by implementing the HEARTS technical package.

1.a **Projection of growth of primary health care centers implementing HEARTS from now until 2025.** Based on the projections previously presented to PAHO. [PAHO Country Office NMH Advisor can access the data submitted by each country in SharePoint:

https://paho.sharepoint.com/:x:/r/sites/NMH/_layouts/15/guestaccess.aspx?email=giraldoglo%40paho.org&e=4%3Am7YdyC&at=9&CID=FA132444-C23B-4C43-B439-2AB1AD63CB15&wdLOR=c3DDDE484-DC97-41C1-A909-DDC4D6C7EF34&share=EUIwink9Cv5MqB4CG90orroBoMijXiAprtPKj-d2FGe2w]

Please see the format that has been used recently to make country scale up projections.

	Date of formalization of the commitment between the MoH and PAHO to implement HEARTS	Start date of HEARTS implementation in the first health center/centers	Total number of Primary Health Care Centers in the country	Total number of Primary Care Centers that started the implementation of HEARTS					Total number of Primary Care Centers that will be initiating the implementation of the HEARTS Initiative				
				2017	2018	2019	2020	2017-2020	2021	2022	2023	2024	2025
COUNTRY													

Please describe specifically how the projected expansion will be achieved following the following basic model:

Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
How will the adoption of the HEARTS model be extended to the new projected primary health care centers?					

BASIC INDICATORS: HYPERTENSION COVERAGE AND CONTROL

Background: Increasing coverage is the greatest challenge facing all the countries of the Region.

Please describe:

I. COVERAGE INDICATOR

What are the main activities to increase the coverage of the program to treat people with hypertension?

Proportion of people in the catchment area (clinical facility, municipality, district) who have been registered as hyper-tensive based on the best estimate of expected prevalence in the catchment area or larger geographical unit in a specific period of time (month, quarter, year)

II. CONTROL INDICATOR

What are the main activities to increase control among people with receiving hypertension?

(Based on the definition of control among people receiving treatment: The proportion of hypertensive people at health facilities in a given geographical area such as a district, province, or state with controlled blood pressure.)

2. Strengthen the technical pillars of HEARTS with special emphasis on:

- a. Implementation throughout the country of preferred standardized treatment protocols and inclusion of combined fixed-dose antihypertensive drugs.
- b. Improve blood pressure (BP) measurement by training and certifying staff in primary care and promoting a regulatory framework for the registration of validated automatic BP measurement devices,
- c. improve procurement mechanisms to ensure the exclusive use of validated measurement devices in primary health care facilities.



Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
a. How the implementation of the preferred standardized treatment protocol will be accomplished and how the inclusion of combined fixed-dose antihypertensive medications will be carried out?					

Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
b. How will the implementation of improved measurement of blood pressure (BP) be improved through the training and certification of personnel in primary care.					

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Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
c. How to obtain a regulatory framework for the registration of validated automatic BP measurement devices, (To improve procurement mechanisms to ensure the exclusive use of validated measurement devices in primary health care facilities.)					



3. Innovation in the provision of health services to achieve the full potential of the team-based care approach with special attention to non-clinical providers. Use the table below with focus areas/drivers as a model for changes that have led to improved care to fill out the planning table below:

SPECIFIC AREAS OF FOCUS TO INNOVATE AND IMPROVE THE QUALITY OF CARE FOR PEOPLE WITH HYPERTENSION BASED ON WORK IN MULTIDISCIPLINARY TEAMS
<p>1. Accuracy of BP measurement</p> <p>1.1 Training certification every 6 months</p> <p>1.2 Repeat the measurement of the BP if it is elevated in each encounter</p> <p>1.3 Exclusive use of validated automated devices</p>
<p>2. Intensification of treatment</p> <p>2.1 Initiation of treatment within 2-4 weeks after diagnosis of hypertension</p> <p>2.2 Use of the recommended algorithm for new starts and increases of medication</p> <p>2.3 Dose increase or new drug added when blood pressure is not controlled</p>
<p>3. Continuity of care and follow-up</p> <p>3.1 Follow-up of elevated BP in 2 weeks if uncontrolled</p> <p>3.2 PA visit in the last 3-6 months for all patients with HNT</p> <p>3.3 AP consultation in the last 3 months for patients at high risk of CVD</p>
<p>4. Attention in a team: changing tasks</p> <p>4.1 BP measurement with non-clinical personnel</p> <p>4.2 Follow-up BP control with non-MDs</p> <p>4.3 Intensification of medication by non-MD staff</p>
<p>5. CVD risk</p> <p>5.1 All patients with HTN evaluated for CVD risk</p> <p>5.2 BP consultation in the last 3 months for patients with HBP and Diabetes</p> <p>5.3 Use of combination medication for BP, statin, aspirin (as needed) in patients at high risk of CVD</p>

Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
b. How to innovate in the provision of health services to achieve the full potential of the teamwork approach with special attention to non-clinical provider?					



4. Strengthen capacity-building activities at the first level of care by optimizing the use of HEARTS training resources available at PAHO virtual campus for public health and with the use of local resources

Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
How to strengthen capacity-building activities at the first level of care by optimizing the use of HEARTS training resources available at PAHO's virtual campus for public health and using local resources?					



5. Boosting the HEARTS Monitoring and Evaluation System by promoting innovation in data collection and reporting as the basis for a strategy to improve the quality of services in hypertension care.

Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity
How the HEARTS Monitoring and Evaluation System will be promoted by promoting innovation in data collection and reporting as the basis for a strategy to improve the quality of services in hypertension care?					

6. Please describe other activities that specifically respond to unique country conditions that must have a differentiated approach.

Key programmatic and evaluative question	Goals	Specific measurable objectives	Main activities	Product / deliverable with your time frame	Responsible entity

X. Risks and Mitigation

Please describe the possible risks that could prevent you from achieving the expected results and how you will mitigate those risks. Maximum 500 words.

Risk / Assumption	Mitigation Strategy

Resources to be consulted for the preparation of the national scale up plan

1. HEARTS in the Americas. <https://www.paho.org/en/hearts-americas>
2. Martinez R, Lloyd-Sherlock P, Soliz P, Ebrahim S, Vega E, Ordunez P, McKee M. **Trends in premature avertable mortality from non-communicable diseases for 195 countries and territories, 1990-2017: a population-based study.** Lancet Glob Health. 2020 Apr;8(4):e511-e523. <https://pubmed.ncbi.nlm.nih.gov/32199120>
3. Giraldo GP, Joseph KT, Angell SY, et al. Mapping stages, barriers and facilitators to the implementation of HEARTS in the Americas initiative in 12 countries: A qualitative study [published online ahead of print, 2021 Mar 18]. J Clin Hypertens (Greenwich). 2021;10.1111/jch.14157. doi:10.1111/jch.14157
4. Valdés González Y, Campbell NRC, Pons Barrera E, Calderón Martínez M, Pérez Carrera A, Morales Rigau JM, Afonso de León JA, Pérez Jiménez V, Landrove Rodríguez O, DiPette DJ, Giraldo G, Orduñez P. **Implementation of a community-based hypertension control program in Matanzas, Cuba.** J Clin Hypertens (Greenwich). 2020 Feb;22(2):142-149. <https://pubmed.ncbi.nlm.nih.gov/31967722/>
5. DiPette DJ, Goughnour K, Zuniga E, Skeete J, Ridley E, Angell S, Brettler J, Campbell NRC, Coca A, Connell K, Doon R, Jaffe M, Lopez-Jaramillo P, Moran A, Orias M, Pineiro DJ, Rosende A, González YV, Ordunez P. **Standardized treatment to improve hypertension control in primary health care: The HEARTS in the Americas Initiative.** J Clin Hypertens (Greenwich). 2020 Oct 12. <https://pubmed.ncbi.nlm.nih.gov/33045133/>
6. Lombardi C, Sharman JE, Padwal R, Picone D, Alcolea E, Ayala R, Gittens A, Lawrence-Williams P, Malcolm T, Neira C, Perez V, Rosende A, Tesser J, Villacres N, Campbell NRC, Ordunez P. **Weak and fragmented regulatory frameworks on the accuracy of blood pressure-measuring devices pose a major impediment for the implementation of HEARTS in the Americas.** J Clin Hypertens (Greenwich). 2020 Oct 6. <https://pubmed.ncbi.nlm.nih.gov/33022866/>
7. Campbell NRC, Khalsa T, Ordunez P, Rodriguez Morales YA, Zhang XH, Parati G, Padwal R, Tsuyuki RT, Cloutier L, Sharman JE. **Brief online certification course for measuring blood pressure with an automated blood pressure device. A free new resource to support World Hypertension Day Oct 17, 2020.** J Clin Hypertens (Greenwich). 2020 Oct;22(10):1754-1756. <https://pubmed.ncbi.nlm.nih.gov/32882074/>
8. Skeete J, Connell K, Ordunez P, DiPette DJ. **Approaches to the Management of Hypertension in Resource-Limited Settings: Strategies to Overcome the Hypertension Crisis in the Post-COVID Era.** Integr Blood Press Control. 2020 Sep 28;13:125-133. <https://pubmed.ncbi.nlm.nih.gov/33061561/>