

The Focus of Action[☆]

K. Srinath Reddy

Geneva, Switzerland; and New Delhi, India

The World Heart Federation is dedicated to leading the global fight against cardiovascular disease (CVD)—including heart disease and stroke—with a focus on low- and middle-income countries, via a united community of more than 200 member organizations in over 100 countries around the globe. The World Heart Federation has adopted an overarching goal of a 25% reduction in premature mortality from CVD by the year 2025. This is consistent with the World Health Organization (WHO) goal, adopted after the 2011 United Nations High Level Summit on Noncommunicable Diseases (NCDs), of a 25% reduction in premature mortality from NCDs by 2025. Additionally, the World Heart Federation retains its focus on rheumatic fever (RF) and rheumatic heart disease (RHD) and has a strategic goal of a 25% reduction in premature deaths from RF and RHD among individuals aged <25 years by the year 2025.

During my presidency, the major focus of action and advocacy led by the World Heart Federation will be in 3 areas: 1) prevention, detection and control of high blood pressure; 2) reduction of tobacco consumption (active and passive); and 3) secondary prevention of CVD through strengthening of delivery and adherence at various levels of healthcare. These 3 prioritized areas of programmatic action will together have a major impact on CVD-related mortality and morbidity, and in turn will help attain both the World Heart Federation goal and the WHO goal of premature mortality reduction by 2025.

The focus on these areas is very timely because in May 2013, the World Health Assembly (the decision-making body of the WHO) finalized a global action plan for the prevention and control of NCDs (including heart disease, stroke, diabetes, cancer, and chronic lung diseases) with a set of 9 targets for NCDs, including the aforementioned

reduction in premature mortality from NCDs by 25% by 2025. The action plan also contains a monitoring framework, including 25 indicators to track mortality and morbidity, assess progress in addressing risk factors, and evaluate the implementation of national strategies and plans.

Among those targets are a 25% relative reduction in the prevalence of raised blood pressure or containment of the prevalence of raised blood pressure, according to national circumstances; a 30% relative reduction in prevalence of current tobacco use in persons aged ≥ 15 years; and at least 50% of eligible people receiving drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes.

Globally, NCDs kill more than 36 million people each year, and approximately 80% of these deaths are in low- and middle-income countries. Cardiovascular disease accounts for almost half of all NCD deaths. Clearly, CVD is a threat to health and development.

This calls for action by the World Heart Federation and its members: first, to actively participate in the implementation of national programs for NCD prevention and control; and second, to vigorously advocate with national governments and international agencies to clearly position the overall goal of NCD reduction as well as specific NCD-related actions in the post-2015 Millennium Development Goals or Sustainable Development Goals agenda. The World Heart Federation's strength lies in its global network of 200 member organizations. Our efforts to advocate for policy change, increase public awareness of CVD risk through campaigns such as World Heart Day, and advance scientific knowledge would all be in vain if it was not for their commitment to drive change at the country level. The ambit of heart health must extend from the hub of global policy to the throb of a person's pulse.

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President, World Heart Federation, Geneva, Switzerland, and President, Public Health Foundation of India, New Delhi, India.
Correspondence: K. S. Reddy (ksrinath.reddy@phfi.org).

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