

An initiative to reduce cardiovascular disease burden in the WHO South-East Asia Region





Noncommunicable Diseases (NCDs) premature mortality trends in South-East Asia Region 20% 15% 15% 5%

Probability of dying between the ages 30-70 years from a major NCD in Region shows a declining trend

Years

Past trends Projected linear trends Global Targets



Males

29%

Adults are tobacco users



Source: https://searncddashboard.searo.who.int/

Disease burden Cardiovascular Injuries -Diseases Communicable, Maternal, 9% Perinatal and Nutritional conditions 22% NCDs are estimated to account for 69% of all deaths 13% Cancers Other NCDs **Chronic Respiratory** Diabetes Diseases



33%

Adults are hypertensive

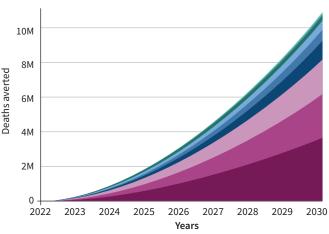


8%

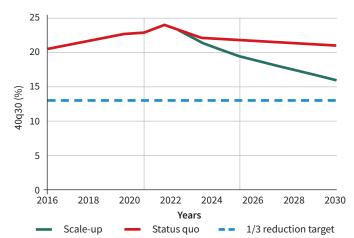
Adults have diabetes

HEARTS interventions: Impact on SDG 3.4 and deaths averted

Cumulative deaths averted by intervention: SEARO



Premature mortality from NCDs (40q30): SEARO



Trans fat elimination
Tobacco intersectoral policies
Diabetes screening/treatment
Sodium reduction
Treatment of hyperlipidemia
Tobacco tax
Treatment of hypertension
CVD secondary prevention

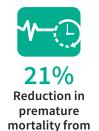
Source: https://apps.searo.who.int/whoroad/south-east-asiareaion-ncd-impact-simulation-tool



10 MILLION Deaths averted (2023-2030)



110 MILLION DALYS averted (2023-2030)



NCDs (2015-2030)



"We are at a history-defining juncture. With political will and investment in primary health care, countries can accelerate SEAHEARTS strategies to reduce the cardiovascular burden in the region".

Dr. Poonam Khetrapal Singh *Regional Director, WHO South-East Asia Region*

SEAHEARTS

Cardiovascular Diseases (CVDs) account for a quarter of all NCD mortality in the South-East Asia Region (SE Asia Region), equating to around 3.6 million deaths annually. Most of CVD deaths are premature, occurring before 70 years of age. Hypertension and diabetes are major attributable metabolic risk factors for CVDs. The Region has in recent years made targeted efforts to scale up hypertension and diabetes treatment coverage and control, using WHO Package of Essential Noncommunicable (PEN) interventions and the technical package of HEARTS. As a way of reducing the burden of behavioural risk factors, countries in the SE Asia Region are implementing MPOWER measures for tobacco control and technical packages REPLACE for eliminating industrial-produced trans-fatty acids and SHAKE for salt reduction.

SEAHEARTS serves as a platform to bring together tobacco control, salt reduction, and elimination of *trans*-fatty acids along with improved hypertension and diabetes coverage and control through primary health care.

This serves as the basis of the Dhaka Call to Action for accelerating the control of CVDs with four targets to be achieved by 2025.

The country-wide scale-up of SEAHEARTS interventions has the potential to reduce premature mortality from CVD significantly and to achieve the SDG targets by 2030.

Source: https://www.who.int/southeastasia/activities/seahearts-for-accelerating-cvd-control

Accelerating SEAHEARTS initiative



100 MILLION

people with hypertension or diabetes are placed on protocol-based management by 2025



One BILLION

people are covered with at least one of the WHO SHAKE package measures for reducing salt intake by 2025





Source: https://apps.searo.who.int/whoroad/

One BILLION ople are covered by at least

people are covered by at least three WHO MPOWER measures for tobacco control by 2025



WO BILLION

people are protected from the harmful effects of *trans*-fatty acids through best practice or complementary policy measures of the WHO REPLACE package by 2025





SEAHEARTS roadmap

Scaling up of hypertension and diabetes care in primary health

Assess and review

- Service delivery model
- Health workforce (staff responsibility, scope of practice)
- Management protocols
- Essential medicines and devices
- · Information systems

Sustain and leverage achievements

- Implementation of WHO technical packages- PEN and HEARTS
- Primary care strengthening programmes
- Enhance skills of health care providers for management

Prioritize

- Hypertension and diabetes detection, diagnosis and management in primary health care
- Standardized and simple treatment protocols
- Allocation of resources and availability and accessibility of medicines and devices in the primary health care

Accelerate and expand implementation

- Opportunistic screening and outreach camps
- Team-based care with task sharing policies
- Continuous supply of essential medicines and quality assured devices
- Systems for longitudinal recording and monitoring to report coverage and control

Innovate

- Digital technologies to engage patients to improve access to care and for self monitoring of outcomes
- Measures to link with other programmes (TB, HIV, MCH, mental health)

research

Involve private sector
Models of service delivery through implementation

Account

- Monitor performance indicators for hypertension and diabetes at health care facility
- Include monitoring of hypertension and diabetes control rates as part of supportive supervision
- Measure stock out of medicines and quality and availability of diagnostics















Reduce premature mortality from CVDs

Assess and review current situation

- Status of implementation of the WHO Technical packages (MPOWER, SHAKE, REPLACE)
- Identify high impact and feasible interventions

Sustain and leverage achievements

- Implementation of WHO Technical Packages of MPOWER, SHAKE and REPLACE
- Political commitment and leadership
- Efforts to pushback industrial interferences
- Support of consumer groups

Prioritize

- Priority setting based on NCD Impact Simulation tool
- Technical and operational capacity of health and non- health sectors
- Investments for technical packages implementation
- Legislative measures and enforcement
- Fiscal interventions

Accelerate and expand implementation and enforcement

- Setting up norm and standards
- Formulation of effective policies and measures
- Scale-up of implementation
 Coverage of
- Coverage of implementations of MPOWER, SHAKE and REPLACE strategies and enforcement

Innovate

- Forging partnerships for multisectoral coordination
- Measures to harness industrial support for product reformulation
- Enhance public awareness and leverage on digital technologies
- Promote research and development

Account

- MPOWER, REPLACE and SHAKE- policy and programme monitoring
- Health Impact assessments
- Data for actions to inform

 Scale-up and coverage
- Scale-up and coverage of interventions
- Population covered
- Consumption levels and analysis of foods

Reducing risk factors for prevention and control of cardiovascular diseases



WHO Technical packages to support SEAHEARTS



Scale-up CVD management at primary health care











Healthy-lifestyle counselling

Brief interventions as an approach to providing counselling on risk factors and encouraging people to have healthy lifestyles

Evidence-based treatment protocols

Protocols to standardize a clinical approach to the management of hypertension, diabetes and complications

Access to essential medicines and technology

Improve CVD medicine and technology procurement, quantification, distribution, management and handling of supplies at facility level

Risk-based CVD management

Total risk approach to the assessment and management of hypertension, diabetes and CVDs through risk charts

Team-based care

Team-based care and task shifting, Improving skills of health care providers, encourage self care management

Standardized indicators and data-collection tool, maintain longitudinal case records, conduct monthly review, reduce missed visits, measure hypertension and diabetes control rate

Monitor tobacco use and prevention policies

Protect
people from tobacco
smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce
bans on tobacco
advertising,
promotion and
sponsorship

Raise taxes on tobacco

Surveillance measure and monitor

salt use

Harness industry
promote reformulation
of foods and meals to
contain less salt

Adopt
standards for labelling
and marketing:
implement standards
for effective and
accurate labelling and
marketing of food

Knowledge
educate and
communicate to
empower individuals to
eat less salt

Environmentsupport settings to promote healthy eating

Review dietary sources of industrially-produced trans-fatty acids and the landscape for required policy change.

Promote the replacement of industrially-produced trans-fatty acids with healthier fats and oils.

Legislate or enact regulatory actions to eliminate industrially-produced *trans*-fatty acids.

Assess and monitor trans-fatty acids content in the food supply and changes in trans-fatty acids consumption in the population.

Create awareness of the negative health impact of *trans*-fatty acids among policy-makers, producers, suppliers, and the public.

Enforce compliance with policies and regulations.

Strengthen restrictions on alcohol availability

Advance & enforce drink driving counter measures

Facilitate
access to screening
brief interventions &
treatment

Enforce
ban/comprehensive
restrictions on
alcohol advertising,
sponsorship &
promotion

Raise
prices on alcohol
through excise taxes &
pricing policies

Active Environments

Promote safe, well maintained infrastructure, facilities and public open spaces that provide equitable access to places for walking, cycling and other physical activity.

Active Systems

Strengthen leadership, governance, multisectoral partnerships, workforce, research, advocacy and information systems to support effective coordinated policy implementation.

Active Societies

Implement behaviour change communication campaigns and build workforce capacity to change social norms.

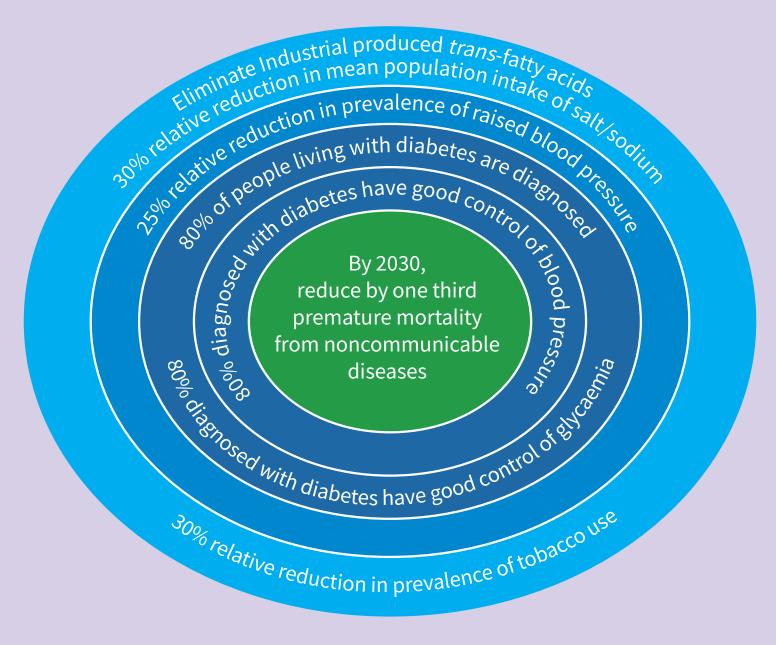
Active People

Ensure access to opportunities, programmes and services across multiple settings to engage people of all ages and abilities in regular physical activity.

Source: WHO South-East Asia Region NCD toolkit (https://apps.searo.who.int/whoroad/south-east-asia-region-ncd-toolkit)



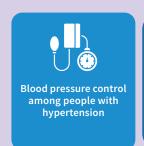
SEAHEARTS contribution to NCD targets



Monitoring the implementation of SEAHEARTS

The population-based surveys using WHO STEPS approach at regular intervals will help to monitor the impact of SEAHEARTS at the population level.

The facility-based monitoring of disease management outcomes will help to measure the effectiveness of hypertension and diabetes care services in primary health care. Key indicators for hypertension and diabetes management at the facility level are:





Sources: WHO STEP wise approach to NCD risk factor surveillance (https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps)
WHO (2022) Noncommunicable disease facility-based monitoring guidance: framework, indicators and application (https://apps.who.int/iris/handle/10665/364379)
WHO SEARO NCD Dashboard (https://whosearo.viewzenlabs.in/home)

