Speaking with one voice ‘25 by 25’ - Is that achievable for Africa

Karen Sliwa, President-Elect, WHF
Khartoum, Sudan
35 million people have an acute coronary or cerebrovascular per annum

17.3 million deaths a year are due to cardiovascular disease (CVD).

Raised blood pressure is thought to account for 45% of all heart disease deaths & 51% of stroke related deaths.

At least 80% of premature deaths from heart disease and stroke could be avoided if the main modifiable risk factors of tobacco use, unhealthy diet and physical activity are controlled.
Premature mortality (<65 years)

5.9 MILLION 2013

7.8 MILLION 2025

Trends in cardiovascular mortality

Ezzati et al. Nature Reviews Cardiology 2015
Low- and middle-income countries (LMICs) are most affected
– 80% of CVD deaths take place in LMICs
While CVD has become the leading cause of death worldwide, funding and policies especially in LMICs have not caught up.

Source: Global Burden of Disease Study 2010 (GBD 2010)
Achieving 25by25 together

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

- In September 2011, the United Nations launched a Political Declaration which led to a common goal of 25 percent reduction in premature mortality from CVD and other non-communicable diseases by 2025.

- This declaration represents a tremendous opportunity and challenge for the medical profession, multinational corporations, advocacy groups, governments and other stakeholders.

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 vision of the World Heart Federation is to work with its members and the larger CV health community to hasten the day when cardiovascular health is no longer a privilege but a right, and when cardiovascular disease (CVD) is transformed from a life threatening disease to one that can be prevented and managed in all populations.
1. WHF is the lead partner to WHO and other global agencies for cardiovascular disease.

2. WHF is the only global organization representing the entire cardiovascular health community in high, medium and low income countries.

3. WHF has a unique capacity to align its members for a coordinated response to the WHO NCD target of 25x25 through action, common messaging and metrics and coordinated strategies.

Goals & Objectives

“**A 25% relative reduction in premature mortality from NCDs (including CVD, cancer, lung disease, diabetes) by 2025.**”
- **WHO Global Action Plan on NCDs 2013-2020**

“By **2025**, to drive the WHO target for NCD mortality reduction by reducing premature deaths from CVD by at least **25%**”
- **World Heart Federation’s ‘Vision’**

“By **2030**, reduce by **one third** premature mortality from NCDs through prevention and treatment and promote mental health and well-being”
- **Target 3.4 of the SDGs**
What We Do

Policy + Advocacy x Network = CVD elevated on global agenda

- **Policy**: recommendations, legislation and other mechanisms used to catalyse change
- **Advocacy**: raising awareness and political will among key decision-makers
- **Network**: WHO, UN, politicians, civil society, WHF members and more!

- Why?
  ✓ Greater awareness
  ✓ Stronger policies
  ✓ Unlocked resources
  ✓ Multisectoral cooperation
  ✓ Sustainability and accountability
  ✓ Better health outcomes
Global Policy

1) Engaging with official WHO processes and workplans:  
   *e.g. Rheumatic Heart Disease Resolution*

2) Inputting into other UN Body and Civil Society consultations:

3) Analysis of the global development policy environment
Reed more: Resources & Materials
Do we need a better case for Africa?

2nd most populous continent
1 billion or...
Heterogeneity in key socio-demographic parameters in Africa

Few countries have universal health care

Keates AK, Mocumbi AO, Ntsekhe M, Sliwa K, Stewart S. Cardiovascular Disease in Africa: Nature Review Cardiology; 2017
Features of Patients with Acute Decompensated Heart Failure in Registries in the ADHERE (United States), EHFS II (Europe) and THESUS-HF (sub-Saharan Africa) Registries

*Sliwa K & Stewart S. Heart Failure in the Developing World; D. Mann - HF companion to Braunwald’s Cardiology Textbook, 2015*

<table>
<thead>
<tr>
<th>Feature</th>
<th>ADHERE REGISTRY (n = 105,388)</th>
<th>ADHERE—AP (n = 10,171)</th>
<th>EHFS II REGISTRY (n = 3580)</th>
<th>THESUS-HF REGISTRY (n = 1006)*</th>
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<tr>
<td>Male, %</td>
<td>48</td>
<td>57</td>
<td>61</td>
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<td>Mean age, years</td>
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<td>Hypertension</td>
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<td>Atrial fibrillation, %</td>
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<td>Anemia, %</td>
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<td>Rheumatic HD</td>
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<td>NA</td>
<td>NA</td>
<td>16%</td>
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Do we need a better case for Africa?

1. Primary prevention (physical activity, obesity)

2. WHF CVD Roadmap topics
   - Raised blood pressure
   - Tobacco control
   - Cholesterol
   - RHD (through RHD Action)
   - Secondary prevention
   - Heart failure (in preparation)

3. Access to affordable good quality CV care

4. Migrant Health

5. Women’s and Adolescents’ Health
Salim Yusuf. MD (Bangalore), DPhil (Oxford), MRCP
World Heart Federation past president 2014-2016
Objectives for the Summit

1) How can policies be better implemented in Africa

2) How to improve access to CV medicine and integrative care

3) Khartoum Action Plan to improve CV health & care in Africa