

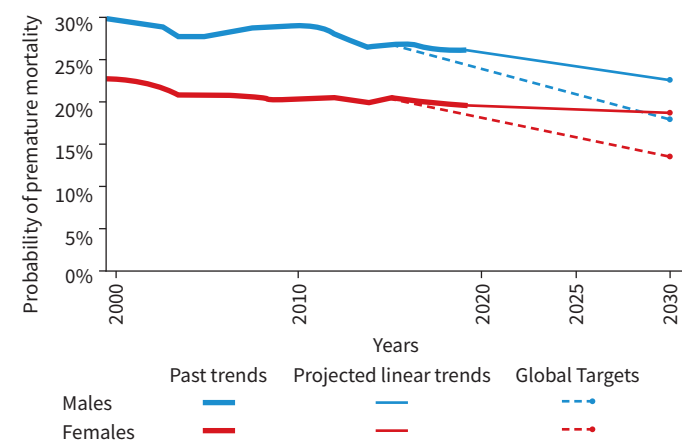
SEA HEARTS



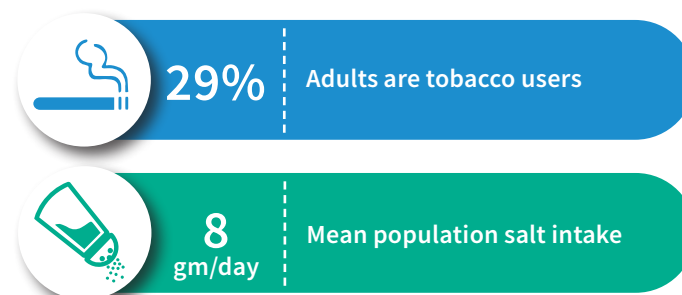
An initiative to reduce cardiovascular disease burden in the WHO South-East Asia Region



Noncommunicable Diseases (NCDs) premature mortality trends in South-East Asia Region



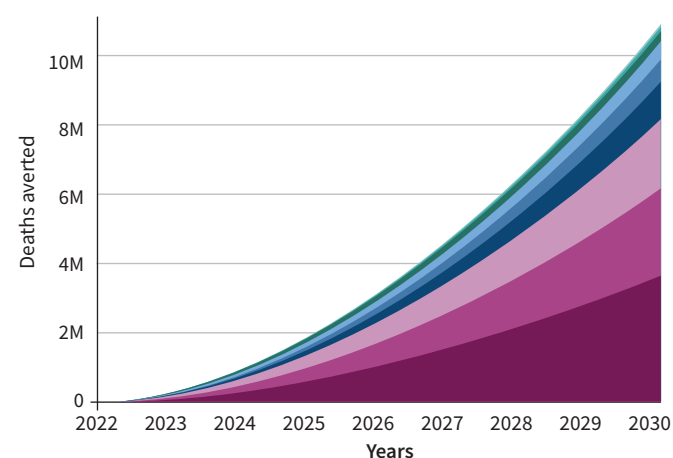
Probability of dying between the ages 30-70 years from a major NCD in Region shows a declining trend



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

HEARTS interventions: Impact on SDG 3.4 and deaths averted

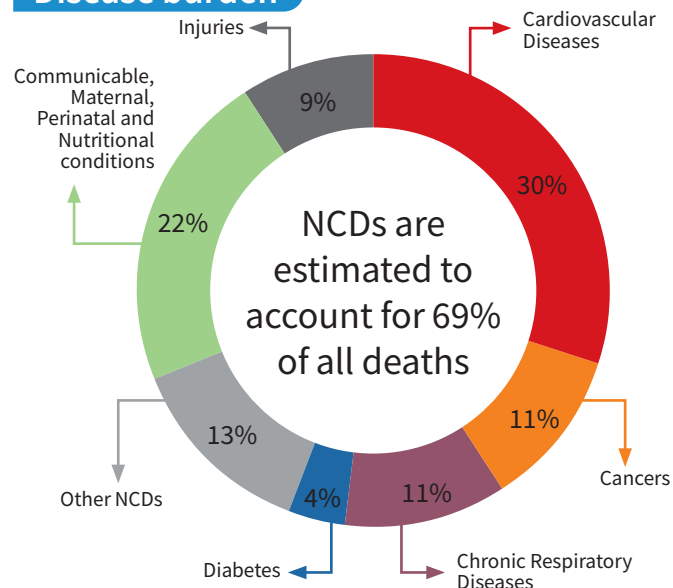
Cumulative deaths averted by intervention: SEARO



- 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-asia-region-ncd-impact-simulation-tool>

Disease burden



"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>

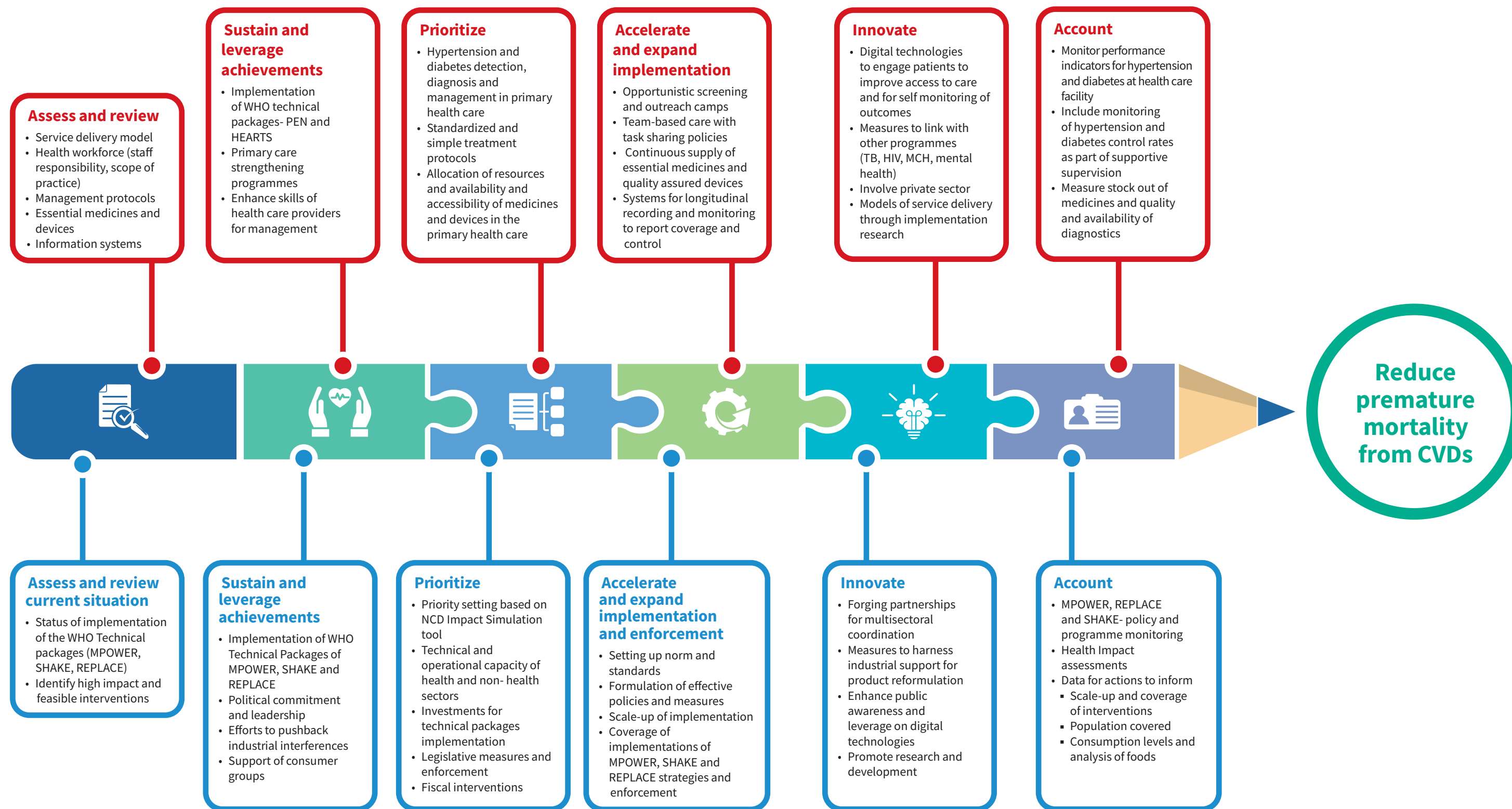
Accelerating SEAHEARTS initiative



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

SEAHEARTS roadmap

Scaling up of hypertension and diabetes care in primary health



Reducing risk factors for prevention and control of cardiovascular diseases

WHO Technical packages to support SEAHEARTS



Scale-up CVD management at primary health care

mpower

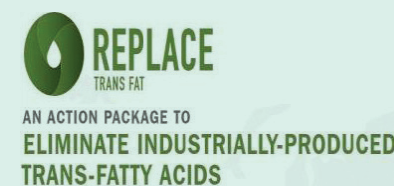
Measures for tobacco control

SHAKE

THE SALT HABIT



Reducing salt intake to less than 5 grams per day (about 1 teaspoon)



SAFER

A SAFER WORLD FREE FROM ALCOHOL RELATED HARMS



H **Healthy-lifestyle counselling**
Brief interventions as an approach to providing counselling on risk factors and encouraging people to have healthy lifestyles

E **Evidence-based treatment protocols**
Protocols to standardize a clinical approach to the management of hypertension, diabetes and complications

A **Access to essential medicines and technology**
Improve CVD medicine and technology procurement, quantification, distribution, management and handling of supplies at facility level

R **Risk-based CVD management**
Total risk approach to the assessment and management of hypertension, diabetes and CVDs through risk charts

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

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

M **Monitor**
tobacco use and prevention policies

P **Protect**
people from tobacco smoke

O **Offer**
help to quit tobacco use

W **Warn**
about the dangers of tobacco

E **Enforce**
bans on tobacco advertising, promotion and sponsorship

R **Raise**
taxes on tobacco

S **Surveillance**
measure and monitor salt use

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

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

K **Knowledge**
educate and communicate to empower individuals to eat less salt

E **Environment**
support settings to promote healthy eating

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

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

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

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

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

E **Enforce** compliance with policies and regulations.

S **Strengthen** restrictions on alcohol availability

A **Advance &** enforce drink driving counter measures

F **Facilitate** access to screening brief interventions & treatment

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

R **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.

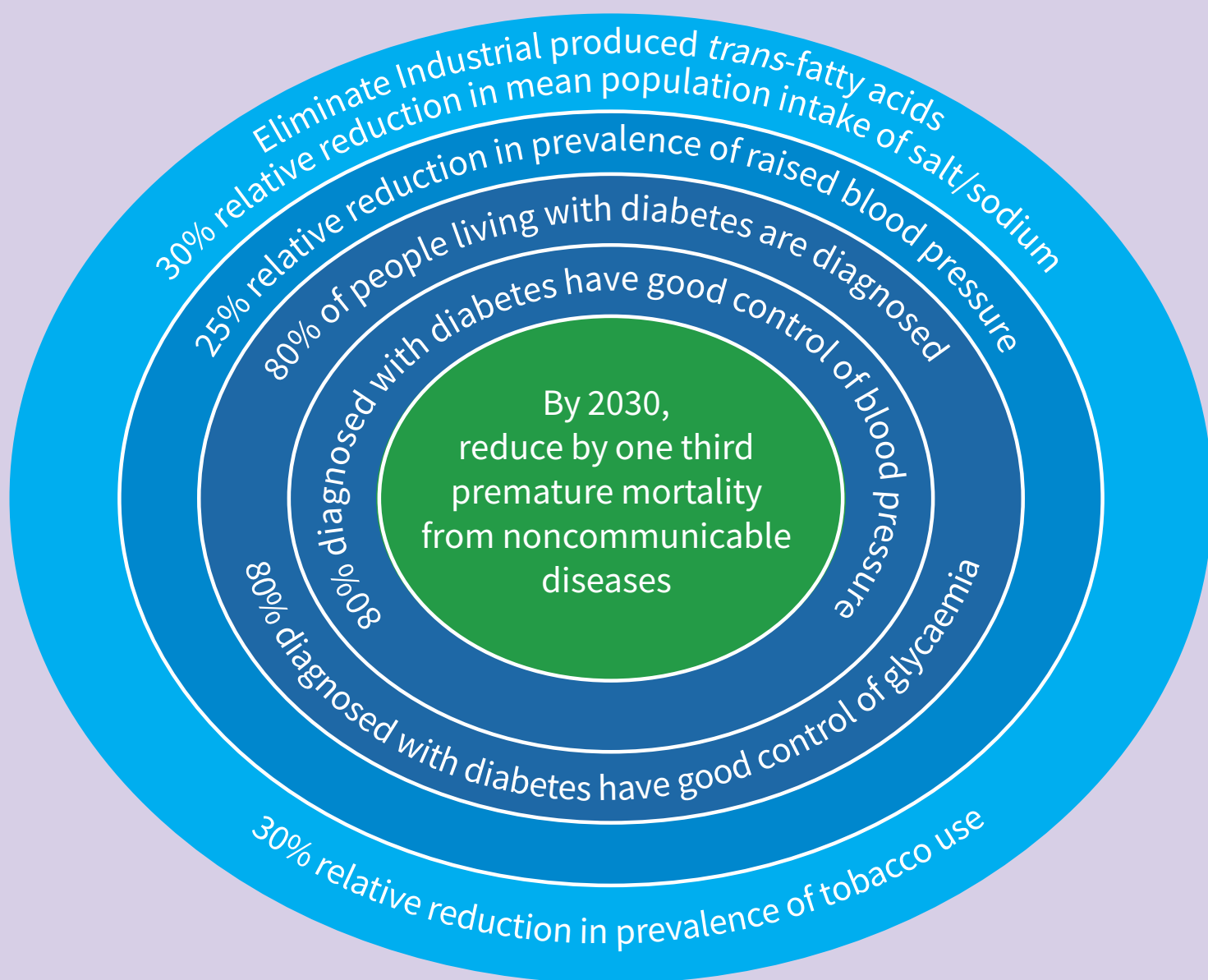
Active Systems
Strengthen leadership, governance, multisectoral partnerships, workforce, research, advocacy and information systems to support effective coordinated policy implementation.

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:



Blood pressure control
among people with
hypertension



Glycemic control
among people
with diabetes

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>)