



AN INITIATIVE OF



Resolve to Save Lives Overview

PAHO Tobacco and Cardiovascular Disease Symposium

Marc G. Jaffe, MD

Senior Vice President, Cardiovascular Health Initiative

Resolve to Save 100 Million Lives, New York City, NY

Resolvetosavelives.org

Resolve is a new 5-year, \$225 million initiative to

- Prevent 100 million deaths from cardiovascular disease
- Make the world safer from epidemics

THE LANCET
Sept. 12, 2017

Saving an additional 100 million lives

Thomas R Frieden, Michael R Bloomberg

10 years ago, we suggested a way to prevent 100 million deaths from tobacco.¹ That initiative, grounded on the WHO Framework Convention on Tobacco Control, led to the creation of the MPOWER technical package, which in the past decade has newly protected about 3.5 billion people with effective tobacco control strategies, reduced tobacco use prevalence substantially, and prevented 30 million deaths.^{2,3} As that work continues, today, along with global partners, we are launching a new cardiovascular health initiative—Resolve—to prevent an additional 100 million deaths globally.

Consumption of processed meats has increased worldwide, leading to a 10% increase in deaths from coronary heart disease and stroke. Through effects on blood pressure and cholesterol, and decreasing fiber intake, it is estimated to cause 1.5 million deaths worldwide.⁴ Reliance on processed meats in diets is increasing, and dietary surveys are inexact. In many countries, high consumption of processed meats is present in high-income countries, resulting in increased deaths.

Resolve Is a Global Partnership

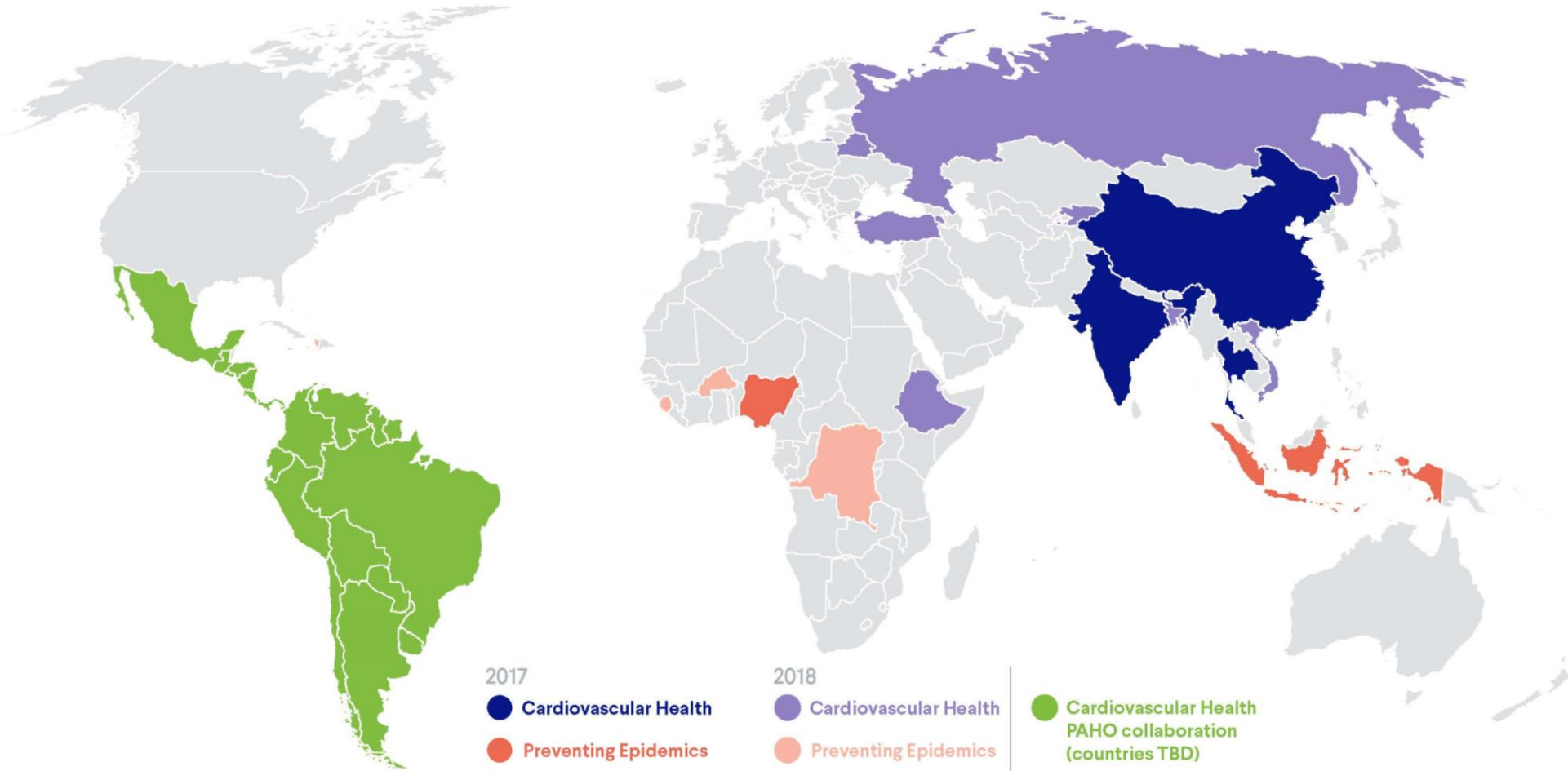
Core organizations



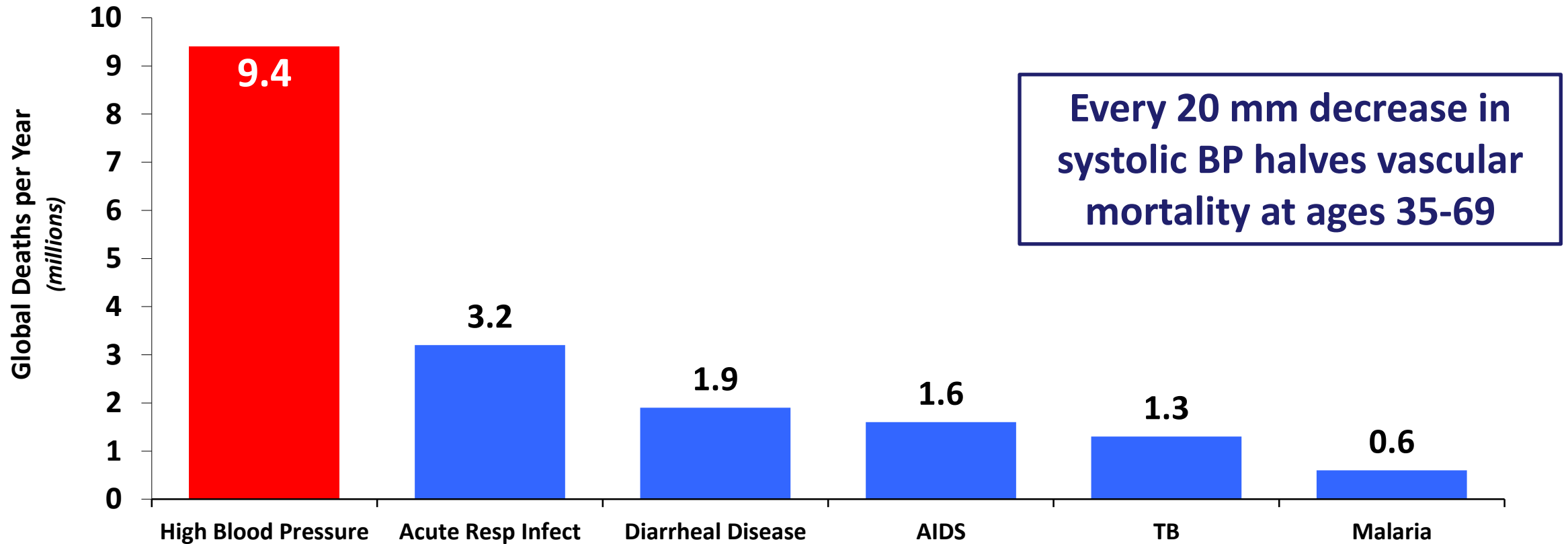
Donors



Resolve Supports Activities Throughout the World

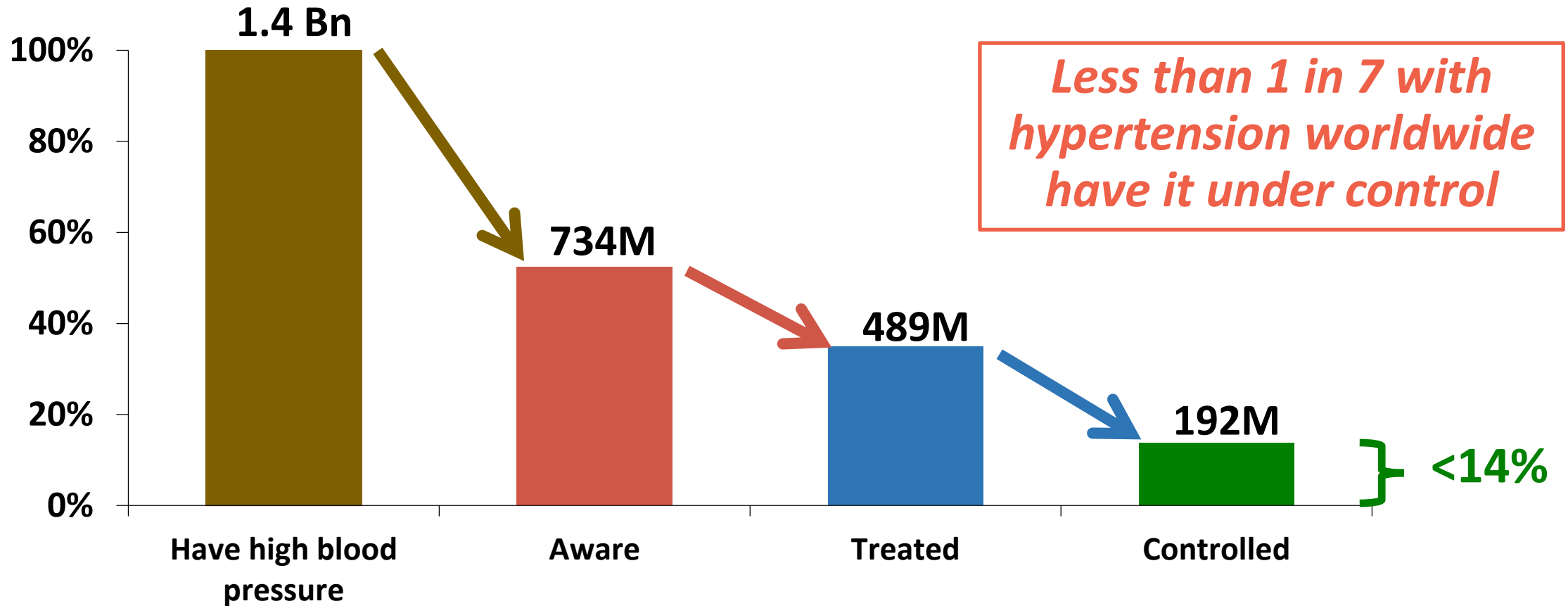


High Blood Pressure Kills More People than Any Other Condition – *and more than all infectious diseases combined*

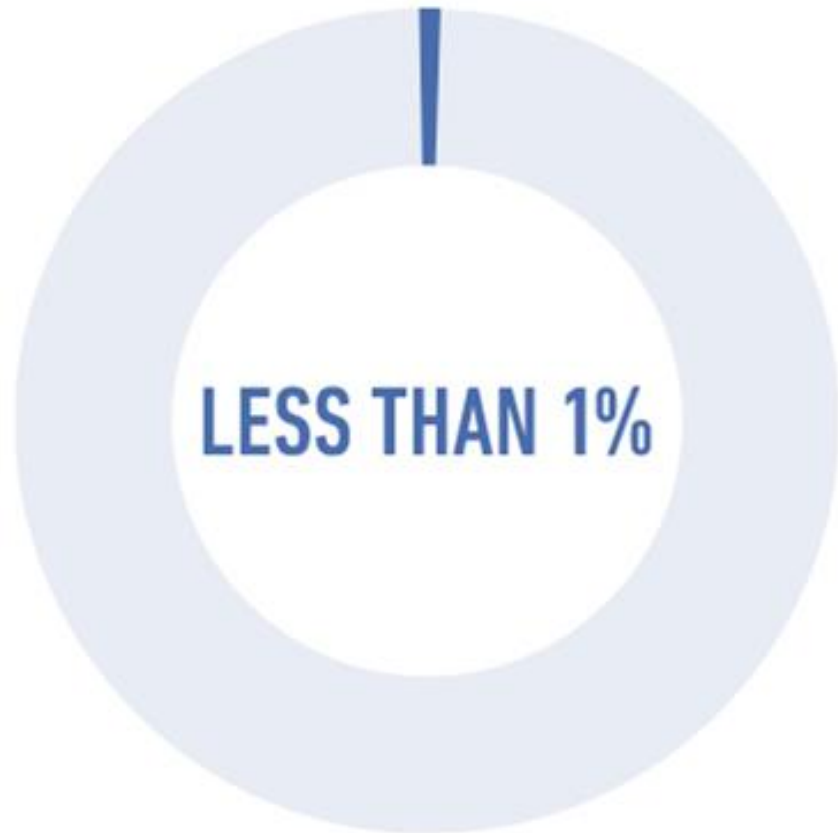


World Health Organization

Most People With Hypertension Globally Do Not Have It Under Control



Cardiovascular Disease Prevention Is Severely Underfunded



- Only 1.7% of WHO voluntary budget contributions are allocated to NCDs
- However, >100 countries have prioritized NCD programs – more than for any other program area

Of \$35 billion total annual global spending on health assistance, less than 1% is spent on cardiovascular disease prevention

Hypertension – Essential Evidence-Based Treatment Components

Protocol



Medication Supply



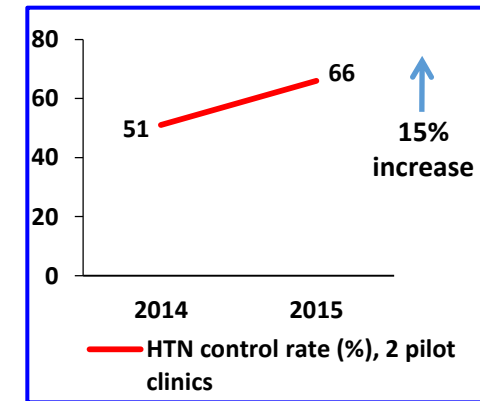
Community-Based Treatment



Patient-Centered Care



Information Systems



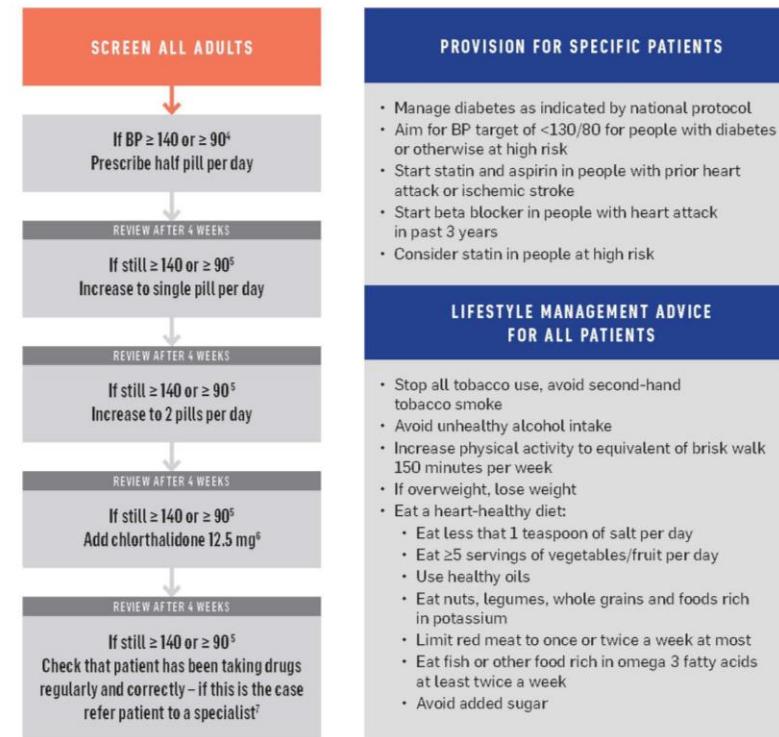
Treatment Protocols Improve Outcomes

- Precise protocols to establish standard treatment of patients
- Drug- and dose-specific, with schedule for titration or addition of medications if blood pressure not controlled
- Eases logistics, training, task-sharing, financing, supervision, evaluation, and future changes

RESOLVE **TO SAVE LIVES** **HYPERTENSION PROTOCOL**
SINGLE PILL COMBINATION
AS FIRST-LINE TREATMENT

AN INITIATIVE OF  **Vital Strategies**

Telmisartan 40 mg¹/Amlodipine 5 mg² Single Pill Combination³ Regimen



RESOLVE **TO SAVE LIVES**

Recommended single-pill combination treatment protocol

1. Telmisartan 40 mg can be replaced with any once-daily Angiotensin receptor blocker (ARB) (e.g., losartan 50 mg) or once-daily Angiotensin converting enzyme inhibitor (ACE-I) (e.g., lisinopril 20 mg, ramipril 5 mg, perindopril 4 mg). **ACE-I and ARB should NOT be given to women who are or who may become pregnant.** Before initiating and several weeks after starting ACE-I or ARBs check serum creatinine and potassium if possible.

2. Amlodipine can be replaced with another once-daily dihydropyridine calcium channel blockers. Alternatively, amlodipine can be replaced with chlorthalidone 12.5 mg, indapamide 1.25 mg, or indapamide SR 1.5 mg. If neither chlorthalidone nor indapamide is available, hydrochlorothiazide 25 mg can be used. If a diuretic is used instead of amlodipine, check serum potassium if possible and see 6 below.

3. Medications can be used as individual agents if single-pill combinations are not available.

4. If BP ≥ 160 or ≥ 100 , start same day. If 140-159 or 90-100, check on a different day, and if still elevated, start.

5. If systolic BP repeatedly >110 , consider going to prior, less intensive regimen.

6. If a diuretic is used initially instead of amlodipine, then amlodipine or another once-daily dihydropyridine calcium channel blocker would be used at this step.

7. Consider increase to full-dose diuretic (chlorthalidone 25 mg or indapamide 2.5 mg; indapamide SR 1.5 mg is both the start and the full dose). Hypokalemia is more common using full-dose diuretic – consider regular lab monitoring. If a diuretic is used instead of amlodipine in the initial treatment, this consideration would apply earlier in the protocol.

 **Vital Strategies**

Information Systems Facilitate Continuous Program Improvement

- Provide real-time feedback to
 - Improve follow-up of patients not under control
 - Measure program **quality** (quarterly, percent controlled per cohort) and **coverage** (annual, proportion of total burden adequately treated)
- Data collection tools can be paper-based, hybrid electronic/paper-based, or fully electronic, depending on country resources
- Continuous analysis of program data and use of analysis to improve patient care

What gets measured can be managed

Salt – Reducing Consumption Saves Lives



- Excess sodium increases blood pressure and risk of cardiovascular disease
- Sodium reduction reduces blood pressure and cardiovascular disease
- Two sources of excess dietary sodium, different contributions to excess in different populations
 - Added during manufacturing, restaurants
 - Added in home preparation, at table

1.6 MILLION

LIVES COULD BE SAVED EACH YEAR BY REDUCING SODIUM INTAKE BY 30%.

\$19

COULD BE SAVED FOR EVERY \$1 SPENT ON SALT REDUCTION EFFORTS.

Artificial Trans-Fat Elimination

- Trans-fat kills an estimated 540,000 people around the world every year
 - Raises bad cholesterol and lowers good cholesterol
 - Increases risk of heart attack and cardiovascular death
- REPLACE launched in May 2018
 - Global Technical Package to eliminate trans fat
 - WHO sponsored and technical package soon



540,000

**PEOPLE DIE FROM ARTIFICIAL
TRANS-FAT INTAKE EACH YEAR.**

0 **FOODS FOR WHICH
ARTIFICIAL TRANS-FAT
IS NECESSARY.**



RESOLVE

TO SAVE LIVES

AN INITIATIVE OF



**Vital
Strategies**

RESOLVETOSAVELIVES.ORG | VITALSTRATEGIES.ORG