



Technical package for cardiovascular disease management in primary health care

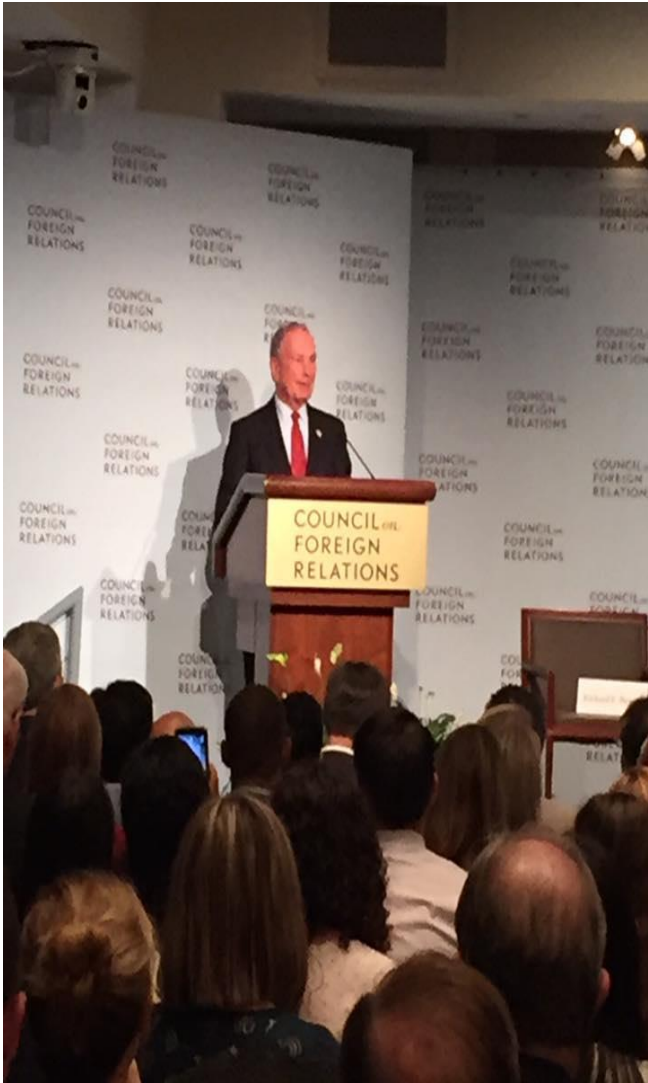
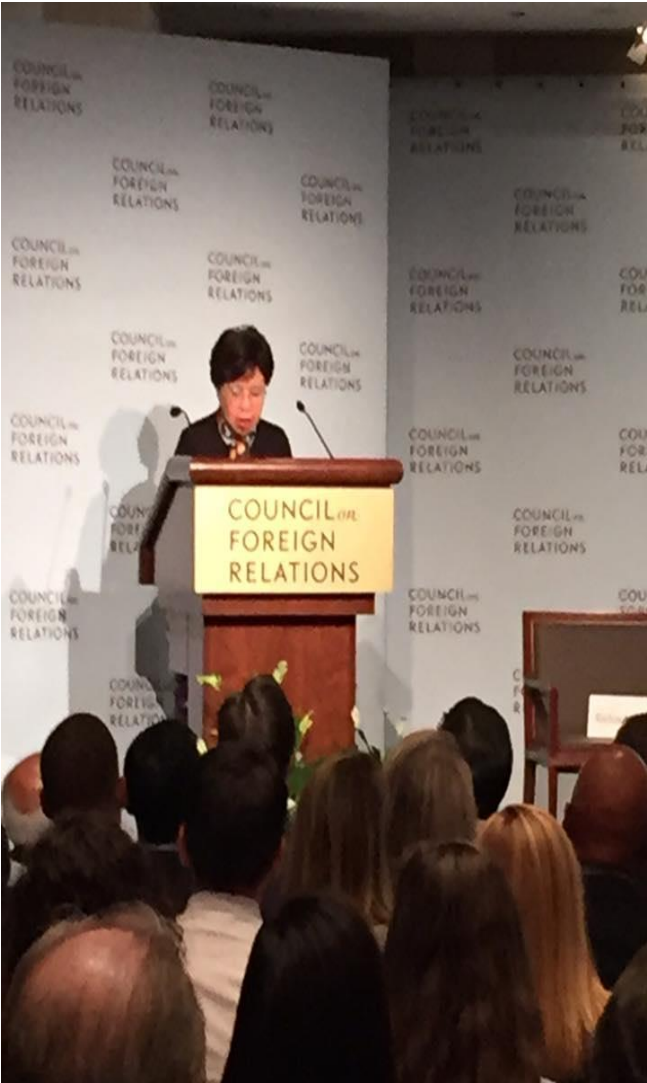
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**World Health
Organization**

Global Hearts Initiative Launch – Sept 22, 2016





Global Hearts Initiative

Working together to beat

Cardiovascular Diseases

http://www.who.int/global_hearts

The Global Hearts Initiative

Aim: To support governments in strengthening CVD prevention and control

Initiative comprising three technical packages :

- **MPOWER** for tobacco control
- **HEARTS** for CVD management in primary health care
- **SHAKE** for salt reduction

HEARTS

The logo features the word "HEARTS" in a bold, red, sans-serif font. A black line representing a heartbeat (ECG) is superimposed over the letters, starting below the 'H', rising to a peak between the 'E' and 'R', dipping, rising again to a second peak between the 'T' and 'S', and then leveling off.

Technical package for cardiovascular disease management in primary health care

in primary health care

HEARTS



Technical package for cardiovascular disease management in primary health care



Aim: To strengthen CVD management at the primary healthcare level using a set of proven technical and operational interventions.

Elements of HEARTS



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



S SYSTEMS FOR MONITORING

Patient data collection and programme evaluation

Key Milestones

- October 2015 – Strategic technical meeting on Cardiovascular diseases, Geneva
- February 2016 – Initial conception of HEARTS package, selection of pilot countries, key partners
- June 2016 – 1st Partner and country consultation, Geneva
- September 2016 – Launch of Global Hearts Initiative, New York
- December 2016 – Planning meeting for HEARTS toolkit, Geneva
- April 2017 – Strategic partners meeting, Atlanta



Why strengthen cardiovascular disease management in primary health care?

WHO Mandate in CVD Management

17.7 million CVD deaths in 2015, over three-quarters in low and middle income countries

25% reduction in raised blood pressure

80% availability of essential medicines and technology for CVD management

50% of eligible (i.e. high risk) individuals receive drug therapy and counselling (including glycaemic control) to reduce heart attacks and strokes.

25% relative reduction in premature CVD deaths by 2025

One third relative reduction in premature CVD deaths by 2030 (SDG 3.4)

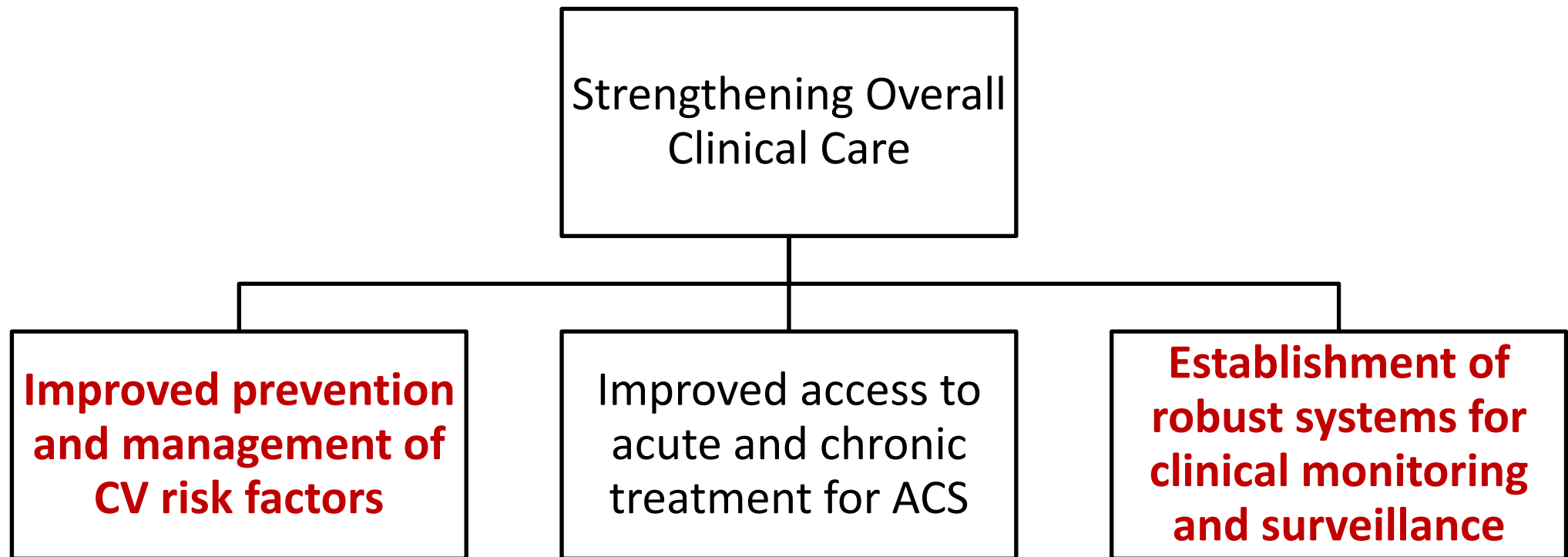
Progress on CVD management is lacking

Indicator	Fully met	Partially met	Not met
1. National NCD targets and indicators	59	29	69
2. Mortality data	70	51	73
3. Risk factor surveys	55	99	20
4. National NCD policy/strategy/action plan	64	23	86
5.a. Tobacco taxation	3	65	117
5.b. Tobacco smoke-free policies	48	76	70
5.c. Tobacco health warnings	42	93	59
5.d. Tobacco advertising bans	29	106	59
6.a. Alcohol availability regulations	30	146	3
6.b. Alcohol advertising and promotion bans	38	84	57
6.c. Alcohol pricing policies	42	98	37
7.a. Salt/sodium policies	62		98
7.b. Saturated fatty acids and trans-fats policies	40		118
7.c. Marketing to children restrictions	42		118
7.d. Marketing of breast-milk substitutes restrictions	72		60
8. Public awareness on diet and/or physical activity	119		41
9. Guidelines for the management of major NCDs	50	47	48
10. Drug therapy/counselling for high-risk persons	28	11	92

HEARTS package reflects two key principles

1. Managing high-risk individuals and their burden of CV risk factors including high blood pressure and diabetes is a key strategy in reducing premature morbidity and mortality.

50% of mortality declines in CVD due to clinical care



HEARTS package reflects two key principles

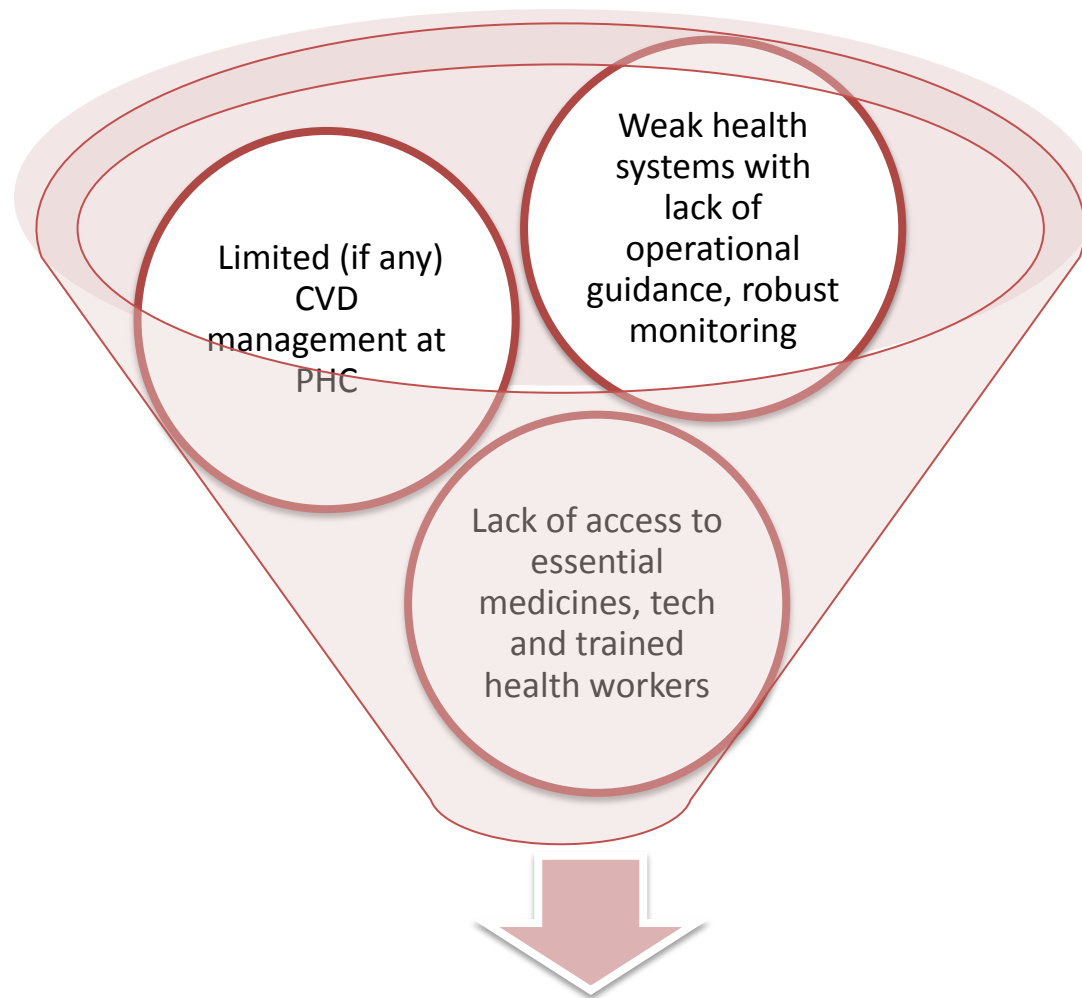
1. Managing high-risk individuals and their burden of CV risk factors including high blood pressure and diabetes is a key strategy in reducing premature morbidity and mortality
2. Primary health care is the best setting to deliver these services to improve equity and coverage.

Focus on primary health care improves equity and coverage

- Interventions at PHC constitute frontline for chronic care delivery:
 - Patient-centred
 - Long term care
 - Proactive
 - Community-based
 - Sustainable



How can we improve the quality and quantity (scale) of cardiovascular disease management in primary health care?



Prioritize and implement a core set of interventions to strengthen and scale-up CVD management at PHC

Elements of the HEARTS package

Defined Set of Technical Interventions

- Healthy lifestyle counselling and self-care
- Evidence-based simplified treatment and counselling protocols
- Risk based management

Defined Set of Operational or System Interventions

- Access to basic diagnostic technology and core set of medications
- Appropriate workforce through team care and task sharing and quality improvement
- Organized medical information and referral systems

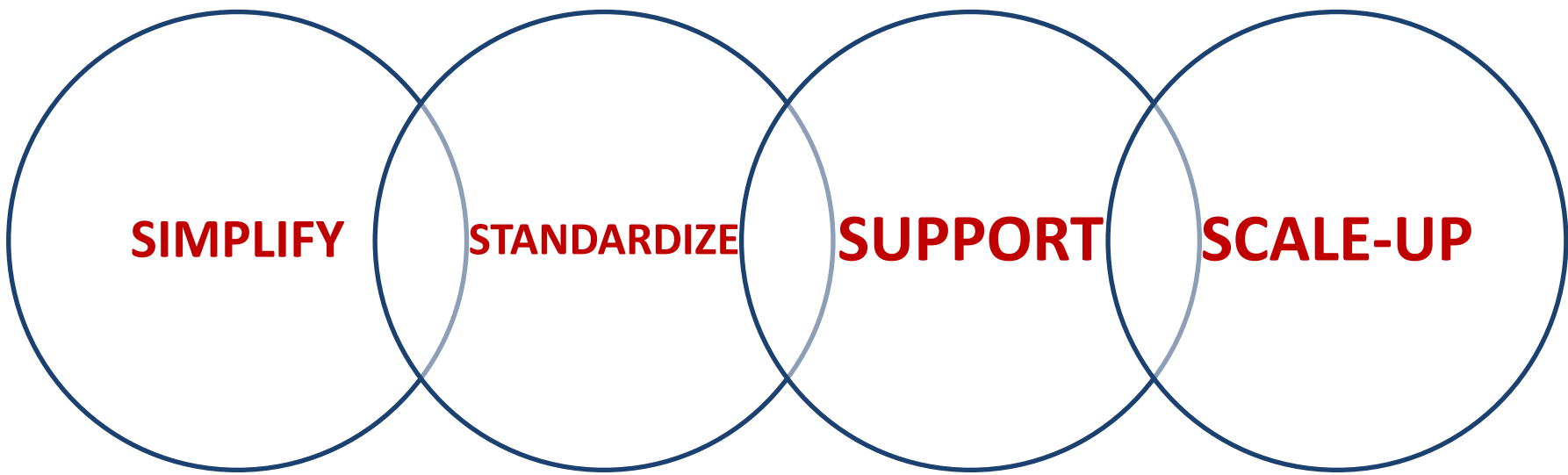
Public Health Approach to CVD Management

Innovations in treatment simplification, with standard risk-based treatment protocols and a core set of medicines and technology;

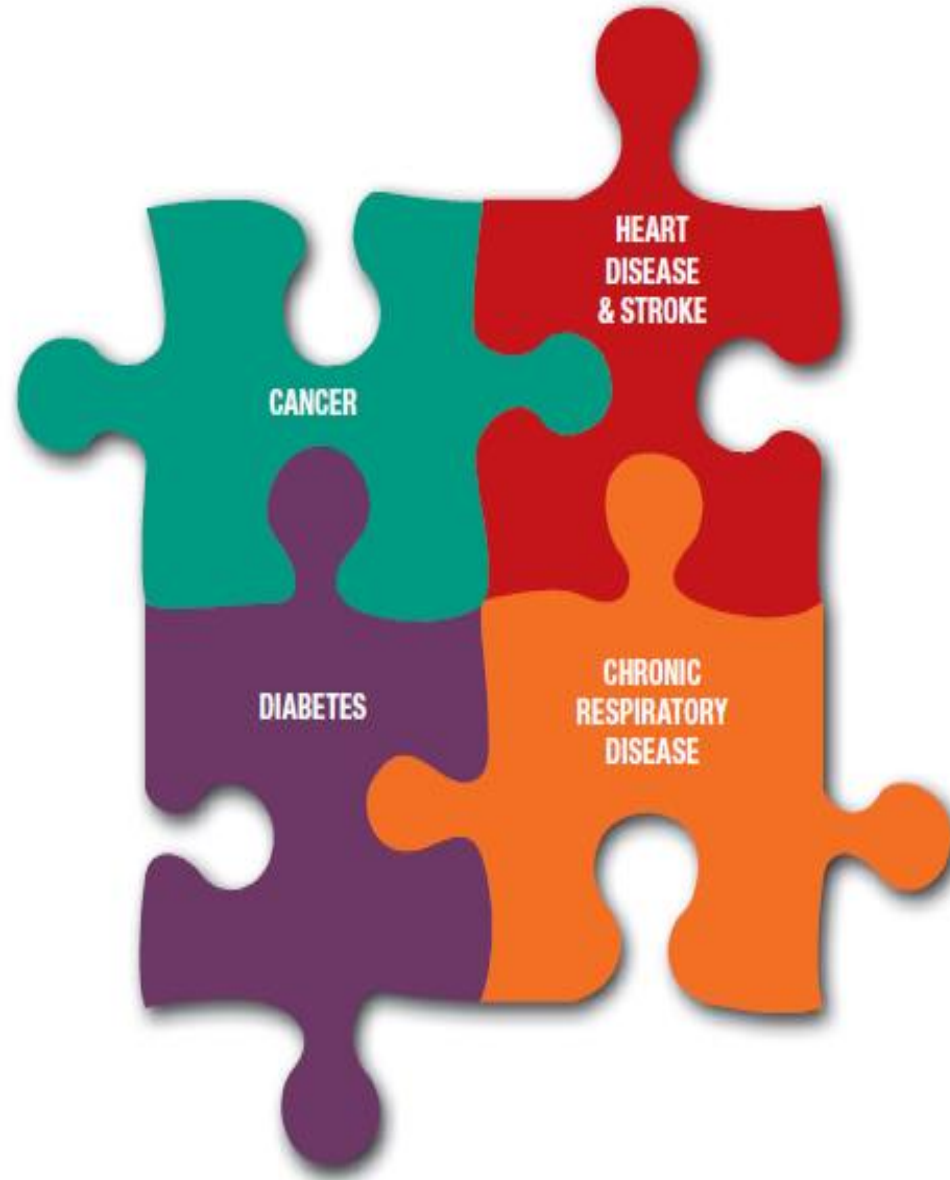


Improvement of the service delivery cascade through improved access to medicines and technology, task shifting and robust clinical monitoring and surveillance.

SIMPLIFY, STANDARDIZE, SUPPORT AND SCALE-UP



HEARTS supports framework for integrated NCD management



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Healthy Lifestyle Counselling



- Counsel on tobacco cessation, healthy diet and physical activity, medication adherence
- Promote self-care through educating patients and care givers
- Build capacity of health providers to offer simple and effective patient counselling



Evidence-based treatment protocols



- Develop or adapt nationally agreed simple and standard treatment protocols.
- Support use of simple and standard protocols and offer decision support systems to providers.
- Monitor and evaluate the effectiveness of implementation of protocols.



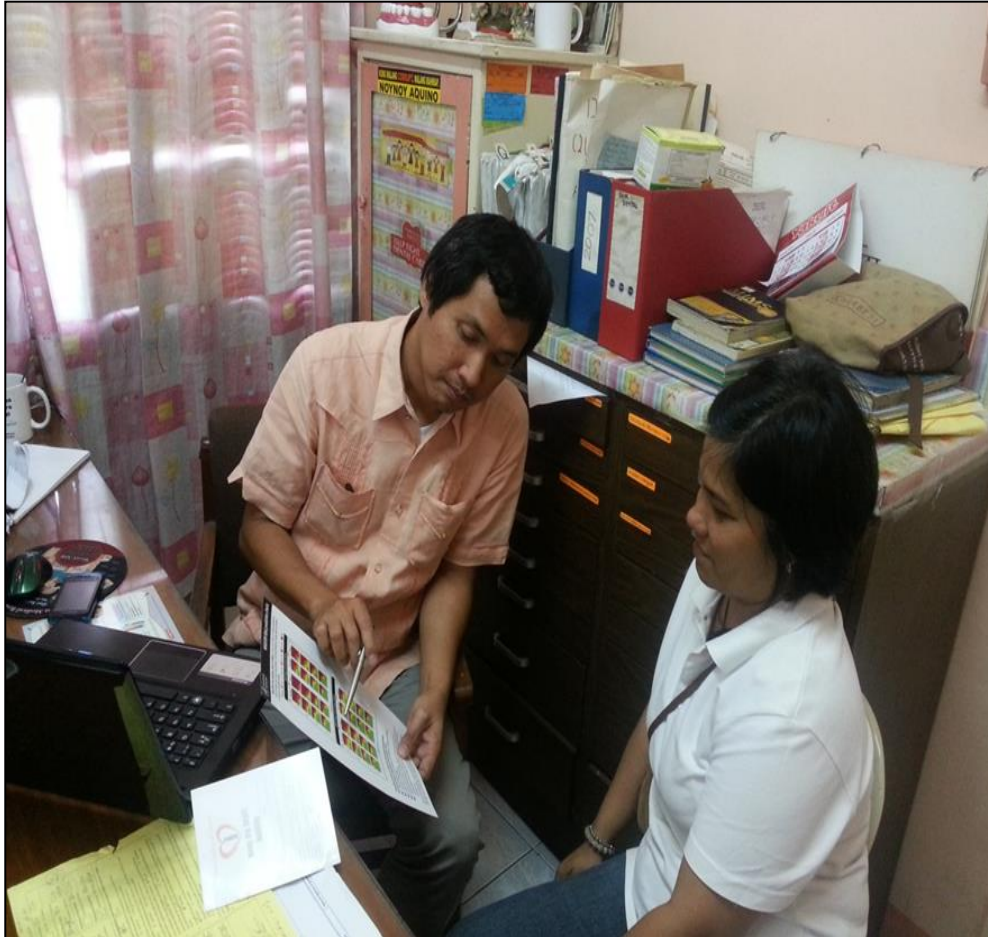
Access to essential medicines and technology



- Define a core set of medicines and basic technologies .
- Ensure continuous availability of high quality essential medicines and basic technology.
- Improve supply chain management through mechanisms to contain costs and to ensure quality.



Risk-based Treatment



- Assess individuals with country specific total CVD risk estimation tool.
- Define appropriate thresholds for treatment and referral.
- Simplify CVD risk assessment with blood pressure and other parameters as entry points applying information technology



Team based care and task-sharing



- Define services at different levels of health care and develop teams to provide the full range of services.
- Incentivize task sharing with supportive supervision and skill building.
- Support and sustain community linkages.



Systems for monitoring



- Develop or adapt locally appropriate systematic monitoring of patients using electronic systems.
- Use a set of appropriate and standardized indicators to assess the programme performance and coverage.
- Monitor and report treatment outcomes.

HEARTS

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management in primary health care**

TOOLKIT

Toolkit for HEARTS implementation

Implementation manual for national and district programme managers

Toolkit for healthy lifestyle counselling and self-care

Simple algorithms for CVD risk, hypertension and diabetes management, secondary prevention and referral management

Toolkit to improve access to essential medicines and basic technology

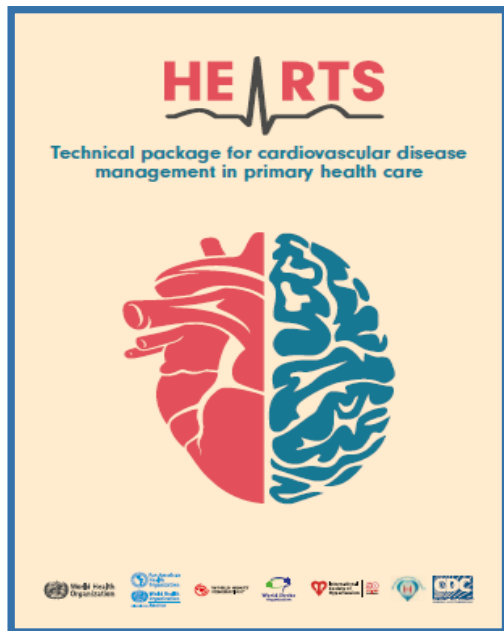
CVD risk prediction charts

Toolkit for training health-care workers

Toolkit for clinical monitoring and evaluation

Toolkit for quality improvement

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HEARTS Toolkit

- Meeting conducted December 2016 in Geneva to discuss development of the HEARTS technical package in a coordinated and effective manner
- Representatives from:
 - 6 WHO ROs
 - Key partners and collaborators on the HEARTS package
 - Subject-matter experts on the various HEARTS package elements
 - Ministries of Health
 - WHO country offices in some of the HEARTS focus countries.

Development of HEARTS Toolkit

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Healthy lifestyle counselling



HEARTS



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Evidence based treatment protocols



HEARTS



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Access to essential medicines and technology



HEARTS



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Team based care and capacity building



HEARTS



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Systems for monitoring



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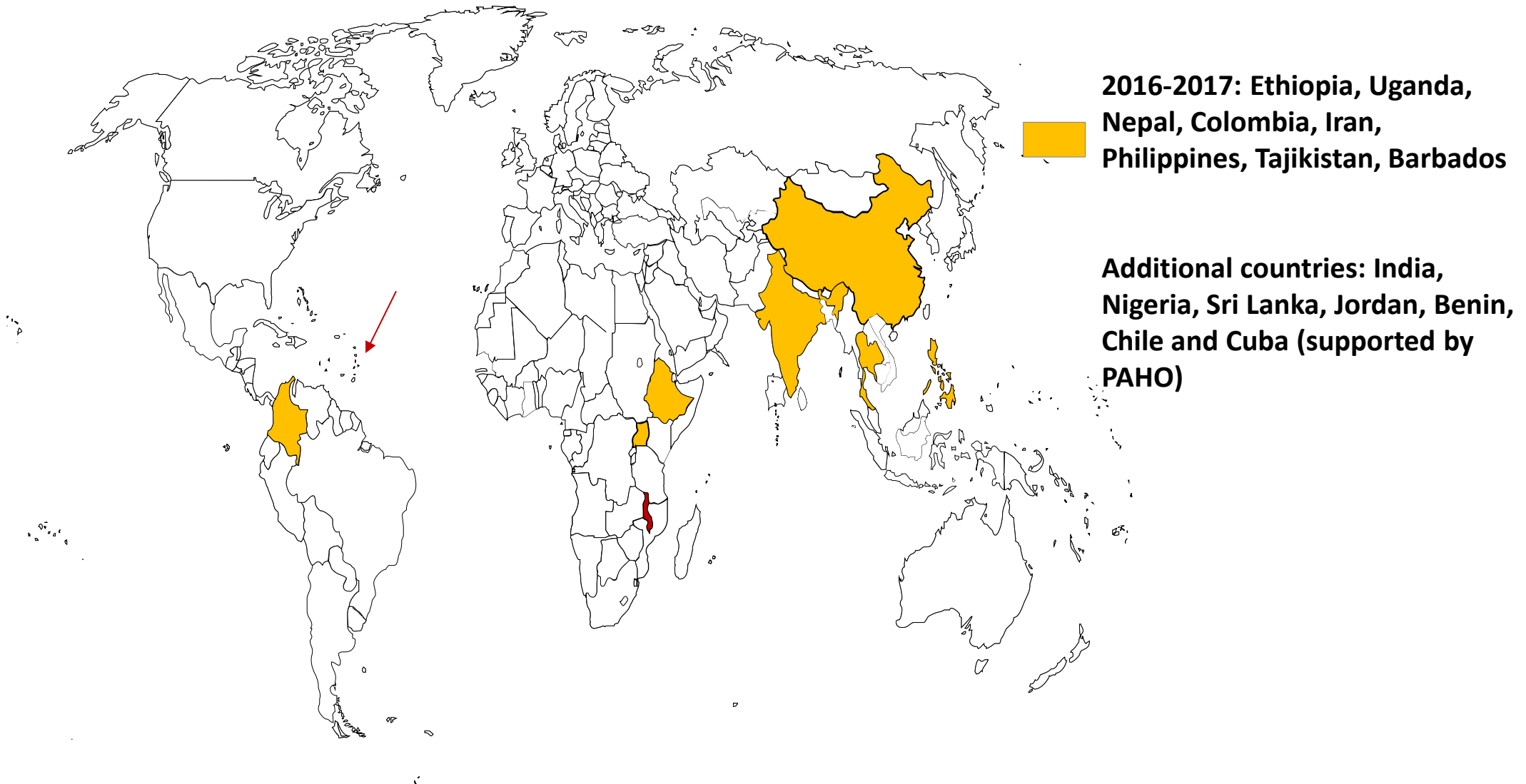
Implementation tools



HEARTS

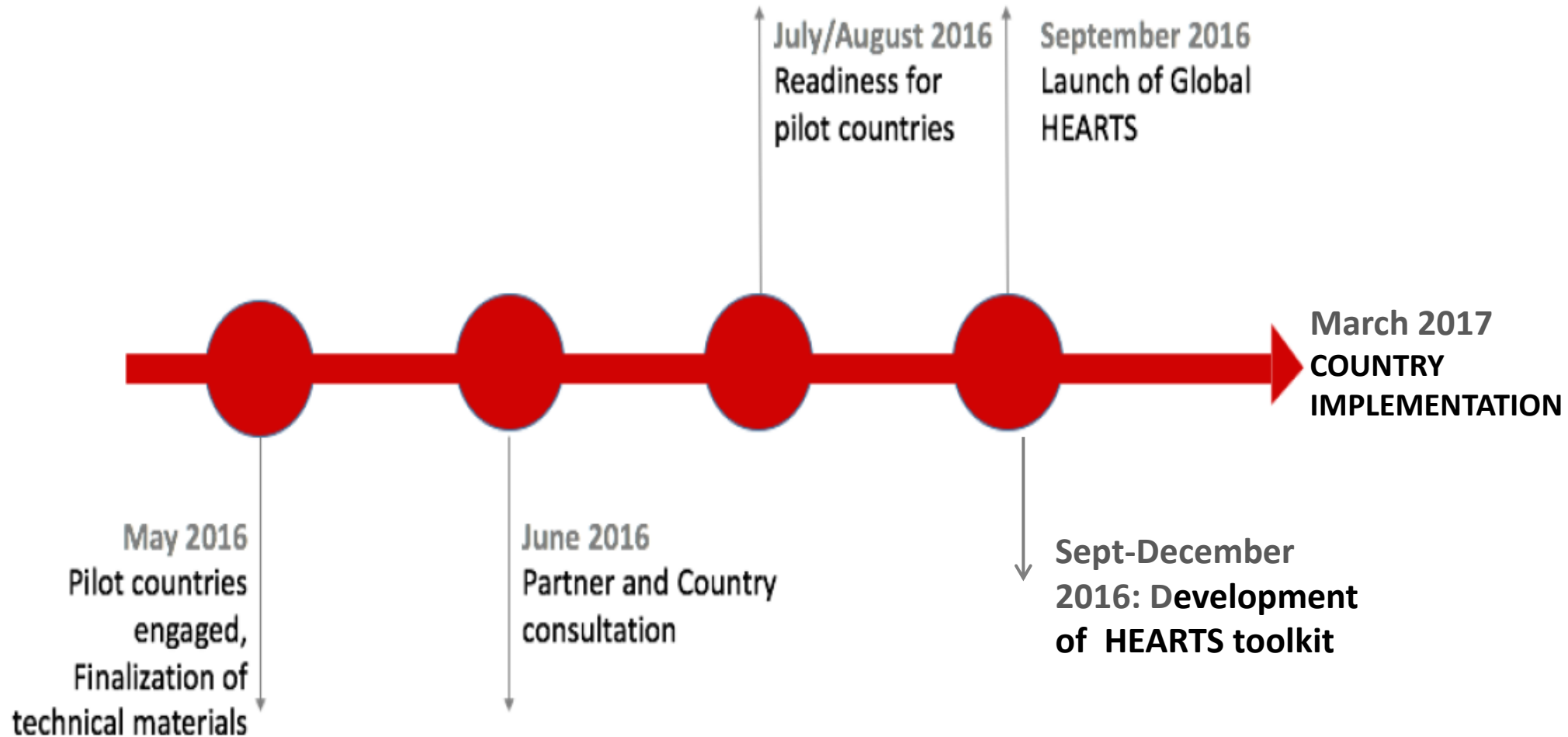


Implementation Plans



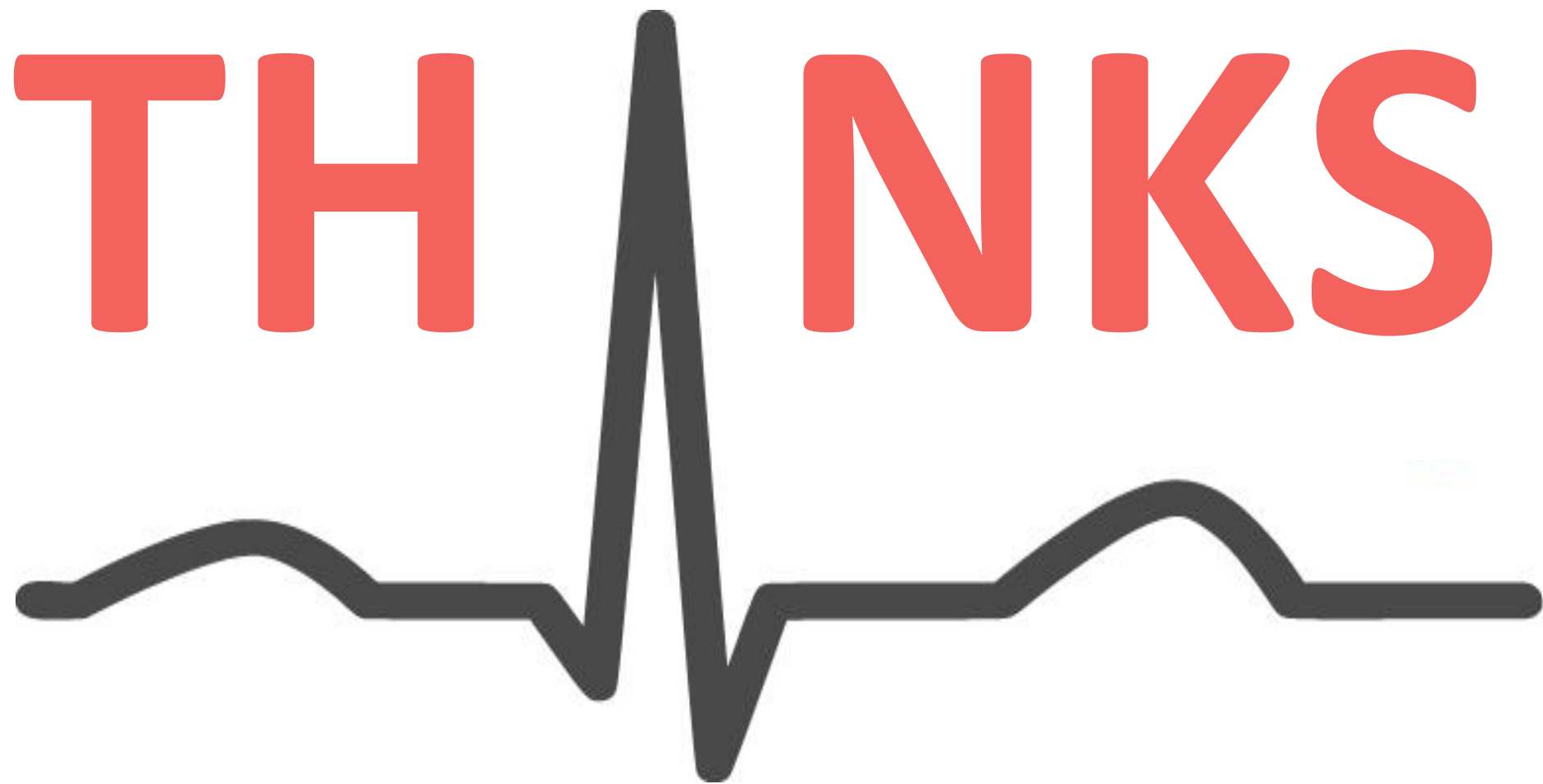
Proposed Timeline

Proposed Project Timeline



Future Priorities

- Completion and official launch of HEARTS toolkit
 - May 2017 – initial drafts complete
 - September 2017 – Launch of HEARTS toolkit
- Implementation in 8 pilot countries, beginning with rapid situational analysis and desk review and local workshops for tool adaptation
 - Ongoing work in Uganda, Ethiopia (AFRO), Barbados, Colombia (AMRO/PAHO), Iran (EMRO), Tajikistan (EURO), Nepal (SEARO) and Philippines (WPRO)
 - Support of additional countries using the HEARTS tools
 - Country implementation meeting in September 2017
- Formalization of governance structure and partner roles/engagement
- Establishment of Global Hearts Initiative Secretariat



http://www.who.int/cardiovascular_diseases/hearts/en/