Regional Seminar on the Implementation of the Cardiovascular Risk Reduction in the Americas

Progress and status of NCD commitments in the Region of the Americas

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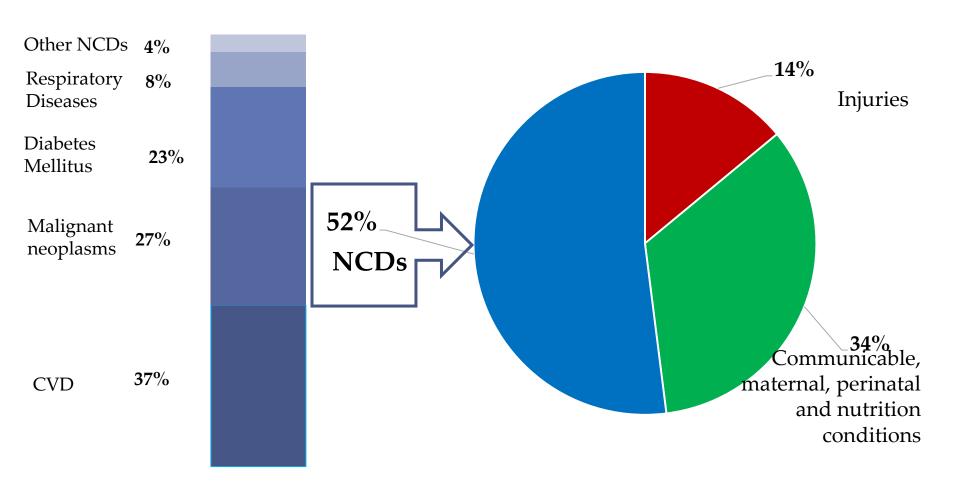
Contents:

- The global and regional burden of NCD and Risk Factors
- 2. Commitments to address NCDs
- 3. Health systems interventions for NCD management
- 4. PAHO/WHO approach to NCD management

The Global Burden of NCDs

Proportion of global deaths below age 70 by cause of death, comparable estimates, 2012

NCD Premature Mortality (30-70 years old) – 52%



Source: WHO. NCD Global Status Report, 2014

The Regional Burden of NCDs

The burden of NCDs in the Americas

4.8 million

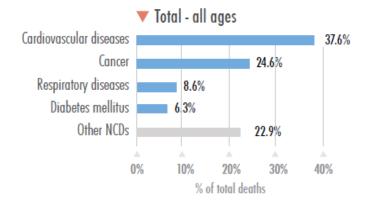
Deaths by NCDs

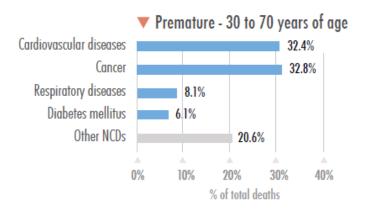
79%

Of all deaths are caused by NCDs

35%

Of NCD deaths are premature (30-69 years of age)



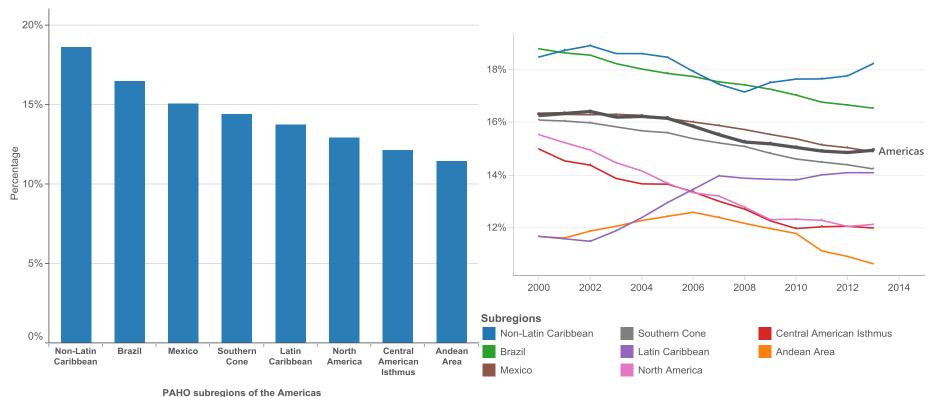


Source: PAHO/WHO Regional Mortality Database, 2016, corrected data

Premature NCD Mortality in the Americas

Premature mortality

Unconditional probability of dying between exact ages from 30 to 70 years old due to any of the four major NCDs



Source: 2012 estimates, WHO NCD Global Status Report 2014

Source: Regional Mortality Information System. PAHO



Global Commitments for NCDs

NATIONAL TIME BOUND COMMITMENTS FOR MEMBER STATES



By 2015, consider setting national NCD targets



By 2015, consider developing national multisectoral policies and plans



Integrate NCDs into health-planning and national development plans



By 2016, implement "best buys" to reduce risk factors for NCDs



By 2016, implement "best buys" to enable health systems to respond



Strengthen national surveillance systems

Global NCD Monitoring Framework for 2025

	ortality & orbidity	Risk Factors						National Systems Response	
Targets			1						
	25% reduction	10% reduction	10% reduction	30% reduction	30% reduction	25% reduction	0% increase	50% coverage	80% coverage
	Premature mortality	Harmful use of alcohol	Physical inactivity	Salt/ sodium intake	Tobacco use	Raised blood pressure	Diabetes & obesity	Drug therapy (heart attacks & strokes)	Essential meds. & basic tech.

NCD Management



By 2016, strengthen health systems to address NCDs through peoplecentered primary health care and universal health coverage



OBJECTIVE 3: Improve coverage, access and quality of care for NCD management

- Improve quality of care (eg. Chronic Care Model)
- Increase access to essential medicines and technologies
- Implement effective **interventions** for NCD screening, treatment and control



Global NCD Targets:

- 80% coverage of essential medicines and basic technologies
- 50% of people at high cardiovascular risk receive appropriate drug therapy and counselling to prevent heart attacks and stroke

Best Buy Interventions for NCD Management

Cardiovascular diseases and diabetes

- Drug therapy for hypertension control and diabetes control
- Total risk approach and counselling for those who have had a heart attack or stroke and those with high risk of CV event in next 10 years
- Aspirin for acute myocardial infarction

Cancer

- Liver cancer prevention by hepatitis B vaccination
- **Cervical cancer prevention** by vaccination against human papillomavirus of 9–13 year old girls and by screening women aged 30-49 years
- Breast cancer screening with mammography, every 2 years for women aged 50-69 years
- Colorectal cancer treatment with surgery, chemotherapy, radiotherapy
- Palliative care

Chronic Respiratory Diseases

- Asthma symptom relief with inhaled salbutamol
- COPD symptom relief with inhaled salbutamol
- Asthma treatment using low dose inhaled beclometasone and short acting beta agonist

Chronic Care Model to improve NCD management



Source: Wagner E et al. 2001

PAHO Tools and Resources for NCD Management

PAHO STRATEGIC FUND	PAHO strategic fund
Prevention of Cardiovascular Disease	Innovative care for chronic conditions: organizing and delivering high quality care for chronic NCDs in the Americas
Cushel lives for ancessment and anagement of cardinosacctor risk Oracle beautiful format for the following format	Guideline for Assessment and Management of Cardiovascular Risk Chronic care passport for professionals
Motional Cancer Control Propositions	National cancer control programs: policies and managerial guidelines
Correpositions Constant (V)	Comprehensive cervical cancer control. A guide to essential practice



Building blocks in diabetes education and control: A Framework for comprehensive diabetes care

PAHO Tools on NCD Management

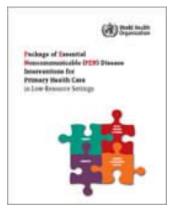
Capacity building tools (virtual courses)

Self-learning and tutorial virtual courses on:

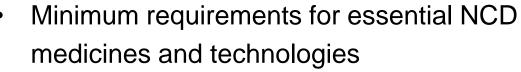
- diabetes
- tobacco control
- alcohol
- hypertension
- chronic kidney disease
- How to effectively address NCD (CARMEN School)

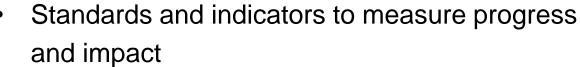


WHO Package of NCD Interventions



- Guidance to assess needs, strengthen health systems, and implement NCD interventions
- Protocols for clinical diagnosis and treatment
- Tools for risk prediction of heart attacks and stroke







Example of PEN protocol for CVD and diabetes management

Risk < 20% Risk > 30% Important practice points

- Counsel on diet, physical activity, smoking cessation and avoiding harmful use of alcohol
- If risk < 10% follow up in 12 months
- If risk 10 < 20% follow up every 3 months until targets are met, then 6-9 months thereafter
- Counsel on diet, physical activity, smoking cessation and avoiding harmful use of alcohol
- Persistent BP ≥ 140/90 mm Hg consider drugs (see below ** Antihypertensive medications)
- Follow-up every 3-6 months
- Counsel on diet, physical activity, smoking cessation and avoiding harmful use of alcohol
- Persistent BP ≥ 130/80 consider drugs (see below ** Antihypertensive medications)
- Give a statin
- Follow-up every 3 months, if there is no reduction in cardiovascular risk after six months of follow up refer to next level

Consider drug treatment for following categories

- All patients with established DM and cardiovascular disease (coronary heart disease, myocardial infarction, transient ischaemic attacks, cerebrovascular disease or peripheral vascular disease), renal disease. If stable, should continue the treatment already prescribed and be considered as with risk >30%
- People with albuminuria, retinopathy, left ventricular hypertrophy
- All individuals with persistent raised BP≥160/100 mmHg; antihypertensive treatment
- All individuals with total cholesterol at or above 8 mmol/l (320 mg/dl); lifestyle advice and statins

** Antihypertensive medications

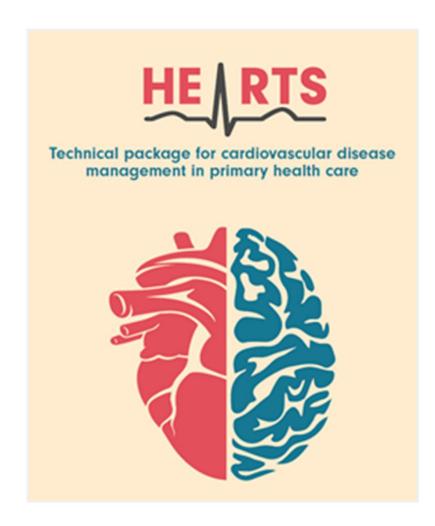
- If under 55 years low dose of a thiazide diuretic and/ or angiotensin converting enzyme inhibitor
- If over 55 years calcium channel blocker and/or low dose of a thiazide diuretic
- If intolerant to angiotensin converting enzyme inhibitor or for women in child bearing age consider a beta blocker
- Thiazide diuretics and/or long-acting calcium channel blockers are more appropriate as initial treatment for certain ethnic groups. Medications for compelling indications should be prescribed, regardless of race/ ethnicity
- Test serum creatinine and potassium before prescribing an angiotensin converting enzyme inhibitor

Additional actions for individuals with DM:

- Give an antihypertensive for those with BP ≥ 130/80 mmHg
- Give a statin to all with type 2 DM aged ≥ 40 years
- Give Metformin for type 2 DM if not controlled by diet only (FBS>7mmol/l), and if there is no renal insufficiency, liver disease or hypoxia.
- Titrate metformin to target glucose value
- Give a sulfonylurea to patients who have contraindications to metformin or if metformin does not improve glycaemic control.
- Give advise on foot hygiene, nail cutting, treatment of calluses, appropriate footwear and assess feet at risk of ulcers using simple methods (inspection, pin-prick sensation)
- Angiotensin converting enzyme inhibitors and/or low-dose thiazides are recommended as first-line treatment of hypertension. Beta blockers are not recommended for initial management but can be used if thiazides or angiotensin converting enzyme inhibitors are contraindicated.
- Follow up every 3 months

Source: WHO, 2013

PAHO Tools and Resources for NCD Management





Healthy lifestyle

Counsel on tobacco cessation, diet, harmful use of alcohol, physical activity and self-care



Evidence-based treatment protocols

Simple and standardized protocols



Access to medicines and technologies

Access to a core set of affordable medicine and basic technology



Risk-based management

Total cardiovascular risk assessment, treatment and referral



Team-based care and task sharing

Patient-centered care through a team approach and community participation



Systems for monitoring

Patient registries and program evaluation

PAHO's Next Steps for NCD Management

- Support Member States to achieve the NCD commitments
- Implement the cost-effective measures "Best Buys", focusing on cardiovascular diseases, diabetes, and common cancer types
- Build country capacity to reorient health systems and services to improve NCD management
- Increase access to NCD medicines through the PAHO Strategic Fund.

OUR GOAL By 2030, reduce by one-third premature mortality from NCDs

