

Doenças Crônicas Não Transmissíveis: do Global ao Local

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Pan American
Health
Organization



World Health
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REGIONAL OFFICE FOR THE Americas



TOGETHER
LET'S BEAT NCDs

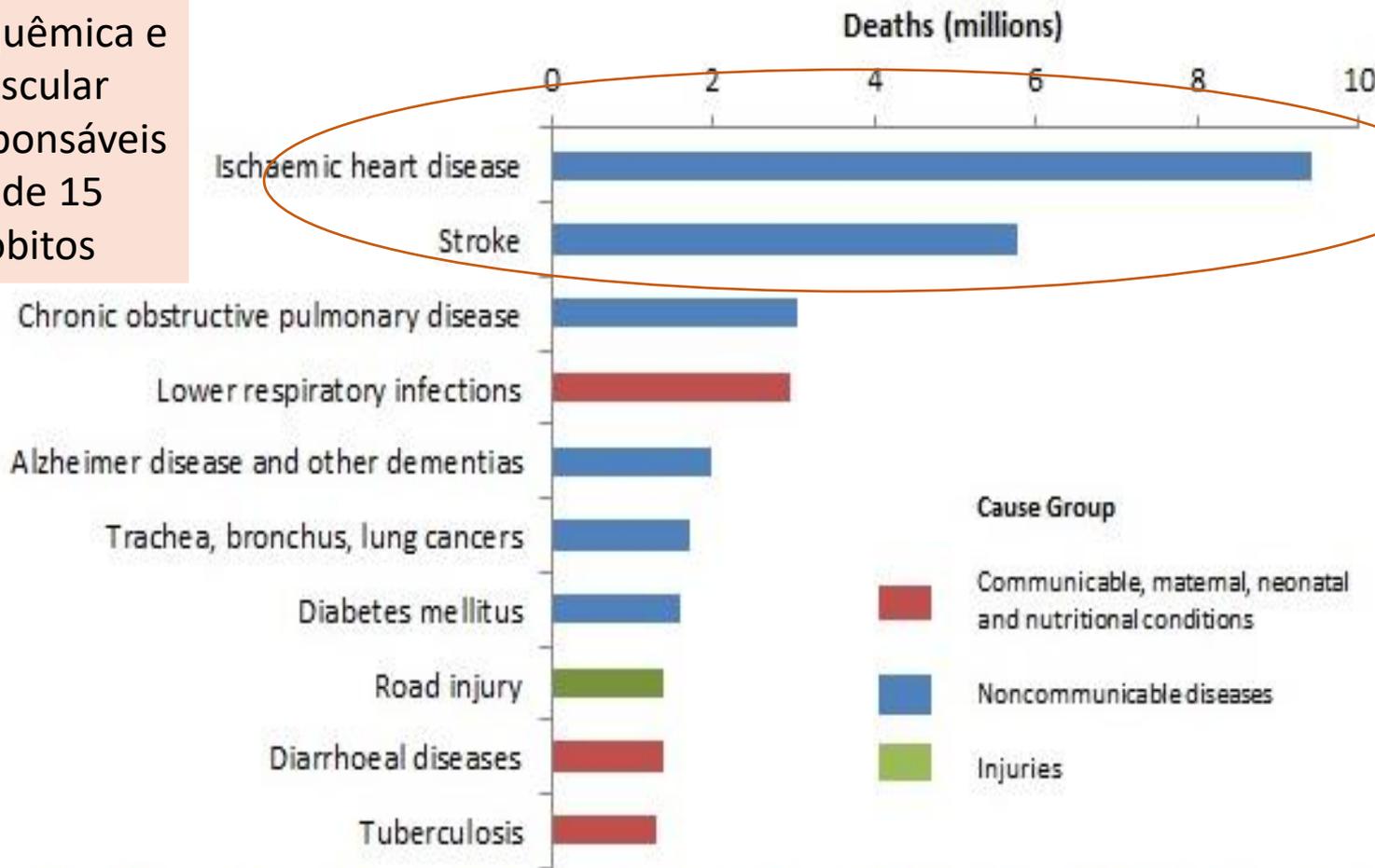
#beatNCDs



As 10 causas globais de mortes, 2016

“world’s biggest killers”

A cardiopatia isquêmica e o acidente vascular cerebral são responsáveis por um total de 15 milhões de óbitos



Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.

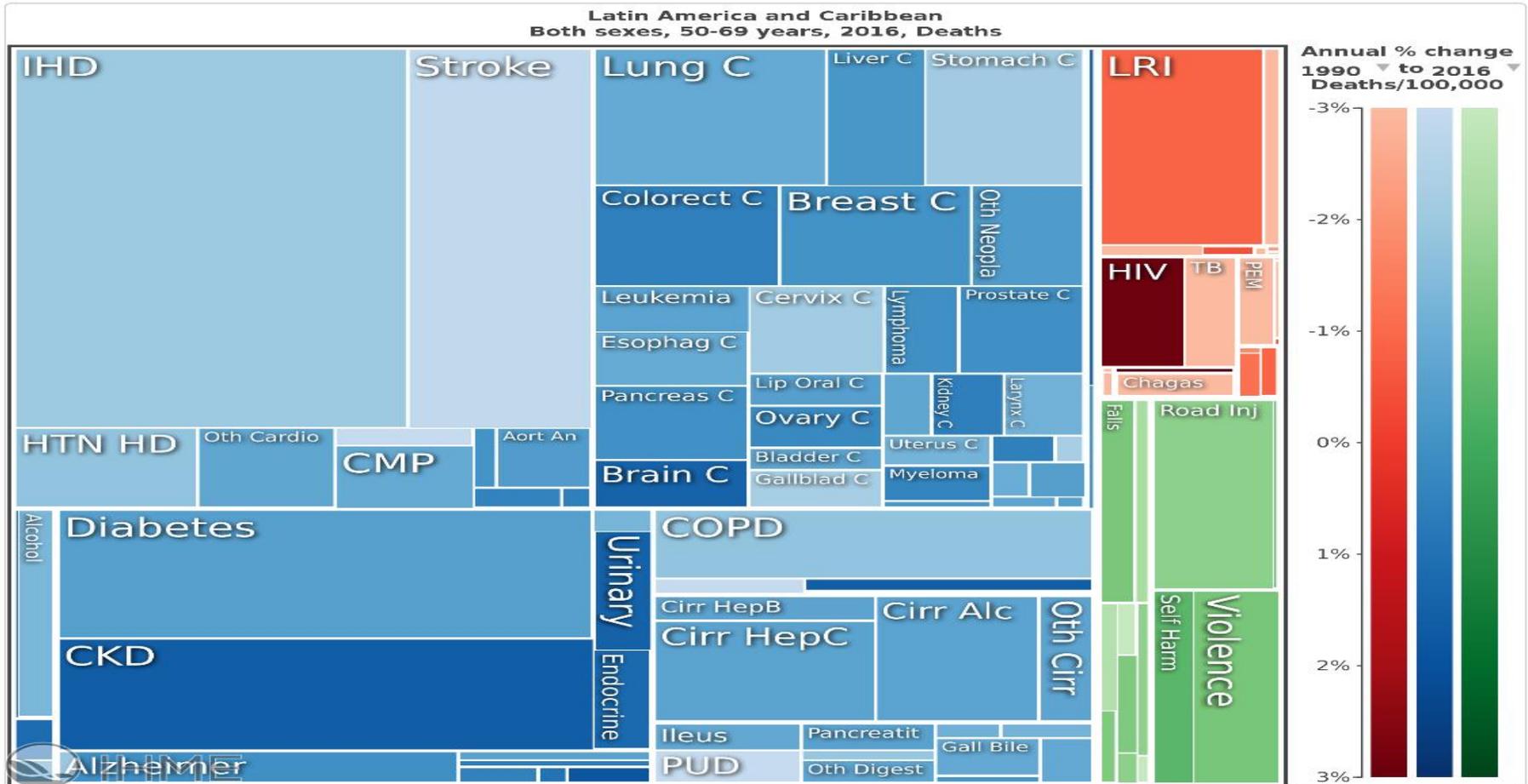
It is known as the
“silent killer” because it often
has no signs or symptoms,
and if uncontrolled can lead to a
heart attack or stroke.

Hypertension

Na Região das Américas,
a prevalência da
hipertensão varia de
25% a 40 %

O Vilão das Doenças Cardiovasculares

Em LAC, 24% das mortes entre pessoas de 50 a 69 anos são causadas por cardiopatia isquêmica e AVC
 Dessas mortes, 60% são atribuídas a hipertensão



Prevalência, Conscientização, Tratamento e Controle da Hipertensão nas Américas

| Pesquisa | PURE | CESCAS |
|-----------------|------|--------|
| Prevalência | 40,7 | 43,3 |
| Conscientização | 57,1 | 62,2 |
| Tratamento | 52,8 | 47,7 |
| Controle | 18,8 | 21,5 |

JAMA. 2013;310:959-68 Int J Cardiol. 2015;183C:82-88

PURE: Prospective Urban Rural Epidemiology Study (Argentina, Brazil, Colombia and Chile)

CESCAS: Study of Cardiovascular Disease and Risk Factors detection and follow-up Argentina, Chile e Uruguay)

THE GLOBAL HEARTS INITIATIVE: a new push to prevent and control CARDIOVASCULAR DISEASE



Technical package for
tobacco control



Technical package for
cardiovascular disease
management in primary health care



Technical package for
salt reduction



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www.who.int/global_hearts

Intervenções específicas conhecidas por ser efetivas, viáveis, sustentáveis e escaláveis



World Health
Organization



International
Diabetes
Federation



International
Society of
Hypertension



HEARTS

Technical package for cardiovascular disease management in primary health care



H

Healthy lifestyle

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



E

Evidence-based treatment protocols

Simple, standardized 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



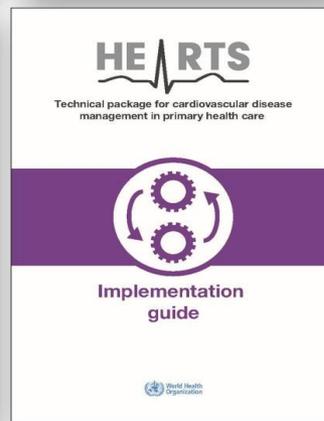
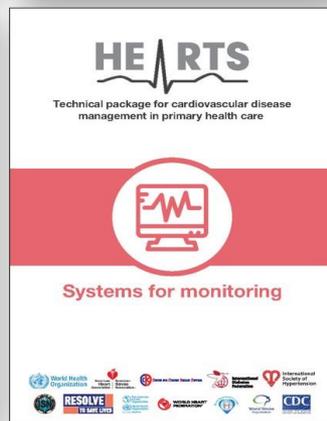
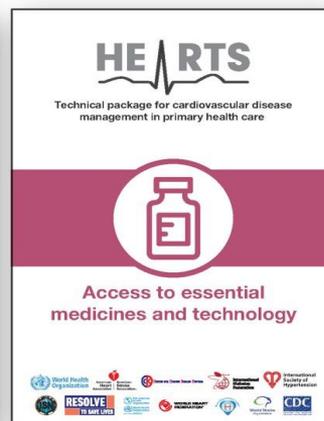
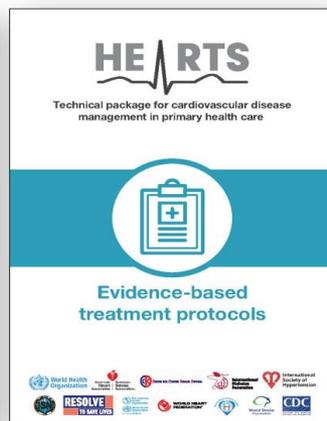
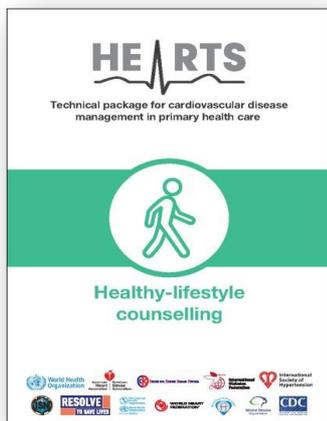
S

Systems for monitoring

Patient data collection and programme evaluation

Intervenções efetivas e práticas para o controle dos fatores de riscos das doenças cardiovasculares na atenção primaria

Pacote Técnico do HEARTS

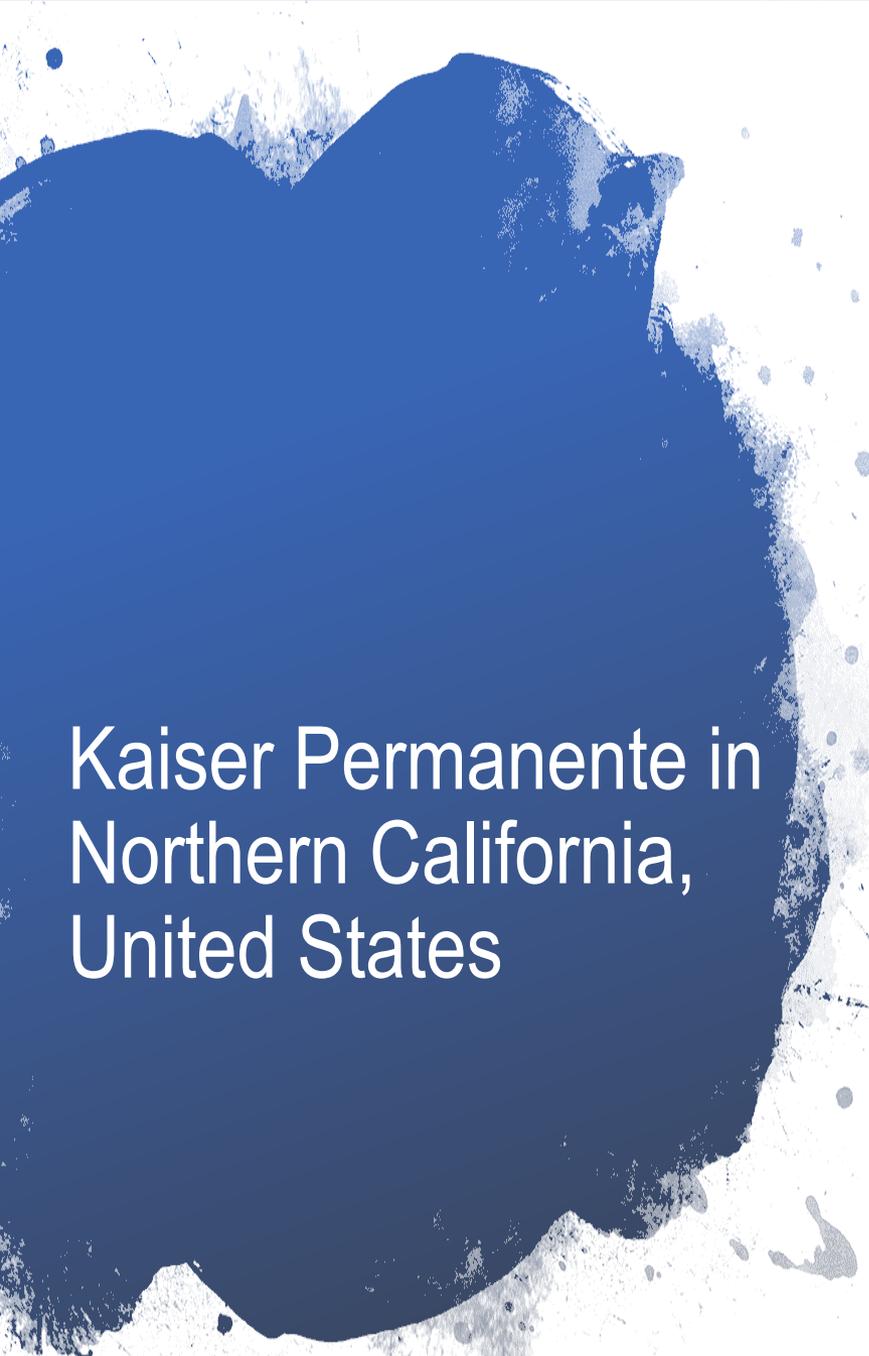


PAÍSES COM A INICIATIVA HEARTS

- Sant Lucia
- Peru
- Barbados,
- Chile
- Colombia
- Cuba
- Argentina
- Ecuador
- Panama
- Trinidad and Tobago
- Republica Dominicana
- México (em processo de incorporação)

HEARTS Virtual Course on the Implementation of the HEARTS Technical Package in Primary Health Care

- Healthy-lifestyle counselling
- Risk based charts
- Evidence-based treatment protocols
- Team-based care
- Access to essential medicines and technology
- Systems for monitoring



Kaiser Permanente in
Northern California,
United States

Intervenções que
usaram practicas
similares ao HEARTS
para controlar
hipertensão e
reduzir doenças
cardiovasculares

KPNC vs. National and California HTN Control

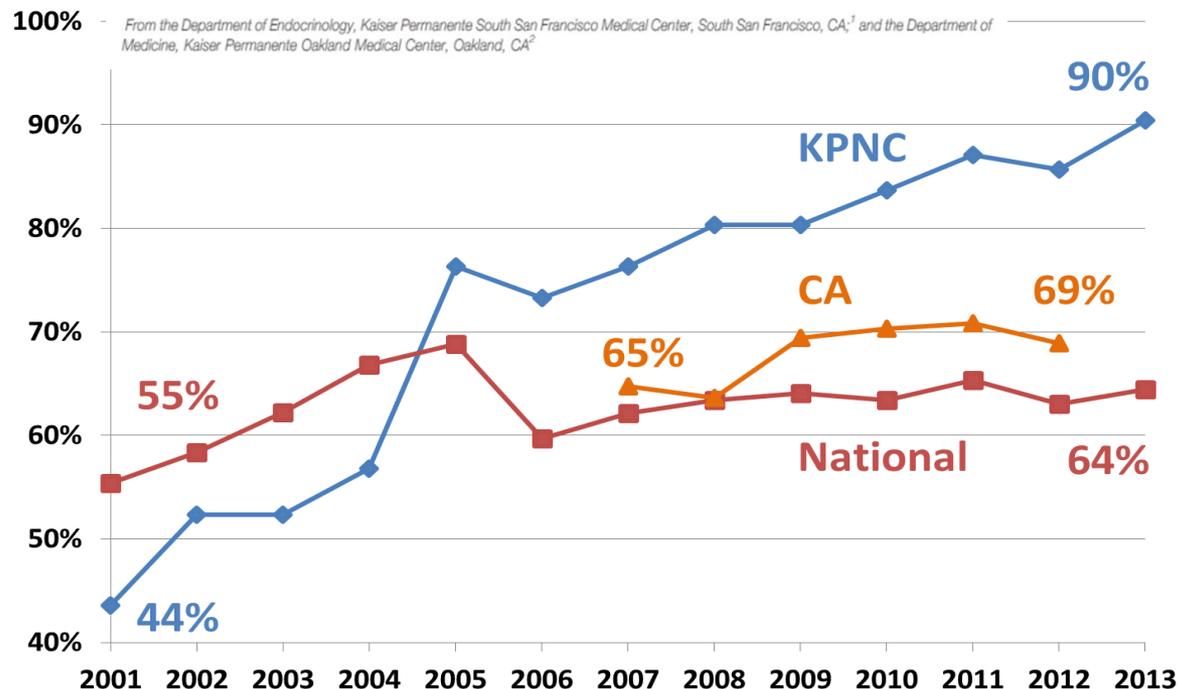
DEMONSTRATION
PROJECTS

FROM THE WORLD HYPERTENSION LEAGUE

The Kaiser Permanente Northern California Story: Improving Hypertension Control From 44% to 90% in 13 Years (2000 to 2013)

Marc G. Jaffe, MD;¹ Joseph D. Young, MD²

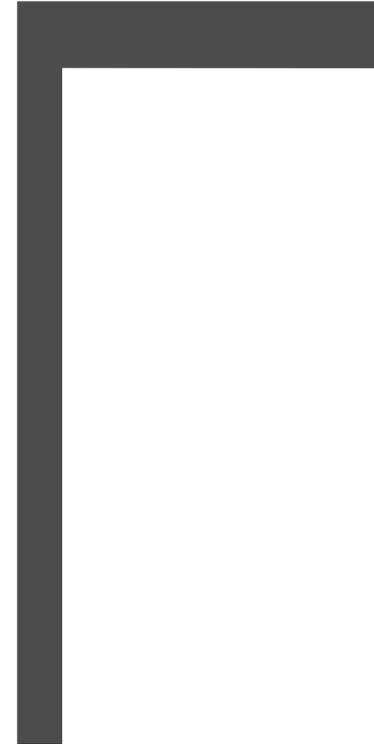
From the Department of Endocrinology, Kaiser Permanente South San Francisco Medical Center, South San Francisco, CA;¹ and the Department of Medicine, Kaiser Permanente Oakland Medical Center, Oakland, CA²



Key elements:

- Comprehensive hypertension registry
- Development and sharing of performance metrics
- Evidence-based guidelines
- Task sharing (medical assistants visits for blood pressure measurement)
- Single pill combination pharmacotherapy

Concluindo



Abordagem da OPAS para Controle das DCNTs



- Agenda de trabalho da cooperação técnica da OPAS está alinhada com a Estratégia Global e Regional de DCNTs, orientada pelas metas e indicadores.
- **HIPERTENSÃO , DIABETES e OBESIDADE** como ponto de entrada na Atenção Primária para prevenção e tratamento de DCNTs
- Alianças estratégicas para implementação do HEARTS – Mpower, SAFER, ACTIVE,

The best investments



SDG Goal 3.4

SDG target 3.4 By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing.

Metas globais voluntárias

Set of 9 voluntary Global NCD Targets for 2025



A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.



At least **10%** relative reduction in the harmful use of alcohol as appropriate, within the national context.



A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.



A **10%** relative reduction in prevalence of insufficient physical activity.



Halt the rise in diabetes and obesity.



A **30%** relative reduction in mean population intake of salt/sodium.



At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.



A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.



An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

Mortality and Morbidity

Risk Factors for NCDs

National Systems Response



Obrigada



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