



GLOBAL HEARTS INITIATIVE

Working together
to beat **cardiovascular disease**



World Health
Organization



The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

Global burden

More people die from cardiovascular diseases (CVDs) worldwide than from any other cause – an estimated 17.5 million people in 2012. Of these deaths, 80% are due to heart attacks and strokes, and about three quarters occur in low- and middle-income countries. Thirty four percent of CVD deaths occurred in people under 70 years of age.

This global health threat affects the poor and disadvantaged the most, particularly in low- and middle-income countries, where coping with heart diseases may include inability to work and facing high treatment costs. Developing countries, in particular, face major challenges in preventing heart attacks and strokes, and avoiding the associated social and economic burdens.

Solutions exist

Fortunately, a number of approaches exist for preventing CVDs, and several countries have demonstrated success in doing so through sustained action over a number of years. In the United States, mortality rates from coronary heart disease fell by more than 40% between 1980 and 2000. Approximately half of this decrease may be attributable to changes in behaviour linked to major risk factors, including reduced tobacco use and salt consumption, and the other half to improvements in medical treatment. In Finland, deaths of men from coronary heart disease fell by 80%, between 1972 and 2012, corresponding to reductions in smoking, salt intake, blood cholesterol and blood pressure.

The 2030 Agenda for Sustainable Development recognizes the huge impact of noncommunicable diseases (NCDs), including CVD, worldwide – an issue that the Millennium Development Goals did not address. The aim is to reduce premature deaths from NCDs by one third by 2030 (Sustainable Development Goal target 3.4); strengthen implementation of the World Health

Organization (WHO) Framework Convention on Tobacco Control (FCTC) (3.a); strengthen prevention and treatment to reduce the harmful use of alcohol (3.5); support research and development for medicines for NCDs that primarily affect developing countries (3.b); and achieve universal health coverage (3.8).

Inclusion of these conditions in the world's new development agenda provides powerful momentum for the next stretch of reducing premature deaths from heart diseases and the other main NCDs (diabetes, cancers and lung diseases), building up to the third High-level Meeting on NCDs at the United Nations General Assembly in 2018.

Policies and low-cost measures exist to reduce tobacco use, salt consumption and address other CVD risk factors. But they are often underused by national and local governments. This leaves many people who are at high risk for CVD, including heart attacks and strokes, to face barriers in obtaining the health services they need.

The global hearts initiative

To support governments in strengthening CVD prevention and control, WHO and the United States Centers for Disease Control and Prevention (US CDC) are launching **Global Hearts**: a new initiative comprising three technical packages to prevent and control CVDs.

Combined, these packages provide a set of high-impact, evidence-based interventions that, when used together, will have a major impact on improving global heart health.

On the prevention side, Global Hearts comprises the MPOWER package for tobacco control in line with the WHO FCTC and the SHAKE package for salt reduction. On the management side, the HEARTS technical package works to strengthen management of CVD in primary health care level.

TECHNICAL PACKAGES



Technical package for tobacco control



M MONITOR

tobacco use and prevention policies



P PROTECT

people from tobacco smoke



O OFFER

help to quit tobacco use



W WARN

about the dangers of tobacco



E ENFORCE

bans on tobacco advertising, promotion and sponsorship



tax

R RAISE

taxes on tobacco

HEARTS

Technical package for cardiovascular disease management in primary health care



H HEALTHY LIFESTYLE

Counsel on tobacco cessation, diet, physical activity and self-care



E EVIDENCE-BASED TREATMENT PROTOCOLS

Simple and standardized protocols



A ACCESS TO ESSENTIAL MEDICINES AND TECHNOLOGIES

Access to a core set of affordable medicine and basic technology



R RISK-BASED MANAGEMENT

Total cardiovascular risk assessment, treatment and referral



T TEAM-BASED CARE AND TASK-SHARING

Patient-centred care through a team approach and community participation



S SYSTEMS FOR MONITORING

Patient registries and programme evaluation



Technical package for salt reduction



S SURVEILLANCE

Measure and monitor salt use



H HARNESS INDUSTRY

Promote the reformulation of food to contain less salt



A ADOPT STANDARDS FOR LABELLING AND MARKETING

Implement standards for effective and accurate labelling and marketing of food



K KNOWLEDGE

Educate and communicate to empower individuals to eat less salt



E ENVIRONMENT

Support settings to promote healthy eating

For further information about Global Hearts: http://www.who.int/global_hearts

Global hearts: goal and action

Goal

The goal of Global Hearts is to prevent premature deaths from CVDs, including heart attacks and stroke, in target countries.

Priority actions

WHO, the US CDC and partners will provide governments with the technical support required to implement and scale up interventions to prevent heart attacks and strokes. Specific activities will include:

- establishing demonstration sites in countries;
- establishing tobacco control and salt reduction plans;
- developing simplified and standardized protocols;
- improving access to medicines and technologies; and
- building up the capacities of health providers capacity.

Focus countries

Global Hearts will focus initially on efforts in 14 countries: Barbados, Benin, Colombia, Ethiopia, India, Iran (Islamic Republic of), Jordan, Nepal, Nigeria, Philippines, Sri Lanka, Tajikistan, Thailand and Uganda - and will be open to all countries wishing to participate.

Demonstrating and measuring results will be a key feature of country work, where positive impacts in 14 pilot countries can help promote nationwide implementation.



Working together to beat cardiovascular disease