

Evaluating the World Heart Federation's 25 by 25



The Forgotten Millions

In 2012, the World Heart Federation (WHF) launched its initiative “25 by 25” to reduce premature mortality due to cardiovascular diseases (CVD) by 25% by 2025. The 25 by 25 initiative is aligned with the World Health Global Action Plan for Non-Communicable Diseases. In the past decades, CVD mortality rates have gradually decreased in high-income countries, but low- and middle-income countries (LMIC) face an increasing burden of CVD mortality amid the epidemiological transition [1]. LMIC are faced with a rapid surge in noncommunicable diseases, but only limited reductions in communicable diseases. The backlog of rheumatic heart disease remains seemingly insurmountable with over 33 million cases around the world, whereas ischemic heart disease follows ongoing globalization in LMIC and congenital heart defects—the most common congenital anomaly and completely unpreventable—strike every 1 in 100 live births [2]. CVD are the largest cause of mortality worldwide, killing 18 million people per year today and projected to kill millions more per year in the next decade unless significant measures are taken [1]. Although age-standardized mortality rates indicate decreasing mortality rates due to CVD, the rapid global population growth quickly surpasses these relative improvements.

Lifestyle interventions as proposed by the WHF in its 25 by 25 campaign are undeniably crucial to reduce the incidence of and to mitigate many CVD, but they will not be sufficient to drastically reduce premature CVD mortality in most countries [1]. Between 4.5 and 6 billion people (93% of the LMIC population) live without access to safe, timely, and affordable surgical or interventional care when needed, leaving millions of adults with ischemic and rheumatic heart disease and children with

congenital heart disease to die or suffer from significant complications [3]. Although a majority of CVD can be prevented, many cannot, and a hypothetical vacuum in which complete prevention is achieved seems improbable. Without addressing the entire spectrum of curative care services for complex CVD, millions of individual—fathers, mothers, children—will continue to die from surgically treatable CVD.

Large disparities remain, underlying access to cardiac surgical services in LMIC, where >80% of all CVD deaths occur [4]. Low-income countries possess only 0.04 cardiac surgeons per million population, compared with 7.15 per million population in high-income countries [3]. In a combined effort with the world's leading cardiac surgical societies, the WHF has established the Cardiac Surgery Intersociety Alliance to increase cardiac surgical volume in LMIC [5]. This recognition is an important first step in supporting low-volume cardiac centers in LMIC to increase their autonomy and surgical volume. However, capacity-building, supply chain strengthening, and pre- and post-operative care services are equally necessary to ensure holistic cardiac care for the forgotten millions (Figure 1).

The 25 by 25 initiative is an ambitious goal, both for the WHF's focus on CVD, and the World Health Organization's broader emphasis on noncommunicable diseases. Current projections suggest that these goals will not be attained by 2025, and future efforts toward the Sustainable Development Goals by 2030 require an increased, multifaceted, and horizontal systemwide approach. Neglecting cardiac surgical and interventional services means forgetting about the millions living with untreated cardiac surgical diseases. The WHF and the Cardiac

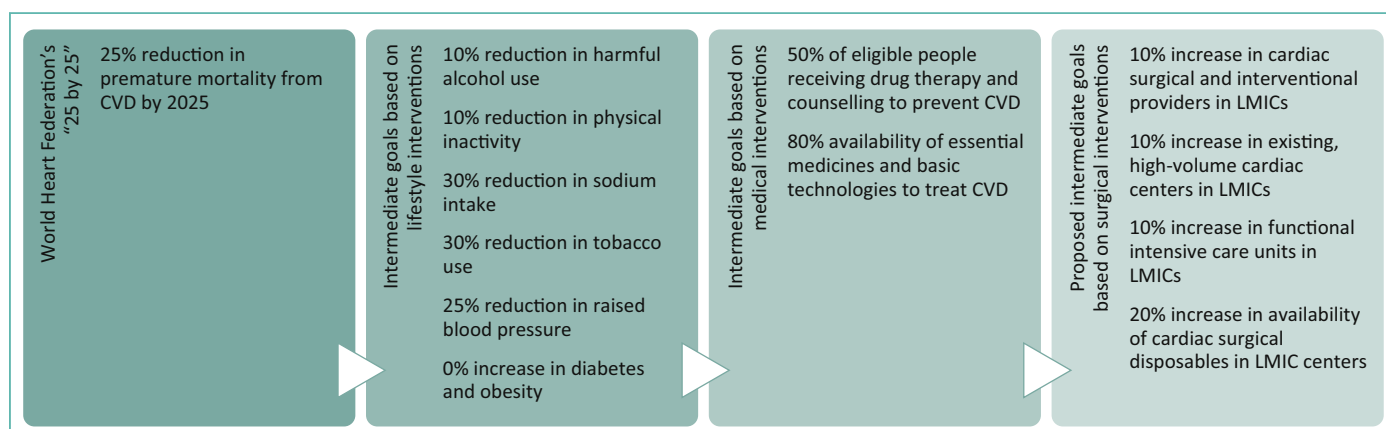


FIGURE 1. Adapted 25 by 25 framework as a holistic approach to cardiovascular diseases (CVD) by 2025. LMIC, low- and middle-income countries.

Surgery Intersociety Alliance play an important role in addressing these gross global imbalances and leaving no patient with cardiovascular disease behind.

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