

Reducing Premature Cardiovascular Mortality By 2025

The World Heart Federation Roadmap

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The World Heart Federation (WHF) Roadmaps provide guidance for policymakers, healthcare professionals (HCPs), patients, the private sector and the public on reducing premature mortality from cardiovascular disease (CVD), in alignment with three out of the eight key targets proposed by World Health Organization (WHO) in 2013 [1]. These include a 30% reduction in tobacco use, a 50% use of evidenced based secondary prevention measures and a 25% improvement in hypertension control. We have focused on improved hypertension control as the most effective means to reach the overall mortality target, rather than the broader target related to reducing the prevalence of raised blood pressure, because of the clear evidence that blood pressure control in hypertensives will reduce CVD and there are large opportunities for avoiding premature CVD by such a focused approach.

The WHF Roadmaps are aligned with the WHF goal of reducing premature mortality from CVD by at least 25% by 2025 [2]. They serve as models for countries to develop or update national noncommunicable disease (NCD) action plans, using the framework provided by the World Health Organization's Global Action Plan (GAP) 2013-2020 [1]. They translate existing knowledge of best practices, barriers and solutions in three priority areas – secondary prevention, hypertension control and tobacco control – into practical strategies for improving cardiovascular health.

Numerous guidelines and consensus statements recommend strategies for achieving these three targets. However, the use of secondary prevention measures remains low, the control of hypertension is poor and the implementation of comprehensive tobacco control policies could be improved.

The Roadmaps aim to help countries, communities and stakeholders in changing these statistics by dramatically accelerating action to prevent and control CVD. The WHF Roadmaps can be facilitated by the global movement towards universal health coverage (i.e., ensuring that everyone can access quality health services without financial hardship), for which countries are considering ambitious shared goals at the UN General Assembly later in 2015 [3].

The WHF Roadmaps included here provide a rationale for selecting three priority targets based on clear evidence of effectiveness, feasibility and cost effectiveness; it then provides a practical roadmap that identifies potential barriers (roadblocks) to their implementation and potential solutions for bypassing them [4–6].

Leaders representing a number of healthcare sectors and countries have collaborated to develop the WHF Roadmaps. They are written for all those who share a commitment to reducing premature CVD mortality, including governments, employers, non-governmental organizations (NGOs), health activists, academic and research institutions, HCPs and people who have been personally affected by CVD.

The three WHF Roadmaps have some common features and some differences in their approaches. The first two Roadmaps – on secondary prevention and on hypertension – are primarily focused on health system issues and identify roadblocks on the care pathway for patients with prevalent CVD or raised blood pressure. To identify roadblocks and potential solutions, a framework has been adopted that was previously used to examine the relationship between the various health system levels and other cardiovascular conditions (Figure 1) [7].

We searched for systematic reviews in three online sources of evidence synthesis for policy, health system and knowledge translation evidence: the McMaster Health Systems Evidence portal; the Rx for Change database; and the Cochrane Effective Practice and Organization of Care (EPOC) Review Group.

The WHF Roadmap for tobacco control is more policy oriented given the degree to which evidence for tobacco control has already been translated into policy through the global tobacco control treaty, the WHO Framework Convention on Tobacco Control (FCTC).

The WHF Tobacco Roadmap summarizes key elements of the FCTC and its guidelines, describes the main roadblocks for their implementation and proposes strategies for overcoming them. The WHF has worked with tobacco control experts from around the world to simplify and synthesize the guidance from the FCTC guidelines, as well as information from the FCTC Conference of the Parties and the WHO Report of the Global Tobacco Epidemic [8,9].

For all three roadmaps, we received feedback from 91 participants who attended a meeting at the World Congress of Cardiology in Melbourne, Australia in May 2014. Furthermore, through an iterative online process and an online survey, we consulted with the WHF membership network of over 200 organizations. The final recommendations were reached by consensus of the writing groups for each of the WHF Roadmaps.

Dr. Perel lead several studies on preventive cardiology for which his institution has received grants. He has no conflicts related to this particular article. Dr. Wood lead several studies on preventive cardiology for which his institution has received grants from both peer review organizations as well as from a number of pharmaceutical companies. He has also received honoraria for lectures and travel expenses for talks. He has no conflicts related to this particular article. Dr. Yusuf lead several trials with a range of drugs as well as lifestyle interventions involving CVD prevention for which his institution has received grants from both peer review organizations as well as from a number of pharmaceutical companies. He has also received honoraria for lectures and travel expenses for talks. He has no conflicts related to this particular article. The remaining authors report no relationships that could be construed as a conflict of interest.

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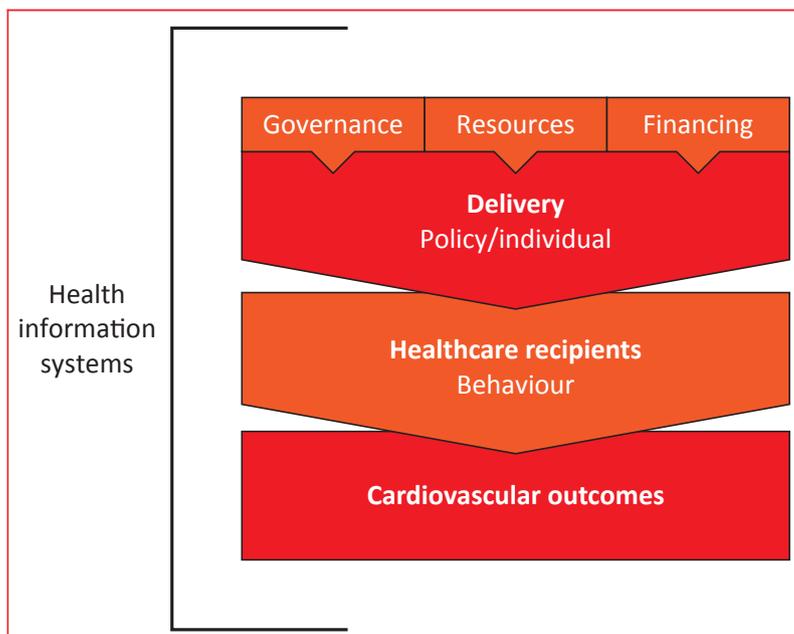


FIGURE 1. Health System Framework.

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The WHF Roadmaps presented in this *Global Heart* special issue give an overall picture, provide general recommendations and suggest a menu of policy options. To be applicable at a national level, the recommendations should be tailored (through local health system appraisals and multi-stakeholder policy dialogue) to that country's circumstances, achievements and capacity to create appropriate national action plans [10].

For the vast majority of countries party to the global tobacco control treaty, the CVD roadmap on tobacco con-

trol points to policy obligations rather than policy options. It gives guidance on how different sectors can work together to help their governments meet their legal commitment to implementing comprehensive tobacco control policy.

The Roadmaps provide general guidance but each country and region will need to customize the strategy to local economic and social circumstances and the particular structures of their health care systems.

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