



HEARTS IN THE AMERICAS

Regional Workshop

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HEARTS

IN THE AMERICAS
Regional Workshop

Global Overview: HEARTS

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Global Burden

- More people die from cardiovascular diseases (CVDs) worldwide than from any other cause
- Estimated 17.9 million people in 2016 died from CVDs
- Of these deaths, 85% are due to heart attacks and strokes, and 82% occur in low- and middle-income countries
- 36% of CVD deaths occurred in people under 70 years of age
- This global health threat affects the poor and disadvantaged the most, particularly in low- and middle-income countries, where coping with heart diseases may include inability to work and high treatment costs
- Developing countries, in particular, face major challenges in preventing heart attacks and strokes, and avoiding the associated social and economic burdens

Solutions exist

- A number of approaches exist for preventing CVDs
- Several countries have demonstrated success through sustained action over a number of years
- In the United States, mortality rates from coronary heart disease fell by more than 40% between 1980 and 2000. Approximately half of this decrease may be attributable to changes in behaviour linked to major risk factors, including reduced tobacco use and salt consumption, and the other half to improvements in medical treatment
- In Finland, deaths of men from coronary heart disease fell by 80%, between 1972 and 2012, corresponding to reductions in smoking, salt intake, blood cholesterol and blood pressure
- However similar decreases in mortality are not being seen in low and middle income countries.

Reasons for lack of impact

- Despite existing cost-effective policies to reduce tobacco use and salt consumption and address other CVD risk factors such as physical inactivity, artificial trans fats and hypertension, they are often underutilized by national and local governments
- Furthermore, the public health approach to managing CVDs at the primary health care level, through the use of simple standardized treatment protocols for patient management, access to medications, team based care, and robust clinical monitoring, has not been adequately implemented in most countries.

Global Hearts Initiative Launch – September 2016

The goal of the **Global Hearts Initiative (GHI)** is to reduce premature deaths from cardiovascular diseases (CVDs) in target countries by supporting governments around the world to scale up efforts on CVD prevention and control through five technical packages.

Launched in 2016, the GHI has been rolled out in many countries. Demonstrating and measuring results will be a key feature of country work.

CARDIOVASCULAR DISEASE is the world's number one killer, causing **17.9 MILLION DEATHS** per year, mainly from heart attacks and strokes

36% PREMATURELY UNDER 70 YEARS

Major risk factors for CVDs are:



TOBACCO USE



PHYSICAL INACTIVITY



CONSUMPTION OF FOODS HIGH IN SALT



CONSUMPTION OF FOODS WITH TRANS-FATTY ACIDS



HIGH BLOOD PRESSURE

Technical packages to address these major risk factors are:



TO DEFEAT THE GLOBAL TOBACCO EPIDEMIC



TO INCREASE PHYSICAL ACTIVITY



TO REDUCE SALT CONSUMPTION



TO ELIMINATE INDUSTRIALLY-PRODUCED TRANS-FATTY ACIDS



TO PROMOTE CVD MANAGEMENT IN PRIMARY HEALTH CARE

Technical Packages under Global Hearts Initiative

<p>TO DEFEAT THE GLOBAL TOBACCO EPIDEMIC</p>	<p>TO INCREASE PHYSICAL ACTIVITY</p>	<p>TO REDUCE SALT CONSUMPTION</p>	<p>TO ELIMINATE INDUSTRIALLY-PRODUCED TRANS-FATTY ACIDS</p>	<p>TO PROMOTE CVD MANGEMENT IN PRIMARY HEALTH CARE</p>
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Initiative supported by:





Aligning work with global targets

NCD Global Monitoring Framework 2025



Target 1
25% relative reduction in the overall premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases



Target 6
25% relative reduction in the prevalence of raised blood pressure



Target 8
At least **50%** of eligible people receive drug therapy and counselling to prevent heart attacks and strokes



Target 9
An **80%** availability of the affordable basic technologies and essential medicines to treat major NCDs

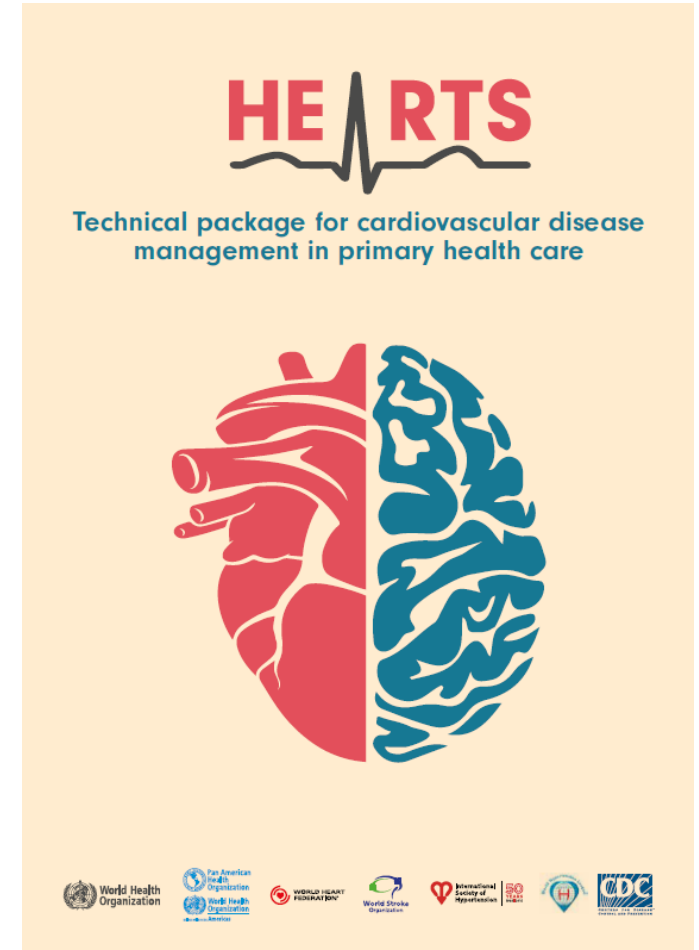
Sustainable Development Goals 2030



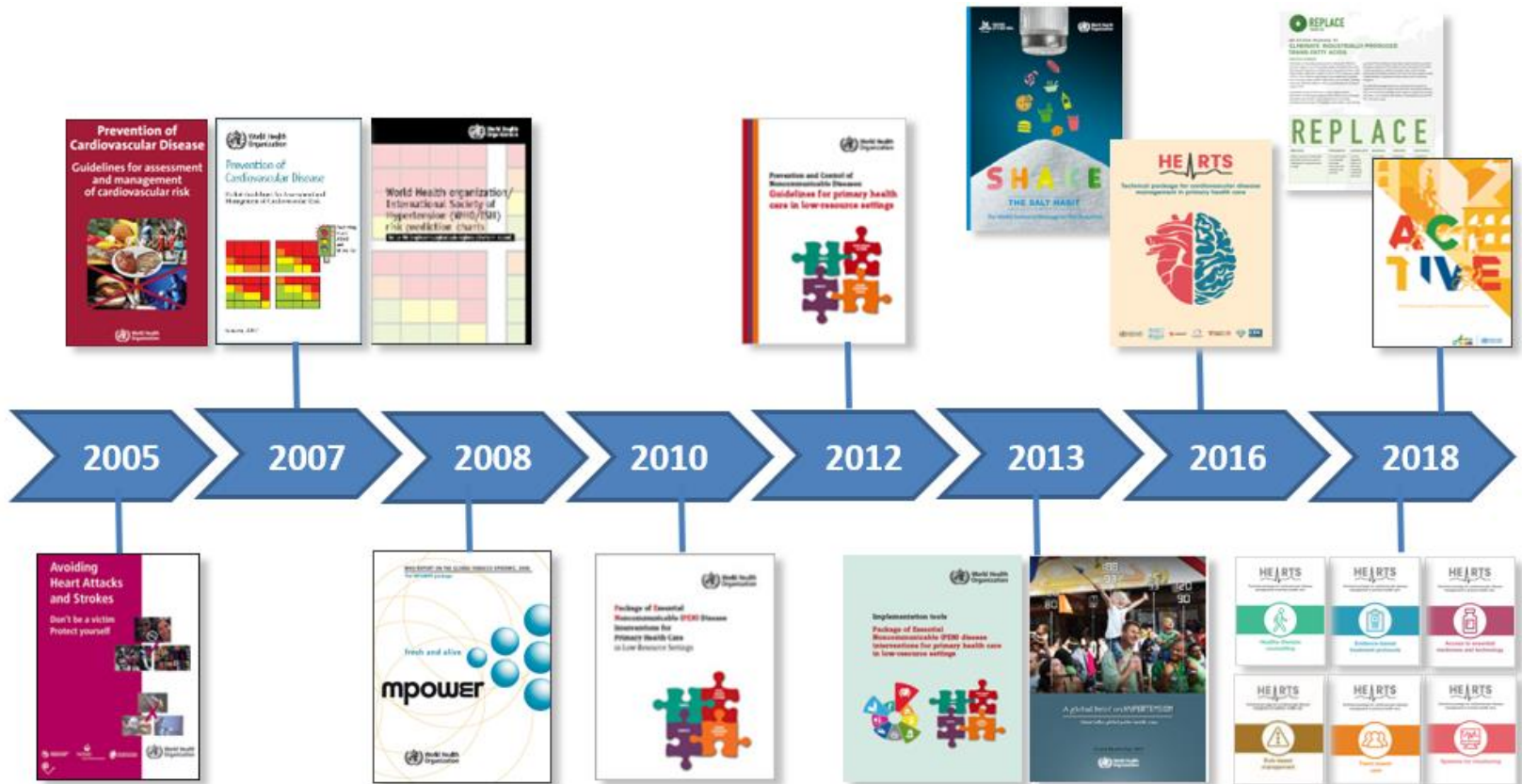
Target 3.4
1/3 reduction in premature mortality from NCDs

HEARTS Overview Publication

- Rationale and strategic approach
- Scope of HEARTS
- Elements of HEARTS
- Approach to implementation



WHO Guidance on CVDs



HEARTS Technical Package

- Part of the essential WHO interventions to reduce NCD morbidity and mortality
- Strategic, practical toolkits for CVD management in primary care
- Standardized protocols for prevention, service delivery, referral, and monitoring

HEARTS
Technical package for cardiovascular disease management in primary health care



Healthy-lifestyle counselling

HEARTS
Technical package for cardiovascular disease management in primary health care



Evidence-based treatment protocols

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Technical package for cardiovascular disease management in primary health care



Access to essential medicines and technology

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Technical package for cardiovascular disease management in primary health care



Risk-based management

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Technical package for cardiovascular disease management in primary health care



Team-based care

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Technical package for cardiovascular disease management in primary health care



Systems for monitoring

HEARTS Technical Package



H

Healthy lifestyle

Counselling on tobacco cessation, diet, physical activity, alcohol use and self-care



E

Evidence-based treatment protocols

Simple, standardized algorithms for clinical care



A

Access to essential medicines and technology

Access to core set of affordable medicines and basic technology



R

Risk-based management

Total cardiovascular risk assessment, treatment and referral



T

Team care and task-sharing

Decentralized, community-based and patient-centred care

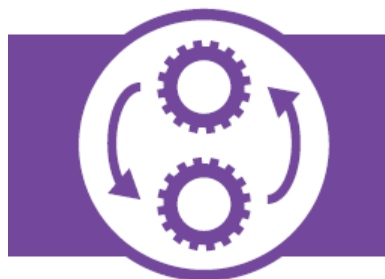


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Systems for monitoring

Patient data collection and programme evaluation

Implementation guide



Implementation guide

Step 1: ENGAGE STAKEHOLDERS

- Meet with national policymakers
- Establish a technical working group

Step 2: SELECT DEMONSTRATION SITE

- Identify a demonstration site
- Conduct baseline assessments
- Compile a situational assessment report

Step 3: PLAN IMPLEMENTATION

- Convene a strategic planning workshop
- Lead a consensus workshop
- Develop an implementation plan
- Obtain Ministry of Health endorsement

Step 4: IMPLEMENT AND MONITOR

- Build capacity
- Deliver services, supervise, and monitor

Step 5: EVALUATE AND SCALE UP

- Evaluate
- Scale up

Current implementation of HEARTS

- Uganda, Ethiopia, Iran, Tajikistan, Manila, Nepal, Colombia, Barbados began in 2017 with support from CDC
- This was then expanded to include Cuba and Chile
- Varying activities but most conducted baseline assessments and some training of PHC workers
- Now expanded to include Morocco and Bhutan
- With support from RESOLVE, hypertension management through HEARTS is being up scaled in China, Ethiopia, India, Nigeria, Philippines, Thailand, Turkey, Vietnam and the PAHO countries
- Varying activities and successes thus far including placing more than 100,000 people on treatment in India based on a standard protocol

Next steps

- WHO is working on guidelines for the diagnosis and pharmacological treatment of hypertension
- A WHO consultation to determine technical specifications for BP equipment will be held in late June
- The indicators for the systems for monitoring are being revised to accommodate lessons learned thus far from implementation

Conclusions

- CVDs are the largest cause of mortality globally, the response to date is still not adequate
- CVD management as part of PHC and UHC is integral to meeting the SDGs
- Health systems have to be organised for chronic service delivery and burdens of disease
- The HEARTS technical package using the public health principles to CVD and diabetes management is an effective approach that has been implemented and scaled up in countries