Main facilitators and challenges to implementation

Gloria Giraldo, MPH, DrPH
SubRegional Programme for the Caribbean
HEARTS in the Americas = complex multi-level set of interventions

- set of complex, multi-level interventions containing several interacting components
- delivered and received by individuals and communities as well by health providers and health facilities with different level of organization and resources.
Re-iterative staged model of implementation
HEARTS in the Caribbean

- 32 countries & territories committed to implementing HEARTS
- 50% in the Caribbean
- More than 3,000 Primary Care Centers
Compendium of HEARTS progress – Special Issue +

Pan American Journal of Public Health – Special Issue HEARTS

Association between populatior hypertension control and systemic heart disease and stroke mortality: is it context of the Americas, 1990-2017: a systematic study

Morgain C et al.

Assessing trends of hypertension programs in primary care in evidence from the HEARTS program in Mexico

Ortiz A et al.

Impact of the HEARTS Initiative in a secondary health facility in El Salvador

Rivera M et al.

Brief communications

Profile of blood pressure measurement devices purchased in Chile 2014-2016

Blato F et al.

Evaluating progress and delivering solutions to eliminate industrial processed trans fat in Latin America

Bezerra-Filho F et al.

Chile’s public health sector hypertension control strategy before and during Preventing and Controlling Hypertension (PAHO/WHO)

Diaz-Aguinaga J et al.

Improving cardiovascular health in primary care in Guateal through the HEARTS Initiative

C黔pez R et al.

Letters to the editor

Concerning “HEARTS app: a clinical tool for cardiovascular risk and hypertension management in primary care”

Madeleine RJ et al.

Moving toward improved access to medicines and health technologies for cardiovascular disease

Soria G et al.

Authors’ response to the letter “Concerning the HEARTS app: a clinical tool for cardiovascular risk and hypertension management in primary care”

Madeleine RJ et al.

Peer-reviewed articles available and over 5,000 visits to the journal’s website.

A century supporting public health in the Americas
<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td>Prioritize hypertension control</td>
</tr>
<tr>
<td></td>
<td>Facilitate adequate resource allocation</td>
</tr>
<tr>
<td><strong>Screening, outreach and patient</strong></td>
<td>Undertake opportunistic screening in clinics and systematic outreach</td>
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<tr>
<td><strong>follow up</strong></td>
<td>Address the entire population at risk</td>
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<tr>
<td></td>
<td>Develop mechanisms to ensure appropriate follow up</td>
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<tr>
<td><strong>Treatment protocols</strong></td>
<td>Ensure a simple and standardized clinical pathway for diagnosis and treatment</td>
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<td></td>
<td>Use as opportunity for consensus building</td>
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<tr>
<td></td>
<td>Facilitate medication procurement and task-sharing</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
<td>Prefer small number of high-quality and effective medications and doses</td>
</tr>
<tr>
<td></td>
<td>Prefer affordability with low-cost or no-cost medications</td>
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<tr>
<td></td>
<td>Use single-pill combination medications to reduce burden and increase control</td>
</tr>
<tr>
<td><strong>Task-sharing</strong></td>
<td>Allow larger workforce to address hypertension</td>
</tr>
<tr>
<td></td>
<td>Ensure personnel work at their maximum scope</td>
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<tr>
<td></td>
<td>Is more efficient and allows for greater opportunities to deliver care</td>
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<tr>
<td><strong>Monitoring and reporting</strong></td>
<td>Ensure that metrics are easy to measure, shared widely and distributed regularly</td>
</tr>
<tr>
<td></td>
<td>Standardize to allow for comparison with other centers and programs</td>
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<tr>
<td></td>
<td>Allow for identification of opportunities for improvement and successes</td>
</tr>
</tbody>
</table>

**Detailed Guidance & Tools**

**Table 10: Checklist**

<table>
<thead>
<tr>
<th>TASK</th>
<th>Status of completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official request to join HEARTS</td>
<td>X</td>
</tr>
<tr>
<td>Formal acceptance</td>
<td>X</td>
</tr>
<tr>
<td>Coordinating team</td>
<td>X</td>
</tr>
<tr>
<td>Situational analysis</td>
<td>X</td>
</tr>
<tr>
<td>Strategic plan</td>
<td>X</td>
</tr>
<tr>
<td>Training of coordinating team</td>
<td>X</td>
</tr>
<tr>
<td>Treatment protocol and clinical pathway</td>
<td>X</td>
</tr>
<tr>
<td>Monitoring &amp; Evaluation</td>
<td>X</td>
</tr>
<tr>
<td>Inclusion of academic partner</td>
<td>X</td>
</tr>
<tr>
<td>Selected localities for initial implementation</td>
<td>X</td>
</tr>
<tr>
<td>HEARTS virtual courses enrollment and completion</td>
<td>X</td>
</tr>
<tr>
<td>Training of primary care teams – National workshop – Train-the-trainers modality</td>
<td>X</td>
</tr>
<tr>
<td>Launch implementation</td>
<td>X</td>
</tr>
</tbody>
</table>
Governance & scale up plan

1. A well-defined governance structure
2. Relevant stakeholders representing the main work areas
3. Having a functioning governance structure
4. Development of updated strategic plan and an operational plan
Set scale up targets from inception

1. Develop a solid projection of scale up to 2025
2. Develop and submit a scale up plan
3. **Monitor** consistently number of primary care centers implementing HEARTS
Foundational step: Developing a clinical pathway

• Follow the steps of the development of the HEARTS clinical pathway
• Set the stage for mandatory use in all primary health care settings
• Train primary care teams in the use of the clinical pathway
• Monitor and work towards improvement of the clinical pathway
Medications

• National Medication Formulary Updated according 2021 WHO EML

• Inclusion of FDC

• Availability of High-intensity Statins in PHC
Monitoring and evaluation

1. Technical Team/ Technical person
2. Implementation Plan for M & E
3. Training for M & E
4. Implementing SM&E
5. PHC that report data based on the number of PHC implementing HEARTS
Team-based care

- Increased HTN Treatment management by Nurses.
- BP measurement by Community Health Workers.
- Treatment follow-up by Pharmacists (adherence and persistence).
Exclusive use of validated BPMDs in PHC

1. Regulation of marketing authorization
2. Regulation of purchases of BPMDs w public funds
3. Purchases of BPMDs in 2022
4. Other measures (database, campaign, capacity building)
Establish policy/mechanism to ensure that PHC providers in HEARTS implementing centers are utilizing the PAHO virtual campus and receiving certifications
  • Entire set of HEARTS-related courses
• Early on, establish the course on Accurate BP measurement as mandatory for PHC providers from HEARTS implementing centers
Thank you

Gloria Giraldo, MPH, DrPH
SubRegional Programme for the Caribbean