



New Global Agenda for CVD Prevention: 25% Reduction by Year 2025

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Four noncommunicable diseases (NCDs) are recognized as a global epidemic and comprise the majority of morbidity and mortality worldwide: cardiovascular disease (CVD), diabetes, cancer, and respiratory disease. Four international nongovernmental organizations (NGOs) formed the NCD Alliance (www.ncdalliance.org), which now has a network of 2000 civil society organizations in more than 170 countries. The mission of the NCD Alliance is “to combat the NCD epidemic by putting health at the center of all policies.”

The four leading NGOs of the NCD Alliance are the International Diabetes Federation, World Heart Federation, Union for International Cancer Control, and International Union Against Tuberculosis and Lung Disease.

As one step to serve this mission, the NCD Alliance campaigned for and achieved a High-Level Meeting on NCD Prevention and Control at the United Nations, held September 19 to 20, 2011, with the participation of Heads of State and Government. This is only the second health summit held in the history of the United Nations, following the one held on HIV/AIDS in 2001.

The goal of the UN High-Level Meeting was to address the growing threat of NCDs to the public health of the world. This meeting led to the development of a political strategy designed to address the global epidemic of the

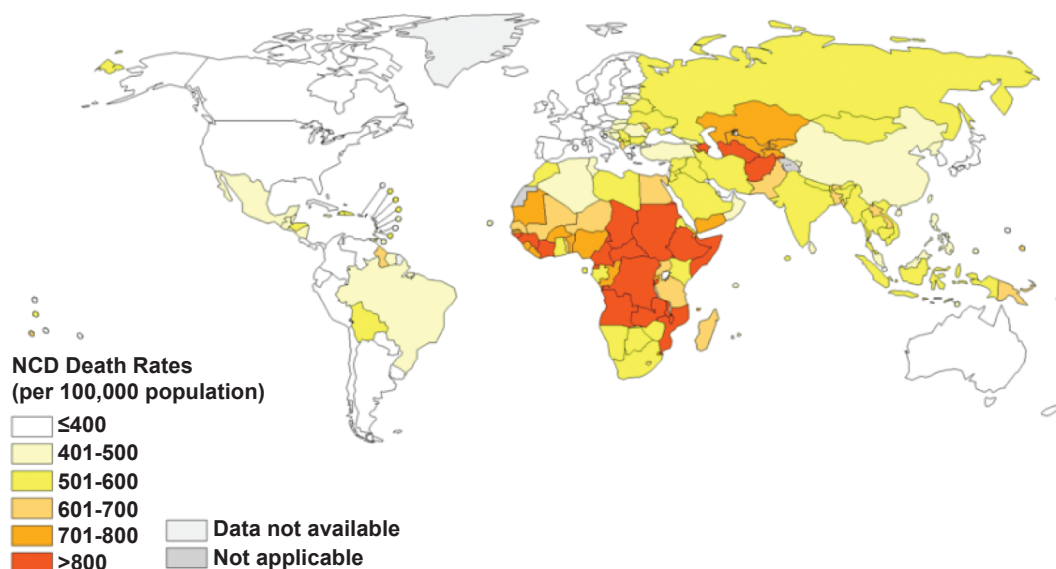
four main NCDs. Following this meeting, the UN General Assembly voted to adopt a resolution to begin efforts to reduce premature death from NCDs worldwide by 25% by Year 2025—the so-called “25x25” agenda. This 25x25 global agenda for the prevention of CVD was reviewed by David A. Wood, MD, MSc, Imperial College London, London, United Kingdom. The toll exacted by NCDs is illustrated in Figure 1, with some of the highest NCD death rates in low- and middle-income countries.

MEMBER STATES FORMAL MEETING

The group then worked at a formal meeting of UN Member States in November 2012 to develop a framework through which to accomplish these goals. The group established indicators of progress and nine voluntary goals to be achieved by Year 2025 (Figure 2).

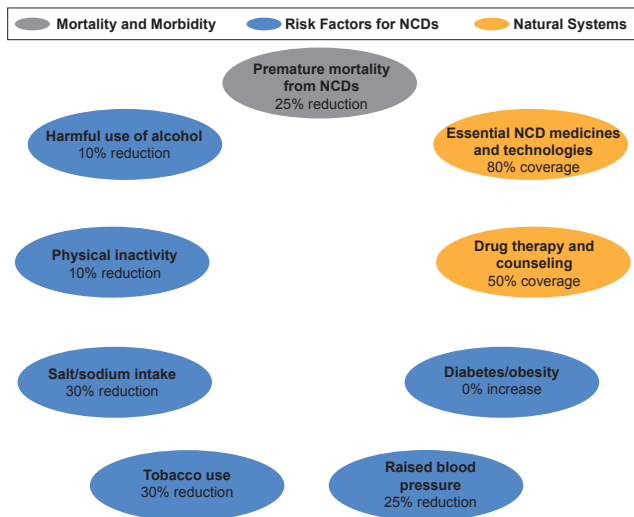
The 25x25 aims to reduce utilization of tobacco by 30% in persons aged ≥ 15 years. The program also seeks to achieve 10% reductions in the number of people with insufficient physical activity and excess alcohol use. Given the adverse effects of salt and hypertension on CV health, the group is aiming to reduce salt intake by 30% and work towards a 25% relative reduction in the prevalence of hypertension. The framework hopes to prevent the prevalence of diabetes and obesity from increasing further.

Figure 1. Mortality From NCD in Year 2010



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Figure 2. The Nine Voluntary Global NCD Targets for Year 2025



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The group agreed on working to increase access to care by setting a target of 80% availability for affordable basic technologies. In addition, the group hopes that the use of essential medications can be increased with at least 50% of eligible people worldwide receiving drug therapy and counseling, including glycemic control, to prevent heart attacks and strokes.

WHO NCD ACTION PLAN

The vision of the WHO NCD Action Plan 2013 to 2020 is a world free of the avoidable burden of NCD. The group agreed on 6 objectives to help work toward achieving this goal (Table 1). Prof. Wood noted that objectives 1 to 3 are political, objective 4 is clinical, objective 5 is research, and objective 6 is an audit to evaluate progress.

Table 1. Objectives of the WHO Noncommunicable Diseases Action Plan 2013-2020

Objective 1: To strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of NCDs in the development agenda and in internationally agreed development goals
Objective 2: To strengthen national capacity leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of NCDs
Objective 3: To reduce exposure to modifiable risk factors for NCDs through creation of health-promoting environments
Objective 4: To strengthen and reorient health systems to address prevention and control of NCDs through people-centered primary health care and universal coverage
Objective 5: To promote and support national capacity for high quality research and development for prevention and control of NCDs
Objective 6: To monitor trends and determinants of NCDs and evaluate progress in their prevention and control

GLOBAL ALLIANCE FOR CVD PREVENTION IN CLINICAL PRACTICE

In addition, the WHO set a goal to strengthen and reorient health systems to address prevention and control of NCD through people-centered primary health care and universal coverage. The Global Alliance for Cardiovascular Disease Prevention in Clinical Practice was created to bring together members from the European Society of Cardiology (ESC) and the European Association for Cardiovascular Disease Prevention and Rehabilitation (EACDPR) in order to work toward achieving this objective.

The Global Alliance held the CVD Prevention in Clinical Practice Global Forum in Rome in April 2013, during the EuroPrevent Congress, to determine how it will achieve 25x25. At the Global Forum, they established a target of longer and healthier lives for all patients with atherosclerotic vascular disease and asymptomatic persons at high multifactorial risk of developing CVD, including those with diabetes.

The Global Alliance also agreed that their role should include the following:

- Creation of guidelines and standards
- Provision of education and training
- Provision of health service
- Research
- Leadership

The group felt guidelines and standards for CVD prevention and rehabilitation should be tailored to appropriately meet the specific needs of each country. Also, education and training in CVD prevention and rehabilitation should be provided to physicians, nurses, and allied health professionals.

The Global Alliance agreed they should work together to strengthen health service provision for CVD prevention and rehabilitation, and to promote adequate and cost effective service delivery that is tailored to the needs of each population. Research should be conducted to understand the burden of lifestyle and related risk factors in different populations and how these change over time, and to determine the outcomes that are being achieved by patients.

Leadership in CVD prevention and rehabilitation must be built by supporting the organization of professional societies in the countries where they do not exist. Additional information about the Global Alliance for Cardiovascular Disease Prevention in Clinical Practice can be obtained at <http://www.escardio.org/communities/EACPR/Documents/global-forum-2013-report.pdf>.



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