Conceptual bases, building a political commitment and alliances

NORM CAMPBELL

Commitment, Partnerships and Alignment

CRITICAL ELEMENTS IN DEVELOPING COMMITMENT PARTNERSHIPS AND ALIGNMENT

WHY, WHAT, WHEN and HOW

- Vision, goals and targets are clear, strong and supportable
- Key facts and situational (SWOT) analysis justify needed resources and change
- Strategy with a feasible action plan based on a SWOT type analysis
- An effective and efficient structure for engaging a broad range of stakeholders for a long period in time

Fact sheet and call to action

Global Fact sheet and call to action

FROM THE WORLD HYPERTENSION LEAGUE

High Blood Pressure 2016: Why Prevention and Control Are Urgent and Important. The World Hypertension League, International Society of Hypertension, World Stroke Organization, International Diabetes Foundation, International Council of Cardiovascular Prevention and Rehabilitation, International Society of Nephrology

Norm R. Campbell, MD, FRCPC;[1] Tej Khalsa, MD, MSc;[2] World Hypertension League Executive:[3] Daniel T. Lackland, DrPH; Mark L. Niebylski, PhD, MBA, MS; Peter M. Nilsson, MD, PhD; Kimbree A. Redburn, MA; Marcelo Orias, MD; Xin-Hua Zhang, MD, PhD; International Society of Hypertension Executive:[4] Louise Burrell, MD, MBChB, MRCP, FRACP; Masatsugu Horiuchi, MD, PhD; Neil R. Poulter, MBBS, MSc, FRCP, FMed Sci; Dorairaj Prabhakaran, MD, DM, MSc, FRCP, FNASc; Agustin J. Ramirez, MD, PhD; Ernesto L. Schiffrin, MD, PhD, FRSC, FRCPC; Rhian M. Touyz, PhD, MBBCh, FRCP, FRSE; Ji-Guang Wang, MD, PhD; Michael A. Weber, MD; World Stroke Organization;[5] International Diabetes Federation;[6] International Council of Cardiovascular Prevention and Rehabilitation;[7] International Society of Nephrology[6,8]

From the Libin Cardiovascular Institute of Alberta, University of Calgary, Calgary, Alberta, Canada;[1] Department of Medicine, University of Calgary, Calgary, Alberta, Canada;[2] WHL, Corvallis, MT;[3] ISH Secretariat, c/o The Conference Collective Ltd., Teddington, Middlesex, UK;[4] WSO Administrative Office, c/o Kenes International, Geneva 6, Switzerland;[5] IDF, Brussels, Belgium;[6] York University, Toronto, Ontario, Canada;[7] and ISN, Cranford, NJ[8]

Increased blood pressure (BP) is the second leading risk factor for death and disability globally according to the Global Burden of Disease Study.[1]

Increased BP was the cause of an estimated 10.3 million deaths and 208 million disability-adjusted life years in 2013 (1) and the cause of[2–10]:

- 50% of heart disease, stroke, and heart failure.
- 19% of deaths overall and more than 40% of deaths in persons with diabetes.
- Hypertension is a leading risk for fetal and maternal death in pregnancy, dementia, and renal failure.

Hypertension is a public health epidemic[2,11,12]

- Approximately four in 10 adults older than 25 have hypertension, and in many countries another one in five have prehypertension.
- An estimated nine of 10 adults who live to 80 years will develop hypertension.
- One half of BP-related disease occurs in persons with higher levels of BP despite being within the normal range.

Hypertension now disproportionately impacts low- and middle-income countries[2]

- Two thirds of those with hypertension are in economically developing countries.
- Heart disease and stroke occur in younger persons in economically developing countries.

BP-related disease has a major impact on healthcare spending[13]

- An estimated 10% of healthcare spending is directly related to increased BP and its complications.

World Hypertension League

International Society of Hypertension

World Stroke Organization

International Diabetes Federation

International Council of Cardiovascular Prevention and Rehabilitation (ICCPR)

International Society of Nephrology ISN 1960

Partnerships and Alignment

Recommendation: **Develop a formal written SWOT analysis if not already done**

Recommendation: **Develop a clearly articulated vision, goal and target.**

'Hypertension is the leading risk for death in Chile'

"Our vision is to prevent premature death and disability related to hypertension in Chile"

"Our goal is to reduce uncontrolled hypertension by 25% by 2025."

Recommendation

- Recommendation: **Each country should develop a strategic plan with a fact sheet and call to action that includes**
  - An opportunity for government, non government organizations, and civil society to have input to the fact sheet and call to action and to endorse or provide support for the call to action
  - The key indicators for hypertension and its impact on death and disability and if available cost effectiveness of prevention and control.
  - An outline of what is proposed to be done to address hypertension as a public health risk

How to develop a fact sheet and call to action

FROM THE WORLD HYPERTENSION LEAGUE

Using the Global Burden of Disease Study to Assist Development of Nation-Specific Fact Sheets to Promote Prevention and Control of Hypertension and Reduction in Dietary Salt: A Resource From the World Hypertension League

Norm R.C. Campbell, MD;[1] Daniel T. Lackland, DrPH;[2] Liu Lisheng, MD;[3] Mark L. Niebylski, PhD, MBA, MS;[4] Peter M. Nilsson, MD, PhD;[5] Xin-Hua Zhang, MD[6]

From the Departments of Medicine, Community Health Sciences and of Physiology and Pharmacology, Libin Cardiovascular Institute, University of Calgary, Calgary, AB, Canada;[1] Department of Neurosciences, Medical University of South Carolina, Charleston, SC;[2] Beijing Hypertension League Institute, Fu Wai Hospital, Beijing, China;[3] World Hypertension League, Clancy, MT;[4] Department of Clinical Sciences, Lund University, Skåne University Hospital, Malmö, Sweden;[5] and Beijing Hypertension League Institute, Beijing, China[6]

Increased blood pressure and high dietary salt are leading risks for death and disability globally. Reducing the burden of both health risks are United Nations' targets for reducing noncommunicable disease. Nongovernmental organizations and individuals can assist by ensuring widespread dissemination of the best available facts and recommended interventions for both health risks. Simple but impactful fact sheets can be useful for informing the public, healthcare professionals, and policy makers. The World Hypertension League has developed fact sheets on dietary salt and hypertension but in many circumstances the greatest impact would be obtained from national-level fact sheets. This manuscript provides instructions and a template for developing fact sheets based on the Global Burden of Disease study and national survey data. *J Clin Hypertens (Greenwich)*. 2015;17:165–167. © 2015 Wiley Periodicals, Inc.

Sub-Saharan Africa fact sheet and call to action

FROM THE WORLD HYPERTENSION LEAGUE AND THE INTERNATIONAL SOCIETY OF HYPERTENSION

High Blood Pressure in Sub-Saharan Africa: Why Prevention, Detection, and Control are Urgent and Important

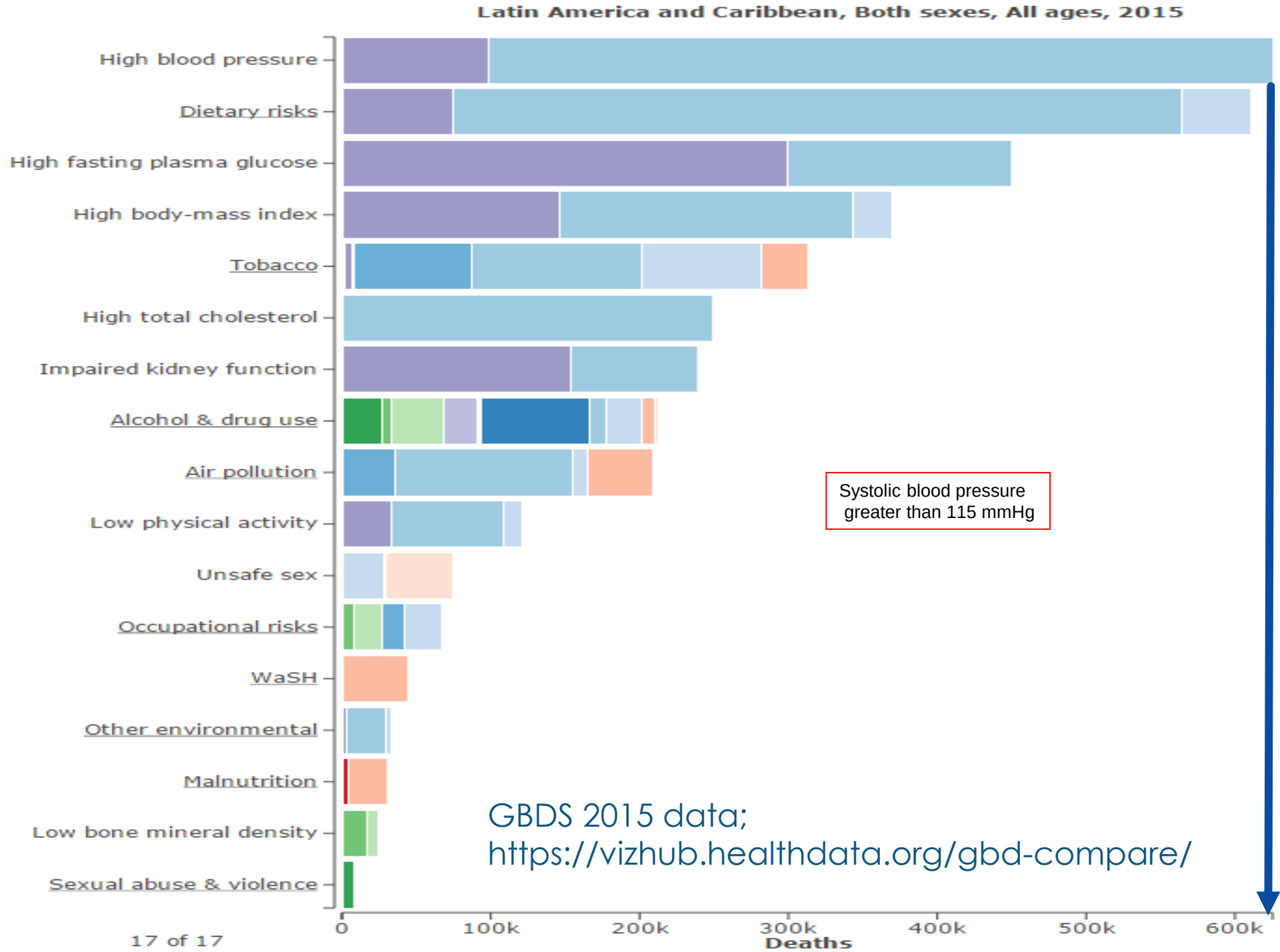
Norm R.C. Campbell, MD;[1] Pascal Bovet, MD, MPH;[2] Aletta Elisabeth Schutte, PhD;[3,6] Daniel Lemogoum, MD, MPH, PhD, FESC;[4] Armand Seraphin Nkwescheu, MD, MPH, PhD (cand)[5]

From the Department of Medicine, University of Calgary, Calgary, AB, Canada;[1] IUMSP, Lausanne University Hospital, Lausanne, Switzerland;[2] Hypertension in Africa Research Team, North West University, Potchefstroom, South Africa;[3] Douala School of Medicine, University of Douala, Douala;[4] Cameroon Society of Epidemiology and Health Operations Research, Ministry of Public Health of Cameroon, Yaounde, Cameroon;[5] and MRC Research Unit on Hypertension and Cardiovascular Disease, North-West University, South Africa[6]

TABLE. Supporting Organizations of the World Hypertension League-International Society of Hypertension Fact Sheet for Sub-Saharan Africa

African Epidemiological Federation
African Heart Network
African Population and Health Research Center
Cameroon Heart Foundation
Cameroon Society of Epidemiology (CaSE)
Cameroon Association of Public Health (ACASAP/CAMPHA)
Congolese Hypertension League (CoHL)
International Forum for Hypertension Control and Prevention in Africa (IFHA)
Southern African Hypertension Society
Kenya Epidemiology Association
Pan-African Society of Hypertension
Pan-African Society of Cardiology
Stroke and Investigative Research and Education Network (SIREN)
Sudanese Society of Hypertension

South American, Central American and Caribbean facts support a need to prevent and control hypertension


Latin America and Caribbean, Both sexes, All ages, 2015
High blood pressure
Dietary risks
High fasting plasma glucose
High body-mass index
Tobacco
High total cholesterol
Impaired kidney function
Alcohol & drug use
Air pollution
Low physical activity
Unsafe sex
Occupational risks
WaSH
Other environmental
Malnutrition
Low bone mineral density
Sexual abuse & violence
0
100k
200k
300k
400k
500k
600k
Deaths
Systolic blood pressure greater than 115 mmHg
GBDS 2015 data;
https://vizhub.healthdata.org/gbd-compare/
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Partnerships and Alignment

- A need to efficiently and effectively engage a board range of stakeholders over a long period in time

Partnerships and Alignment

- Develop a clear organizational structure with terms of reference that can engage a broad range of stakeholders and individuals over a long period in time
- Leaders are accountable for achieving targets and timelines
- Transparency in monitoring and evaluation

Partnerships and Alignment

External supporting organizations
Civil society
Training schools (e.g. Nursing)
All primary care organizations
Specialty Organizations
Misc. GO's (e.g. surveillance)
NGOs (kidney, diabetes, heart etc.)
Corporate sector
Media

External supporting individuals
Experts at education and knowledge translation
Experts in hypertension management
Experts in social media-communications
Experts in monitoring and evaluation
Key influencers - opinion leaders-champions

Steering Committee

5-8 highly functional core organizations NGO, GO, primary care, civil society, hypertension, or specialty

Operations committee

3-6 highly functional dedicated individuals

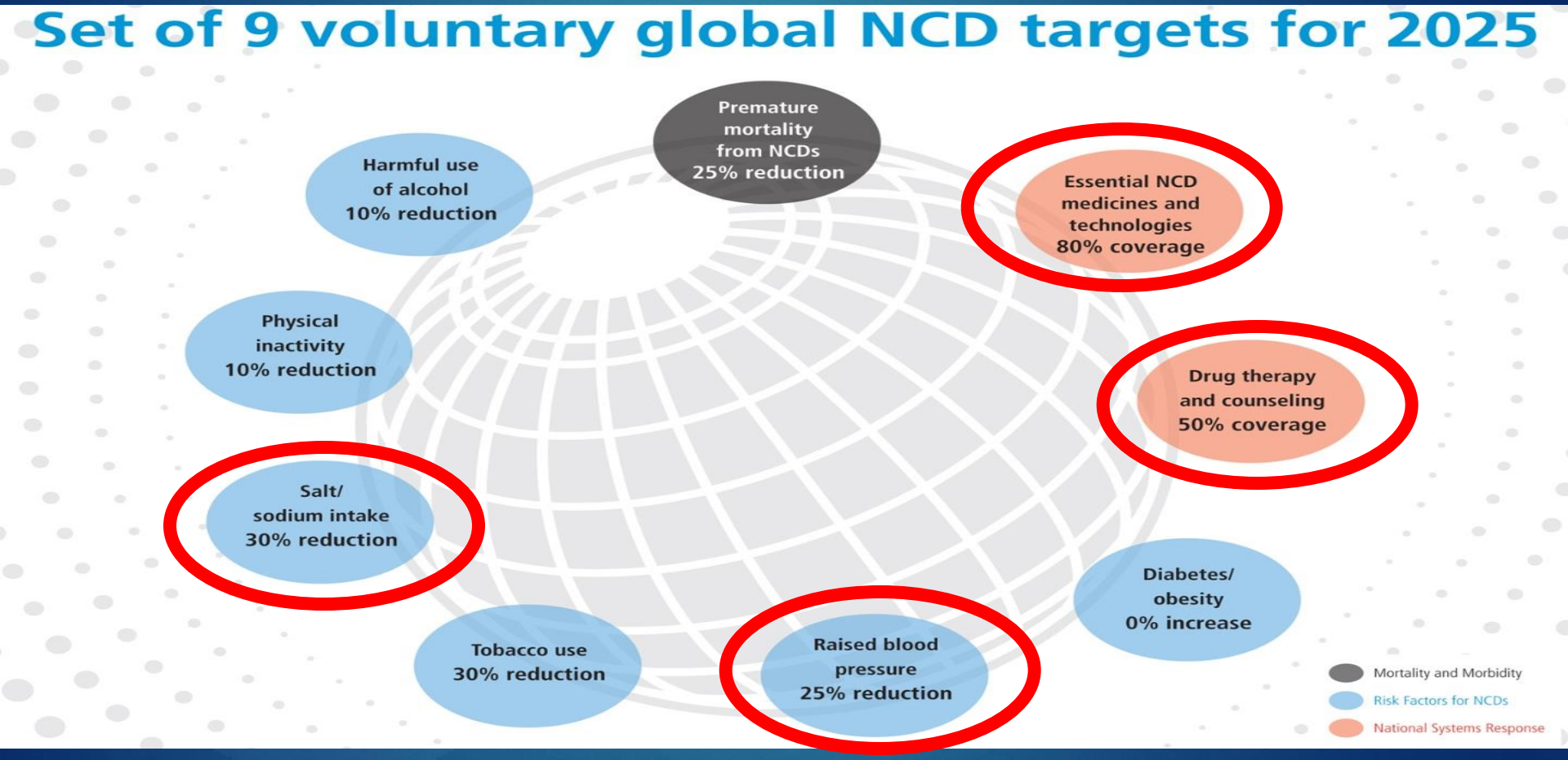
Operation sub committees

Functional dedicated individuals

Political Commitment to reduce the impact of the regions leading risk for death

The World Health Assembly supports a 25% reduction in uncontrolled blood pressure by 2025.

Global NCD Targets



Commitment and partnership

- **Recommendation: All countries should develop concrete plans to reduce uncontrolled hypertension based on their commitment at the World Health Assembly.**
- **Recommendation: The regional effort should on a national level, regularly document and make publicly available (e.g. annual publication) successes, challenges, and detailed operational plans to aid other countries and to enhance political commitment**

Alignment

- Justify a need to change the current approaches to hypertension
- Assess knowledge, attitudes and practices
- Provide standardized training and education where needed to ensure alignment

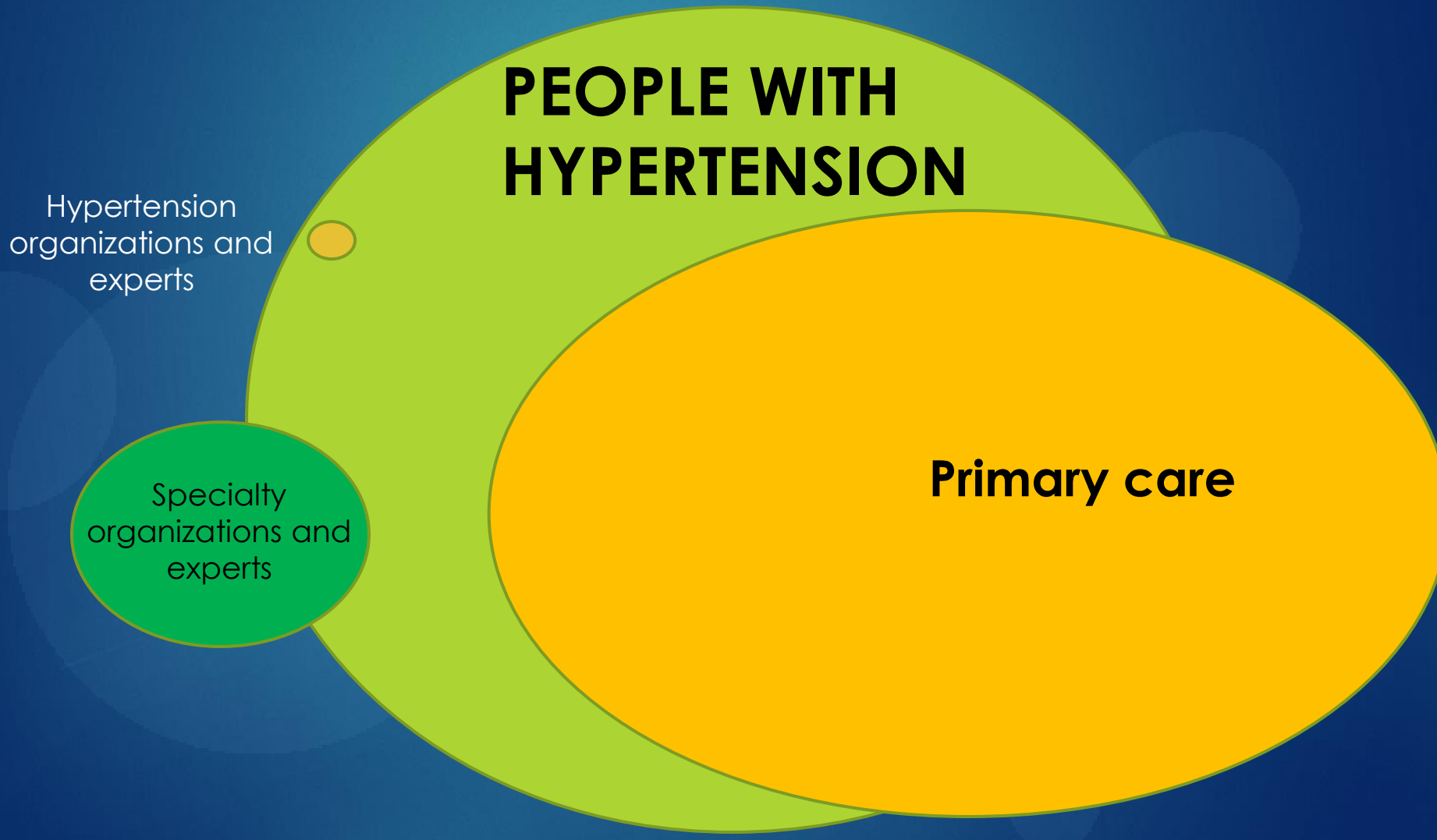
Alignment

Debate is

- one of the most important aspects of scientific progress
- interpreted as a justifiable rational for choosing therapeutic options by specialties
- usually interpreted as a rational for not making a therapeutic decision by primary care
- a strong reason for not following health care advice by the public
- a strong reason for not implementing policy by government
- markedly accentuated by those with potential commercial interests as a well established business model to deter adverse policies

When implementing the debates should end

Capacity of health care experts to manage hypertension



Need for a Paradigm shift

If we were to design a system that would not impact prevention and control of hypertension it might look much like what we currently have

What we have

1. Health systems and public health focused on acute illness and disease and infectious diseases.
2. Cardiovascular and hypertension organizations focused on research and hypertension specialty issues.
3. Partnerships with specialty organizations while care is provided by primary care
4. Lack of engagement of primary care
5. Lack of primary care and prevention resources
6. A chaotic individualized approach to health care

Expanded Chronic Care Model Integrating Population Health Promotion

Adapted from Edward H. Wagner, MD, MPH, Chronic Disease Management. Originally published: Effective Clinical Practice, Aug/Sept 1998, Vol 1

- **Recommendation: Continue to evolve the health care system to be more oriented to**
  - chronic disease,
  - systematic transparent and accountable
  - empower and resource patients, primary care and communities
- **Cuba as a model best practice**

2 days ago with M Jaffe

- **Simple**
- **Sustainable**
- **Patient centred**
- **Team based (broadly inclusive, primary care, private, academia, government etc.)**
- **(Strong accountable) leadership**

PAHOs strong leadership