

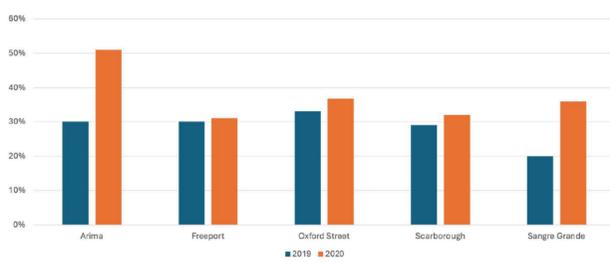
Cardiovascular disease (CVD) is the leading cause of mortality accounting for 25% of all deaths locally. 50% of CVD deaths are attributable to high systolic blood pressure. In 2019, age-standardized prevalence of hypertension among 30–79-year-olds was estimated to be 42.4%, higher than the estimated Americas prevalence of 35.4%. NCD control is a top priority of the Ministry of Health. Hypertension control rates at five health centres that piloted HEARTS in 2019 ranged from 20% to 33% and by December 2024 hypertension control rate at the HEARTS sites was estimated to be 46%.

IMPLEMENTED SOLUTIONS

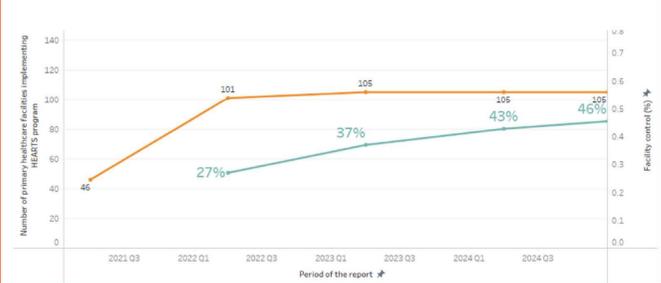
- During the pre-implementation phase high-level political commitment was secured.
- A HEARTS Oversight committee was established as a subgroup of the National NCD Steering Committee. Both committees had the same chairperson who served as a Champion for the program implementation.
- Stakeholders agreed on and implemented the evidence-based standardized treatment algorithm.
- Each of the 5 Regional Health Authorities (RHAs) identified one pilot site to implement the program in 2019
- After review there was 100 % scale up of HEARTS implementation within all of the 105 public primary care health centers by 2022.

KEY RESULTS

Change in hypertension control rate at HEARTS pilot sites: 2019 -2020



Hypertension control rates with number of HEARTS implementing sites: 2021-2024



BENEFICIARIES

- All nationals
- Clinical care and medications are free at the point of care through a wide network of Primary Health Centres (PHCs) close to where people live
- Private pharmacies also provide medications from the HEARTS treatment algorithm free of charge through the Chronic Disease Assistance Programme (CDAP).



A patient receives her antihypertensive medication from the Pharmacist I at the Sangre Grande Enhanced Health Centre

KEY ACTORS AND THE ROLE OF PAHO/WHO

Stakeholders included:

1. Ministry of Health
2. Regional Health Authorities
3. University of the West Indies
4. PAHO/WHO



Health Promotion lecture for hypertensive patients

- The Regional HEARTS team introduced this initiative to the Minister of Health at a local primary health conference.
- Capacity was built as PAHO/WHO facilitated technical visits to introduce the six modules of HEARTS.
- Ongoing support - meetings of the HEARTS Oversight Subcommittee were facilitated by the PAHO/WHO Country Office.

CHALLENGES AND STRATEGIES TO FACE THEM

- Clinicians at PHCs were initially reluctant to change their prescribing practice. A multidisciplinary team was trained as master trainers who sensitized and trained staff at Regional Health Authorities.
- Initially the preferred calcium channel blocker, amlodipine, was only freely available at the PHCs. By 2022 amlodipine was also accessible free-of-charge at private pharmacies through the Chronic Disease Assistance Programme.
- Lifestyle counselling was provided mainly by nursing and medical staff. The H module equipped all staff at the PHC to adequately offer consistent lifestyle advice. The TT Moves campaign and NCD self-management programme provide continuous reinforcement of healthy lifestyle.

CONCLUSION AND NEXT STEPS

- 100% scale up at PHCs and the HEARTS national clinical pathway has been institutionalized.
- Trinidad and Tobago is well positioned to improve hypertension management and reduce the mortality associated with cardiovascular disease.
- Next steps include improving data management and implementing the HEARTS hypertension control drivers for quality improvement.



Persons engage in physical activity at the on-site gym at a Health Centre

ACKNOWLEDGEMENTS

Members of the HEARTS Oversight Sub-committee, staff of the Ministry of Health and the Regional Health Authorities