NCD Mortality vs Other

ODA Funding

WHO: 2011

CGD 2010
25by25 GLOBAL TARGET
A 25% RELATIVE REDUCTION IN OVERALL MORTALITY FROM CARDIOVASCULAR DISEASE, CANCER, DIABETES OR CHRONIC RESPIRATORY DISEASES

WHF GOAL
A 25% REDUCTION IN PREMATURE MORTALITY FROM CARDIOVASCULAR DISEASE BY 2025

HARMFUL USE OF ALCOHOL
10% REDUCTION

PHYSICAL INACTIVITY
10% REDUCTION

SALT/SODIUM INTAKE
30% REDUCTION

TOBACCO USE
30% REDUCTION

RAISED BLOOD PRESSURE
25% REDUCTION

DIABETES/OBESITY
0% INCREASE

50% OF ELIGIBLE PEOPLE RECEIVING DRUG THERAPY AND COUNSELLING TO PREVENT HEART ATTACK AND STROKE

80% AVAILABILITY OF ESSENTIAL MEDICINES AND BASIC TECHNOLOGIES TO TREAT CVD AND OTHER NCDS

2025
The World Heart Federation and NCDA also successfully advocated for key elements of the WHO Global Action plan, adopted in May 2013.

<table>
<thead>
<tr>
<th>VISION</th>
<th>A world free of the avoidable burden of NCDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL</td>
<td>To reduce the preventable and avoidable burden of morbidity, mortality due to NCDs by means of multisectoral collaboration and cooperation at national levels, so that populations reach the highest attainable standards of health in every age and those diseases are no longer a barrier to well-being or socio-economic development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Raise priority accorded to NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy</td>
</tr>
<tr>
<td>2 Strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country responses for NCDs</td>
</tr>
<tr>
<td>3 Reduce modifiable risk factors for NCDs and underlying social determinants through the creation of health-promoting environments</td>
</tr>
<tr>
<td>4 Strengthen and orient health systems to address NCDs and the underlying social determinants through people-centred primary health care and universal health coverage</td>
</tr>
<tr>
<td>5 Promote and support national capacity for high-quality research and development for NCDs</td>
</tr>
<tr>
<td>6 Monitor the trends and determinants of NCDs and evaluate progress in their prevention and control</td>
</tr>
</tbody>
</table>
The WHO global premature mortality reduction target offers the World Heart Federation a distinct role in defining and driving the CVD role in achieving this goal. There are three strategies as defined below:

- Global leadership (advocacy)
- National action (implementation)
- Organizational impact (membership and metrics)

With three building blocks

- Evidence (science)
- Support (advocacy and communications)
- Capacity (convening and emerging leaders)

And three concrete priorities:

- Tobacco/risk
- Hypertension
- Secondary Prevention

Which in three years will:

- Align with and support WHO GAP with a focus on CVD and implementation plan
- Increase member engagement
- Increase human and financial resources for CVD
World Heart Federation

Pablo Perel
26 March 2014
Working to achieve the 25by25 goal

25by25 GLOBAL TARGET
A 25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases

WHF GOAL
A 25% reduction in premature mortality from cardiovascular disease by 2025

- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% increase

50% of eligible people receiving drug therapy and counselling to prevent heart attack and stroke
80% availability of essential medicines and basic technologies to treat CVD and other NCDs

2025
Working to achieve the 25by25 goal

1. Modelling impact of targets on achieving 25% ↓ CVD premature mortality

2. CVD Prevention and the WHO Essential Medicines

3. Champion Advocates Programmes (secondary prevention guidelines)

4. Global CVD Prevention Summit: A Roadmap to 25x25
   - Tobacco
   - Hypertension
   - Secondary prevention
Other initiatives

1. Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group

2. Barriers to physical activity in children

3. RHD

4. Tobacco
Ensure that tobacco targets/FCTC implementation are anchored in 25X25 action, NCD plans and their implementation

Engage Cardiologists/Member organizations in tobacco cessation and control

Represent CVD community in global tobacco-control fora

Raise awareness of links between tobacco and CVD

WCC 2014 Melbourne: Youth Taking Action on Tobacco  Emerging leaders encouraged to come, all day or in afternoon...

Contact alice.graingergasser@worldheart.org
DEATHS GLOBALLY from SECONDHAND SMOKE

Secondhand Smoke is tobacco smoke that is exhaled by smokers or given off by burning tobacco.

- Lower Respiratory Infections: 27%
  - 165,000 deaths
- Asthma: 6%
  - 37,000 deaths
- Ischaemic Heart Disease: 63%
  - 379,000 deaths
- Cancer: 4%
  - 21,000 deaths

Second-hand smoke causes an estimated 603,000 premature deaths worldwide each year. 87% of adult SHS deaths are due to ischaemic heart disease.

Oberg M. et al., Lancet, 2011

WARNING: SECONDHAND SMOKE HAZARDOUS TO YOUR HEART

CARDIOVASCULAR HAZARDS FROM TOBACCO USE AND SECONDHAND SMOKE
GLOBAL GAPS IN AWARENESS AND IMPLICATIONS FOR ACTION
APRIL 2012

Global smokefree partnership

تحذير: الدخان غير المباشر يهدر صحة قلبك

أثر التعرض للتدخين غير المباشر على القلب والشرايين: ماذا نقول الوقائع؟

World Heart Federation
RHD

Lead global efforts to end RHD

Raise global awareness of RHD

Provide tools for implementing RHD prevention and control

WCC 2014 Melbourne: Many sessions and workshops, RHD Forum (Monday night, 5 May) : how to make a road map for achieving RHD strategy for 25X25<25

Contact: alice.graingergasserm@worldheart.org
Position statement of the World Heart Federation on the prevention and control of rheumatic heart disease

Bo Remenyi, Jonathan Carapetis, Rosemary Wyber, Kathryn Taubert and Bonnani M. Mayosi

Abstract | In the 21st century, rheumatic fever (RF) and rheumatic heart disease (RHD) are neglected diseases of marginalized communities. Globally, RHD remains the most common cardiovascular disease in young people aged <25 years. Although RF and RHD have been almost eradicated in areas with established economies, migration from low-income to high-income settings might be responsible for a new burden of RHD in high-income countries. The World Heart Federation (WHF) and its Working Group on RF and RHD unites global

www: worldheart.org/rhd
Making history?
Thank you