



WORLD HEART
FEDERATION®



Advocacy Toolkit

Uniting global efforts to fight heart disease and stroke

Updated June 2013

Foreword

Striving to prevent, control and reduce the global burden of cardiovascular disease (CVD), the World Heart Federation recognizes that it is imperative to garner global attention from partners outside of traditional health sectors. As the number one killer worldwide and responsible for nearly half of the global non-communicable disease (NCD) burden, CVD is a crisis that requires a multi-sectoral response.ⁱ To address the challenge of CVD and NCDs not being recognized as a priority on the global health and development agendas the World Heart Federation joined forces, in 2009, with its sister organizations representing the four major NCDs (as defined by the World Health Organization – cardiovascular disease, cancer, chronic respiratory disease and diabetes) under the umbrella of the NCD Alliance, to advocate for change.

CVD is the leading cause of death and disability worldwide, killing 17.3 million people a year which amounts to one-third of all deaths globally and half of all NCD-related deaths. A report launched in 2010 by the Center for Global Development provided evidence that development funding for NCDs was significantly disproportionate to the actual burden of disease. While NCDs are responsible for 62 per cent of deaths globally, 80 per cent of which occur in low- and middle-income countries, only 2.3 per cent of Official Development Assistance is dedicated to addressing them.ⁱⁱ

In 2011, history was made with the adoption of the United Nations (UN) Political Declaration on NCDs. In 2012 we set the world on course with the adoption of a global target to reduce NCD mortality by 25% by 2025. And now, in 2013, we have secured the foundations of the global NCD architecture to accelerate progress. The World Heart Federation and its 200 member organizations globally have played a leading role in ensuring the voice of the CVD community was heard and have contributed to key decisions made during the 66th World Health Assembly (WHA), which took place in Geneva from 20–28 May. Although there is still a lot of unfinished business, we should celebrate the progress made over recent years as well as during the WHA where Member States adopted and supported an **omnibus resolution**  on NCDs. This groundbreaking resolution fulfills commitments made in the UN Political Declaration on the Prevention and Control of NCDs, and signals consensus on the three pillars of the global NCD architecture: action, accountability and coordination.

The key decisions in the resolution are to:

- **Endorse the WHO global action plan**  for the prevention and control of NCDs 2013–2020
- **Adopt the global monitoring framework on NCDs** , including the nine global targets and 25 indicators, which span both prevention and treatment
- Develop a global coordination mechanism by the end of 2013 to coordinate activities and promote engagement of all actors in the global NCD response

ⁱ World Health Organization in collaboration with the World Heart Federation and World Stroke Organization, 2011. Global Atlas on Cardiovascular Disease Prevention and Control. [pdf] Geneva: World Health Organization. Available at: <http://whqlibdoc.who.int/publications/2011/9789241564373_eng.pdf> [Accessed June 2012].

ⁱⁱ Nugent, R. and Feigl, A., 2010. Where Have All the Donors Gone? Scarce Donor Funding for Non-Communicable Diseases. CGD Working Paper 228. [pdf] Washington.: Center for Global Development. Available at: <<http://www.cgdev.org/content/publications/detail/1424546>> [Accessed May 2012].

Foreword

The importance of these decisions for the millions of people suffering from CVD should not be underestimated as for the first time governments are accountable for progress on CVD and the other NCDs; they can no longer be ignored in their national disease action plans. And the global coordination mechanism will provide a vehicle to convene and mobilise relevant actors (including multilateral and bilateral agencies, governments, NGOs, and the private sector where appropriate) to accelerate progress on NCDs.

Looking ahead, our two greatest opportunities to reduce the global CVD burden are: ensuring that these new global goals translate into national action; and that CVD and NCDs are included in the next set of development goals that will continue the progress made in the Millennium Development Goals, which expire in 2015. Now that collective efforts have set the foundation for accelerated global and national action, we must continue working together to reduce preventable CVD deaths because you have the power to make significant change at the national level that can translate into global change. Together we can make health the cornerstone of development and save millions of lives.

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Introduction

Globally, cardiovascular disease (CVD) accounts for 31 per cent of all deaths causing 17.3 million people to die every year, with 80 per cent of deaths taking place in low- and middle-income countries (LMICs).ⁱⁱⁱ Despite myths to the contrary, CVD burdens individuals in their most productive years by creating deaths, disabilities, and illnesses at early ages that are largely preventable. As we look toward a healthy future, free of CVD, we recognize that a healthy home means a healthy country, and that health-conscious policies can encourage heart-healthy living. The World Heart Federation Advocacy Toolkit is a resource to aid our member organizations that have dedicated themselves to the prevention, control, and treatment of CVD in achieving their advocacy objectives. As we work to reduce premature mortality due to CVD by 25 per cent by 2025, we will need to work together through effective and coordinated action. Whether your organization is just starting to engage in the advocacy process or has been actively advocating for years, the policy process is complex and we hope this toolkit can provide suggestions on how to increase the overall effectiveness in influencing policy for CVD. We encourage you to leverage your existing heart-health activities to take action to influence policy makers and address the importance of a life-course approach to improve the health and well-being of your community, because healthy children lead to healthy adults and healthy adults lead to healthy families and communities.

ⁱⁱⁱ World Health Organization in collaboration with the World Heart Federation and World Stroke Organization, 2011. Global Atlas on Cardiovascular Disease Prevention and Control. [pdf] Geneva: World Health Organization. Available at: <http://whqlibdoc.who.int/publications/2011/9789241564373_eng.pdf> [Accessed June 2012].

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Political advocacy to achieve change

What is advocacy?

Advocacy is defined by Oxford Dictionaries as “public support for, or recommendation of, a particular cause or policy”. Simply put, advocacy is an action-oriented process that involves providing sound solutions to someone with the power to make change (such as an elected politician or government bureaucrat). To be successful, advocates must have a sound, evidence-based argument; understand the specific windows of opportunity for their cause; and build communication that fosters social awareness and a shared understanding of how to achieve measurable change. Due to the high prevalence of CVD, many people have a family member or friend who has suffered from CVD, or have themselves suffered from CVD. While awareness is likely to exist, what they may not know is that CVD is largely preventable, the extent to which it places a high burden on national economies, the fact that it affects women equally to men and that the risk of developing CVD begins in childhood and is highly influenced by public policy. Making CVD relevant to decision makers and to your community means identifying the problem and its impact on the community while also providing feasible and regionally appropriate solutions.



Why is advocacy important?

Despite the interconnectedness of health within the economy and development, politicians often make decisions in one sector without acknowledging impact in another. Nongovernmental organizations (NGOs) play an important role in the political process because they serve to educate the public on specific issues and put pressure on decision makers to fully understand the extent of an issue. To make change happen, decision makers need to be aware and educated on the specific issue of CVD and the extent to which policy decisions impact the disease burden. Public awareness campaigns, direct advocacy and community support are all critical in making an impact.



Advocate effectively

1. Know the issue
2. Establish goals
3. Clearly identify your problem
4. Look at what other advocates are doing /look at best practices
5. Create a plan/campaign
6. Engage appropriate elected officials
7. Meet with your officials
8. Use communications tools to strengthen your advocacy messages
9. Track your success and share your stories

1

Political advocacy to achieve change

What is your role?

Because health is a necessity for all, it is critical that those who have the power, access and resources to advocate, do so on behalf of those that are unable. As citizens, you have the ability to effectively advocate for change whether it be by yourself, through forming a coalition, or partnering with an existing organization.



2

Advocating effectively: the core concepts of advocacy

Know the issue

Know the facts

Critical to successful advocacy is knowledge of the core facts about CVD. Decision makers require specific facts that are from credible sources. (See Appendix 1) 



Understand and build communications that personalize the cause

Using case studies can be an effective way to shed light on an issue. Narratives about how CVD has affected you or a loved one can be a compelling case.

Understand public demand.

Knowing the issue also means understanding the issue within the specific context of your environment and community. To ensure cardiovascular health is of interest to those at the national level, you need to understand and be aware of their concerns. Politicians respond to the public: their pressure, their needs, and their demands. In a time of difficult economic conditions, building the case as to how small investments in

Identify the stakeholders, know your target audience and position the issue

Who are you representing and what matters to them?

Whether you represent cardiologists, public health officials, the public, or patients, understanding what they want to achieve and what makes sense to them will help in framing and positioning the issue.



Who can help you achieve change?

In general, these can be divided into two groups of stakeholders: decision makers (i.e. government officials who have the power to make change) and influencers (i.e. those who influence decision makers). Effective advocacy strategies require working with both decision makers and influencers to achieve specific goals.

Position your issue

Getting others, especially politicians and government officials, on board with your mission will require you to position your issue in a way that makes it meaningful and relevant to them. A demanding fiscal environment in which multiple priorities exist means those who are most effective in communicating a problem and presenting cost effective solutions are those that will be heard. Therefore, translating and framing a health issue into a fiscal issue may get the attention of government officials and promote change.

Understand Your Government

1. What are the overarching public policy goals?
2. How does your issue fit within these goals?
3. How can you frame your policy position in the context of your government's goals?
4. How can you create a winning solution for your government that will help them achieve their goals?

2

Advocating effectively: the core concepts of advocacy

Establish goals

Set your goals the SMART way

Once you have defined the stakeholders and identified the policy environment, it is time to set goals. Setting goals is crucial to achieving measurable change. Begin by brainstorming with your team and/or partners and writing down specific goals your organization would like to achieve. Remember that long-term goals are often achieved by smaller goals, or benchmarks. These are at times easier to achieve and in the long-term will lead to the achievement of the larger goals.

- **Specific.** The goal should include a specific action that will take place and should define who is in charge.
- **Measurable.** You should be able to measure your goal.
- **Achievable.** The goal should be something in reach.
- **Realistic.** The goal should be something you are able to do.
- **Timely.** You should set a deadline for your goal.



Developing an effective advocacy strategy

Advocacy is a political process and it is necessary to be clear, concise, and consistent when advocating for something as complex as cardiovascular disease prevention, control, and treatment. Below is a 4-step process to jump-start your advocacy plan and build support towards an effective outcome.



1. Develop key messages

Key messages should be developed after knowing the issue, identifying your target audience, and establishing goals. It is important that these key messages resonate with your audience and build information and knowledge related to your goals and objectives. Remember that all communications distributed from your organization should reiterate your key messages in order to maintain consistency. They should always be tailored to achieve your overarching advocacy and policy objectives.

If you are in collaboration with another agency, organization, or business, you may want to check that the issue is aligned with their values as well. When developing key messages, focus only on a handful of messages and keep them short, clear, and understandable by all (see Appendix 2) .

Rules for messaging

- Make sure they are evidence-based.
- Use clear, concise and compelling language, keep sentences and paragraphs short and punchy to catch and keep attention.
- Avoid jargon, dry bureaucratic language and acronyms.
- Use facts and statistics that mean something to the audience.
- Illustrate your messages with human-interest case studies or success stories.

2

Advocating effectively: the core concepts of advocacy

2. Know when to advocate

Timing is critical to successful advocacy. Understanding the windows of opportunity for a given subject is key and requires building knowledge of the political process and political environment. Knowing the position and windows of opportunity will help you determine when is suitable to approach them. This could be during a conference or event, during an awareness day like World Heart Day, or before key government meetings.

3. Build relationships

Building relationships with key stakeholders (government contacts, media, patients, other NGOs, funders) is key to effective policy outcomes. Within your network, there are likely people who have these relationships established, so draw on these existing resources. Whether you have an existing relationship with government officials or are just beginning to build one, below are some tips to help start/maintain communication:

- Make an appointment to visit with your government officials to introduce your issue or update them.
- Celebrate World Heart Day by holding an event and inviting your local or national politicians.
- Communicate the importance of the issue through social outreach channels, such as social media.
- Support your government representatives' efforts by holding an event that profiles their leadership on the issue.
- Go to events where high-power individuals will be present and introduce yourself and your cause.

4. Utilize advocacy tools

Advocacy tools are the methods through which to deliver your key messages. In addition to ensuring that all of your organization's communications are on point and align with your broader objectives, the following general tools should also be on point with advocacy messaging and objectives:

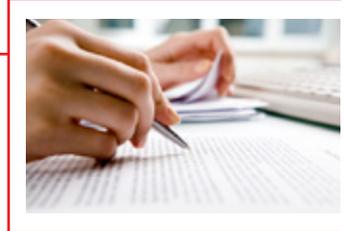
- Website
- In person meetings
- Telephone calls
- Workshops
- Press releases
- Direct mail campaign
- Letters/charters
- Public calls to action
- Social Media – e.g. Twitter and Facebook
- Newsletters
- Campaigns
- Factsheets
- Information sessions
- Books/scientific journals/articles

3

Advocacy tools

Petitions, letters, signature campaigns

Strength comes from numbers and having a petition or call to action that is supported by a large number of constituents can be a powerful strategy to get your message heard. Once support has been garnered, ensure that you continue to engage your supporters through other communications mediums while also maintaining engagement with politicians and other influential stakeholders.



In person meetings

Write, email or call your government official's office and request a meeting to discuss the impact of the cardiovascular disease burden in your region. In preparation for your meeting, plan what you will say and practice your elevator pitch. An elevator pitch is a short, 2 or 3 minute informal speech that you would give to explain your cause to a politician or high-power individual. It is that critical information that you would need to hook someone into thinking about the issue within a very short period of time – such as in an elevator. A packet with informational documents to leave behind for your official to keep on hand for future reference is also important. This should include a short briefing on your topic with key facts and figures. Make sure to send a thank you note after your meeting to thank them for their time and encourage them to support your cause.



Organize an event

Public events are a great way to spread the word about your cause, celebrate your champions and recruit new supporters. Consider the following when planning an event:

- Be strategic in your choice of audience, time, and venue.
- Develop a realistic budget, agenda and timetable.
- Have a realistic date.
- Aim to be media-friendly.
- Plan your materials.
- Know your audience.
- Stay on point and communicate your key messages.
- Take note of lessons learned for future events.



3

Advocacy tools

Work as a coalition

A coalition of voices is much more powerful than a single voice. Partner with like-minded individuals and/or organizations to build strength, capacity and momentum. Engaging stakeholders outside of traditional sectors, or outside of your speciality, can bring new insight and significantly enrich your campaign. Stakeholders such as agencies of the United Nations (i.e. World Health Organization, Food and Agriculture Organization, United Nations Development Programme), non-governmental organizations, the private sector, and influential individuals can be powerful allies in your advocacy work.



Engage in effective communications

Make a presentation

Utilize key messages and facts provided in this toolkit to create a presentation highlighting the CVD burden in your country or region and the impact of this burden on your community. Emphasize the links between national policy and international policy and development. As cardiovascular disease is a development issue – one leading to and resulting from poverty – all countries have a stake in addressing CVD.



Actively participate in conferences

Attend conferences in your region or country that provide an opportunity to make connections with key stakeholders. Focus not only on meetings aimed towards the health sector but on those that cater towards sustainable development, agriculture, and finance as well, keeping always in mind your key organizational objectives.

Engage the media

Engaging the media is important for many reasons: the press can help to get your message out, inform people and other organizations about your activities and goals, and help to build awareness about your cause. Engaging newspapers, radio, television, and online resources is useful. Often times, the first step is to send out a press release to disseminate information that is newsworthy (e.g. the launch of a campaign, significant events, breakthroughs, etc.). See the following key steps involved in writing a press release:

1. Write the headline
2. Write the press release body copy
3. Communicate the 5 W's and the H (who, what, when, where, why and how)
4. Include information about the company/organization
5. Tie it all together
6. Add contact information
7. Signal the end of the press release with three # symbols, centred directly underneath the last line of the release.

3

Advocacy tools

Use social media

Social media communities (e.g. Facebook, Twitter, etc.) are increasingly being used to garner support and disseminate information in the public health field. These relatively new tools have been key factors in garnering support of grassroots movements worldwide. These tools give you access to millions of users from around the world. While it is encouraged to be active within multiple social media communities to maximize your reach, be aware of the outlets that are most popular among your key audience and prioritize your efforts there. Despite having little overhead costs, maintaining such tools does require effort and a strategy, so keep in mind that even short communications need to be on point and consistent with overall messaging and key objectives of the organization.

Start or better utilize a campaign

World Heart Day and Go Red for Women are effective platforms that provide messaging and specific objectives to communicate your message and can serve as tools to engage with donors, governments, and other stakeholders. Using these campaigns can be cost effective and help provide opportunities for advocacy. Additionally, other like-minded organizations may host events that are relevant to cardiovascular disease advocacy, such as those focused on promoting physical activity and healthy eating, that may help you further communicate your messages and gain supporters in the fight against cardiovascular disease.



4

Conclusion

The time for advocacy on behalf of cardiovascular disease is now



The rate at which CVD is increasing within LMICs is truly alarming. Not only is it heart-wrenching to consider the 17.3 million mothers, fathers, sons and daughters who will die over the next year from a disease which is largely preventable, it is frightening to acknowledge the 863 billion USD global cost attributable to CVD in 2010.^{iv} This is a disease that not only threatens lives; it threatens national economies and global development as well. And it is a disease that cannot be addressed by the health sector alone. If nothing is done to curb the rising epidemic of CVD and NCDs, this chronic disease burden will undermine gains made by governments and communities in the areas of under-nutrition, maternal health, and infectious diseases, such as HIV/AIDS. The UN High-level Meeting on NCDs, the establishment of an overarching goal to reduce premature death due to CVD and NCDs by 25 per cent by 2025 together with the adoption of the omnibus resolution – including nine global targets and 25 indicators – on the prevention and control of NCDs give us direction and a deadline to work towards.

You have the power

As Margaret Mead once said, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” No matter the size of your organization or the barriers that you face, as citizens of the world you have a voice and that can be an extremely powerful tool. Utilize the advocacy tools outlined in this toolkit to shape and refine your voice into something that governments cannot ignore.

^{iv} Bloom, D.E. et al., 2011. The Global Economic Burden of Non-communicable Diseases. [pdf] Geneva: World Economic Forum. Available at: http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf [Accessed May 2012].

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Contact

If you require any further information about the World Heart Federation's activities please contact us on +41 22 807 03 20 or advocacy@worldheart.org.



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Appendix 1: Cardiovascular Disease Factsheet

Cardiovascular disease facts and figures

Cardiovascular disease (CVD) is the number one cause of death globally, with more people dying each year from CVD than from any other cause.



Global Facts

- CVD is world's biggest killer, claiming 17.3 million lives each year.ⁱ
- Of the 57 million global deaths that occurred in 2008, non-communicable diseases (CVDs, cancers, diabetes and chronic lung disease) accounted for 36 million (63 per cent) with CVD causing half of these deaths (30 per cent).ⁱⁱ
- More than 80 per cent of CVD deaths occur in low- and middle-income countries.ⁱ
- CVD deaths occur equally in men and women.ⁱ
- Projections suggest that CVD will remain the single leading cause of death, and by 2030 will be responsible for 23.6 million deaths each year.ⁱⁱ
- CVD is the number one cause of death in every region of the world except for the African region where HIV/AIDS remains the number one cause of death.ⁱⁱⁱ

Risk factor facts

- The leading risk factors for death around the world are raised blood pressure (responsible for 13 per cent of deaths globally), followed by tobacco use (9 per cent), raised blood glucose (6 per cent), physical inactivity (6 per cent), and overweight and obesity (5 per cent); the top four non-communicable diseases (i.e. heart disease, lung disease, diabetes, and cancer) share these risk factors.ⁱ
- Eighty per cent of premature heart disease, stroke, and diabetes can be prevented.^{iv}

Raised blood pressure

- Hypertension (high blood pressure) is the leading cause of CVD worldwide, contributing to about 50 per cent of all CVDs.
- Worldwide, raised blood pressure is estimated to cause 7.5 million deaths, about 12.8 per cent of the total of all annual deaths.ⁱ

Tobacco use

- Smoking causes one-tenth of cardiovascular disease (CVD) worldwide.ⁱ
- Globally, tobacco causes some 6 million deaths a year.ⁱ
- The risk for coronary heart disease is 25 per cent higher in female smokers than in male smokers.^v
- Awareness of links between smoking and cardiovascular disease remains low in many parts of the world: in China, where the risk of stroke is very high, more 70 per cent of all smokers do not know that smoking increases their risks of having a stroke.^{vi}
- There is no risk-free level of exposure to secondhand smoke.^{vii}
- Non-smokers who breathe secondhand smoke have between a 25–30 per cent increase in the risk of developing a CVD.^{viii}
- Each year, secondhand smoke exposure kills 600,000 people: 28 per cent of them are children. Of all adult deaths caused by secondhand smoke, more than 80 per cent are from CVD.^{ix}

Appendix 1: Cardiovascular Disease Factsheet

Raised blood glucose

- Raised blood glucose (diabetes) was responsible for 1.3 million deaths in 2008.ⁱⁱⁱ
- Type 2 diabetes directly attributes to more than 3 million CVD deaths each year.ⁱⁱⁱ
- People with Type 2 diabetes are more than twice as likely to have a heart attack or stroke, than people without diabetes.^x

Physical inactivity

- Physical inactivity alone causes 3.2 million deaths per year.ⁱ
- Physical inactivity is the fourth leading cause of CVD, directly attributing to more than 3 million CVD deaths each year.ⁱⁱⁱ

Overweight and obesity

- Approximately 2.8 million people die every year as a result of being overweight or obese.ⁱ
- Overweight and obesity directly attributes to approximately 2.75 million CVD deaths each year.ⁱⁱⁱ

Unhealthy diet and poor nutrition

- Diets high in saturated fat, trans-fat, cholesterol, and salt with low intake of fruits, vegetables and fish are linked to cardiovascular risk.ⁱ
- Approximately 1.7 million deaths, worldwide, are attributable to low fruit and vegetable consumption.ⁱ
- Decreasing dietary salt intake from current global levels of 9-12 grams/day to the recommended level of 5 grams/day would have major impact on blood pressure and CVD.ⁱ

Risk factors take root in the womb, childhood and youth

- Low birth weight is associated with increased risk of adult diabetes and CVD.^{xi}
- Undernutrition in fetal life and infancy increases an individual's vulnerability to CVD.^{xi}
- Improving the nutrition of girls and women could prevent CVD in future generations.^{xi}
- Behavioural risk factors such as tobacco use and dietary habits are learned in childhood and continue into adulthood.^{xi}
- Implementation of policies to promote healthy lifestyles in children and youth is essential for prevention of CVD.^{xi}

Social determinants and CVDs

- Choices that people make regarding behaviour (tobacco use, use of alcohol, physical activity or diet) are shaped by the "opportunities" that society offers to them.^{xi}
- Poverty, lack of education, and unplanned urbanization have a negative impact on cardiovascular health.^{xi}
- Unfair distribution of power, money, and resources increases exposure to cardiovascular risk factors.^{xi}
 - The poor have limited opportunities for healthy choices and have a high prevalence of smoking.^{xi}
 - Children from lower-economic backgrounds have lower accessibility to safe places to exercise and therefore less opportunity to be physically active.^{xi}
 - Socioeconomic status affects one's ability to access healthy foods and fresh produce with those of lower economic status having less access.^{xi}

Appendix 1: Cardiovascular Disease Factsheet

Solutions

Best buys for CVD prevention and control that have significant public health impact and are cost effective.ⁱ

- Interventions to combat tobacco use.ⁱ
 - Raise taxes on tobacco.
 - Protect people from tobacco smoke.
 - Warn about the dangers of tobacco.
 - Enforce bans on tobacco advertising.
- Interventions to combat unhealthy diet and physical inactivity.ⁱ
 - Reduce salt intake in food.
 - Replace trans-fat with polyunsaturated fat.
 - Promote public awareness about diet and physical activity (via mass media).
- Interventions to address CVD and diabetes.ⁱ
 - Provide counselling and multidrug therapy (including blood sugar control for diabetes mellitus) for people with medium-high risk of developing heart attacks and strokes (including those who have established CVD).
 - Treat heart attacks (myocardial infarction) with aspirin.

ⁱ World Health Organization in collaboration with the World Heart Federation and World Stroke Organization, 2011. Global Atlas on Cardiovascular Disease Prevention and Control. [pdf] Geneva: World Health Organization. Available at: <http://whqlibdoc.who.int/publications/2011/9789241564373_eng.pdf> [Accessed June 2012].

ⁱⁱ World Health Organization, 2011. Factsheet No. 317 - Cardiovascular Diseases. [online] Geneva: World Health Organization. Available at: <<http://www.who.int/mediacentre/factsheets/fs317/en/index.html>> [Accessed February 2012].

ⁱⁱⁱ World Health Organization, 2011. World health statistics, mortality and burden of disease. Global Health Observatory. [online] Geneva: World Health Organization. Available at: <<http://apps.who.int/ghodata/>> [Accessed May 2012].

^{iv} World Health Organization, 2005. Preventing Chronic Diseases: a vital investment: WHO global report. [pdf] Geneva: World Health Organization. Available at: <http://www.who.int/chp/chronic_disease_report/full_report.pdf> [Accessed March 2012].ⁱⁱ Nugent, R. and Feigl, A., 2010. Where Have All the Donors Gone? Scarce Donor Funding for Non-Communicable Diseases. CGD Working Paper 228. [pdf] Washington.: Center for Global Development. Available at: <<http://www.cgdev.org/content/publications/detail/1424546>> [Accessed May 2012].

^v Huxley, R. and Woodward, M., 2011. Cigarette smoking as a risk factor for coronary heart disease in women compared with men: a systematic review and meta-analysis of prospective cohort studies. *The Lancet*, 378, p.1297-1305.ⁱⁱ Nugent, R. and Feigl, A., 2010. Where Have All the Donors Gone? Scarce Donor Funding for Non-Communicable Diseases. CGD Working Paper 228. [pdf] Washington.: Center for Global Development. Available at: <<http://www.cgdev.org/content/publications/detail/1424546>> [Accessed May 2012].

^{vi} ITC Project, World Health Organization and World Heart Federation, 2012. Cardiovascular harms from tobacco use and secondhand smoke: Global Gaps in Awareness and Implications for Action. [pdf] Geneva: World Heart Federation. Available at: <http://www.world-heart-federation.org/fileadmin/user_upload/documents/Tobacco/ITCWHFBroApr18v2web.pdf> [Accessed June 2012].

^{vii} World Health Organization, 2011. Fact sheet No. 339 - Tobacco. [online] Geneva: World Health Organization. Available at: <<http://www.who.int/mediacentre/factsheets/fs339/en/index.html>> [Accessed February 2012].

^{viii} U.S. Department of Health and Human Services, 2006. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. [pdf] Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: <<http://www.surgeongeneral.gov/library/reports/secondhandsmoke/report-index.html>> [Accessed April 2012].

^{ix} Öberg, M., et al., 2010. Global estimate of the burden of disease from second-hand smoke. [pdf] Geneva: World Health Organization. Available at: <http://whqlibdoc.who.int/publications/2010/9789241564076_eng.pdf> [Accessed May 2012].

^x International Diabetes Federation, 2011. Fact Sheet: diabetes and cardiovascular disease (CVD). [online] Brussels: International Diabetes Federation. Available at: <<http://www.idf.org/node/1191?unode=FCC1DD60-2C39-4D3C-A3C0-85247F1678F3>> [Accessed February 2012].

^{xi} Smith, S. et al., 2012. Urbanization and cardiovascular disease: Raising heart-healthy children in today's cities. [pdf] Geneva: The World Heart Federation. Available at: <<http://www.worldheart.org/urbanization>> [Accessed March 2012].

Appendix 2: Key Messages

Elevator Pitch

Cardiovascular disease (CVD) is the number one killer worldwide, taking more lives than malaria, HIV and tuberculosis combined. CVD is taking people in their most productive years - individuals, families, communities and governments must work together to avoid the emotional and financial burden caused by these diseases. We must act now to ensure a heart healthy future for all.



Key Messages

- Heart disease and stroke take lives prematurely. They are serious health problems and can affect all ages and population groups:
 - Cardiovascular diseases (CVDs), including heart disease and stroke, currently kill 17.3 million people every yearⁱ
 - The epidemic is on the rise, and by 2030, almost 25 million people will die from CVD each yearⁱ
 - Contrary to common belief, heart disease and stroke are not diseases of the rich and affluent. The world's poorest countries are actually the most affected, with 8 out of 10 deaths from CVD, taking place in low-and middle-income countriesⁱ.
- It is a myth that heart disease and stroke are lifestyle diseases that primarily affect older, affluent, male populations. Women are at equal risk to men, and children are vulnerable, too.
- A life-course approach is key to the prevention and control of CVD.
- CVD can be prevented. The behaviour of today's children will affect the future burden of heart disease and stroke.
- Physical activity levels are on the decline. Each year, physical inactivity contributes to over three million preventable deathsⁱⁱ.
- Unhealthy diets are leading to people becoming increasingly overweight. Worldwide obesity has more than doubled since 1980ⁱⁱⁱ
- Smoking kills. The fact is that 1 in every 2 smokers will die of a tobacco related disease^{iv}

i World Health Organization, 2011. Fact Sheet No. 317 – Cardiovascular Diseases. [online] Geneva: World Health Organization. Available at: <<http://www.who.int/mediacentre/factsheets/fs317/en/index.html>> [Accessed February 2012]

ii Global Advocacy for Physical Activity (GAPA) and the Advocacy Council of the International Society for Physical Activity and Health (ISPAH), 2011. Non communicable disease prevention: Investments that work for physical activity. [pdf] Available at: <<http://www.globalpa.org.uk/pdf/investments-work.pdf>> [Accessed January 2012].

iii World Health Organization, 2011. Fact sheet No. 311 – Obesity and overweight. [online] Geneva: World Health Organization. Available at: <<http://www.who.int/mediacentre/factsheets/fs311/en/>> [Accessed February 2012]"

iv QUIT, 1 in every 2 smokers? [online] Dublin: Quit. Available at: <http://www.quit.ie/en/1_in_every_2_smokers> [Accessed January 2012]

Appendix 3: Background on the United Nations High-level Meeting on Non-communicable Diseases

In 2009 civil society, led by the NCD Alliance, of which World Heart Federation is a founding member, campaigned successfully for a United Nations (UN) High-level Meeting (HLM,) on Non-communicable Diseases (NCDs). Held on 19 – 20 September 2011, this meeting was a landmark achievement, bringing NCDs to the global stage and establishing them as part of the global development agenda.

The major work of negotiations on the draft Political Declaration occurred during the summer prior to the UN HLM at the UN Missions in New York. Negotiations were led by the Co-facilitators Jamaica and Luxemburg. During this time, many countries negotiated in blocs, particularly the EU and the G77.

Negotiations were long and drawn out, going beyond the initial timetable set. Governments failed to reach consensus on many important NCD issues, and ended up stalling the process mid-way through because of this. Agreement was finally reached on the Draft Political Declaration on September 7th, and the Declaration was officially adopted at the opening plenary of the Summit.



The significance of this meeting

The HLM was the first time that heads of state and ministers outside the health sector came together to consider the global NCD epidemic. Due to the nature of the NCD epidemic, it is crucial that representatives from multiple sectors of government get involved with forming solutions and the UN HLM provided a platform for this collaboration. The Political Declaration that was produced by the HLM is a strong document that pledges increased attention at the national level be given to the global NCD epidemic.

HLM Outcomes

As a product of the pre-HLM meetings and discussions that occurred during the HLM itself, the UN Political Declaration on the Prevention and Control of Non-communicable Diseases was agreed upon by world leaders on 19 September 2011. While not binding under international law, a Political Declaration is considered to be one of the most powerful tools within the UN for international cooperation and action. This is a significant milestone that has raised the level of awareness of CVD and NCDs to unprecedented levels. More detail on the Declaration is available under the following categories:

Prevention:

For the cardiovascular disease community, the declaration puts a clear emphasis on prevention through a health in all policies and life course approach to health. This means the promotion of healthy diets and physical activity through urban and development planning that reaches across sectors and includes transportation, agriculture, finance, trade and education. Although no specific targets were made at the HLM, governments have acknowledged the need to reduce salt in the food industry and to reduce sugar, saturated fats, and eliminate industrially produced trans-fats in foods. There is a strong focus on reducing childhood obesity, and governments have committed to implementing WHO recommendations to restrict the marketing to children of foods high in fats, sugar and salt.

Appendix 3: Background on the United Nations High-level Meeting on Non-communicable Diseases

Integration with other programmes:

The Declaration effectively positions heart disease and NCDs as a maternal and newborn child health issue and acknowledges the specific vulnerabilities of women and children. It identifies the link between prenatal malnutrition and that child's predisposition to high blood pressure and heart disease later in life. This encourages a life course approach to NCDs and the inclusion of NCDs in reproductive, maternal and newborn child health programs. Also noted within the Declaration are the possible linkages between NCDs and communicable diseases. It calls for responses to HIV/AIDs and NCDs to integrate where appropriate.

Treatment:

In addition to calling for greater priority for early detection and the integration of HIV/AIDs and NCD responses, the Declaration acknowledges the need to promote the production, training and retention of skilled health workers. It also recognizes the need to improve diagnostic services by increasing capacity of laboratory services and collaborating with the private sector to improve the affordability, accessibility and maintenance of diagnostic equipment and technologies. The Declaration also highlights the role governments need to play in increasing access to affordable, safe, effective and quality-assured medicines and technologies. Included in this is specific language on the use of generics and patent licensing flexibilities to improve access, availability and affordability.

Health Systems:

The Declaration recognizes the importance of a well-functioning health system to deliver care to people with NCDs. Significantly, it recognizes the importance of universal coverage in national health systems, particularly through primary healthcare and social protection mechanisms. This use of the term 'universal' is important. Many governments are still abusing the rights of those with NCDs by not providing access to care to everyone that needs it.

National NCD Plans:

One of the few targets in the Declaration commits governments to establish or strengthen multisectoral national policies and plans on NCDs by 2013. Within these national plans, there is an opportunity to ensure that specific CVD targets are included. Encouraging governments to commit to specific CVD targets within a broader NCD framework, will encourage other countries to do the same.

Goals and Targets:

An overarching goal of reducing NCD mortality and a set of time-bound targets was not included in the actual Declaration. However, at the 65th World Health Assembly in May 2012, WHO Member States endorsed a target to reduce premature deaths due to NCDs by 25% by 2025. As demonstrated a decade ago by the HIV/AIDS Political Declaration of 2001, bold goals and targets inspire and sustain political leadership, ensure action beyond the health sector, and create a global political action plan for Member States, civil society and people with NCDs to unite around and measure progress against.

United Nations, 2011. Resolution 64/265 [Prevention and control of non-communicable diseases]. Official records of the General Assembly, Sixty-fourth session (A/RES/64/265). [online] New York: United Nations. Available at: <http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/64/265&Lang=E> <http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/64/265&Lang=E%3e> [Accessed May 2012].

Appendix 3: Background on the United Nations High-level Meeting on Non-communicable Diseases

Moving Forward

In 2011, history was made with the adoption of the United Nations (UN) Political Declaration on NCDs. In 2012 we set the world on course with the adoption of a global target to reduce NCD mortality by 25% by 2025. And now, in 2013, we have secured the foundations of the global NCD architecture to accelerate progress. The World Heart Federation and its 200 member organizations globally have played a leading role in ensuring the voice of the CVD community was heard and have contributed to key decisions made during the 66th World Health Assembly (WHA), which took place in Geneva from 20–28 May. Although there is still a lot of unfinished business, we should celebrate the progress made over recent years as well as during the WHA where Member States adopted and supported an **omnibus resolution**  on NCDs. This groundbreaking resolution fulfills commitments made in the UN Political Declaration on the Prevention and Control of NCDs, and signals consensus on the three pillars of the global NCD architecture: action, accountability and coordination.

The key decisions in the resolution are to:

- Endorse the **WHO global action plan**  for the prevention and control of NCDs 2013–2020
- Adopt the **global monitoring framework on NCDs** , including the nine global targets and 25 indicators, which span both prevention and treatment
- Develop a global coordination mechanism by the end of 2013 to coordinate activities and promote engagement of all actors in the global NCD response

The importance of these decisions for the millions of people suffering from CVD should not be underestimated as for the first time governments are accountable for progress on CVD and the other NCDs; they can no longer be ignored in their national disease action plans. And the global coordination mechanism will provide a vehicle to convene and mobilise relevant actors (including multilateral and bilateral agencies, governments, NGOs, and the private sector where appropriate) to accelerate progress on NCDs.

Looking ahead, our two greatest opportunities to reduce the global CVD burden are: ensuring that these new global goals translate into national action; and that CVD and NCDs are included in the next set of development goals that will continue the progress made in the Millennium Development Goals, which expire in 2015. Now that collective efforts have set the foundation for accelerated global and national action, we must continue working together to reduce preventable CVD deaths because you have the power to make significant change at the national level that can translate into global change. Together we can make health the cornerstone of development and save millions of lives.

Appendix 4: Cardiovascular Disease and Sustainable Development

Since 2000 the intersection of global health and international development has centered around 8 goals entitled the Millennium Development Goals, none of which addressed cardiovascular disease or its risk factors. Today, cardiovascular disease (CVD) and non-communicable diseases (NCDs) as a whole threaten international development. Not only is CVD placing an incredible strain on national economies due to high medical costs, but also due to premature death and disability leading to a significant decline in worker productivity. In 2010, the World Economic Forum cited NCDs and the impact they have on developed and developing countries as one of the top risks to the global economy. As stated in the report, these diseases “drive up health costs while reducing productivity and economic growth.”ⁱ

Low and middle-income countries dealing with communicable diseases such as HIV and malaria, are now encountering ever-increasing rates of heart disease and stroke, facing a dual burden of disease and putting a huge strain on their economies. Currently, **80 per cent of deaths due to cardiovascular disease occur in low- and middle-income countries.**ⁱⁱ Deaths due to NCDs are expected to increase by over 20 per cent within Africa, the Eastern Mediterranean and South-East Asia between 2010 and 2020.ⁱⁱⁱ Furthermore, individuals in low- and middle-income countries are more likely to die at a younger age due to CVD and NCDs than those in high-income countries. In 2008, **nine million people under the age of 60 died of NCDs, eight million of these deaths occurred in low- and middle-income countries.**ⁱⁱ

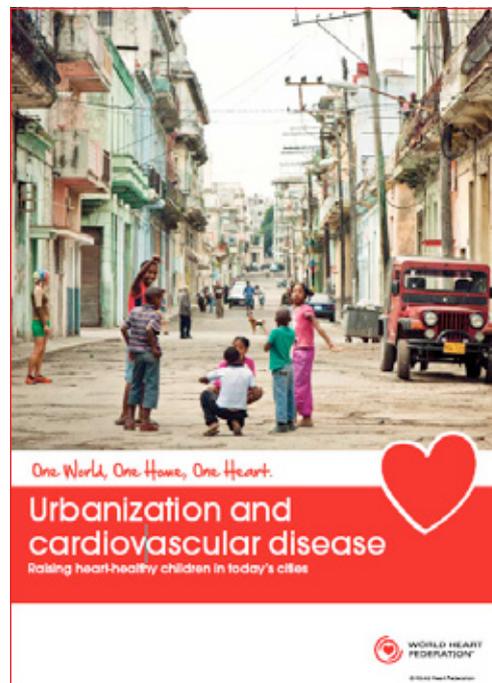
Impact of CVD on development

The direct medical costs of cardiovascular disease treatment and the amount of dollars forgone in lost productivity due to CVD death or disability puts a tremendous toll on household incomes, national, and global economies. The amount of money currently spent, worldwide, on CVD is simply not sustainable. Increased emphasis must be put on prevention strategies that begin early in life in order to reduce the CVD burden and therefore reduce the overall CVD cost.

- Cardiovascular disease cost \$473.9 billion USD in 2010 globally
- \$389.6 billion USD was lost globally in 2010 in lost productivity due to disability or death from CVD^{iv}
- Globally, the total cost for CVD including lost productivity is expected to rise to \$1,044 billion USD in 2030 – an increase of 22%^{iv}

Impact of development on CVD

Where an individual lives, works, plays, and what they eat affects their cardiovascular health. Although at the surface these may seem like decisions made by individual choice, in reality an individual's exposure to CVD risk factors is highly influenced by their socioeconomic status and the environment in which they live. The environments and 'opportunities' that society offers individuals shape choices that people make regarding tobacco use, physical activity, or nutrition. Poverty, lack of education, and unplanned urbanization can increase exposure to risk factors, and in turn have a negative impact on heart health. Currently, cities in developing countries are urbanizing at a rapid rate without much foresight. In many cases, this has led to the creation of cities that hinder physical activity with little access to safe green places for outdoor activity that



Appendix 4: Cardiovascular Disease and Sustainable Development

are free of environmental toxins and pollutants, as well as construction of cities that promote transport by car rather than transport by foot or bike. Furthermore, the rising cost of foods and the unequal distribution of healthy foods within a city cause economic status to influence the ability of an individual to access healthy foods and fresh produce. Both under- and over-nutrition are risk factors for CVD. Over-nutrition leads to high blood pressure, high blood glucose and overweight and obesity – all of which increase risk for CVD. Fast growing cities, globalization, and changes in food consumption have changed the way people live and eat in most parts of the world, leading to both under- and over-nutrition simultaneously.

What can be done?

- Integration of the CVD and NCDs in the next set of development goals that will continue the progress made in the Millennium Development Goals, which expire in 2015.
- The World Heart Federation S.P.A.C.E. approach^v
 - Stakeholder collaboration
 - Planning cities
 - Access to healthcare
 - Child-focused dialogue
 - Evaluation

ⁱ World Economic Forum, 2010. Global risks 2010: A global risk network report. [pdf] Geneva.; World Economic Forum. Available at: <http://www3.weforum.org/docs/WEF_GlobalRisks_Report_2010.pdf> [Accessed April 2012].

ⁱⁱ World Health Organization in collaboration with the World Heart Federation and World Stroke Organization, 2011. Global Atlas on Cardiovascular Disease Prevention and Control. [pdf] Geneva: World Health Organization. Available at: <http://whqlibdoc.who.int/publications/2011/9789241564373_eng.pdf> [Accessed June 2012].

ⁱⁱⁱ World Health Organization, 2010. Global status report on noncommunicable diseases. [pdf] Geneva: World Health Organization. Available at: <http://whqlibdoc.who.int/publications/2011/9789240686458_eng.pdf> [Accessed March 2012].

^{iv} Bloom, D.E. et al., 2011. The Global Economic Burden of Non-communicable Diseases. [pdf] Geneva: World Economic Forum. Available at: http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf [Accessed May 2012].

^v Smith, S. et al., 2012. Urbanization and cardiovascular disease: Raising heart-healthy children in today's cities. [pdf] Geneva: World Heart Federation. Available at: <<http://www.worldheart.org/urbanization>> [Accessed March 2012].

Appendix 5: Social media guide

Social media is becoming an increasingly important tool in raising awareness for an issue and it can be extremely useful in spreading your World Heart Day message. This document presents some brief background information on the different types of social media and their specific uses along with simple instructions on how to jump-start your social media activity.

How can social media impact health advocacy and awareness?

Social media is a free and easy way to promote your message and connect with like-minded organizations. After building an online network you can increase the reach of your message, drive online users to resources on your website and/or promote an upcoming event. Social media can also be used to directly garner support for political action as was done with the “Face Up to It” Facebook campaign that gathered support for the United Nations High-Level Meeting on NCDs in September 2011. Platforms such as Twitter are especially useful for directing messages towards politicians and other influential people as many of them have Twitter accounts.



Specific social media outlets

The primary social media portals, as relevant to advocacy and awareness campaigns, are Twitter and Facebook.

Twitter

Twitter is an online information sharing network made up of short messages called “tweets.” After setting up a Twitter account, tweets from users you choose to follow will show up on your home page for you to read. It’s a fast changing stream of messages that allows you to discover news as it’s happening, learn more about topics that are important to you, and get the inside scoop in real time. When someone follows you on Twitter, every tweet that you send will appear on his or her homepage timeline. The more followers you have, the greater the reach of your message.

To create a Twitter page, visit www.twitter.com  and follow the instructions. You will need to think of a name and insert a photo that relates to your campaign as well as include a short description to show others what your campaign represents. Once this is completed, you will be able to start “tweeting” (engaging in conversation).



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Key Tips

- Search for organizations and profiles with similar interests, and click on the “follow” button to start tracking their tweets. Make sure you follow the World Heart Federation to keep up to date with our activities: www.twitter.com/worldheartfed .
- Tweets can only be a maximum of 140 characters long, so simplify your messages as much as possible. The use of abbreviations in tweets is acceptable and common.
- Share links to exciting things in your community, utilize Twitter to increase visibility and readership of your organization’s website or newsletter. When inserting a link into a tweet, use a free link-shortening tool such as <https://bitly.com/>  to reduce the number of characters in a given hyperlink.
- Many politicians have Twitter accounts so tweet your key messages at local, national and international political leaders. Connect with other users on Twitter by including that user’s Twitter name prefaced by the “@” sign in your tweet. For example, if you wanted to reach out to the World Heart Federation on Twitter you would write “@worldheartfed” in your tweet. Find your governmental official’s Twitter name by searching for them by name on Twitter.
- Tweet about top tips and statistics that you think your audience will be interested in, for example, tips on heart-healthy living or the global burden of CVD.
- Use “hashtags” in your tweets to increase their visibility. Popular ones pertaining to cardiovascular disease would be #heart, #health, #CVD, #heartdisease, #stroke and #WorldHeartDay. For an explanation of the term hashtag and other Twitter-specific language, see the [Twitter glossary](#) .
- Connect with other users on Twitter by including that user’s Twitter name prefaced by the “@” sign in your tweet. For example, if you wanted to reach out to the World Heart Federation on Twitter you would write “@worldheartfed” in your tweet.
- “Retweet” tweets from other users that you like and want to share with your own followers by clicking the “retweet” button.

Sample tweets:

- This is a red alert: #heartdisease & #stroke kill more #women than cancer, TB, HIV/AIDS & malaria combined <http://ow.ly/bInEU> #GRFW
- Globally over 1.5 billion adults and 43 million #children are #overweight, increasing their risk for #CVD and #NCDs <http://ow.ly/bBsgB>
- Preventing #CVD & #NCDs improves #globalhealth conditions while strengthening all 3 pillars of sustainable #development

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Facebook

Facebook is an online social network where users are able to virtually connect to each other to share photos, interests and activities. Personal Facebook account users can connect to friends online by sending those individuals a “friend request” and can show their support for a cause or group by clicking the Facebook “Like” button. Organizational Facebook account users can increase awareness and support for their cause by creating a Facebook Page and encouraging supporters to “Like” that page on Facebook. According to Facebook, “Pages are for organizations, businesses, celebrities, and bands to broadcast great information in an official, public manner to people who choose to connect with them.”

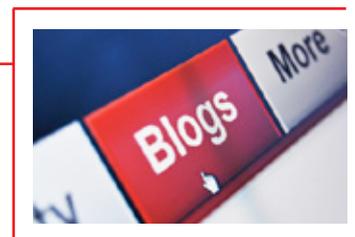
To create a **Facebook** page for your organization, visit www.facebook.com  and follow the instructions. You will need to give your page a name. We recommend you use your national or local campaign name. You cannot change the name once the page is created, so choose carefully!

Key tips:

1. Add basic information to your organization’s page such as links to your organization’s website, Twitter account, newsletter subscription information and newsletter archives.
2. Use “search” to find groups and fan pages related to your organization by industry and location. Click on the “Like” button to stay up to date with those groups. Make sure you “Like” the **World Heart Federation**  and **World Heart Day**  Facebook pages.
3. Post upcoming events including webinars, conferences and other programmes where you or someone from your organization will be present. Also post pictures from events that your organization participates in.
4. Update your page on a regular basis with helpful information and answers to questions.
5. Join network, industry and alumni groups related to your organization.

Blogs

“Blog” (short for web log) refers to an online journal entry, blogs provide anyone with the opportunity to post their thoughts, opinions and experiences in article form online. Many blogs provide space for readers to post their comments on the given topic, thereby allowing blogs to also serve as a venue for online discussion around a certain topic.



Tips:

- There are many different online blogging tools such as WordPress, Blogger and TypePad. Choose which platform suits you best and create an account. Blogger can be found at www.blogger.com .
- Create your account, customize your page, and invite others to follow your blog. Post new blog entries regularly and keep supporters informed.
- Engage with other bloggers who have similar interests by commenting on their blog posts.

Appendix 5: Social media guide

External resources

Both Twitter and Facebook have extensive “help” sections on their websites. You can find these at www.twitter.com/help and www.facebook.com/help. Additionally, Al Jazeera has launched an informational campaign to educate the public on social media. Through this, videos on how to use Twitter, Facebook and other sites are available in multiple languages. Specifically the video on how to use Twitter may be found at [this link](#) and Facebook [at this link](#).



More information on Twitter:

To jump start your Twitter activity, follow the users listed below and use the suggested hashtags in your tweets.



General health/NCDs

To follow:

- @NCDalliance
- @IntDiabetesFed
- @UICC_community
- @NCDaction
- @ACSGlobal
- @NCDchild
- @clanchildhealth
- @DrFriedenCDC
- @DrOz
- @RWJF_PubHealth
- @HarvardHSPH
- @theIOM
- @whadvocacy
- @C3health
- @MedtronicNCD
- @PFCDGlobal
- @COREgroupDC
- @EU_eHealth
- @ArogyaWorld
- @MedscapeCard
- @andrew_harmer
- @KHNews

Hashtags to use:

- #health
- #heart
- #cardiovascular
- #hearthealth
- #heartdisease
- #stroke
- #CVD
- #NCDs
- #righttohealth
- #globalhealth
- #publichealth

Global thinkers in health

- @Right2Health
- @WHO4All
- @FHI360
- @Unrightswire
- @USAIDGH
- @WHPA1
- @PHIglobalhealth
- @jbpubhealth
- @glassmanamanda
- @PIH
- @GlobeMed
- @icrc_english
- @cicr_espanol – spanish
- @globalhealthorg
- @PSIHealthyLives
- @SurgeonsSOS
- @ODI_development
- @CHPI1

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- @GHWAlliance
- @GHTcoalition
- @GlobalHealth
- @PEPFAR
- @SmartGblHealth
- @PATHtweets
- @Gbausson
- @agnesbinagwaho
- @KarenGrepin
- @NandiniOomman
- @J_Schiff
- @gatesfoundation
- @globalfundnews
- @alanna_shaikh
- @healthglobal
- @NBillo
- @fdncenter

Health media/journals

- @TheLancet
- @bbchealth
- @nytimeshealth
- @HealthyLiving
- @cnnhealth
- @cbchealth
- @bmj_latest
- @JAMA_current
- @NatRevCardiol
- @NatureNews
- @NatureMedicine
- @CircRes
- @cardionews
- @sanjayguptaCNN
- @CardiologyToday
- @Health_Affairs

Governments

- @USAID
- @EU_eHealth
- @CDCgov
- @HHSgov
- @NHSchoices
- @YourHealthGovAu
- @PHAC_GC
- @ASPC_GC – French
- @DFID_UK
- @NIHClinicalCntr
- @Dhgovuk
- @OBShealth
- @CARPHA1

United Nations agencies

- @UN
- @UNECOSOC
- @UnfEWEC
- @UNFPA
- @UN_CSW
- @UNAIDS
- @UNHABITAT
- @UNDP
- @UNDESA
- @UN_Rioplus20
- @pnud_fr (French)
- @UNW_WWD
- @WFP
- @UNICEF
- @UN_Women
- @unisgeneva
- @UN_HRC
- @UN_Spokesperson
- @UN_Radio
- **@WHO**
 - @pahowho
 - @mirtaroses
 - @NCDs_PAHO
 - @eqpaho
 - @opsoms (Spanish)
 - @WHO_Europe

Appendix 5: Social media guide

In support of our goals

Tobacco control

To follow:

- @FCAforTC
- @CDCTobaccoFree
- @TobaccoFreeKids
- @CdnCoucilTC
- @ASHScotland
- @globalbridges
- @WorldLungFdn
- @noalfumado (Spanish)
- @SmokeFreeWomen
- @SmokeFreeGov
- @AfricaNoTobacco
- @tobaccofreeaust

Hashtags to use:

- #tobacco
- #smoking
- #cigarettes

Nutrition

To follow:

- @jamieoliver
- @unhealthytruth
- @USDAnutrition
- @WFP
- @WFP_business
- Rappaetour on right to food
- @GAINalliance
- @FairFoodNetwork
- @nutritionnews
- @FAOnews
- @saltreduction
- @cgiaclimate
- @FeedtheFuture
- @FAOclimate
- @FAOWFD
- @UNSCN
- @GlobalAgDev
- @ThousandDays

Hashtags to use:

- #nutrition
- #obesity
- #eatright
- #foodrevolution
- #diet
- #sodium
- #foodsecurity

Physical activity

To follow:

- @ExerciseWorks
- @letsmove
- @PANacea

Hashtags to use:

- #exercise
- #obesity
- #getactive
- #letsmove
- #physicalactivity

Rheumatic Heart Disease

To follow:

- @RHDAustralia
- @RosemaryWyber

Hashtags to use:

- #RHD
- #rheumaticfever
- #rheumaticheartdisease

Appendix 5: Social media guide

Essential Medicines

To follow:

- @GAVIAlliance
- @joacarapinha
- @MSF_access

Hashtags to use:

- #accesstomedicines
- #medicines

Health and sustainable urbanization and development

To follow:

- @UNhabitat
- @UN_Rioplus20
- @BriceLalonde
- @road2rio20
- @UN_DSD
- @UNDP
- @HelenClarkUNDP
- @betteraid
- @GdnDevelopment
- @Oxfam
- @rajshah
- @USAID
- @toolkitDS
- @IDS_UK
- @EarthSummit2012

Hashtags to use:

- #urban
- #urbanization
- #FutureWeWant
- #sustainable
- #development
- #sustdev
- #MDG
- #Post2015
- #globaldev
- #Odi_development
- #Rioplus20
- #socialgood

Women and maternal and child health

To follow:

- @UNFPA
- @UNICEF
- @UN_Women
- @UNewec
- @UN_csw
- @Jhpiego
- @PMNCH
- @familycareintl
- @mchipnet
- @Research4child
- @CARE

Hashtags to use:

- #women
- #children
- #GoRed and #GRFW
(referring to the Go Red For Women campaign)
- #MNCH
- #childhood
- #1000days

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World Heart Day

To follow:

- @worldheartfed
- World Heart Federation members:
 - @ACCinTouch
 - @agcardio
 - @American_Heart
 - @AmHeartAdvocacy
 - @ascardio
 - @BritishCardioSo
 - @Cardiology
 - @CheartLink
 - @cuidarcorazon
 - @ehnheart
 - @escardio
 - @fvcorazon
 - @Hartstichting
 - @HeartAust
 - @heartjamaica
 - @HeartNZ
 - @Heart_SA
 - @heartSG
 - @Herzstiftung
 - @hjärtlungfonden
 - @Hjerteforening
 - @IAHFnews
 - @ilovethis_sa
 - @indonesiaheart
 - @Irishheart_ie
 - @KnowYourPulse
 - @NHFHeadlines
 - @prohearthealth
 - @sbc_prevencao
 - @secardiologia
 - @spcardio
 - @TheBHF
 - @TheHSF
 - @thecsanz
 - @turkkalpvakfi

Hashtags to use:

- #worldheartday