EDITOR'S PAGE gOVERVIEW

The 2000-2016 WHF Global Atlas of CVD



Take Two

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In 2014, *Global Heart* published the 1990-2010 Global Atlas of Cardiovascular Disease [1]. The atlas was received with enthusiasm at the 2014 World Congress of Cardiology (WCC). The 2014 atlas and WCC followed shortly after the 2011 United Nations High-Level Meeting on Noncommunicable Disease (NCD) Prevention and Control [2]. The 2014 atlas marked the clear transition from a global health landscape dominated by maternal, child, and communicable diseases, to a new landscape on which NCDs laid increasing claim.

In this issue of *Global Heart*, we present the 2000-2016 Global Atlas of Cardiovascular Disease, a new take on the state of cardiovascular disease burden and the path forward for controlling the cardiovascular disease epidemic around the world. Several things have changed at the global level

since the 1990-2010 interval. In most world regions and countries, age-standardized cardiovascular disease death rates decreased. Regions with high cardiovascular disease mortality rates, like Eastern Europe, lowered these rates over time. Remarkably, the absolute burden of rheumatic heart disease decreased.

Yet the absolute burden of all other cardiovascular diseases (measured in disability-adjusted life-years [DALYs]) continued to increase over 2000-2016, driven in many places by growing and aging populations. From a public health perspective, it is encouraging to see progress in controlling age-standardized cardiovascular disease death rates. From the perspective of governments, health system planners, and practicing healthcare providers, the absolute growth in the number of acute cardiovascular

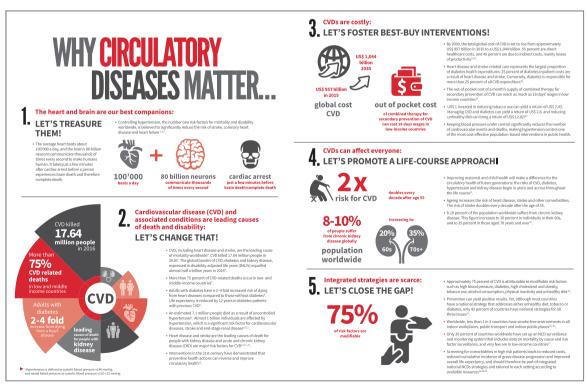


FIGURE 1. Why circulatory diseases matter

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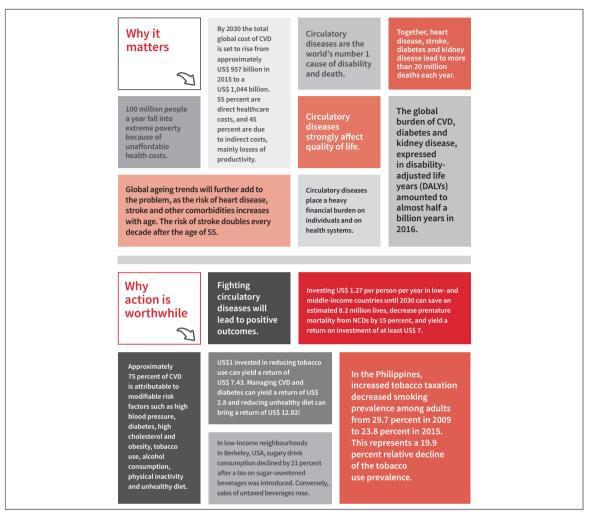


FIGURE 2. Why circulatory diseases matter

disease cases, and the number of people living with chronic cardiovascular diseases, means a growing challenge to deliver affordable, accessible, and comprehensive healthcare.

Publication of this new, the 2000-2016 Global Atlas of Cardiovascular Disease follows shortly after the latest 2018 United Nations High-Level Meeting on NCDs. Both at the United Nations meeting and at this year's World Congress of Cardiology, *Global Heart* joins the World Heart Federation in advocating for an ambitious campaign to control cardiovascular disease and the NCDs that so often share root causes with cardiovascular disease. The billion-dollar question is, why hasn't the world taken control of cardiovascular disease and other NCDs to heart? One answer is, "timing is everything"—all of the United Nations High-Level Meetings on NCDs coincided with a global financial crisis. But perhaps we haven't yet found our message. It is time to spread the word: cardiovascular health is imperative for longer, and healthier, independent, and productive

lives; prevention can save society on avoidable cardiovascular disease costs; and cardiovascular disease prevention aligns well with prevention of a host of other NCDs (Fig. 1).

The 2000-2016 Global Atlas of Cardiovascular Disease starts with an overview of the global epidemiology of cardiovascular diseases and a review of 4 high-priority areas: universal healthcare, availability and access to essential medicines, cultivation of a global cardiovascular disease control workforce, and implementation of effective population-wide policy interventions. In the regions sections that follow, readers will find the keys to the highest burden countries and most important preventable risks in his or her home region. We are hopeful that this information catalyzes action to control cardiovascular diseases around the world (Fig. 2).

In closing, we acknowledge the extraordinary efforts of the Global Burden of Disease 2016 Study team that provided all of the latest cardiovascular

disease burden estimates in this atlas. We are also grateful for the data provided to the public by the World Health Organization. Last, we are grateful to the millions of research participants who provided personal information for the purpose of improving health in their communities and around the world. Looking forward, we are hopeful that the next World Atlas of Cardiovascular Disease will mark continued

progress in the global effort to control the epidemic of cardiovascular disease.

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