Hypertension Guidelines Implementation in Latin America

Manuel Urina-Triana, MD, MSc, FACC
Fundación BIOS, Barranquilla, Colombia
Disclosure

I do not have any actual or potential conflict of interest in relation to this presentation.
Guidelines Implementation

- General considerations
- Challenges
- Programs
- Key actions
- Conclusions
Guideline Implementation - General Considerations

- Guidelines are not “self-implementing”.
- Requires a multistage and multi-intervention planned process, resources, system changes and staff commitment.
Guideline Implementation - General Considerations

• The decision to adopt a guideline is the first step in implementation.
• Successful implementation incorporates guidelines into routine clinical practice and into the public health laws and policies.
Guidelines Implementation - Framework

Guidelines Implementation - Common Challenges

- Growing global burden of morbidity and premature mortality associated with NCDs.
- Financial constraints and inefficiencies of traditional healthcare models (acute conditions vs. chronic diseases).
Guidelines Implementation - Specific Challenges

• Great disparities in social, educational and economic conditions and availability of healthcare.
• Proportion of people living in poverty is highly variable.
• Great differences between structure, accessibility, quality and funding of national health systems.
Guidelines Implementation

• In Latin America, hypertension guidelines are available at national, regional and international levels.

• The national and regional Latin American and Caribbean guidelines are in fact adaptations of the international guidelines.
Guidelines implementation - Programs

• LASH has implemented the 20 x 20 project.

• WHO has the 25 x 25 proposal.
Guidelines implementation - LASH Program

Target by 2020:
Achieve a 20% increase in the awareness (57.1%), treatment (52.8%) and control (18.8%) of hypertension in Latin America. (Latin America data PURE study)

Guidelines implementation – WHO Program

Targets by 2025:

• At least 25% reduction in premature mortality from NCDs

• Substantial relative reductions in tobacco use, harmful alcohol use, unhealthy diet and physical inactivity, raised blood pressure, diabetes and obesity

• Increased coverage for essential NCDs medicines and technologies
To support governments in strengthening the prevention and control of cardiovascular diseases (CVDs). WHO & US CDC, 2016.
Guidelines implementation

Healthy lifestyle | Evidence-based treatment protocols | Access to essential medicines and technology | Risk-based management | Team care and task-sharing | Systems for monitoring

Guidelines implementation

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

**EVIDENCE-BASED TREATMENT PROTOCOLS**
Simple, standardized algorithms for clinical care

**ACCESS TO ESSENTIAL MEDICINES AND TECHNOLOGY**
Access to core set of affordable medicines and basic technology

http://www.who.int/cardiovascular_diseases/hearts/Hearts_package.pdf
Guidelines implementation

**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

Guidelines Implementation – Key Actions

• Health promoting environment
• Healthy behaviours
• Universal measurements access
• Measurement quality

Guidelines Implementation – Key Actions

- Empowerment
- Secondary hypertension identification
- Workforce expansion

Guidelines Implementation – Key Actions

• Medication access
• Standardised treatment
• Health system strengthening

Guidelines implementation - Conclusions

• Latin America is characterized by wide ethnic and cultural diversity, socio-economic inequalities, political differences, and countries at different stages of epidemiological transition.
Guidelines implementation - Conclusions

• Professional programs are required for the implementation of the guidelines as well as the auditing of their results.
Collaborative efforts by many groups including governments, policymakers, international organizations, healthcare providers, universities, scientific associations, patients, and society in general.
Guidelines implementation - Conclusions

• Holistic approach for prevention and control of cardiovascular diseases.


