

PROGRAM FOR SURVEILLANCE AND CONTROL OF CHRONIC DISEASES

Santos Depine, MD, MPH

Rafael Burgos Calderón, MD

Committee for the Development of the Nephrology.

Latin American Society of Nephrology

An Epidemiological Transition?

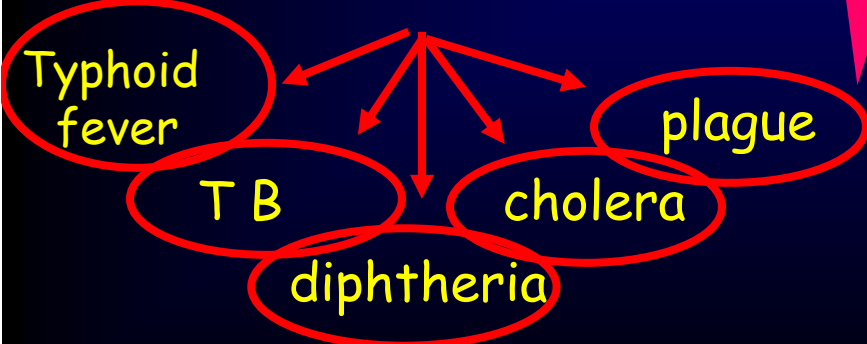
0 —————> 1800 —————> 1900 —————> ?



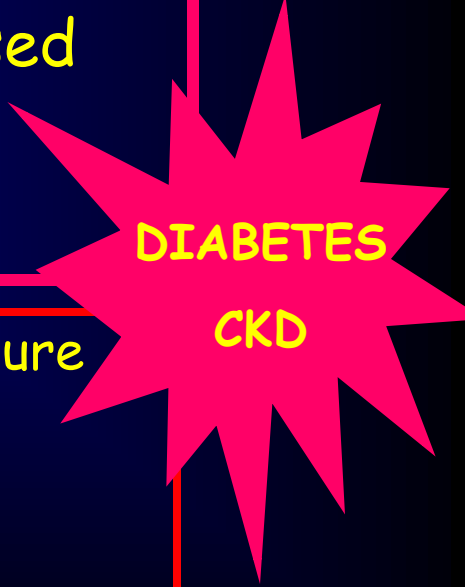
Infectious Diseases

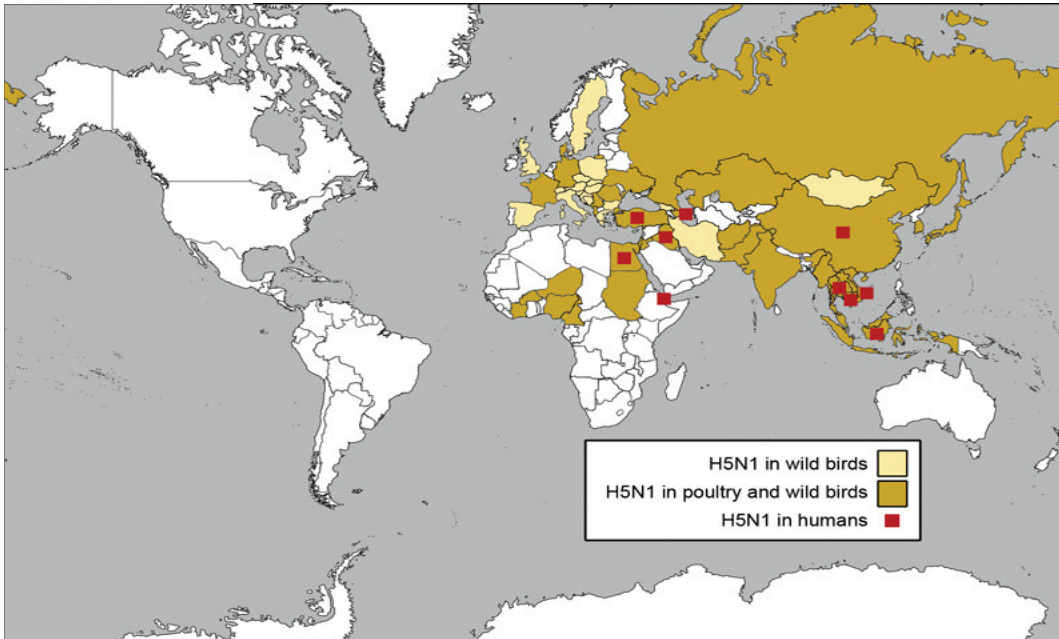


- Degenerative
- Man-caused

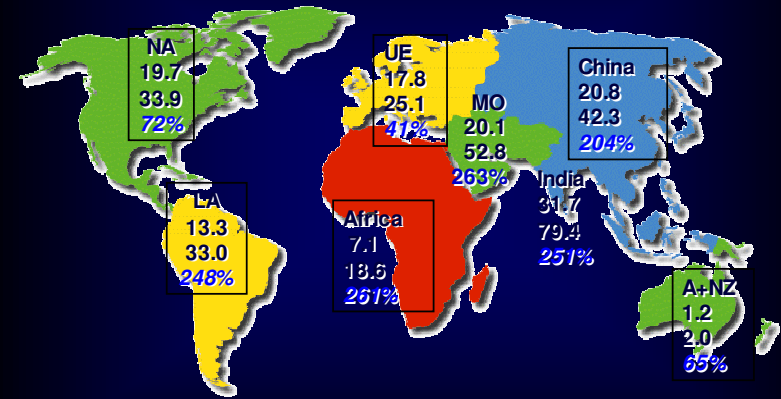


Heart Failure
Cancer
Diabetes
Accidents
Poisoning





Projected evolution of the DM pandemic: 2000-2030 (millions of patients)



Wild, S et al.: Diabetes Care 2004

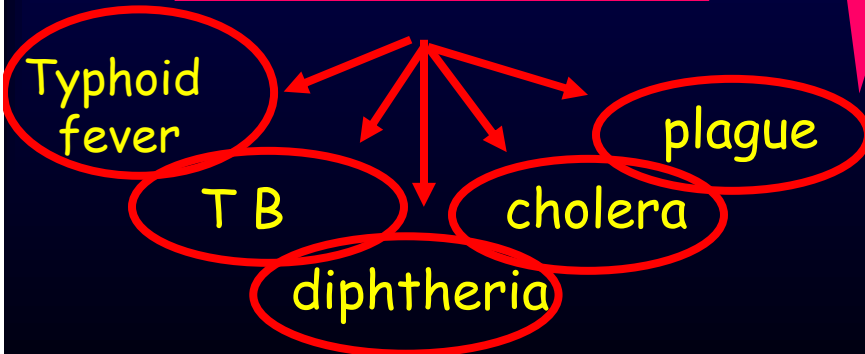
Infectious Diseases

HIV - AIDS

• Degenerative
• Man-caused

DIABETES

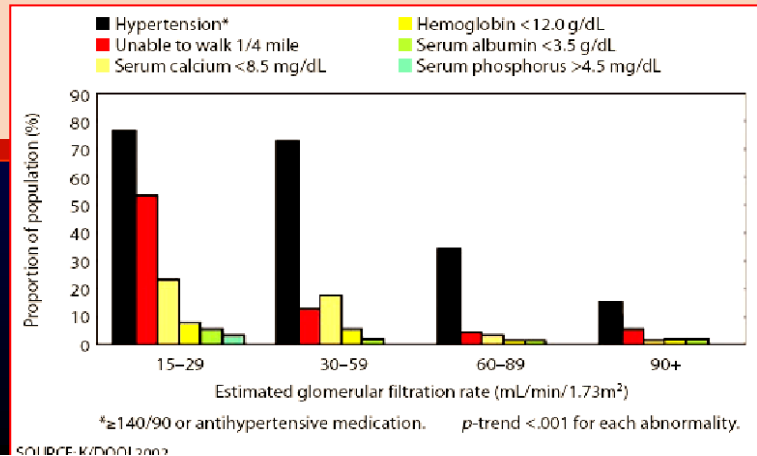
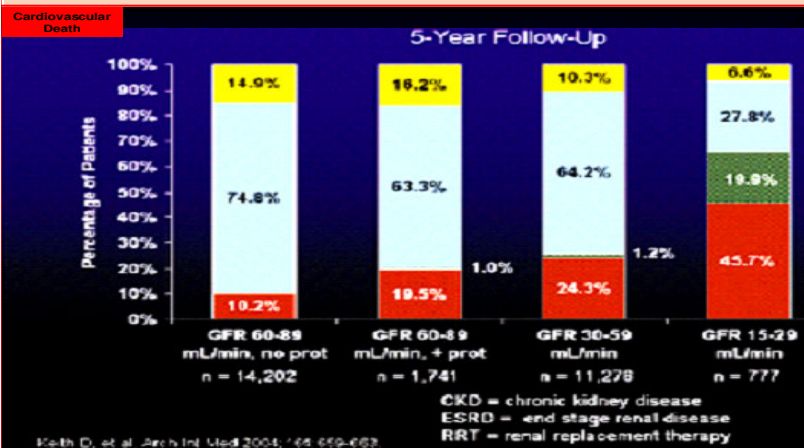
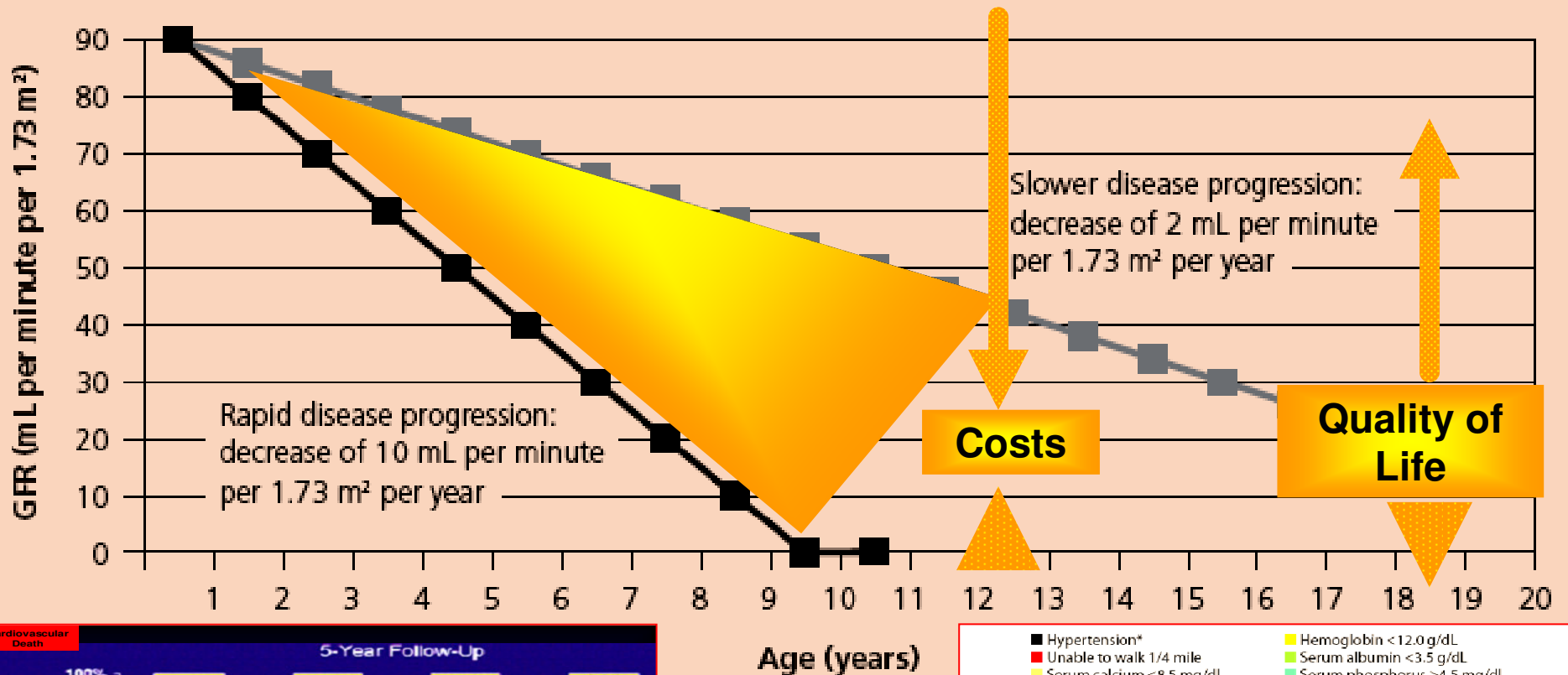
CKD



Heart Failure
 Cancer
 Diabetes
 Accidents
 Poisoning

IMPACT ON QUALITY OF LIFE AND COSTS

Estimating the Time to Kidney Failure



Technology Transfer Agreement between the Committee for Nephrology Development (SLANH) and Fundación Vida Saludable®

Dirección <http://www.fundacionvidasaludable.org/>



<http://www.fundacionvidasaludable.org/> - Sistema de Salud Renal - Microsoft Internet Explorer

Servicios Informáticos para control epidemiológico de enfermedades crónicas prevalentes y salud renal

Herramientas Disponibles

Planilla de Control de Gestión de la Salud Renal

Calculador de Clearance Creatinina

Calculador de Clearance de Creatinina por Varios
Métodos para pacientes adultos:

Siersbach-Nielsen y Mawer; Cockcroft-Gault c/masa corporal corregida; Cockcroft-Gault c/ ajustes de Robert (1993); Método de Jelliffe; Método Edwards-Whyte; MDRD abreviada según Levey (2000)

Calculador básico de Filtración Glomerular para
pacientes pediátricos

Calculador de Clearance de Creatinina por Varios
Métodos para pacientes pediátricos:

Metodos de Siersbach-Nielsen; Rowland; Dechaux; Schwartz; Counahan y Shull

Calculador de Dimensiones Corporales en Pediatría

**Includes
Program
Management
Tools:
Follow up
Worksheets
and estimation
GFR formulas**

Título y Contenido	Autor	Fecha Publicación
<p>Lineamientos para la Implementación de un Modelo Sustentable y Sostenible de Salud Renal. Organizacion Panamericana de la Salud Organizacion Mundial de la Salud Administración de Programas Especiales Ministerio de Salud de la Nación (*.pdf 6.8 MB)</p>	Santos Depine	Noviembre 2003
<p>Programa de Salud Renal. Modelo Sustentable y Sostenible de Salud Renal. Programa de Salud Renal para la Seguridad Social de la Argentina. Organizacion Panamericana de la Salud Organizacion Mundial de la Salud Administración de Programas Especiales Ministerio de Salud de la Nación</p>	Santos Depine	Agosto 2004
<p>Resolución Ministerio de Salud (Argentina) Programa de Salud Renal Boletín Oficial - República Argentina</p>	Administración de Programas Especiales	Septiembre 2004
<p>El Programa de Salud Renal para la Seguridad Social de la Argentina. Una estrategia de intervención Sustentable y Sostenible</p>	Santos Depine	Abril 2005
<p>Modelo de Salud Renal para Estado Libre Asociado de Puerto Rico. Una aproximación a una propuesta Sustentable y Sostenible - Taller de Salud Renal para médicos primarios - Taller de Salud Renal para Centroamérica y el Caribe</p>	Rafael Burgos Calderón, Santos Depine	Agosto- Septiembre 2005

- Documentos de Salud Pública
- Documentos de Salud Renal
- Talleres de Salud Renal en los Países

Logical Framework and Matrix of Allocation of Activities and Resources

WWW.



fundación
Vida Saludable

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Lineamientos para la Implementación de un Modelo Sustentable y Sostenible de Salud Renal. Organizacion Panamericana de la Salud Organizacion Mundial de la Salud Administración de Programas Especiales Ministerio de Salud de la Nación (*.pdf 6.8 MB)	Santos Depine	Noviembre 2003
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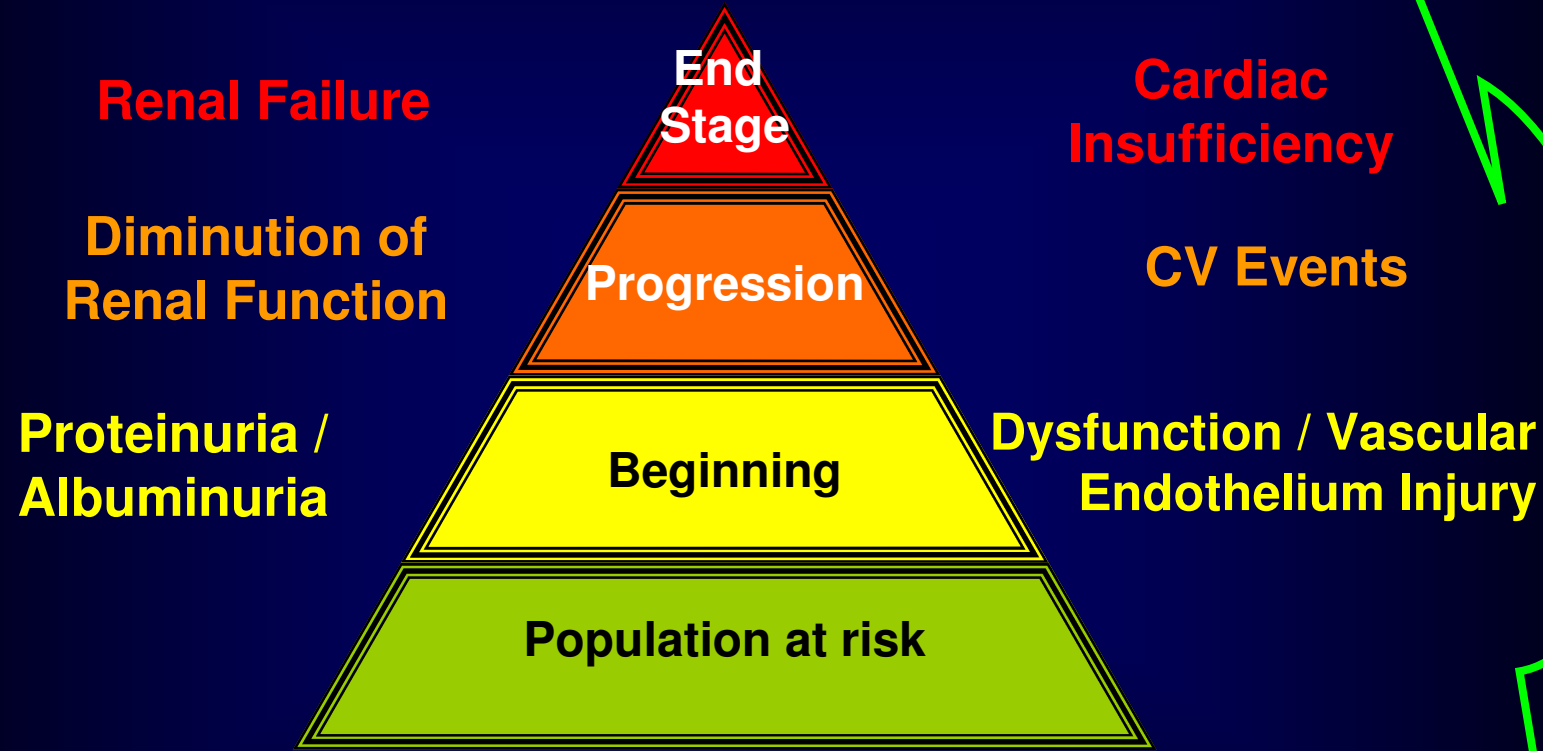
**SIMULATION
MODELS**

**Economics and
epidemiological
control**

www.fundacionvidasaludable.org

**Renal
Chronic
Disease**

**Cardiovascular
Disease**



**Hypertension, Diabetes, Dyslipemias
and Obesity**

**Renal
Chronic
Disease**

**Cardiovascular
Disease**

Renal Failure

**End
Stage**

**Cardiac
Insufficiency**

**Diminution of
Renal Function**

Progression

CV Events

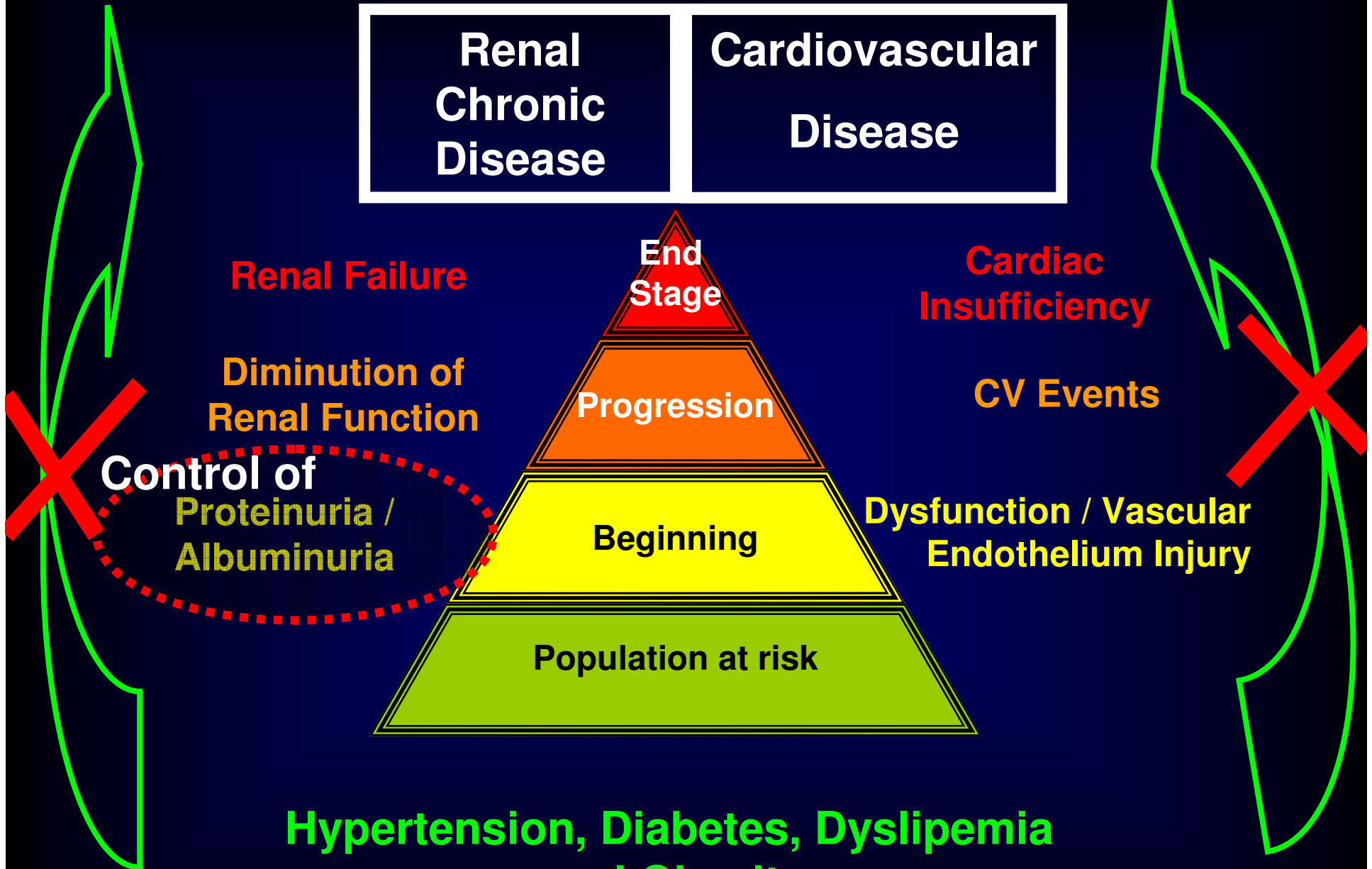
**Control of
Proteinuria /
Albuminuria**

Beginning

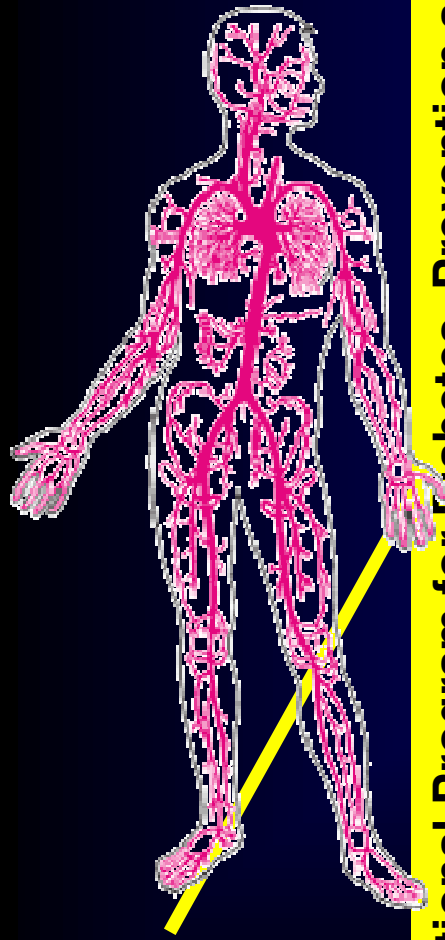
**Dysfunction / Vascular
Endothelium Injury**

Population at risk

**Hypertension, Diabetes, Dyslipemia
and Obesity**



**THE MODEL
OF RENAL
HEALTH CAN
BE SEEN AS:**

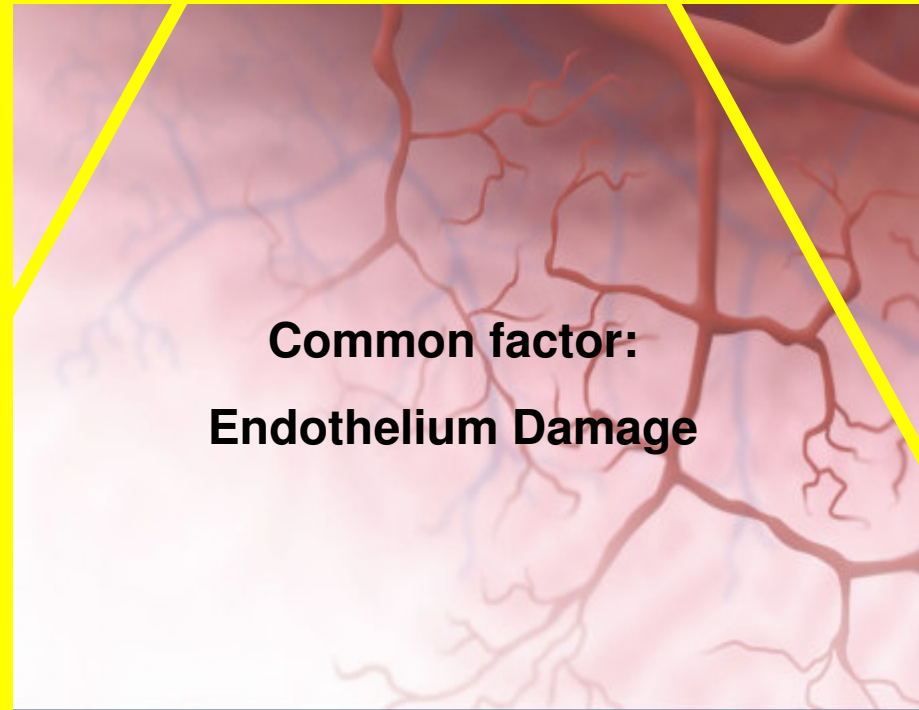


National Program for Diabetes Prevention and Control

**PROGRAM FOR SURVEILLANCE AND CONTROL
OF CHRONIC DISEASES**

Cross-sectional program

CaCeREM Strategy



**Common factor:
Endothelium Damage**

**National Program for Cardiovascular Diseases
Prevention and Control**

**Interconnection between
chronic disease programs**

From the Latin American Society of Nephrology, we proposed a Renal Health Model, that it unites the communitarian public health with the clinical medicine.

Kidney International, Vol. 68, Supplement 97 (2005), pp. S23-S30

Sustainable and tenable renal health model: A Latin American proposal of classification, programming, and evaluation

RAFAEL BURGOS CALDERÓN and SANTOS DEPINE

Section of Nephrology, Department of Medicine, University of Puerto Rico, School of Medicine, San Juan, Puerto Rico; Special Program Administration, Ministry of Health, Buenos Aires, Argentina

Sustainable and tenable renal health model: A Latin American proposal of classification, programming, and evaluation.

Background. End-stage renal disease (ESRD) presents a major problem to public health, with complex implications for social and economic structures in every nation of the world. Clearly, Latin American and Caribbean countries are not able to meet the needs of every patient requiring dialysis treatment at ESRD. Consequently, a considerable number of patients die

2002, en la ciudad de Valdivia, Chile, se aprobaron las modificaciones a la Clasificación de las Enfermedades Renales de la National Kidney Foundation.

Proyecto. Las modificaciones aprobadas en la Declaración de Valdivia establecen un nuevo modelo de salud renal. Consisten en la inclusión de gráficos del seguimiento ordenado de los pacientes, iniciando desde las etapas iniciales de la IRC así como un modelo que establece la guía para la reasignación de recur-

PROGRESSIVE increase in prevalence of patients in dialysis

% GDP

Comprehensive coverage: how to manage with available resources?

FUNDING

RENAL HEALTH MODEL

bioethics in nephrology // ethics in budget allocation

Program for Surveillance and Control of Chronic Diseases

REINFORCE RENAL TRANSPLANT PROGRAMS

FUNDS PROGRAM

RENAL HEALTH CONTROL

PROMOTION:

Community involvement programs

HEALTHY MUNICIPALITIES // CINDI // CARMEN

Primary
Secondary
Tertiary

PREVENTION

Management:
CLINICAL BIOETHICS

INFORMATION

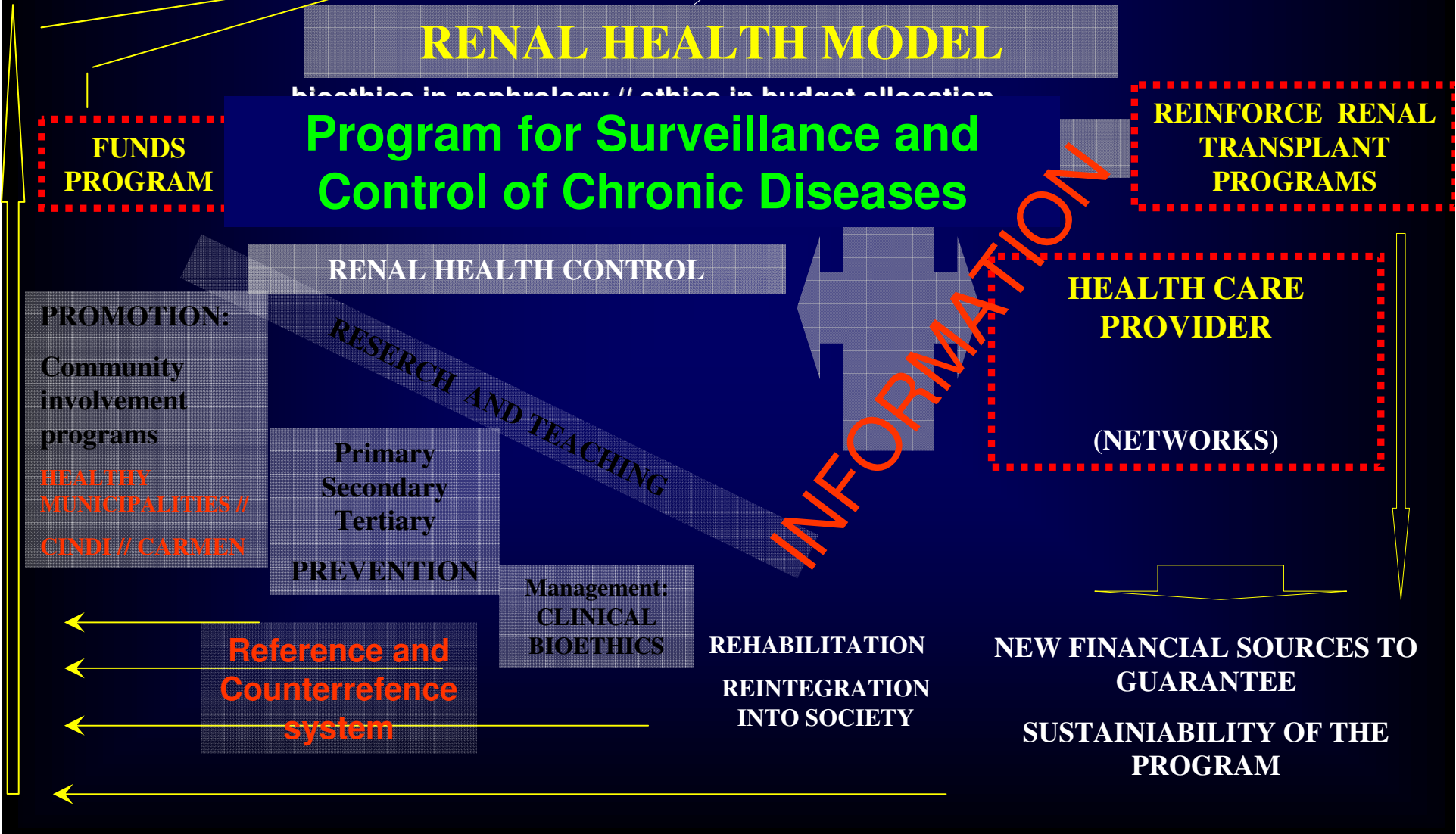
HEALTH CARE PROVIDER

(NETWORKS)

Reference and Counterreference system

**REHABILITATION
REINTEGRATION INTO SOCIETY**

NEW FINANCIAL SOURCES TO GUARANTEE SUSTAINABILITY OF THE PROGRAM



PROGRESSIVE increase in prevalence of patients in dialysis

% GDP

FUNDING

Comprehensive coverage: how to manage with available resources?

RENAL HEALTH MODEL

Program for Surveillance and Control of Chronic Diseases

REINFORCE RENAL TRANSPLANT PROGRAMS

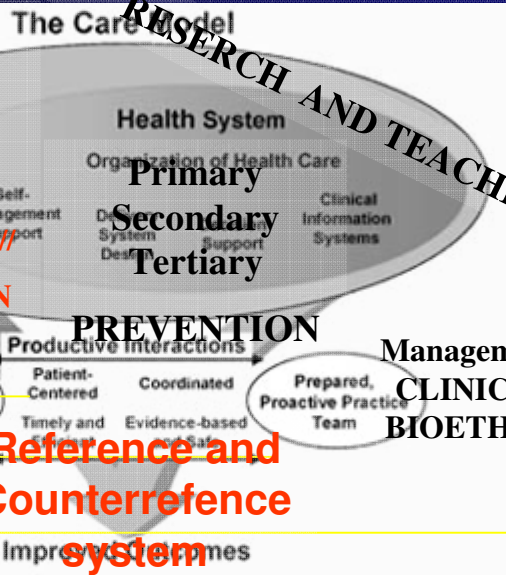
FUNDS PROGRAM

RENAL HEALTH CONTROL

PROMOTION:

Community involvement programs

HEALTHY MUNICIPALITIES // CINDI // CARMEN



Management: **CLINICAL BIOETHICS**

Reference and Counterreference system

REHABILITATION REINTEGRATION INTO SOCIETY

HEALTH CARE PROVIDER (NETWORKS)

NEW FINANCIAL SOURCES TO GUARANTEE SUSTAINABILITY OF THE PROGRAM

INFORMATION



SAFER • HEALTHIER • PEOPLE™

PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

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Chronic Disease in
Times of Disaster

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Volume 3: No. 2, April 2006

SPECIAL TOPIC

Chronic Kidney Disease: A Public Health Problem That Needs a Public Health Action Plan

Anton C. Schoolwerth, MD, MSHA, Michael M. Engelgau, MD, Thomas H. Hostetter, MD, Kathy H. Rufo, MPH, Dolph Chianchiano, JD, MPA, William M. McClellan, MD, MPH, David G. Warnock, MD, Frank Vinicor, MD

Suggested citation for this article: Schoolwerth AC, Engelgau MM, Hostetter TH, Rufo KH, Chianchiano D, McClellan WM, et al. Chronic kidney disease: a public health problem that needs a public health action plan. *Prev Chronic Dis* [serial online] 2006 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2006/apr/05_0105.htm.

PEER REVIEWED

Abstract

For a health problem or condition to be considered a public health issue, four criteria must be met: 1) the health condition must place a large burden on society, a burden that is getting larger despite existing control efforts; 2) the burden must be distributed unfairly (i.e., certain segments of the population are unequally affected); 3) there must be evidence that *upstream* preventive strategies could substantially reduce the burden of the condition; and 4) such preventive strategies are not yet in place. Chronic kidney disease meets these criteria for a public health issue. Therefore, as a complement to clinical approaches to controlling it, a broad and coordinated public health approach will be necessary to meet the burgeoning health, economic, and societal challenges of chronic kidney disease.

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Program for Surveillance and Control of Chronic Diseases

Implementation in Latin America at different pace of development in 11 countries. [1]. Argentina, Brazil, Chile, Colombia, Ecuador, México, Paraguay, Perú, Puerto Rico, Uruguay and Venezuela

The “Sustainable and Tenable Renal Health Model” has a practical connection with diabetes, hypertension and endocrine-metabolic programs.

[1] Santos Depine and Rafael Burgos Calderón. Renal Health Models in Latin America. Development of National Programs of Renal Health. Renal Failure. In press

[2] Burgos Calderón, Rafael and Depine, Santos. Sustainable and tenable renal health model: A Latin American proposal of classification, programming, and evaluation. Kidney International, Vol. 68, Supplement 97 (2005), pp. S23–S30

Key elements of the program :

1.- Elements for Planning, Programming and Evaluation :

1.1.- Logical Matrix Framework

1.2.- Matrix of Allocation of Activities and Resources

1.3.- Annual Operating Program (Spanish POA)

2.- Intervention Elements

2.1.- Reference and Counterreference within a practical, systematized, multifactorial and customized approach of risk factor for management of non-transmissible diseases.

3.- Implementation axis at the First Level of Attention

3.1.- Early intervention of the **Nephrologist at the start of kidney damage within the framework of Health Primary Care**

**3.2.- Ongoing Training for First Level Doctors
(primary doctors)**

3.3.- Ongoing training for specialists

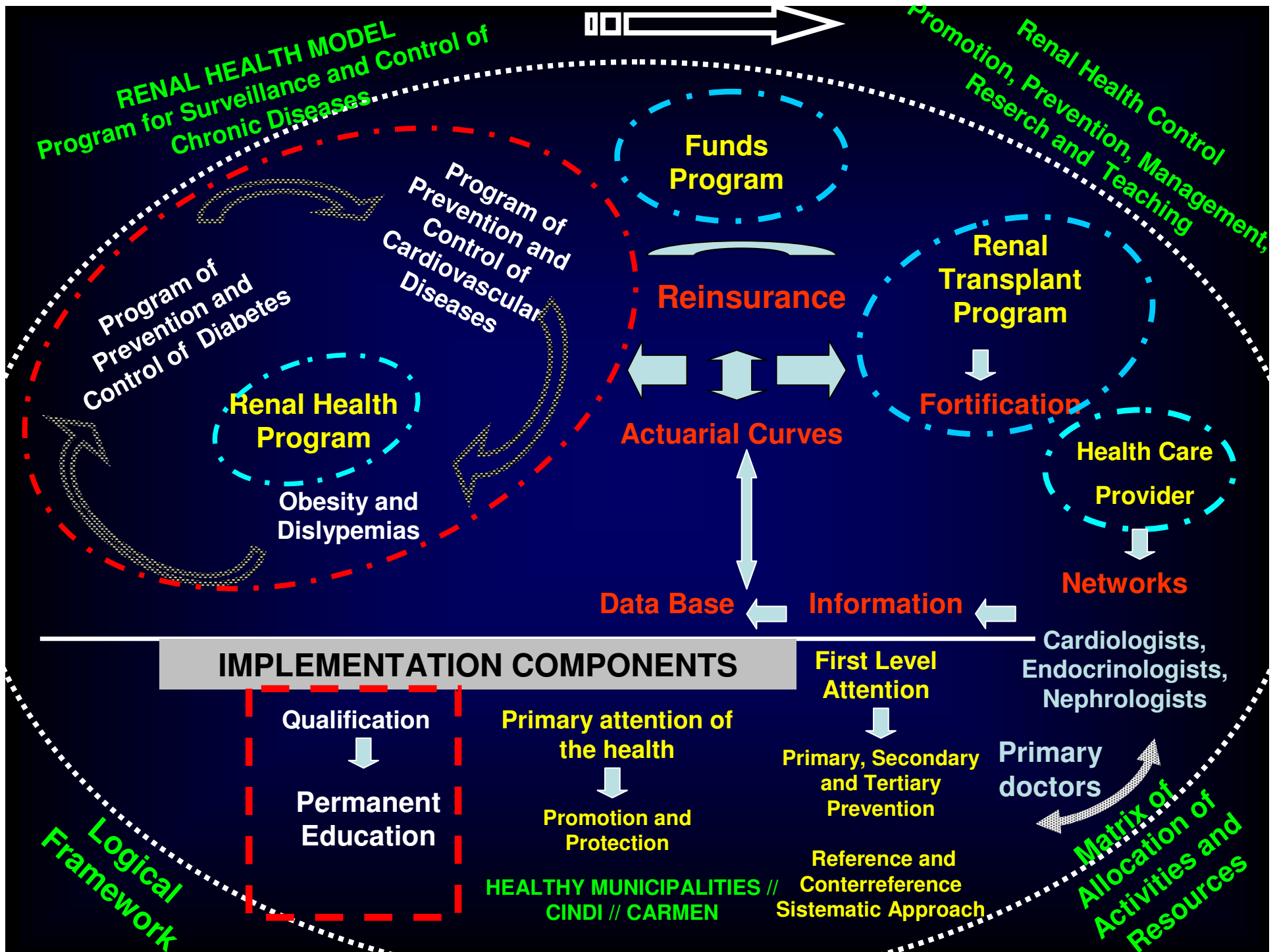
**3.4.- Program's Systematized Follow up with
verifiable indicators and verifying methods**

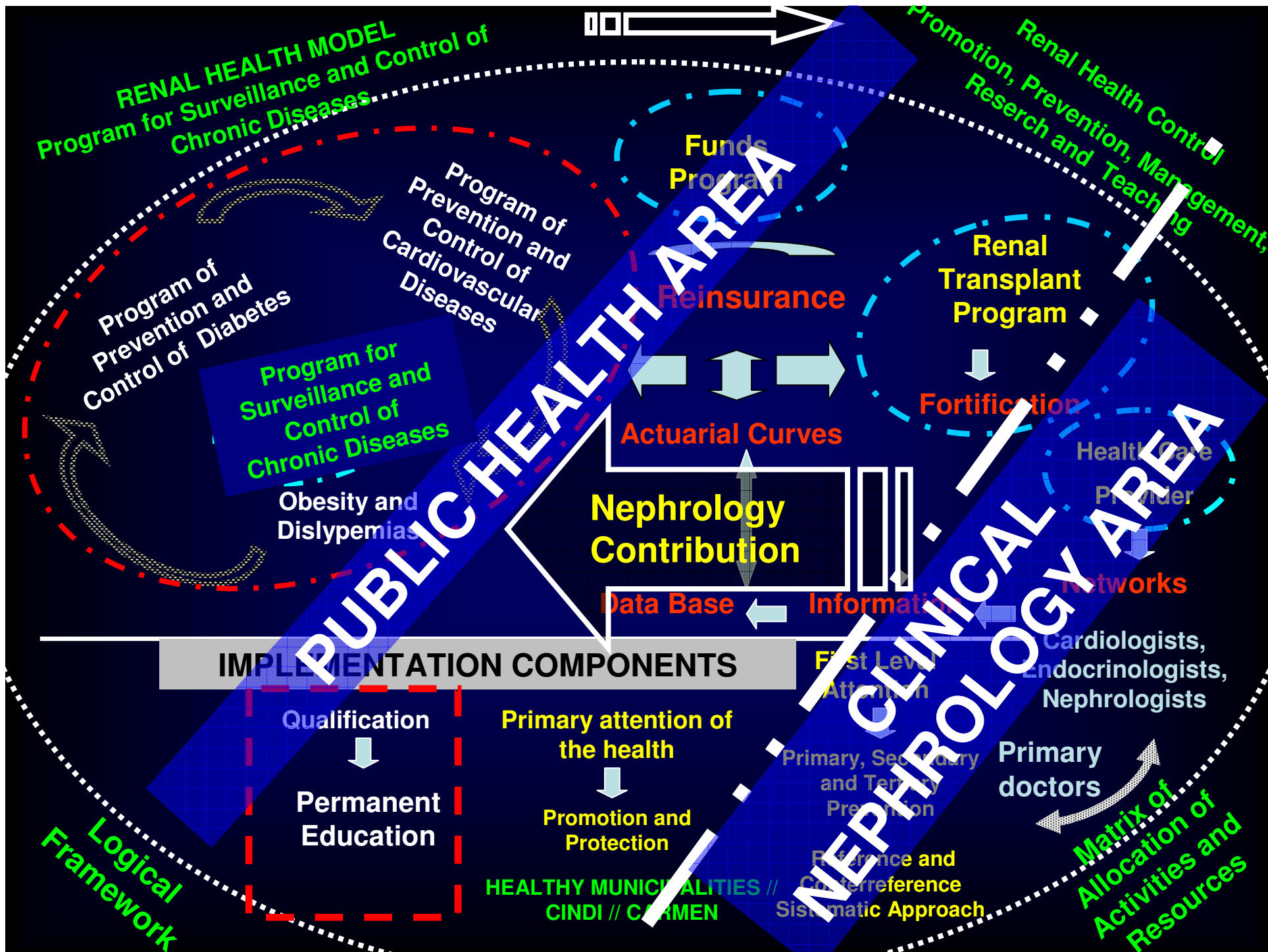
**3.5.- Flow charts and Diagnosis and Therapeutical in
the First Level of Attention**

3.6.- Medical Networks

3.7.- Computerized follow up

3.8.- Database generation





Implementation for the Surveillance and Control Program of Chronic Disease



Perito Moreno Glaciar. Santa Cruz. Argentina

Activities already made and in future planning altogether between the Committee for the Development of the Nephrology and the PAHO / WHO

- 1.- Meeting of Consensus in PAHO / WHO. Central Office WDC. June 16. 2006**
- 2.- Planning of a regional meeting altogether with PAHO / WHO to consolidate the monitoring epidemiologist and control of nontransmissible chronic diseases and the renal disease. In planning stage (PS)**
- 3.- Planning of a workshop of Renal Health for Central America and the Caribbean countries (PS)**
- 4.- Proposal of a program pilot for its implementation within the framework of the Program of Non - Transmissible Diseases of PAHO / WHO (PS)**
- 5.- Planning of a workshop of Renal Health for MERCOSUR. PAHO /WHO (PS)**



¡THANK YOU VERY MUCH !

adepine@intramed.net

Argentino Lake. Santa Cruz. Argentina