How are other regions around the world dealing with CVD Burden? A snapshot from the Eastern Mediterranean Region

Dr Slim Slama,
Medical Officer
EMRO/NMH/NCM

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

Santiago, Chile

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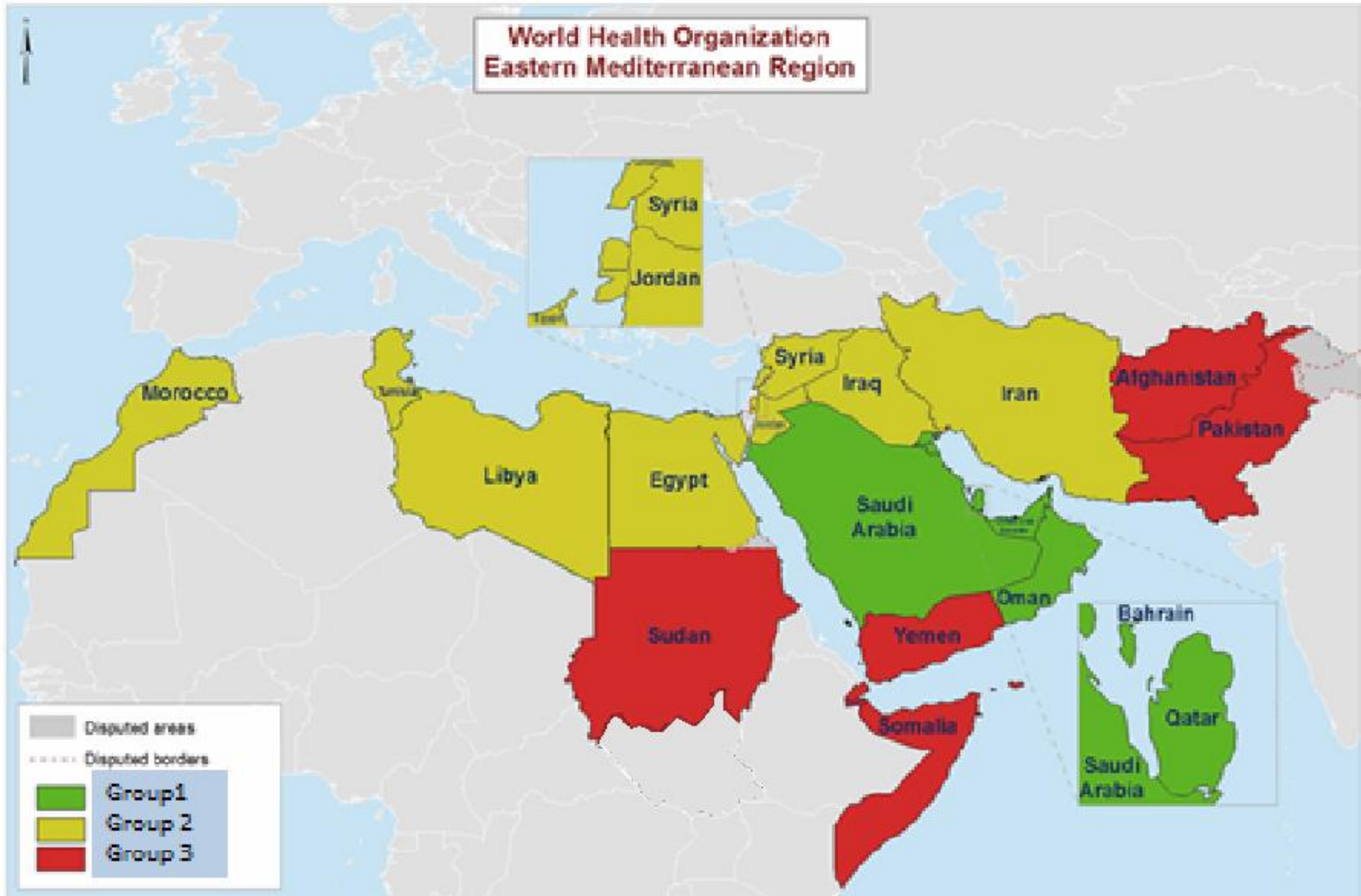
World Health Organization
Regional Office for the Eastern Mediterranean

Outline

- Current status of NCD management/CVD management
- Regional experiences/models for CVD prevention and control in the EMR
- Challenges and opportunities
- Expectations from this meeting


World Health Organization
Eastern Mediterranean Region
Syria
Jordan
Morocco
Syria
Iraq
Iran
Afghanistan
Pakistan
Libya
Egypt
Saudi Arabia
Oman
Yemen
Sudan
Somalia
Bahrain
Qatar
Saudi Arabia
Disputed areas
Disputed borders
Group1
Group 2
Group 3

Monitoring Progress

Implementing of the time-bound commitments guided by the Regional Framework For Action (RFFA)

- The RFFA: a roadmap to move from global commitments to country action
- A set of **strategic interventions,** assist MS already committed themselves to implement in four priority areas:

1. **Governance**
2. **Prevention and reduction of risk factors**
3. **Surveillance, monitoring and evaluation**
4. **Health care**

- Strategic interventions are based on **2011 UN Political Declaration on NCDs & 2014 UNGA Outcome Document**

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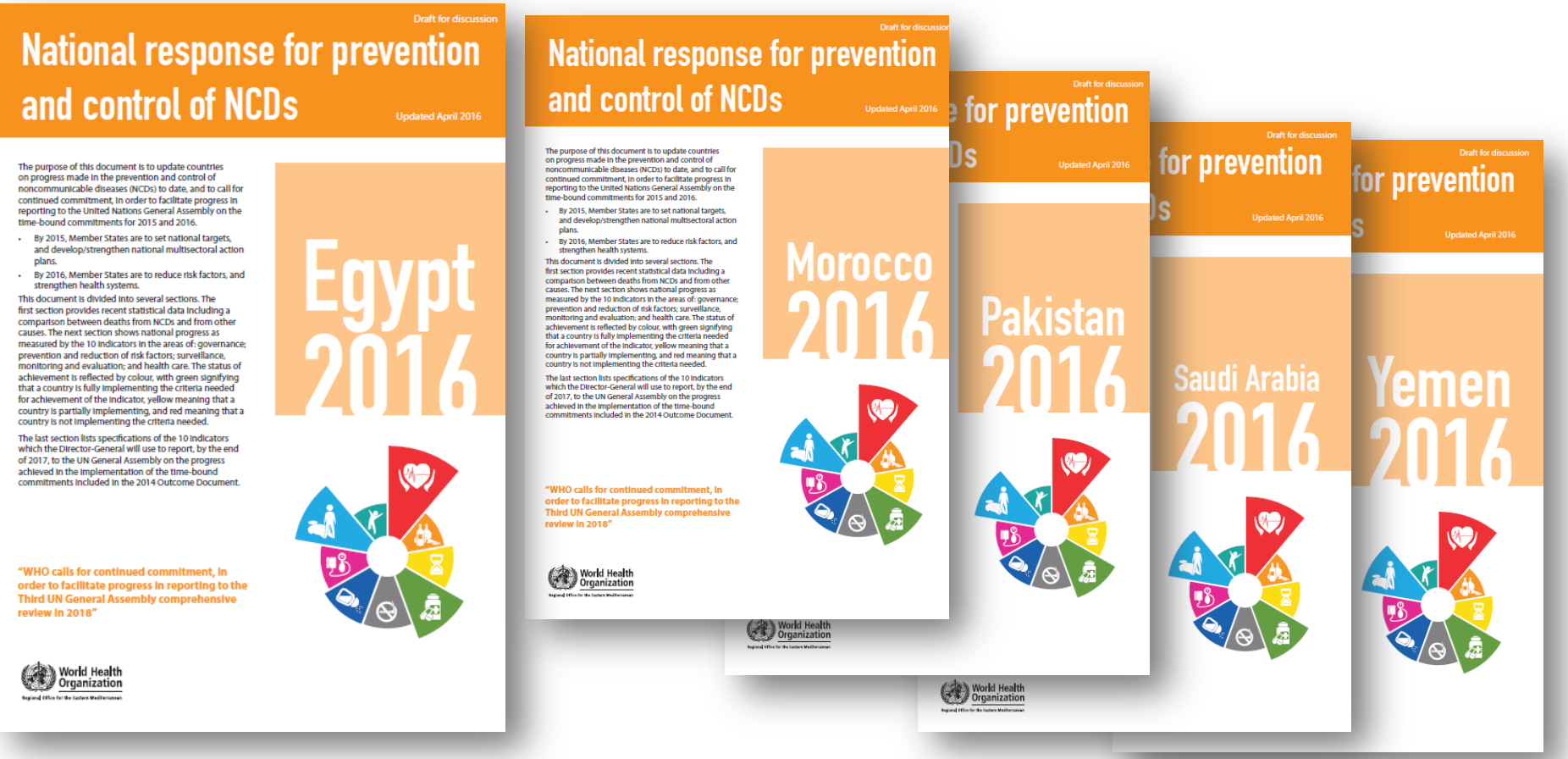
Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018

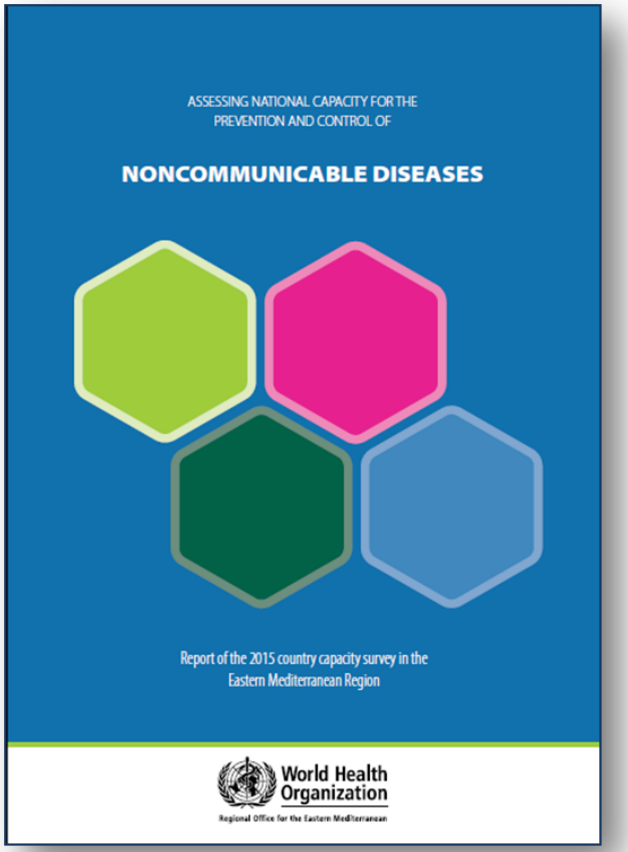
Updated October 2015, based on resolutions EM/RC59/R.2 & EM/RC60/R.4

Commitments	Strategic interventions	Progress indicators
In the area of **governance**	**Each country is expected to:** • Integrate noncommunicable diseases into national policies and development plans • Establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on national situation and WHO guidance • Increase budgetary allocations for noncommunicable diseases prevention and control including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products • Periodically assess national capacity for prevention and control of noncommunicable diseases using WHO tools	**Country has:** • An operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors • Set time-bound national targets and indicators based on WHO guidance
Commitments	**Strategic interventions**	**Progress indicators**
In the area of **prevention and reduction of risk factors**	**Each country is expected to:** • Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify Protocol to Eliminate Illicit Trade in Tobacco Products • Ensure healthy nutrition in early life and childhood including breastfeeding promotion and regulating marketing of foods and non-alcoholic beverages to children • Reduce average population salt intake in line with WHO recommendations • Virtually eliminate *trans*fat intake and reduce intake of saturated fatty acids • Promote physical activity through a life-course approach • Implement the best buys to reduce the harmful use of alcohol	**Country is implementing:** • Four demand-reduction measures of the WHO FCTC at the highest level of achievement • Four measures to reduce unhealthy diet • At least one recent national public awareness programme on diet and/or physical activity • As appropriate, according to national circumstances, three measures to reduce the harmful use of alcohol, in line with the WHO Global Strategy to Reduce the Harmful Use of Alcohol
Commitments	**Strategic interventions**	**Progress indicators**
In the area of **surveillance, monitoring and evaluation**	**Each country is expected to:** • Implement/strengthen the WHO surveillance framework that monitors mortality and morbidity, risk factors and determinants, and health system capacity and response • Integrate the three components of the surveillance framework into the national health information system • Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation	**Country has:** • A functioning system for generating reliable cause-specific mortality data on a routine basis • A STEPS survey or a comprehensive health examination survey every 5 years
Commitments	**Strategic interventions**	**Progress indicators**
In the area of **health care**	**Each country is expected to:** • Implement the best buys in health care • Improve access to early detection and management of major noncommunicable diseases and risk factors by including them in the essential primary health care package • Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases • Improve access to essential palliative care services	**Country has:** • Evidence-based national guidelines/protocols/standards for management of major NCDs through a primary care approach, recognized/approved by the government or competent authority • Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with an emphasis on the primary care level

Monitoring National NCD Responses

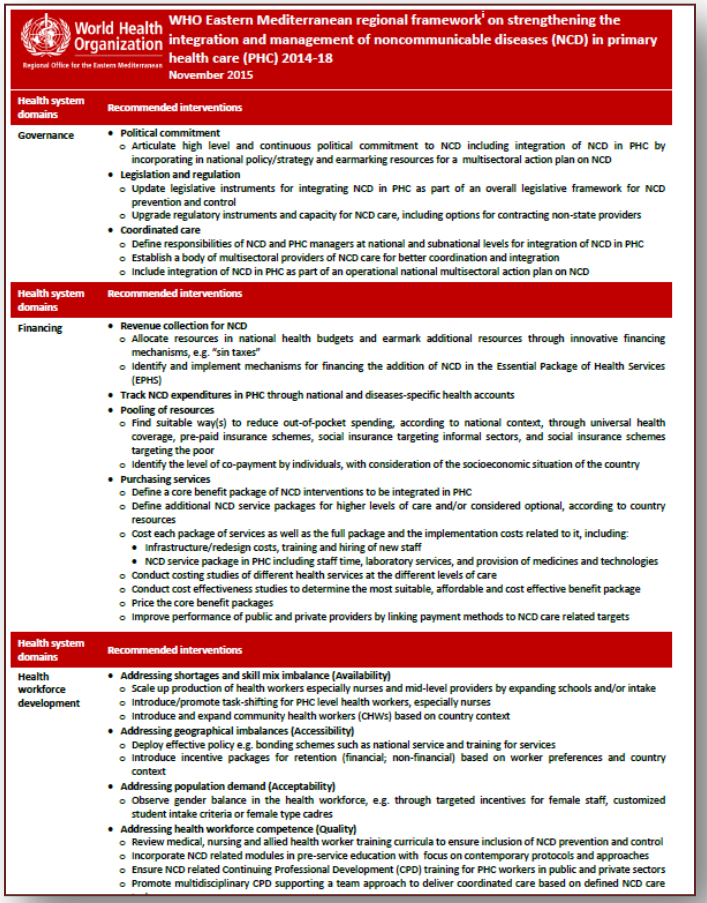


Assessing National Capacity for NCD/CVD management



Regional Report of the 2015 NCD Country Capacity Survey

Assessing National Capacity for NCD/CVD management



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WHO Eastern Mediterranean regional framework[i] on strengthening the integration and management of noncommunicable diseases (NCD) in primary health care (PHC) 2014-18
November 2015

Health system domains	Recommended interventions
Governance	• **Political commitment** o Articulate high level and continuous political commitment to NCD including integration of NCD in PHC by incorporating in national policy/strategy and earmarking resources for a multisectoral action plan on NCD • **Legislation and regulation** o Update legislative instruments for integrating NCD in PHC as part of an overall legislative framework for NCD prevention and control o Upgrade regulatory instruments and capacity for NCD care, including options for contracting non-state providers • **Coordinated care** o Define responsibilities of NCD and PHC managers at national and subnational levels for integration of NCD in PHC o Establish a body of multisectoral providers of NCD care for better coordination and integration o Include integration of NCD in PHC as part of an operational national multisectoral action plan on NCD
Health system domains	**Recommended interventions**
Financing	• **Revenue collection for NCD** o Allocate resources in national health budgets and earmark additional resources through innovative financing mechanisms, e.g. "sin taxes" o Identify and implement mechanisms for financing the addition of NCD in the Essential Package of Health Services (EPHS) • **Track NCD expenditures in PHC** through national and diseases-specific health accounts • **Pooling of resources** o Find suitable way(s) to reduce out-of-pocket spending, according to national context, through universal health coverage, pre-paid insurance schemes, social insurance targeting informal sectors, and social insurance schemes targeting the poor o Identify the level of co-payment by individuals, with consideration of the socioeconomic situation of the country • **Purchasing services** o Define a core benefit package of NCD interventions to be integrated in PHC o Define additional NCD service packages for higher levels of care and/or considered optional, according to country resources o Cost each package of services as well as the full package and the implementation costs related to it, including: ▪ Infrastructure/redesign costs, training and hiring of new staff ▪ NCD service package in PHC including staff time, laboratory services, and provision of medicines and technologies o Conduct costing studies of different health services at the different levels of care o Conduct cost effectiveness studies to determine the most suitable, affordable and cost effective benefit package o Price the core benefit packages o Improve performance of public and private providers by linking payment methods to NCD care related targets
Health system domains	**Recommended interventions**
Health workforce development	• **Addressing shortages and skill mix imbalance (Availability)** o Scale up production of health workers especially nurses and mid-level providers by expanding schools and/or intake o Introduce/promote task-shifting for PHC level health workers, especially nurses o Introduce and expand community health workers (CHWs) based on country context • **Addressing geographical imbalances (Accessibility)** o Deploy effective policy e.g. bonding schemes such as national service and training for services o Introduce incentive packages for retention (financial; non-financial) based on worker preferences and country context • **Addressing population demand (Acceptability)** o Observe gender balance in the health workforce, e.g. through targeted incentives for female staff, customized student intake criteria or female type cadres • **Addressing health workforce competence (Quality)** o Review medical, nursing and allied health worker training curricula to ensure inclusion of NCD prevention and control o Incorporate NCD related modules in pre-service education with focus on contemporary protocols and approaches o Ensure NCD related Continuing Professional Development (CPD) training for PHC workers in public and private sectors o Promote multidisciplinary CPD supporting a team approach to deliver coordinated care based on defined NCD care

WHO Eastern Mediterranean regional framework on strengthening the integration and management of noncommunicable diseases (NCD) in primary health care (PHC) 2014-18

EMR Member State with an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors

Group	Country	Noncommunicable disease (combined early detection, treatment and care of)				Risk factor in integrated policy, strategy or action plan				Total number of items (out of 8)
		Cardiovascular diseases	Cancers	Chronic respiratory diseases	Diabetes	Harmful use of alcohol	Unhealthy diet	Physical inactivity	Tobacco	
Group 1	Bahrain	✓	✓	✓	✓	.	✓	✓	✓	7
	Kuwait	✓	✓	✓	✓	✓	✓	✓	✓	8
	Oman	✓	✓	✓	✓	✓	✓	✓	✓	8
	Qatar	✓	✓	✓	✓	.	✓	✓	✓	7
	Saudi Arabia	✓	✓	✓	✓	.	✓	✓	✓	7
	United Arab Emirates	✓	✓	✓	✓	.	✓	✓	✓	7
	Group 1	100%	100%	100%	100%	33%	100%	100%	100%	7.3
Group 2	Egypt	✓	✓	.	✓	.	✓	✓	✓	6
	Iran (Islamic Republic of)	✓	✓	✓	✓	✓	✓	✓	✓	8
	Iraq	✓	✓	✓	✓	.	✓	✓	✓	7
	Jordan	✓	.	.	✓	.	✓	✓	✓	5
	Lebanon	✓	✓	✓	✓	.	✓	✓	✓	7
	Libya	.	.	.	.	.	.	.	.	0
	Morocco	✓	✓	.	✓	✓	✓	✓	✓	7
	Palestine	✓	✓	✓	✓	.	✓	✓	✓	7
	Syria	.	.	.	.	.	.	.	.	0
	Tunisia	✓	✓	✓	✓	.	✓	✓	✓	7
	Group 2	80%	70%	50%	80%	20%	80%	80%	80%	5.4
Group 3	Afghanistan	✓	✓	✓	✓	✓	✓	✓	✓	8
	Djibouti	na	na	na	na	na	na	na	na	0
	Pakistan	.	.	.	.	.	.	.	.	0
	Somalia	.	.	.	.	.	.	.	.	0
	Sudan	✓	✓	✓	✓	✓	✓	✓	✓	8
	Yemen	✓	✓	✓	✓	.	✓	✓	✓	7
	Group 3	50%	50%	50%	50%	33%	50%	50%	50%	3.8
Eastern Mediterranean Region		77%	73%	64%	77%	27%	77%	77%	77%	5.5

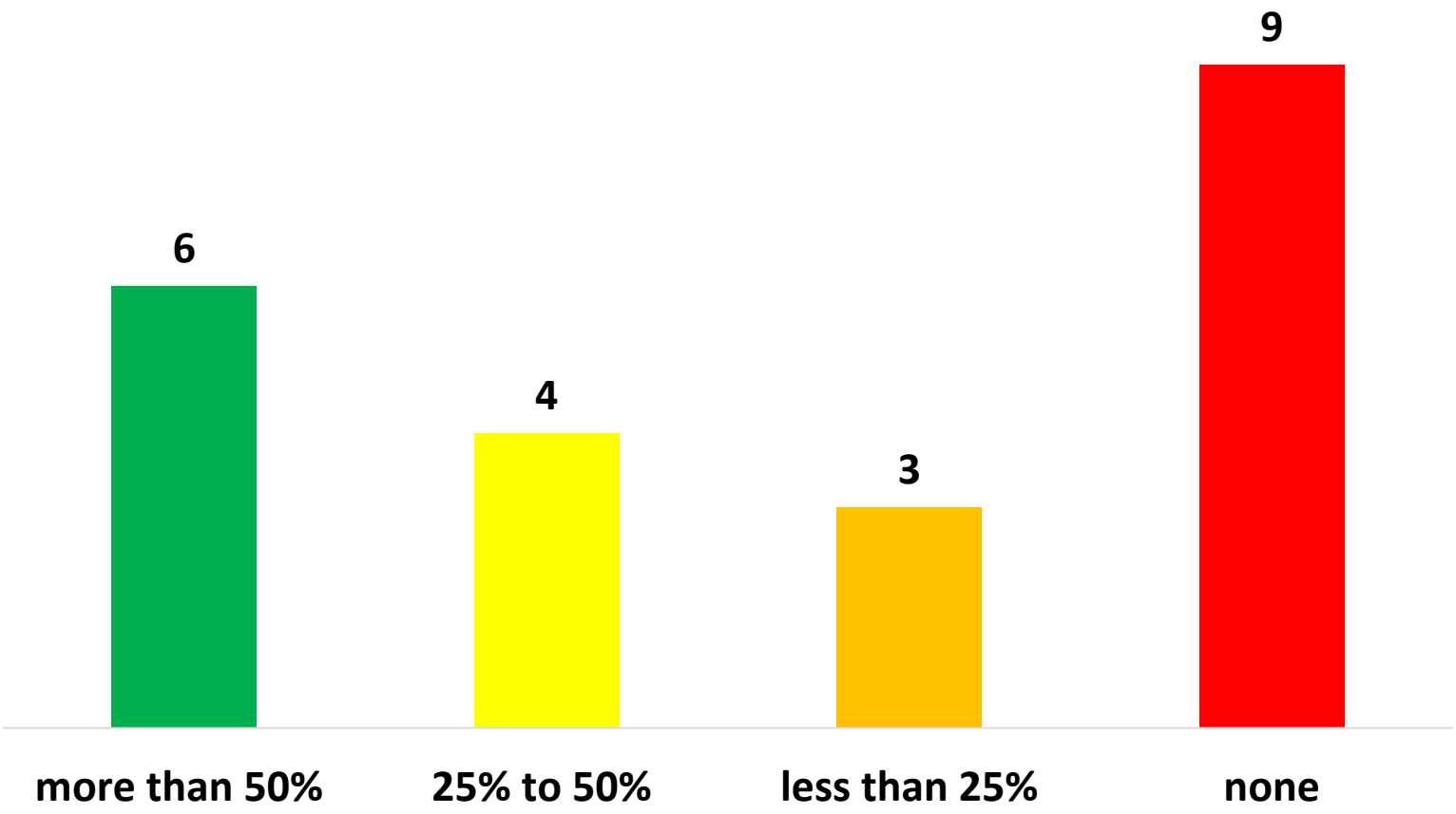
EMR Member State with evidence-based national guidelines/protocols/standards for the management and referral of major NCD, recognized/approved by government or competent authorities

Group	Country	Management (diagnosis and treatment)				Referral (primary to secondary/tertiary)			
		Cardiovascular diseases	Cancers	Chronic respiratory diseases	Diabetes	Cardiovascular diseases	Cancers	Chronic respiratory diseases	Diabetes
Group 1	Bahrain	✓	✓	✓	✓	✓	✓	✓	✓
	Kuwait	✓	✓	✓	✓	✓	✓	✓	✓
	Oman	✓	.	✓	✓	✓	.	✓	✓
	Qatar	✓	✓	✓	✓	✓	✓	✓	✓
	Saudi Arabia	✓	✓	✓	✓	✓	✓	✓	✓
	United Arab Emirates	✓	✓	✓	✓	✓	✓	✓	✓
	Group 1	100%	83%	100%	100%	100%	83%	100%	100%
Group 2	Egypt	.	✓	.	✓	.	.	.	✓
	Iran (Islamic Republic of)	✓	✓	✓	✓	✓	.	.	✓
	Iraq	✓	✓	✓	✓	✓	✓	✓	✓
	Jordan	✓	✓	.	✓	✓	✓	.	✓
	Lebanon	✓	✓	✓	✓	✓	✓	✓	✓
	Libya	.	.	.	.	.	.	.	.
	Morocco	✓	✓	.	✓	✓	✓	.	✓
	Palestine	✓	.	.	✓	✓	.	.	✓
	Syria	✓	.	.	✓	.	.	.	.
	Tunisia	✓	.	.	✓	.	.	.	.
	Group 2	80%	60%	30%	90%	60%	40%	20%	70%
Group 3	Afghanistan	.	.	.	.	.	.	.	.
	Djibouti	na	na	na	na	na	na	na	na
	Pakistan	.	.	.	.	.	.	.	.
	Somalia	.	.	.	.	.	.	.	.
	Sudan	✓	✓	✓	✓	.	.	.	.
	Yemen	.	.	.	.	.	.	.	.
	Group 3	17%	17%	17%	17%	0%	0%	0%	0%
Eastern Mediterranean Region		68%	55%	45%	73%	55%	41%	36%	59%

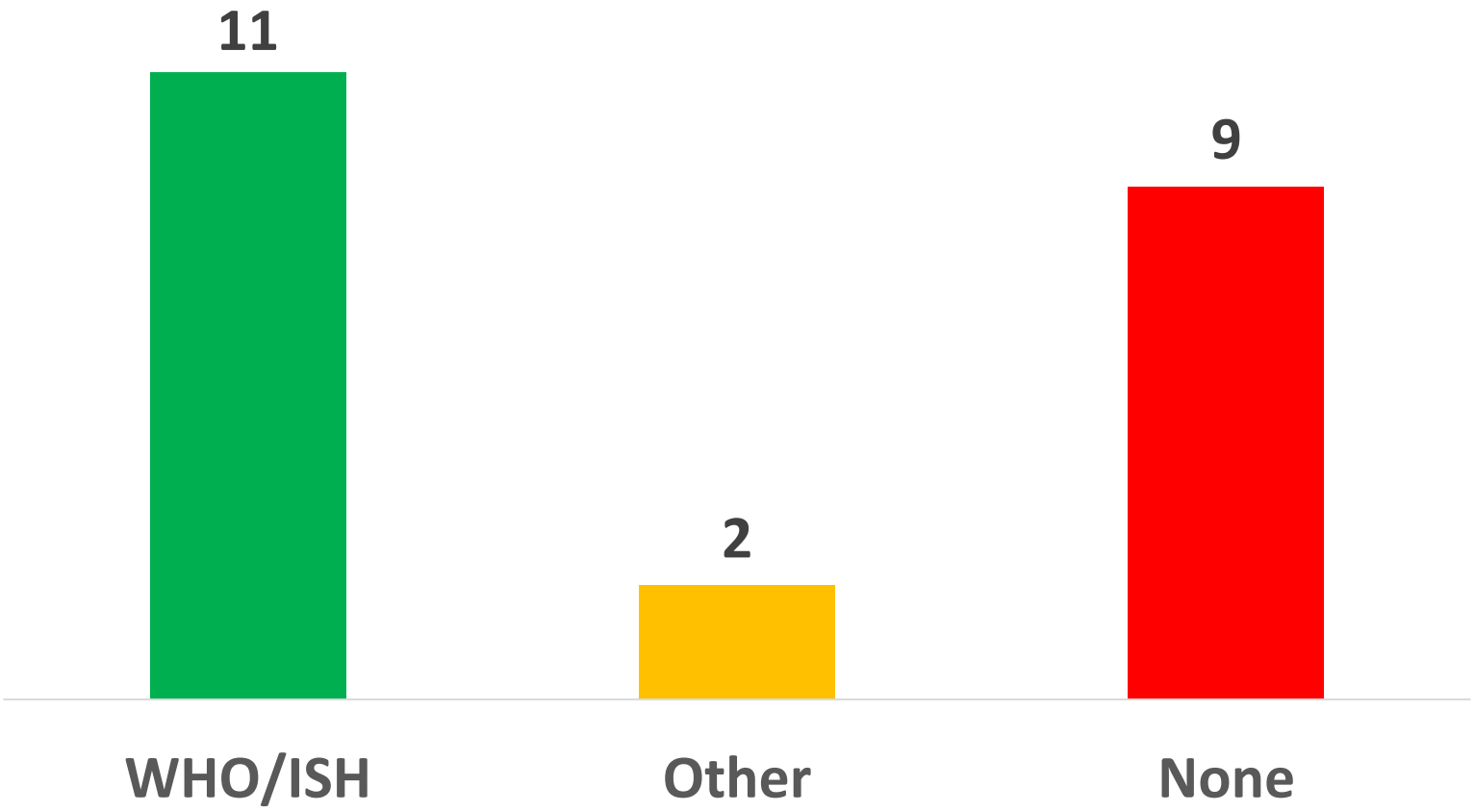
Availability of 9 essential NCD medicines at the primary care facilities of the public health sector

Group	Country	Aspirin	Thiazide diuretics	ACE inhibitors	CC blockers	Beta blockers	Statins	Metformin	Sulphonylurea(s)	Insulin	Total number of medicines available (out of 9)
Group 1	Bahrain	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Kuwait	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Oman	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Qatar	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Saudi Arabia	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	United Arab Emirates	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Group 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	9.0
Group 2	Egypt	✓	✓	✓	✓	✓	.	✓	✓	.	7
	Iran (Islamic Republic of)	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Iraq	✓	✓	✓	✓	✓	.	✓	✓	.	7
	Jordan	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Lebanon	✓	✓	✓	✓	✓	.	✓	.	✓	7
	Libya	.	.	.	.	.	.	.	.	.	0
	Morocco	.	✓	✓	✓	.	.	✓	✓	✓	6
	Palestine	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Syria	✓	✓	.	.	.	.	✓	✓	✓	5
	Tunisia	✓	✓	✓	✓	.	.	✓	.	✓	6
	Group 2	80%	90%	80%	80%	60%	30%	90%	70%	70%	6.5
Group 3	Afghanistan	✓	✓	✓	.	.	✓	.	.	.	4
	Djibouti	na	na	na	na	na	na	na	na	na	0
	Pakistan	.	✓	✓	✓	✓	.	✓	✓	.	6
	Somalia	✓	✓	.	✓	✓	.	✓	✓	.	6
	Sudan	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
	Yemen	.	.	.	.	.	.	.	✓	✓	2
	Group 3	50%	67%	50%	50%	50%	33%	50%	67%	33%	4.5
Eastern Mediterranean		77%	86%	73%	73%	68%	50%	82%	73%	68%	6.6

% of PHC facilities offering CV risk stratification in EMR countries



Which CVD risk scoring chart is used?



EMR Member States with provision of drug therapy, including glycemic control and counselling for eligible persons at high risk to prevent heart attacks and stroke (Progress Indicator 10)

Group	Country	Fully achieved	Partially achieved	Not achieved
Group 1	Bahrain	✓	.	.
	Kuwait	✓	.	.
	Oman	✓	.	.
	Qatar	✓	.	.
	Saudi Arabia	✓	.	.
	United Arab Emirates	✓	.	.
	Group 1	100%	0%	0%
Group 2	Egypt	.	✓	.
	Iran (Islamic Republic	.	✓	.
	Iraq	.	✓	.
	Jordan	✓	.	.
	Lebanon	.	✓	.
	Libya	.	.	✓
	Morocco	.	✓	.
	Palestine	✓	.	.
	Syria	.	.	✓
	Tunisia	na	na	na
	Group 2	20%	50%	30%
Group 3	Afghanistan	.	.	✓
	Djibouti	na	na	na
	Pakistan	.	.	✓
	Somalia	.	.	✓
	Sudan	.	.	✓
	Yemen	.	.	✓
	Group 3	0%	0%	100%
Eastern Mediterranean Region		36%	23%	41%

Regional experiences/models for CVD prevention and control in the EMR

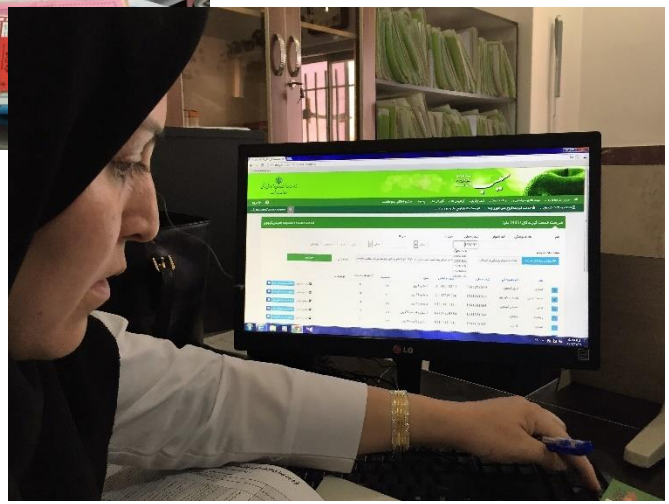
- **No uniform approach**/model
- Longstanding **vertical programs** on HTN, DM with country tools, but **limited integration** and focus on **total CVD risk** and **limited monitoring of health system performance**/impact
- Overall **limited uptake and/or sustainable use** of **WHO PEN** tools/protocols
- **Missing** '**health system lens**' to identify and address key bottlenecks
- Renewed interest to with launch of **Global HEARTS initiative**

Highlight any country success stories

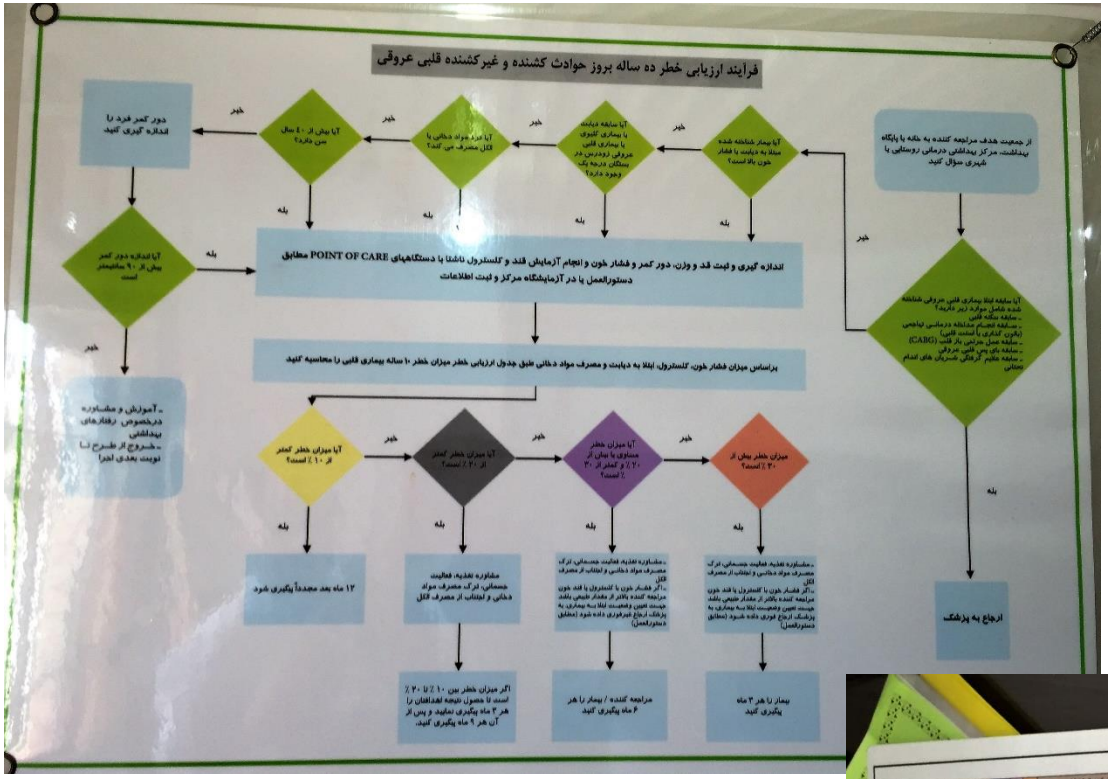
- Palestine WHO PEN implementation (M/E tools), Oman, Bahrain
- IraPEN pilot implementation through community health workers (bevharzes)
- CVD-SUPPORT Trial (Iran)

IraPEN

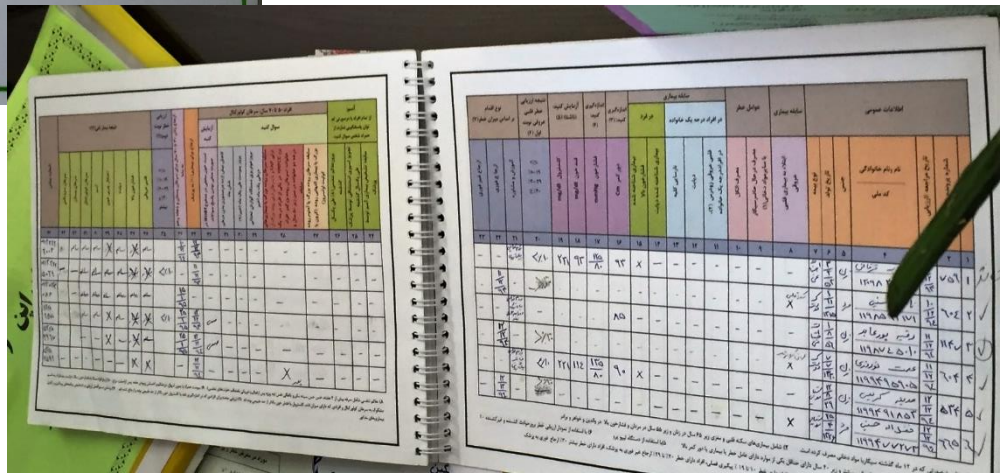
- **Well designed package** of interventions covering 4 main NCD and related risk factors adapted from WHO PEN
- **Good clinical pathways** for early detection CVD, 3 priority cancers and asthma delivered through a **multidisciplinary team** (behvarzes, moraghebs, midwifes, GPs/FPs)
- **Coordinated care** based on defined tasks with support of other disciplines relevant for NCD care (mental health, nutritionists) and strong **focus on self-care**
- Behvarzes, moraghebs, midwives' **expanded scope of work with demonstrated pilot feasibility of IRA PEN model** (good knowledge, skills to assess, advice and manage CV risk and other NCD)
- Good **availability, affordability of essential medicines and technologies**
- **Elaborate organizational structure** from PHC centres to central level **for oversight/support of IRA PEN,** with **health Information management tools for programme monitoring at different levels**



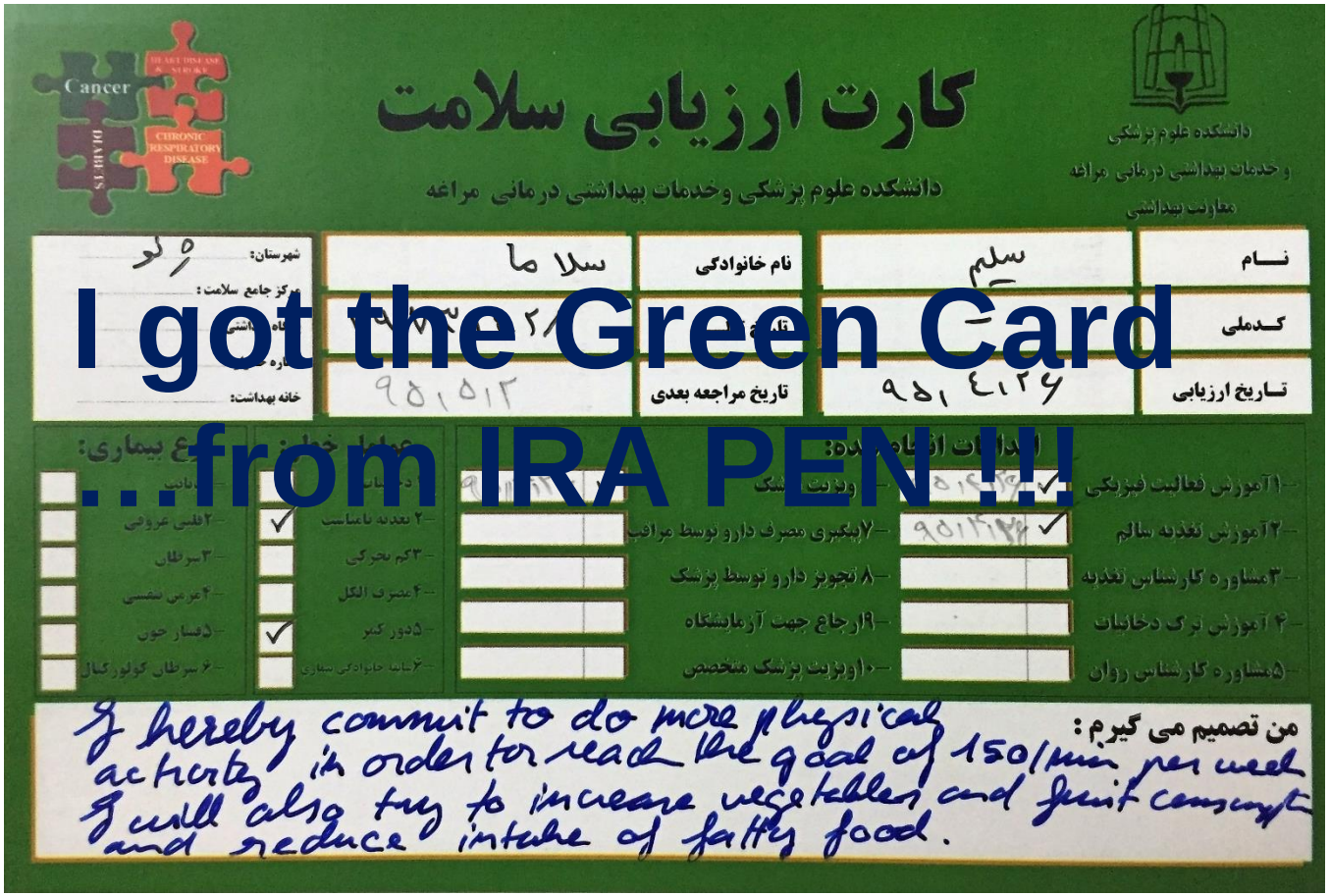
IraPEN implementation through community health workers (bevharzes)


فرآیند ارزیابی خطر ده ساله بروز حوادث کشنده و غیرکشنده قلبی عروقی
از جمعیت هدف مراجعه کننده به خانه یا پایگاه بهداشت، مرکز بهداشتی درمانی روستایی یا شهری سؤال کنید
آیا سابقه ابتلا بیماری قلبی عروقی شناخته شده شامل موارد زیر دارید؟
- سابقه سکته قلبی
- سابقه انجام مداخله درمانی (آنجیو کرونر کاذری یا باست قلبی)
- سابقه عمل جراحی باز قلبی (CABG)
- سابقه بای پس قلبی عروقی
- سابقه مکتوم کرفکل شریان های اندام تحتانی
ارجاع به پزشک
آیا بیمار شناخته شده مبتلا به دیابت یا فشار خون بالا است؟
آیا سابقه دیابت یا بیماری کلیوی یا بیماری قلبی عروقی زودرس در بستگان درجه یک وجود دارد؟
آیا مرد مواد دخانی یا قلل مصرف می کند؟
آیا بیش از ۴۰ سال سن دارد؟
دور کمر فرد را اندازه گیری کنید
بله
خیر
آیا اندازه دور کمر بیش از ۹۰ سانتیمتر است
اندازه گیری و ثبت قد و وزن، دور کمر و فشار خون و انجام آزمایش قند و کلسترول ناشتا با دستگاههای POINT OF CARE مطابق دستورالعمل یا در آزمایشگاه مرکز و ثبت اطلاعات
براساس میزان فشار خون، کلسترول، ابتلا به دیابت و مصرف مواد دخانی طبق جدول ارزیابی خطر میزان خطر ۱۰ ساله بیماری قلبی را محاسبه کنید
آموزش و مشاوره درخصوص رفتارهای بهداشتی
خروج از طرح تا نوبت بعدی اجرا
میزان خطر بیش از ۳۰ ٪ است؟
آیا میزان خطر، همزمان با بیان اثر ۲۰٪ و کمتر از ۳۰ ٪ است؟
آیا میزان خطر کمتر از ۲۰ ٪ است؟
آیا میزان خطر کمتر از ۱۰ ٪ است؟
۱۲ ماه بعد مجدداً پیگیری شود
مشاوره تغذیه، فعالیت جسمانی، ترک مصرف مواد دخانی و اجتناب از مصرف الکل
اگر میزان خطر بین ۱۰ ٪ تا ۲۰ ٪ است تا حصول نتیجه اهدافتان را هر ۳ ماه پیگیری نمایید و پس از آن هر ۹ ماه پیگیری کنید.
مشاوره تغذیه، فعالیت جسمانی، ترک مصرف مواد دخانی و اجتناب از مصرف الکل
اگر فشار خون یا کلسترول یا قند خون مراجعه کننده بالاتر از مقدار طبیعی باشد جهت تعیین وضعیت ابتلا به بیماری به پزشک ارجاع فوری داده شود (مطابق دستورالعمل)
مراجعه کننده / بیمار را هر ۶ ماه پیگیری کنید
مشاوره تغذیه، فعالیت جسمانی، ترک مصرف مواد دخانی و اجتناب از مصرف الکل
اگر فشار خون یا کلسترول یا قند خون مراجعه کننده بالاتر از مقدار طبیعی باشد جهت تعیین وضعیت ابتلا به بیماری به پزشک ارجاع فوری داده شود (مطابق دستورالعمل)
بیمار را هر ۳ ماه پیگیری کنید
بله
خیر


کارت ارزیابی سلامت
کارت ارزیابی سلامت
کارت ارزیابی سلامت



Good news


کارت ارزیابی سلامت
دانشکده علوم پزشکی وخدمات بهداشتی درمانی مراغه
دانشکده علوم پزشکی
و خدمات بهداشتی درمانی مراغه
معاونت بهداشتی
Cancer
CHRONIC RESPIRATORY DISEASE
نام
سلیم
نام خانوادگی
سلامتی
کدملی
تاریخ ارزیابی
تاریخ مراجعه بعدی
شهرستان:
مرکز جامع سلامت:
خانه بهداشت:
I got the Green Card
...from IRA PEN !!!
من تصمیم می گیرم:
I hereby commit to do more physical activity in order to reach the goal of 150 min per week
I will also try to increase vegetables and fruit consumption
and reduce intake of fatty food.

Support-CVD

Seamless User-centred Proactive Provision Of Risk-stratified Treatment for Cardiovascular Disease prevention

World Health Organization
Regional Office for the Eastern Mediterranean

Courtesy: Dr. Mitra Modirian, Support CVD Lead National Manager

Support-CVD
Main Objective

A **randomized controlled trial** to assess effectiveness and cost-effectiveness of an **innovative, low-cost** (polypill, tablets) and **community-based** healthcare intervention in **reducing** at least 20% **risk of serious cardiovascular events among high-risk individuals** in rural communities in Iran

Support-CVD from a health system lens

Health workforce	**Behvarzes** as key healthcare providers
Affordable health technologies	**Polypill along side Life style modification recommendations** Pill includes: Atorvastatin (40 mg), Hydrochlorothiazide (25 or 12.5 mg), Valsartan (40 or80 mg), ASA (80 mg)
Health information system	**Technology based health care** with apps and tablets to support decision making and monitor programme

Setting &Target Population

- 306 rural health centers
- about 450 community health workers,
- 55,000 patients with complete CVD screening and 30,000 high-risk individuals (aged >45 years old)
- 6 Medical Universities: Kurdistan, Kermanshah, Yazd, Gilan, Northern Khorasan, Khuzestan

What is being measured?

Baseline

- Demographic Information
- Height
- Weight
- FBS
- Total Cholesterol
- Life Style (PA, Smoking)
- Past Medical History (CVD Events, Medication, Diabetes, Hypertension)
- Past Family History (CVD Events in first degree relatives)

Follow-up

- CVD Events
- Hospitalization
- Death

Project duration

- 5 years
- Training in 2015
- Pilot phase to assess feasibility, test tools completed in March 2016
- 268 patients recruited, 51 (19%) estimated at high risk

Sponsor & Funders

Sponsor: University of Oxford

Funders:

- UK MRC/Wellcome Trust/DFID,
- Iranian Ministry of Health and Medical Education

Challenges and opportunities in the EMR

Challenges

- Uneven progress and needs across the region
- **Emergencies** and political instability
- **Siloed vertical approaches & programs**
- Lack of human & financial **resources** (both MOH and WCO) & other **health systems** weaknesses:
  - **Capacity for Guidelines adaptation** and development of simple tools
  - **Availability/affordabilty NCD medicines**
  - **Training & Supportive Supervision**
  - **NCD related HIS**
- **Insufficient & unsustained country support for NCD integration**
- **WHO PEN framing/communication**

Opportunities

- **SDG & UHC** agenda offer an opportunity to **revisit EHSP**
- Willingness to **prioritize CE interventions and what works** (Appendix 3 update)
- **Better alignment with HSS and integrated service delivery initiatives**
- **One WHO Integrated Country Support**

Expectations from this meeting?

- Insights from PAHO CVD Risk Reduction Project that could be transposed to EMR
- Health system challenges encountered and experiences/approaches to overcome them
- Expected contribution from Global HEARTS initiative

Thank You

slamas@who.int
+201020046066