HEARTS

Technical package for cardiovascular disease management in primary health care

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Global Hearts Initiative
Working together to beat
Cardiovascular Diseases

http://www.who.int/global_hearts
The Global Hearts Initiative

**Aim:** To support governments in strengthening CVD prevention and control

Initiative comprising three technical packages:

- **MPOWER** for tobacco control
- **HEARTS** for CVD management in primary health care
- **SHAKE** for salt reduction
Technical package for cardiovascular disease management in primary health care
Aim: To strengthen CVD management at the primary healthcare level using a set of proven technical and operational interventions.
Elements of HEARTS

H  HEALTHY LIFESTYLE
Counselling on tobacco cessation, diet, physical activity, alcohol use and self-care

E  EVIDENCE-BASED TREATMENT PROTOCOLS
Simple, standardised algorithms for clinical care

A  ACCESS TO ESSENTIAL MEDICINES AND TECHNOLOGY
Access to core set of affordable medicines and basic technology

R  RISK-BASED MANAGEMENT
Total cardiovascular risk assessment, treatment and referral

T  TEAM CARE AND TASK-SHARING
Decentralized, community-based and patient-centred care

S  SYSTEMS FOR MONITORING
Patient data collection and programme evaluation
Key Milestones

- October 2015 – Strategic technical meeting on Cardiovascular diseases, Geneva
- February 2016 – Initial conception of HEARTS package, selection of pilot countries, key partners
- June 2016 – 1st Partner and country consultation, Geneva
- December 2016 – Planning meeting for HEARTS toolkit, Geneva
- April 2017 – Strategic partners meeting, Atlanta
Why strengthen cardiovascular disease management in primary health care?
WHO Mandate in CVD Management

17.7 million CVD deaths in 2015, over three-quarters in low and middle income countries

- 25% reduction in raised blood pressure
- 80% availability of essential medicines and technology for CVD management
- 50% of eligible (i.e. high risk) individuals receive drug therapy and counselling (including glycaemic control) to reduce heart attacks and strokes.

25% relative reduction in premature CVD deaths by 2025

One third relative reduction in premature CVD deaths by 2030 (SDG 3.4)
## Progress on CVD management is lacking

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fully met</th>
<th>Partially met</th>
<th>Not met</th>
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<tbody>
<tr>
<td>1. National NCD targets and indicators</td>
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<td>2. Mortality data</td>
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<td>5.d. Tobacco advertising bans</td>
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<td>6.a. Alcohol availability regulations</td>
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<td>7.a. Salt/sodium policies</td>
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<td>7.c. Marketing to children restrictions</td>
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<td>7.d. Marketing of breast-milk substitutes restrictions</td>
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<td>60</td>
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<tr>
<td>8. Public awareness on diet and/or physical activity</td>
<td>119</td>
<td></td>
<td>41</td>
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### 9. Guidelines for the management of major NCDs

|                  | 50 | 47 | 48 |

### 10. Drug therapy/counselling for high-risk persons

|                  | 28 | 11 | 92 |
HEARTS package reflects two key principles

1. Managing high-risk individuals and their burden of CV risk factors including high blood pressure and diabetes is a key strategy in reducing premature morbidity and mortality.
50% of mortality declines in CVD due to clinical care

- Strengthening Overall Clinical Care
  - Improved prevention and management of CV risk factors
  - Improved access to acute and chronic treatment for ACS
  - Establishment of robust systems for clinical monitoring and surveillance
HEARTS package reflects two key principles

1. Managing high-risk individuals and their burden of CV risk factors including high blood pressure and diabetes is a key strategy in reducing premature morbidity and mortality.

2. Primary health care is the best setting to deliver these services to improve equity and coverage.
Focus on primary health care improves equity and coverage

- Interventions at PHC constitute frontline for chronic care delivery:
  - Patient-centred
  - Long term care
  - Proactive
  - Community-based
  - Sustainable
How can we improve the **quality and quantity** (scale) of cardiovascular disease management in primary health care?
Prioritize and implement a core set of interventions to strengthen and scale-up CVD management at PHC
Elements of the HEARTS package

**Defined Set of Technical Interventions**
- Healthy lifestyle counselling and self-care
- Evidence-based simplified treatment and counselling protocols
- Risk based management

**Defined Set of Operational or System Interventions**
- Access to basic diagnostic technology and core set of medications
- Appropriate workforce through team care and task sharing and quality improvement
- Organized medical information and referral systems
Public Health Approach to CVD Management

Innovations in treatment simplification, with standard risk-based treatment protocols and a core set of medicines and technology;

Improvement of the service delivery cascade through improved access to medicines and technology, task shifting and robust clinical monitoring and surveillance.

SIMPLIFY, STANDARDIZE, SUPPORT AND SCALE-UP
HEARTS supports framework for integrated NCD management
Elements of HEARTS

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Counselling on tobacco cessation, diet, physical activity, alcohol use and self-care

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**EVIDENCE-BASED TREATMENT PROTOCOLS**
Simple, standardized algorithms for clinical care

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**ACCESS TO ESSENTIAL MEDICINES AND TECHNOLOGY**
Access to core set of affordable medicines and basic technology

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**RISK-BASED MANAGEMENT**
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**TEAM CARE AND TASK-SHARING**
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**SYSTEMS FOR MONITORING**
Patient data collection and programme evaluation
Healthy Lifestyle Counselling

• Counsel on tobacco cessation, healthy diet and physical activity, medication adherence

• Promote self-care through educating patients and care givers

• Build capacity of health providers to offer simple and effective patient counselling
Evidence-based treatment protocols

- Develop or adapt nationally agreed simple and standard treatment protocols.
- Support use of simple and standard protocols and offer decision support systems to providers.
- Monitor and evaluate the effectiveness of implementation of protocols.
Access to essential medicines and technology

- Define a core set of medicines and basic technologies.

- Ensure continuous availability of high quality essential medicines and basic technology.

- Improve supply chain management through mechanisms to contain costs and to ensure quality.
Risk-based Treatment

- Assess individuals with country specific total CVD risk estimation tool.
- Define appropriate thresholds for treatment and referral.
- Simplify CVD risk assessment with blood pressure and other parameters as entry points applying information technology.
team based care and task-sharing

• Define services at different levels of health care and develop teams to provide the full range of services.

• Incentivize task sharing with supportive supervision and skill building.

• Support and sustain community linkages.
Systems for monitoring

- Develop or adapt locally appropriate systematic monitoring of patients using electronic systems.
- Use a set of appropriate and standardized indicators to assess the programme performance and coverage.
- Monitor and report treatment outcomes.
Technical package for cardiovascular disease management in primary health care
Toolkit for HEARTS implementation

- Implementation manual for national and district programme managers
- Toolkit for healthy lifestyle counselling and self-care
- Simple algorithms for CVD risk, hypertension and diabetes management, secondary prevention and referral management
- Toolkit to improve access to essential medicines and basic technology
- CVD risk prediction charts
- Toolkit for training health-care workers
- Toolkit for clinical monitoring and evaluation
- Toolkit for quality improvement
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HEARTS Toolkit

• Meeting conducted December 2016 in Geneva to discuss development of the HEARTS technical package in a coordinated and effective manner

• Representatives from:
  – 6 WHO ROs
  – Key partners and collaborators on the HEARTS package
  – Subject-matter experts on the various HEARTS package elements
  – Ministries of Health
  – WHO country offices in some of the HEARTS focus countries.
Development of HEARTS Toolkit
Implementation Plans

2016-2017: Ethiopia, Uganda, Nepal, Colombia, Iran, Philippines, Tajikistan, Barbados

Additional countries: India, Nigeria, Sri Lanka, Jordan, Benin, Chile and Cuba (supported by PAHO)
Proposed Timeline

Proposed Project Timeline

- **May 2016**: Pilot countries engaged, Finalization of technical materials
- **June 2016**: Partner and Country consultation
- **July/August 2016**: Readiness for pilot countries
- **September 2016**: Launch of Global HEARTS
- **Sept-December 2016**: Development of HEARTS toolkit
- **March 2017**: COUNTRY IMPLEMENTATION
Future Priorities

- Completion and official launch of HEARTS toolkit
  - May 2017 – initial drafts complete
  - September 2017 – Launch of HEARTS toolkit

- Implementation in 8 pilot countries, beginning with rapid situational analysis and desk review and local workshops for tool adaptation
  - Ongoing work in Uganda, Ethiopia (AFRO), Barbados, Colombia (AMRO/PAHO), Iran (EMRO), Tajikistan (EURO), Nepal (SEARO) and Philippines (WPRO)
  - Support of additional countries using the HEARTS tools
  - Country implementation meeting in September 2017

- Formalization of governance structure and partner roles/engagement

- Establishment of Global Hearts Initiative Secretariat