

NCD HARD TALKS

DELIVERING ON THE PROMISES

WEBINAR

4 MAY 2023

13-14:30 CEST

**SEAHEARTS
for CVD
CONTROL**

ALL HANDS ON DECK



REGISTER NOW



NCD HARD TALKS



Thank you for joining



- This webinar will be recorded.
- Links to the recording and all slides will be shared.
- Please participate in the discussion by sharing your questions in the Q&A box. Experts are invited to type their answers throughout the session.
- General comments can be shared in the chat box.
- Please be respectful - we are here to learn and exchange ideas.

NCD Hard Talk moderator



Dr Cherian Varghese

Regional adviser on NCD, WHO SEARO



World Health
Organization

Department for
Noncommunicable Diseases

Opening remarks



Professor Jérôme Salomon

Assistant Director General
UHC/Communicable, and Noncommunicable Diseases
Division, WHO



World Health
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Department for
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Opening remarks



Dr Bente Mikkelsen

Director

Department for Noncommunicable diseases, WHO



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SEAHEARTS for accelerating CVD Control
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Moderated by:
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Regional adviser on NCD
WHO SEARO



NCD HARD TALK PANEL



Mr Vishal Chauhan
Joint secretary, Ministry of Health & Family Welfare,
Government of India



Dr Paul Whelton
President, World Hypertension League



Dr Nilton de Carmo da Silva
Interim Director General of Health Service,
Ministry of health, Timor-Leste



Ms Sunita Nadhamuni
Head, Global Social Innovation at Dell Technologies



Dr Sohail Choudhury
Professor, Dept. Epidemiology & Research, National
Heart Foundation Hospital & Research Institute,
Bangladesh

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Dr Jayaraj Pandian
Professor of Neurology, CMC Ludhiana, India
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Dr Angela De Silva
Regional adviser, Nutrition for Health and Development, SEARO

Dr Sushera Bunluesin
National professional officer, WHO, Thailand

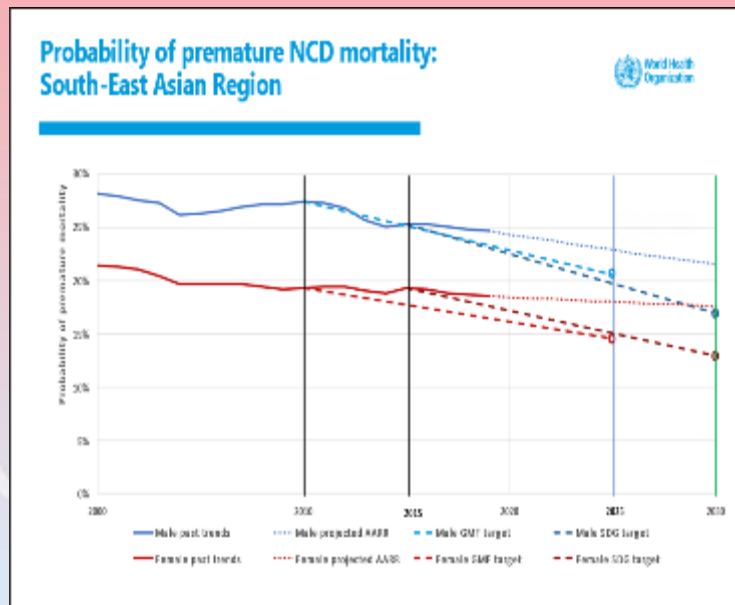


WELCOME REMARKS

Professor Jérôme Salomon
ADG, UHC/Communicable, and Noncommunicable Diseases, WHO

Dr Bente Mikkelsen
Director, Department for NCDs, WHO

Premature mortality trends in the right direction-needs acceleration



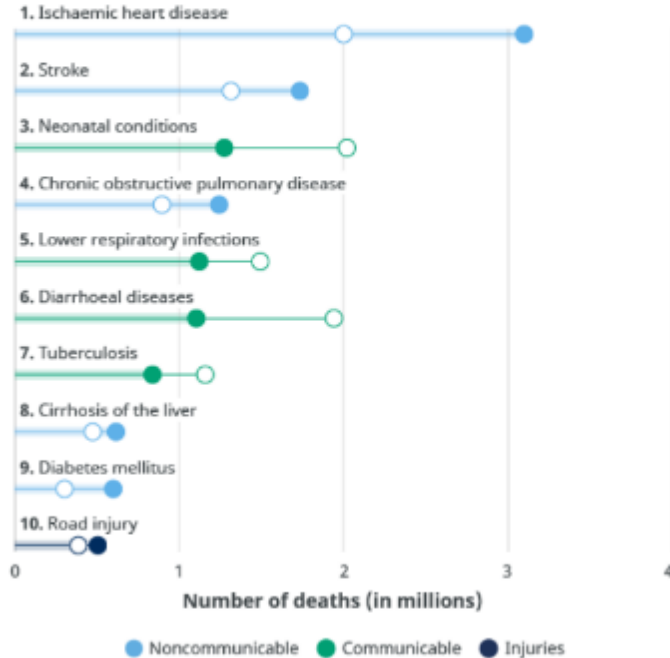
Total NCD deaths in
SEARO 9 million
CVD 4 million

SEAR
1 in 4 adults are
hypertensive
Only 1 in 10 controlled

SEAR
1 in 10 adults
have diabetes

Leading causes of death in lower-middle-income countries

○ 2000 ● 2019



Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

Suboptimal BP control is the most common attributable risk factor for CVD and cerebrovascular disease, including hemorrhagic (58%) and ischemic (50%) stroke, ischemic heart disease (55%), and other forms of CVD (58%), including heart failure and peripheral arterial disease.

In addition, hypertension is a leading cause of chronic kidney disease, kidney disease progression, and end-stage kidney disease, as well as dementia due to cerebral small vessel disease.

Technical package

SEA HE RTS

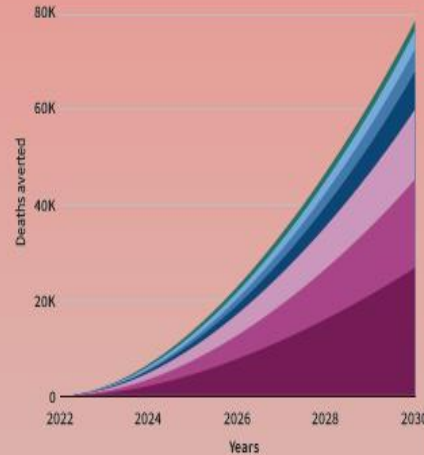


SEA HE RTS



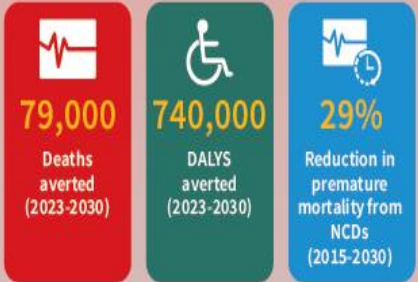
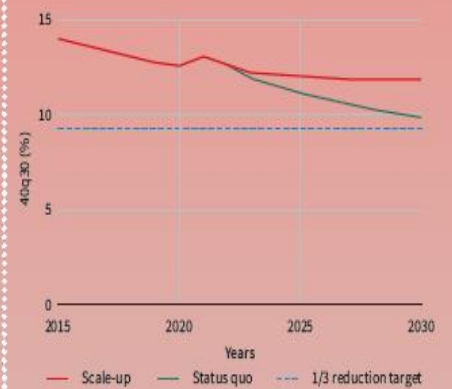
HEARTS interventions: Impact on SDG3.4 and deaths averted

Cumulative deaths averted by intervention: Sri Lanka



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

Premature mortality from NCDs (40q30): Sri Lanka





Monitor

Monitor tobacco use and prevention policies



Protect

Protect people from tobacco smoke



Offer

Offer help to quit



Warn

Warn about the dangers tobacco



Enforce

Enforce bans on tobacco advertising, promotion and sponsorship



Raise

Raise taxes on tobacco

All countries in the Region are implementing WHO's MPOWER package

All countries except Indonesia are Parties to the WHO FCTC



India and Nepal are on track to achieve NCD Global Action Plan target – a 30% relative reduction in tobacco use prevalence by 2025

People covered by at least three WHO MPOWER measures across the SEA Region:

Target (by 2025): One Billion people to be covered in the SEA Region by at least three WHO MPOWER measures

The Region is one of the best performing WHO regions in implementation of large graphic health warnings on packages of tobacco products (the W component of the WHO MPOWER measures)

The Region is performing progressively well in monitoring tobacco use and prevention policies (the M component of the WHO MPOWER measures)

Trans fat free SEA Region

Countdown to a trans fat free South-East Asia by 2025

WHO SEA 's commitment to protect 2 billion people from the harmful effects of trans fatty acids on cardiovascular health



WHO Validation Programme for Trans Fat Elimination

Application will open shortly.
The first information including detailed technical guidance for monitoring and enforcement system will be provided on the website.

Score high on salt reduction – implement the SHAKE package .

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

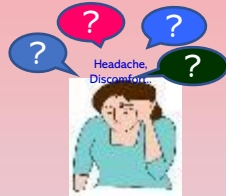
Environment: support settings to promote healthy eating



Story of hypertension!

Lack of:

- knowledge
- awareness of symptoms



Challenges:

- location, transport
- access to health facility
- financial



Lack of:

- unique ID and records
- protocol for diagnosis/management
- technology for clinical assessment
- Medicines
- Counseling on healthy behaviours
- team-based care



Challenges:

- out-of-pocket expenses
- poor adherence to treatment and lifestyle modification
- inadequate follow up
- lack of care in the community



Outcome:

- paralysis
- unable to work and participate fully in family activities
- requires care and support
- financial burden



Limitations:

- system for triage
- diagnostic capacity
- capacity for intervention
- lack of rehabilitation services



Acute symptoms after 3 years
Delay in recognizing symptoms of stroke

Lack of:

- established referral system
- prehospital care
- financial capacity to seek care from private facility

We can change
the status quo

**100
Million**

BY

25

World Health
Organization
South-East Asia
Region

South-East Asia
Regional Strategy for
Primary
Health Care:
2022-2030

Seven Cs to scale up impact

COVERAGE

CARE standards and pathways

COMPETENT workforce

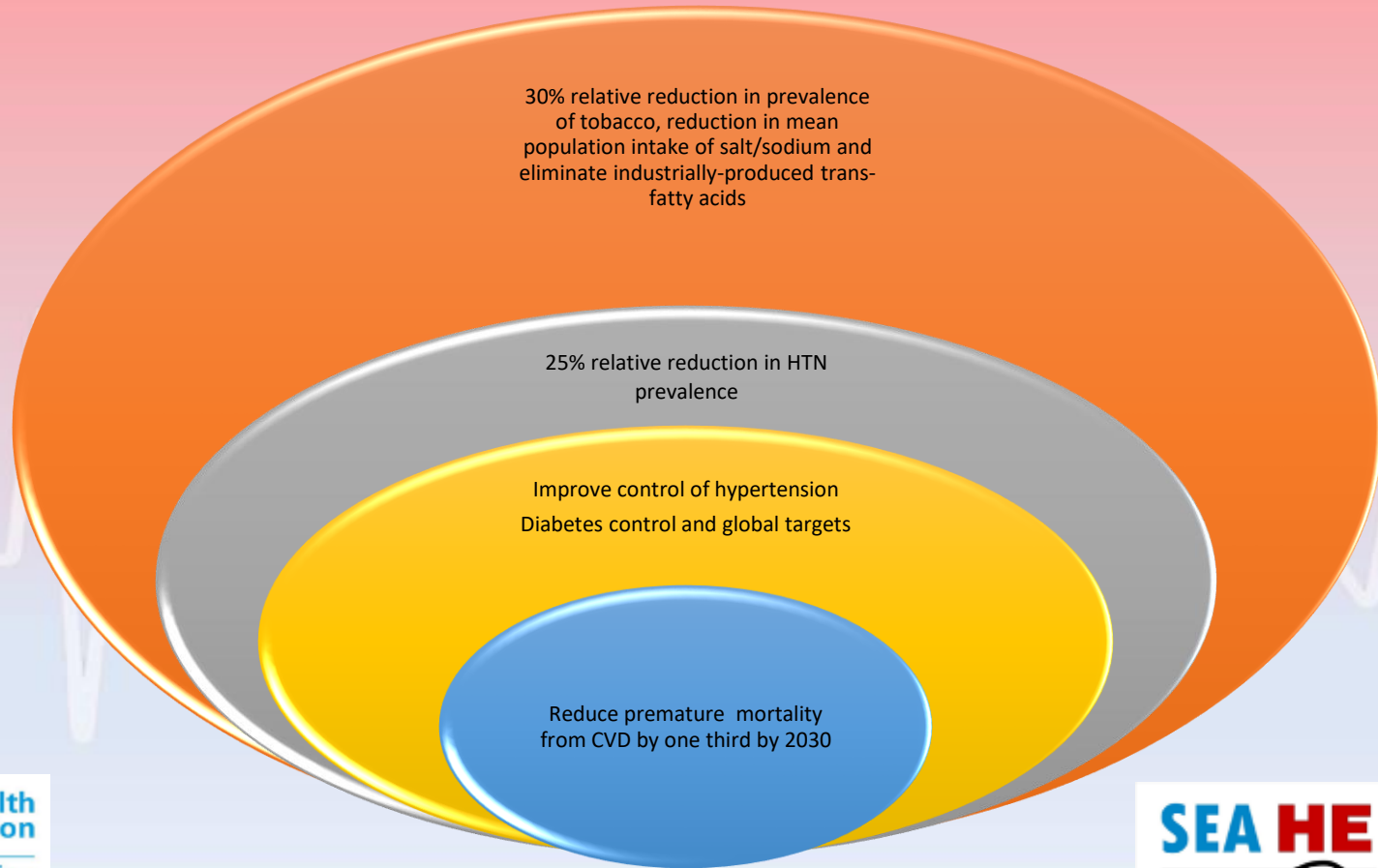
COMPLIANCE to treatment

COLLABORATION with the community

CONTROL rates

COMPASSION

SEAHEARTS will help countries to accelerate towards NCD targets





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Organization

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***WHO SEARO SEAHEARTS
World Hypertension Day Webinar
May 4, 2023***

***Treatment and Control of High Blood
Pressure***

The Way Forward

Paul K. Whelton, MB, MD, MSc

Show Chwan Chair of Global Public Health

Tulane University School of Public Health and Tropical Medicine

Tulane University School of Medicine

President, World Hypertension League

No Conflict of Interest

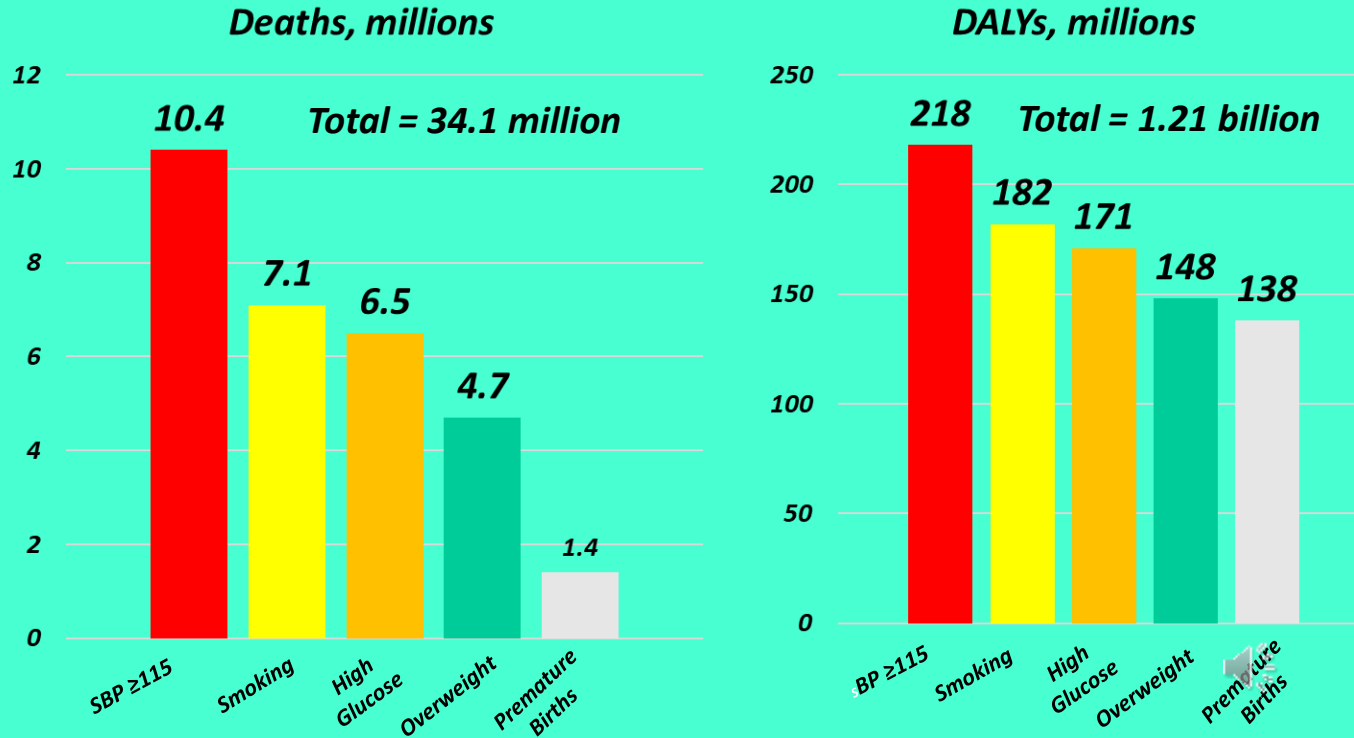


Deaths and Disability-adjusted Life-years (DALYs) for Five Leading Risk Factors, Worldwide

Global Burden of Disease Study, 2017

(Study of 84 behavioral, environmental, occupational and metabolic risks; 1990-2017)

GBD 2017 Risk Factor Collaborators. *Lancet*. 2018;392:1923-1994.



High Blood Pressure and Hypertension

- ***We know how to diagnose High Blood Pressure/Hypertension***
- ***We know how to prevent and manage High Blood Pressure/Hypertension***
 - ***Non-pharmacological and antihypertensive drug treatment***
- ***Prevention and control of Hypertension***
 - ***One of the most cost-effective strategies for reducing burden of illness in individuals and populations***

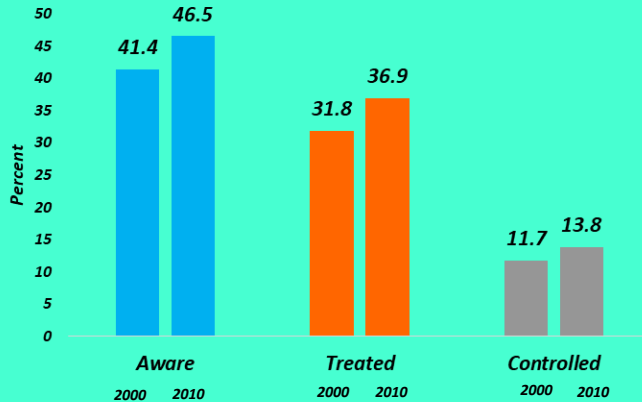
Global Awareness, Treatment and Control of Hypertension in Adults

Hypertension = Systolic BP ≥ 140 , Diastolic BP ≥ 90 mm Hg, or BP Meds

135 population-based surveys in 90 countries

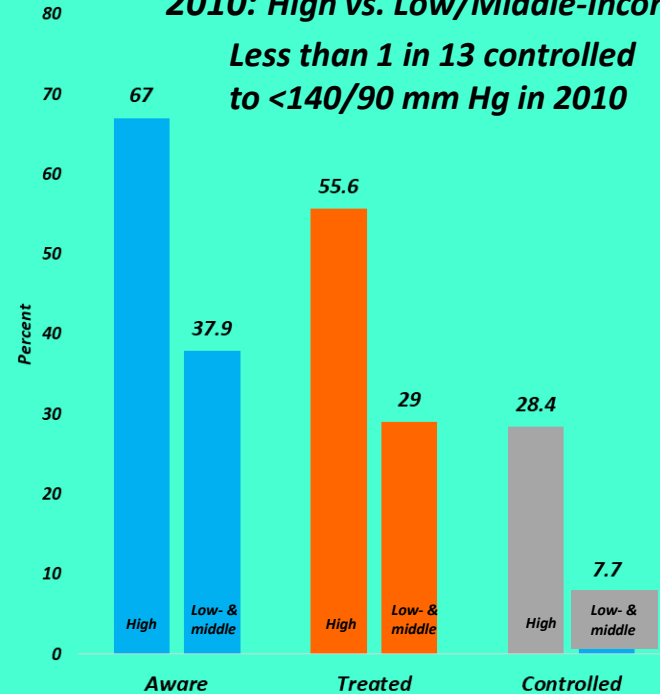
Overall (2010 vs. 2000)

**Less than 1 in 7 controlled
to $<140/90$ mm Hg in 2010**



2010: High vs. Low/Middle-Income

**Less than 1 in 13 controlled
to $<140/90$ mm Hg in 2010**



The way forward is to employ an evidence-based strategy for the prevention and control of high BP

- Commitment by provider/Institution/country
- Specific goals

Health
Promotion



Community-Based
Patient-centered
team care



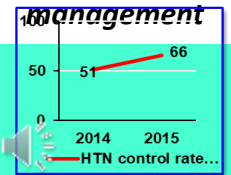
Reliable access
to effective &
affordable medication



Simple evidence-
based Protocols



Information systems
to track progress
and case
management

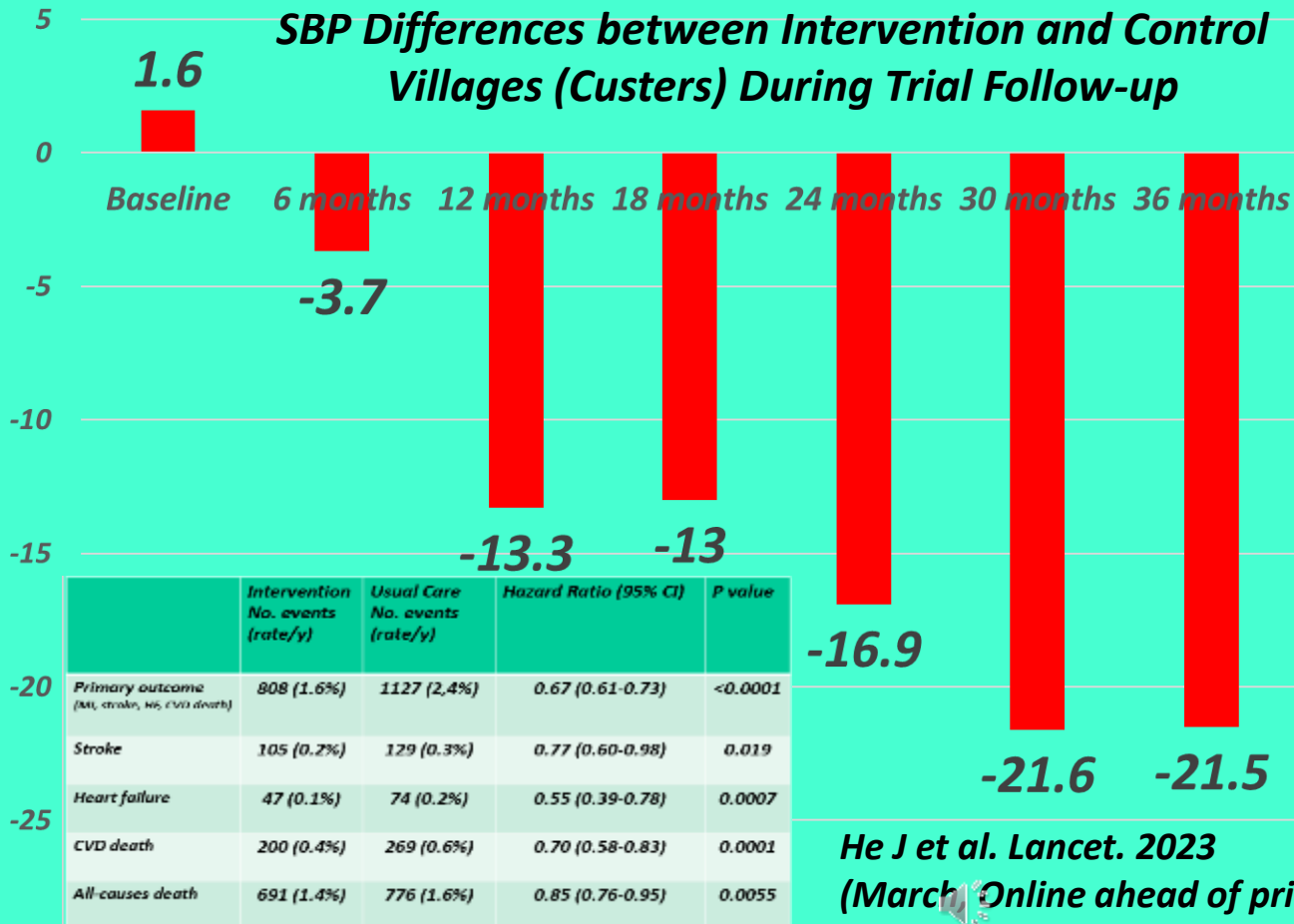


Lifestyle improvements
Antihypertensive drug treatment

HEARTS

H=healthy lifestyle
E=evidence-based treatment
A=access to meds/technology
R=risk-based management
T=team-based care
S=systems for monitoring

China Community Health-Care Workers Trial



Collaborations to Blood Pressure/Hypertension “Get the Job Done”



**World Health
Organization**



**World
Hypertension
League**

RESOLVE
TO SAVE LIVES
AN INITIATIVE OF VITAL STRATEGIES



**International
Society of
Hypertension**

Ministries of Health

***Other primary care and
organ-specific
professional societies***

***Other
non-governmental
organizations***

In country partners

Past, Present, Future

Past:

- ***Long history of failure to prevent/control high blood pressure/hypertension***

Present:

- ***Implementation studies suggest models for successful prevention and control of hypertension***
 - ***HEARTS is a good example***
- ***WHO, RTSL, WHL, others working with in-country partners to tackle hypertension challenge***
- ***Initial results promising***

Future:

- ***Much more remains to be done***
- ***Cautiously optimistic***

Reflections



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Professor of Neurology, CMC Ludhiana, India, President Elect,
World Stroke Organization



Dr Angela De Silva

Regional adviser, Nutrition for Health and Development, SEARO



Dr Sushera Bunluesin

National professional officer, WHO, Thailand

Conclusions



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Organization

Department for
Noncommunicable Diseases

Thank you