Improving urban cardiovascular health through multisector partnerships

Innovative multisector partnerships are changing how cities approach hypertension care. This is critical because hypertension is the leading cause of the world’s deadliest noncommunicable disease – cardiovascular disease.

Context

Public health systems are under enormous strain due to rapid urbanization, increasing health inequalities, an unfinished infectious disease agenda, maternal and child health care, and the constant threat of emerging diseases. As a result, many countries are ill-prepared to address the growing burden of noncommunicable diseases, which kill 41 million people each year, equivalent to 71% of deaths globally. Low- and middle-income countries are hit hardest, with 85% of premature deaths occurring in such settings. This unprecedented global health challenge calls for reimagining the way we deliver healthcare. All sectors influence population health, so all sectors must be part of healthcare solutions.

Innovative partnerships

Better Hearts Better Cities is a multidisciplinary multisector partnership that aims to improve urban cardiovascular health, thereby tackling cardiovascular disease – the deadliest noncommunicable disease. The initiative, which builds on learnings from community-based hypertension management models pioneered in Ghana and Vietnam, is implemented in cities on three continents – Dakar, Senegal; Sao Paulo, Brazil; and Ulaanbaatar, Mongolia. It builds networks of partners reaching beyond the health sector, to address the underlying determinants of cardiovascular disease and health system weaknesses.

Local authorities help drive Better Hearts Better Cities, and the design is co-developed by public and private, global and local players from health, finance, technology, education, insurance, and food and agriculture sectors. All partners help ensure that patients and their families remain at the center of objectives and interventions. This bundled expertise creates collective impact and social change.

Interventions focus on both policy reform and strengthening health services. Patient advocates and professional associations champion policy change, while system strengthening interventions are implemented in public health systems and through workplace and school health programs -

1 https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
2 https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
3 The two initiatives used innovative partnerships – for example with local shops and hair salons – to bring hypertension screening closer to where people live, work and shop. Digital technology was the glue that connected people who screened positively for high blood pressure with the healthcare system for diagnosis and ongoing care. For more information about:
   Vietnam: https://www.novartisfoundation.org/our-work/enhancing-heart-health-low-income-
   communities/communities-healthy-hearts
   Ghana: https://www.novartisfoundation.org/our-work/enhancing-heart-health-low-income-communities/community-
   based-hypertension-improvement-project-comhip
improving hypertension detection, treatment and control rates, and building coordinated care pathways for all patients.

The first interventions brought hypertension management closer to where people live, involving non-traditional health players to support community outreach, maximize screening opportunities and improve quality and coordination of care. Examples of diverse partners contributing to awareness, education and community screening in Sao Paulo include a samba school, a top Brazilian football team – Corinthians, and the Secretary of Education, which is implementing activities in schools. Examples in Dakar include a partnership with the Syngenta Foundation for Sustainable Agriculture, which is investigating how to improve availability of healthy food, and one of the city’s largest employers, Eiffage, which is addressing cardiovascular health among its employees.

Long-term change

The commitment from organizations such as the samba school, Corinthians and Eiffage to help fight noncommunicable diseases is a sign itself of social change that will lead to better health outcomes for communities. However, the social change already goes deeper, with the local government engagement and diverse multisector partnerships driving structural change that promises long-term impact. For example, in Ulaanbaatar alone, government policy has evolved to improve affordability and access to treatments, reduce salt and trans fat intake and incentivize quality outcomes for patients. All cities have updated protocols and guidelines for hypertension care, making it easier for healthcare workers to provide the best possible care to patients.

Figures demonstrating how Better Hearts Better Cities has improved hypertension diagnosis, treatment and control rates will be reported in a scientific paper later in 2019. However, the active engagement of the communities, and diverse multisector partners from the government, provide sector and civil society, already demonstrate how social movements can address the world’s greatest health challenge – noncommunicable diseases.

Sources and data

Evaluation partners are monitoring the initiative’s progress, outcomes and impact, delivering real-time data for decision-making, and longer-term data to show improvements in hypertension diagnosis, treatment and control rates.

Partners


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