

# Global Coalition for the Fight Against Heart Disease and Stroke



## A Global Coalition for WHF Second Global Summit on Circulatory Health

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### SETTING THE SCENE

The World Heart Federation (WHF) is a global leadership organization that brings together the cardiovascular disease (CVD) community—continental and national societies of cardiology and heart foundations—to reduce the global burden of heart disease and stroke through international advocacy and collective action. By uniting its member organizations and convening key decision makers, WHF promotes the prevention and control of CVD, with our mission of achieving a 25% reduction in premature deaths from CVD around the world by 2025 [1].

WHF represents the CVD community as a nonstate actor at the World Health Organization (WHO) Executive Board and World Health Assembly and supports WHO in its strategies to reduce the burden of CVD worldwide. CVD is the number 1 cause of mortality globally, claiming an estimated 17.7 million lives in 2015, representing 31% of all global deaths [2]. The majority of these deaths were due to coronary heart disease and stroke, with more than 75% of mortality occurring in low- and middle-income countries [2].

Global mechanisms and frameworks have been developed since the historic United Nations (UN) High-Level Meeting on noncommunicable diseases (NCD) in 2011 (Table 1) [3–7] in order to address the unsustainable burdens of heart disease and stroke, the commonest causes of NCD worldwide. These global and national plans, strategies, and targets are appropriate but also conservative. Although they offer positive guiding principles for global and national action, many governments have not been sufficiently compelled to put in place their own national plans and honor commitments to reach their own national health targets.

On occasions, the compelling case for better global heart health has been subsumed within the wider NCD response—resulting in lost opportunities for the cardiovascular community to unite and take action together. It is clear that a more coordinated and focused way forward is needed by international, continental, and national organizations committed to prevention and control of heart disease and stroke.

### MOTIVATION FOR THE SUMMIT

To galvanize progress toward agreed targets on CVD and bring the cardiovascular community closer to achieving the “25 by 25” target, the WHF has taken decisive steps to advance the circulatory health agenda.

In 2016, the WHF convened the First Global Summit for Circulatory Health, held in Mexico City, which sought to unite diverse stakeholders in the circulatory health community to speak with 1 voice.

This inaugural summit resulted in the Mexico Declaration [8], which was adopted by 29 global, regional, and national civil society actors who pledged to work together to:

1. Create a common international advocacy strategy to promote policies for cardiovascular health to influence international, regional, and national actions on CVD prevention.
2. Develop a common implementation strategy to ensure that what works, based on evidence, is implemented for:
  - a. Those already suffering from CVD.
  - b. Those at high risk of developing CVD, and
  - c. Populations at large in low-, middle-, and high-income countries.
3. Develop a common language and mechanism for speaking with one voice to policy makers and politicians.

The First Global Summit proved it was possible to unite key actors in the circulatory field to raise the profile of the prevention and control of heart disease and stroke on the global health agenda. Therefore, in advance of the landmark third UN High-Level Meeting on NCD (to be held in September 2018), the WHF convened a Second Global Summit to formalize partnerships and set agreed priorities as part of a coordinated global response.

The Second Global Summit for Circulatory Health was convened in Singapore from July 12–13, 2017, by the WHF in partnership with the Asian Pacific Society of Cardiology,

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**TABLE 1.** Existing global efforts to address CVD and NCDs

- In 2011, the UN held an historic High-Level Meeting on NCD, at which world leaders adopted the UN Political Declaration on the Prevention and Control of NCD [3].
- WHO member states then endorsed the WHO Global Action Plan for the Prevention and Control of NCD 2013 to 2020, which set a target of reducing premature mortality from NCD by 25% by 2025 [4].
- Political pressure to tackle NCD was evident during a second UN High-Level Meeting in 2014, where member states agreed to 4 time-bound commitments to tackle NCD.
- NCD were further acknowledged as a global development priority within the UN SDG, which were launched in 2015 [5]. In SDG target 3.4, the global community pledged to reduce premature NCD mortality by one-third by 2030 [6].
- Progress on global efforts to tackle NCD will be assessed at a third UN High-Level meeting in 2018 [7].

NCD, noncommunicable diseases; SDG, sustainable development goals; UN, United Nations; WHO, World Health Organization.

Asian Pacific Heart Network, Association of Southeast Asian Nations Federation of Cardiology, and the Singapore Heart Foundation. The main objectives of this summit were to:

1. Convene and mobilize international, regional, and national organizations as advocates for circulatory health.
2. Campaign for circulatory health with a collective voice and clear messages to policy makers and politicians.
3. Catalyze action for circulatory health through civil society engagement.

### MEETING PROCEEDINGS

The Global Summit was officially opened on July 12, 2017, by Chee Hong Tat, the minister of State for Health for Singapore together with the president of the WHF, Professor David Wood. Opening comments were provided by Dr. Richard Horton, editor-in-chief of *Lancet*; Dr. Salim Yusuf, executive director of the Population Health Research Institute; Michael Bloomberg, WHO Global Ambassador for NCD; and Drs. Douglas Bettcher and Etienne Krug from WHO. The video and slide presentations are available online [9].

During the second day of the summit, keynote addresses were delivered by Dr. S. Subramaniam Sathasivam, the minister of Health for Malaysia, and Dr. Sania Nishtar, global health expert and founder of the cardiovascular nongovernmental organization Heartfile.

In total, 117 leaders from 88 organizations attended the global summit. The attendees represented a wide range of stakeholders, including 9 representatives from ministries of Health; 82 from nongovernmental organizations, heart foundations, and professional organizations; 4 from WHO and its regional offices; and 13 from the private sector.

The global summit took place over 2 working days and was structured according to 3 key thematic areas:

knowledge exchange; tools for action; and effective outreach with a powerful voice (Table 2).

For each thematic area, 2 separate workshop sessions were held simultaneously. Each set of workshops was followed by a plenary session attended by all participants, during which the key findings from each workshop were presented for discussion by the workshop moderators.

## OVERVIEW OF SUMMIT PLENARIES AND WORKSHOPS

### Opening plenary

Following an introduction from Professor David Wood and Dr. Jean-Luc Eiselé, Dr. Richard Horton provided an opening address in which he posed the question: why are we failing to prevent the preventable?

He observed that political attention had been diverted from tackling NCD due to global anxiety around lack of preparedness for future pandemics. To combat this, he suggested that NCD—including circulatory diseases—should be reframed as a matter of health security to reflect current political priorities.

He was followed by Dr. Salim Yusuf, who called for a focus on 4 elements of CVD prevention and control: tobacco cessation; reducing hypertension; provision of statins for lowering of low-density lipoprotein; and increasing physical activity. Dr. Yusuf also stated that the role of trained health workers in heart and stroke prevention were vital to a comprehensive response given the vast scale of effort required.

WHO Global Ambassador for NCD Michael Bloomberg then delivered a video message in which he called for “bold action” to achieve “25 by 25,” and he praised the concrete measures outlined in the WHO Global HEARTS

**TABLE 2.** Format of the plenaries and workshops at the Second Global Summit on Circulatory Health

Summit Themes	Workshops
Knowledge Exchange	National CVD Action Plans Access to Essential and Affordable Medicines and Technologies
Tools for Action	WHO Global HEARTS Technical Package and WHF Roadmaps Moving toward Healthier Cities
Effective Outreach with a Powerful Voice	Political Advocacy and Reframing Common Messaging Building a Civil Society Movement Including the Patient Voice

CVD, cardiovascular disease; WHF, World Heart Federation; WHO, World Health Organization.

**TABLE 3.** Workshop: National CVD Action Plans

Panelists	
Tran Quoc Bao	Ministry of Health, Vietnam
Simon Baptist	Economist Intelligence Unit
Truong Bui	Communities for Healthy Hearts, PATH
Rohan Greenland	Asia-Pacific Heart Network
Gerald Mutungi	Ministry of Health, Uganda
Sandhya Singh	Ministry of Health, South Africa
Moderators	
Katie Dain	NCD Alliance
Jack Tan	Asia Pacific Society of Cardiology

Abbreviations as in Tables 1 and 2.

initiative [10] and highlighted the opportunity for mayors and local leaders to take action against NCD.

Dr. Bettcher highlighted the need to place NCD—and circulatory diseases—within the context of achieving universal health coverage and stated that partnerships with other sectors would be key to progress. The opening plenary concluded with an address by Dr. Etienne Krug, who called on participants to make the Global HEARTS initiative [10] the rallying point for the summit.

## KNOWLEDGE EXCHANGE

### National CVD Action Plans

The workshop session on National CVD Action Plans, under the theme of “Knowledge Exchange,” sought to examine current national strategies to tackle CVD, including key components, best practices, and suggested actions (Table 3).

A benchmarking comparison, offering a global perspective of national CVD actions, demonstrated that whereas several countries do have plans, these plans are not comprehensive enough, including in high-income countries. It was suggested that these could be strengthened by improvements in cost-effectiveness through secondary prevention, patient engagement, and mobile health, as well as through greater integrated care.

Three country representatives from ministries of Health provided insights from their national experience after which the discussion moved to civil society. Panelists and participants were unanimous that all countries should have focused, multisectoral national plans to address CVD across the life course. It was stressed that these plans need to be well-resourced and closely monitored, and concise business cases need to be made for the financing of these plans amid constrained budgets and competing priorities.

To increase effectiveness, panelists noted the need for greater policy integration by feeding existing global agreements into national planning; promoting a heart-health-in-all policies approach across different ministries, policies, and regulations; and leveraging other health priority areas through a focus on comorbidities.

Lastly, participants noted that civil society organizations must take a more collaborative role both in engaging

with each other and when engaging with governments on their national action plans. It was emphasized that successful national plans will need to be multisectoral, and country representatives highlighted the value in forming multisectoral committees on NCD, specifically for heart disease and stroke, and partnerships with civil society to empower communities. Participants further noted that this multistakeholder approach would also reduce industry interference on all aspects of lifestyle in strategy planning and implementation.

In the following plenary session, the workshop moderators presented action points for international advocacy that emerged from the workshop:

- Advocate for multisectoral action plans using coalitions from across different government ministries with clear leadership and coordination (e.g., from a prime minister’s office). Civil society representatives should be encouraged to join or engage with these coalitions.
- Focus civil society advocacy on sustained financing and assist by providing example investment cases at the country level. Civil society also has a strong position to advocate directly to donors.
- Share technical expertise and scientific evidence with policy makers. Civil society could also work to qualitatively monitor progress and contribute to improved, streamlined, and well-communicated monitoring and evaluation of national plans.

### Access to essential and affordable medicines and technologies

The second workshop under the theme “Knowledge Exchange” examined the topic of access to essential and affordable medicines and technologies (Table 4). It sought to investigate the most pressing challenges surrounding this issue and to identify existing solutions and actions for summit participants to prioritize.

There was broad consensus that community-based, integrated systems for primary health care constituted the necessary foundation for providing reliable access to medicines and technologies. Workshop participants stated that such systems could help to identify target populations for prevention and management, quantify demand for CVD

**TABLE 4.** Workshop: Access to Essential and Affordable Medicines and Technologies

Panelists	
Richard Hobbs	World Organization of Family Doctors
Michael Moore	World Federation of Public Health Associations
Loise Nyanjau	Ministry of Health, Kenya
Kathryn Taubert	American Heart Association
Shizuya Yamashita	International Atherosclerosis Society
Sze Yunn Pang	Hospital to Home, Philips
Moderators	
Helen McGuire	PATH
Jagat Narula	St. Luke’s and Roosevelt Hospital of Mount Sinai

**TABLE 5.** Workshop: WHO Global HEARTS Technical Package and WHF Roadmaps

<b>Panelists</b>	
Susan Capps	Amgen
Mohammad Daud	Ministry of Health, Nepal
Werner Hacke	World Stroke Organization
Daniel Lackland	World Hypertension League
Dolores Manese	Ministry of Health, Philippines
David Stewart	International Council of Nurses
Amit Yadav	HRIDAY/Public Health Foundation of India
<b>Moderators</b>	
Oyere Onuma	WHO
Karen Sliwa-Hahnle	Hatter Institute for Cardiovascular Research in Africa
HRIDAY, Health Related Information Dissemination Amongst Youth; other abbreviations as in Tables 1 and 2.	

medicines and technologies, and make ongoing treatment more accessible for health care recipients by reducing transportation costs and time spent away from work.

Nevertheless, participants also noted the need for a holistic approach and warned against ignoring secondary prevention and tertiary care. They drew particular attention to the lack of cheap, essential technologies for post-heart disease and stroke rehabilitation in low-resource settings.

From a global perspective, participants noted the necessity of tracking international treaties for negative implications on access to generic medicines, the importance of updating and maintaining essential medicines lists according to recent evidence, and the need to work with specialists in supply chain management.

Participants further noted the necessity of improving adherence to medicines to make better use of existing, scarce resources. They highlighted the possibilities offered by telehealth in this regard, as well as to make health information, education, and monitoring more accessible, particularly in rural settings.

In the following plenary session, the moderators presented 4 recommendations for civil society and WHO:

1. Offer technical support for regions and large countries to establish pooled procurement mechanisms for essential CVD medicines and technologies to make them more affordable and accessible.
2. Provide advocacy support for national foundations in their essential medicines and technologies advocacy to governments.
3. Issue a call for governments to increase protected funding for heart disease and stroke medicines and technologies within national health budgets, in addition to increased resources for health systems strengthening.
4. Seek multistakeholder partnerships with different sectors to promote collaboration between circulatory disease organizations and the medicines and technologies community.

## TOOLS FOR ACTION

### WHO Global HEARTS Technical Package and WHF Roadmaps

Under the theme of “Tools for Action,” this workshop aimed to present and discuss the WHO Global HEARTS Technical Package and WHF Roadmaps to “25 by 25” [10,11], as leading frameworks that can be implemented at the national level to improve the delivery of care for patients (Table 5).

Representatives from the Ministries of Health of Nepal and the Philippines—2 countries where Global HEARTS [10] is being piloted—spoke about their experiences and lessons learned so far. Nepal has committed to tackling CVD through a multisectoral NCD action plan and has begun scaling up HEARTS from 2 to 10 districts (reaching 500 health care facilities) with the intention to increase this to 20 districts in the next year.

The Philippines has also experienced success with the provision of cardiovascular risk assessments for adults over 25 years and greatly improved access and affordability to essential medicines to treat cardiovascular diseases. Both countries noted successes with training, in Nepal through training of trainers, and using HEARTS tools to improve counseling training for health care workers in the Philippines.

At the policy level, the WHF Roadmaps [9] were presented as a reference tool for countries to assess national policies for prevention and control of heart disease and strokes, organization of health care systems to provide preventive care, education and training of health workers to deliver preventive care, access to evidence-based guidelines, availability of essential medicines and technologies, and lifelong adherence by patients to these therapies. The Roadmaps [11] describe how to conduct situation analyses in order to understand national and local policies and barriers to preventive care, engage multiple stakeholders through national coalitions in policy dialogues, and troubleshoot to address gaps and opportunities for improvement in prevention, management, and care for CVD.

The workshop also featured discussion among partners in implementation, who spoke to the important role of primary care providers, and specifically nurses, in providing

**TABLE 6.** Workshop: Moving Toward Healthier Cities

<b>Panelists</b>	
Yih Yng Ng	Singapore Civil Defence Force—My Responder App
Manuel Arango	Heart and Stroke Foundation of Canada
Li Choo Kwek-Perroy	Manulife
Fausto Pinto	European Society of Cardiology
<b>Moderators</b>	
Fiona Bull	World Health Organization
Clara Chow	The George Institute and University of Sydney

**TABLE 7. Workshop: Political Advocacy and Reframing Common Messaging**

<b>Panelists</b>	
Beatriz Champagne	InterAmerican Heart Foundation
Mike Daube	Curtin University
Simon Gillespie	British Heart Foundation
Laksmiati Hanafia	Indonesia Heart Foundation
Susanne Logstrup	European Heart Network
<b>Moderators</b>	
Rohan Greenland	Asia-Pacific Heart Network
Floris Italianer	Dutch Heart Foundation

patient-centered care. It was noted that for these technical packages to be successfully implemented, global initiatives must be translated into the everyday “working language” of health care professionals.

Participants also urged the circulatory health community to work in greater unison by finding synergies within the heart disease and stroke communities, increased collaboration, and a focus on shared goals, including support for the Mexico Declaration [8] and the Global HEARTS Initiative [10].

In the summary plenary session, the workshop moderators presented the action points for international advocacy that emerged from the workshop, including:

- Adapt global CVD and NCD initiatives to local health contexts with a focus on scalable and affordable strategies and actions.
- Expand their focus of frameworks to include school children, adolescents, and a family-based approach.
- Align behind key global initiatives (WHO Global HEARTS [10] and WHF Roadmaps [11]) and work to promote their dissemination and use.
- Convene a recurring global leadership forum to learn from successes and failures of the implementation of global initiatives.

### Moving Toward Healthier Cities

The second workshop under the theme “Tools for Action” was titled “Moving Towards Healthier Cities” (Table 6). In addition to exploring engagement with sectors such as transport and urban planning, panelists and participants in this workshop also considered the role of diverse elements such as electronic health, the food policy environment, and social cohesion could play in creating a healthy urban environment.

Participants placed emphasis on interventions focusing on physical activity and active transport, including walking and cycling. They stressed that affordable public transport, preservation of public parks, and safer roads were key enablers for such initiatives. They also stressed the importance of air quality control measures to reduce air pollution, given its association with increased prevalence of circulatory diseases.

Panelists and participants highlighted food policy as another key environmental determinant for healthy cities,

recommending measures such as restrictions on the marketing of unhealthy foods and beverages to children, warning labels on unhealthy foods, transfat regulations, and monitoring of salt in foods.

Participants also noted the potential of electronic health tools to incentivize health-seeking behaviors—for example through wearable technology and tobacco cessation advice—and to mobilize communities, through provision of CPR in emergency situations by qualified citizens.

From the workshop discussions, 3 main recommendations for civil society actors emerged:

1. Join efforts to support the development and implementation of policy measures to promote active transport, air quality control measures, and a healthy food policy environment, including through existing initiatives such as “The Partnership for Healthy Cities” [12].
2. Support implementation research on “healthy city” policies and their impact on health outcomes.
3. Use case studies to show both the positive and negative influences of the built environment on health and to demonstrate the opportunities offered by emerging electronic health tools.

### DAY 2 OPENING PLENARY

To open the second day of the summit, Malaysia’s Minister of Health Dr. S. Subramaniam Sathasivam provided a keynote presentation highlighting efforts to tackle CVD and NCD at the country level. The honorable minister reviewed the development of Malaysia’s National Strategic Plan for NCD, the whole-of-government approach employed in addressing shared NCD risk factors from the national to the community level, and the country’s commitment to enhancing primary health care as part of an ongoing strengthening of the Malaysian health system.

To conclude, he stressed that the top leadership of government must be engaged to successfully implement the policies required for effective prevention and control of cardiovascular disease.

### EFFECTIVE OUTREACH WITH A POWERFUL VOICE

#### Political advocacy and reframing common messaging

This workshop session reviewed current challenges and opportunities for political advocacy and reframing common messaging to raise the priority of CVD on both national and global agendas (Table 7).

Participants and panelists of this workshop were agreed on several different strategies and interventions to improve advocacy and messaging around circulatory health. In terms of communication, the discussion centered on the need for simple, clear, and evidence-based messaging that needs no further explanation. It was noted that communication and advocacy strategies should not assume knowledge on the part of the audience and should avoid complicated or overmedicalized messages. Furthermore, participants discussed the need for

**TABLE 8.** Workshop: Building a Civil Society Movement Including the Patient Voice

<b>Panelists</b>	
Katie Dain	NCD Alliance
Habib Gamra	African Heart Network
John Meiners	American Heart Association
Rajakanth Raman	Rainbow Across Borders
Hung Yong Tay	Singapore Heart Foundation
Maciej Tomaszewski	International Society of Hypertension
<b>Moderators</b>	
Tony Duncan	Heart Foundation of New Zealand
Durhane Wong-Rieger	Canadian Organization for Rare Disorders
NCD, noncommunicable diseases.	

organizations to modernize to better communicate our health messages, including through the use of social media.

Regarding advocacy, workshop participants urged fellow advocates to speak more courageously on health issues and to frame these using a rights-based approach for greater systemic change. In addition to this, it was emphasized that advocates must continue to make economic and investment cases to convince decision makers of the need for policy change. The suggestion was made that these arguments focus on the huge prevalence of CVD, as well as morbidity and mortality, to demonstrate to governments how costly CVD are while also presenting the benefits of action on CVD to industry, the economy, and the sustainability of health systems. Participants noted that investments must also be made in strengthening advocacy at all levels, including the training of personnel, and in educating communities on tactics of harmful industries.

Discussion in the summary plenary then centered on the following actions:

- Formalize a global coalition of stakeholders in circulatory health to reach consensus on shared goals and common messaging.
- Agree on common messaging on policy options and key issues through internal consensus within the proposed coalition. Communication should be improved through the use of clear messages and modern communication platforms.
- Identify a streamlined policy package that the circulatory health community can rally behind and support in unison, such as Global HEARTS [10] and WHF Roadmaps [11].

### Building a civil society movement including the patient voice

In the second of the final workshops of the summit, participants discussed how to build a civil society movement including the patient voice (Table 8).

The workshop title itself proved to be a point of contention: some participants observed that the inclusion of the phrase “including the patient voice” indicated that the

circulatory disease community had yet to fully integrate patients into their advocacy work. They emphasized that both time and money would need to be invested to provide patients with sufficient knowledge and training to advocate.

Throughout the discussions, moderators and panelists contrasted the words they currently associated with civil society in the field of CVD and stroke—lethargy, dormant, hibernation—with language describing the movement as they wanted it to be: urgency and outrage.

They called for a reframing of the case for action to prevent, treat, and control circulatory diseases, describing the issue as a matter of health justice. Participants urged the circulatory disease community to tell the stories of crisis moments—such as heart attacks and strokes—to relate patients’ experiences, galvanize the public, and gain the attention of politicians and policy makers.

A number of guiding principles for working with patients emerged from the workshop; these included the need to understand the whole patient journey, the psychosocial impact of a chronic disease, the role played by families and caregivers, and the importance of looking beyond CVD events to management, prevention, and rehabilitation.

Additionally, participants stressed that civil society should stand ready with arguments supported by evidence and with messages for policy makers that speak to the “head, heart, and pocket.”

In the subsequent plenary session, the moderators presented 5 action points for civil society actors from the workshop:

1. Reframe the prevention and control of circulatory diseases as urgent and a matter of health justice.
2. Create a cadre of prominent advocates who can raise awareness of circulatory diseases.
3. Invest resources in providing patient advocates with speaker training and information about the global policy framework and evidence base.
4. Build partnerships between CVD and stroke organizations working in the same country, to unify their goals, messages, and actions.
5. Include patients in decision-making processes to ensure that they have a voice in areas such as policies and research.

### CLOSING PLENARY

The Second Global Summit on Circulatory Health was concluded with keynote closing remarks from Dr. Sania Nishtar, founder and president of Heartfile, and closing statements from key stakeholders.

In her closing remarks, Dr. Nishtar reflected on why action on CVD and NCD continues to be insufficient, despite the UN High-Level Political Declaration in 2011 [3] and the general acknowledgment that NCD must be a development priority. She suggested that 3 key elements are missing: institutional arrangements, strategies, and funding.

Noting that the NCD community lacks a formalized institution, such as Gavi or UNAIDS, that can lead and catalyze action for NCDs, she recognized that the scope of, and type of, institution needed may necessarily extend beyond WHO. Gavi is an international organization and global Vaccine Alliance using a public-private partnership model and pooled demand business model to bring public and private sectors together with the shared goal of creating equal access to new and underused vaccines [13]. UNAIDS is the Joint United Nations Programme on human immunodeficiency virus/acquired immunodeficiency syndrome, an innovative partnership combining the expertise, resources, and networks of various UN agencies to collectively respond to the human immunodeficiency virus/acquired immunodeficiency syndrome epidemic [14].

Her address linked directly to the issue of financing, and she commented that NCD must compete for scarce resources with other health agencies that have clear “asks” and that often result in greater funding streams. In terms of strategy, she continued, the CVD and NCD communities need to give greater thought to how we communicate with political leaders, including having one clear “ask” that we can pose to governments.

Despite these resource constraints, Dr. Nishtar provided several recommendations for the CVD and NCD communities to make the most of available opportunities, including embedding NCD in ongoing mainstream programs already being implemented in countries, especially as more countries transition to universal health coverage.

She concluded that international political leadership is what is most needed, presenting an opportunity for the leaders convened at the summit to make the most of their experience, leverage, and comparative advantages to cascade change.

Following this, WHF President Professor David Wood, spoke to the ambition of the Global Summit to assemble such political leadership to accelerate our joint efforts by working together more effectively. He addressed the need to advocate together through a Global Coalition for Circulatory Health to combat heart disease and stroke with clear aims and objectives and to communicate more effectively as 1 united community using common messaging.

### Formation of a Global Coalition for Circulatory Health

During the closing plenary—following a recommendation from the workshop on political advocacy and reframing common messaging—a consensus emerged among participants, who supported the need for an international coalition to improve coordination among international, regional, and national organizations working in the field of circulatory health, while always respecting the different missions of these organizations.

A number of speakers, panelists, and audience members suggested that a formal partnership among participating organizations could provide a virtual forum to campaign for better circulatory health, through advocacy, policy recommendations, and common messaging.

With these objectives in mind, participants proposed the formation of a “Global Coalition” of circulatory health stakeholders as a direct outcome of the Second Global Summit on Circulatory Health. This Global Coalition for Circulatory Health is open to any professional international, regional, or national organizations with a role in circulatory health, and collectively seeks to:

- Achieve together the target of a 25% reduction by 2025 [4] in premature mortality from heart disease and stroke around the world, as a key milestone to achieving sustainable development goals (SDG) target 3.4 for a one-third reduction in premature NCD deaths by 2030 [6].
- Unite the diverse voices of the circulatory health community to become more powerful advocates to policy makers and politicians.
- Align all organizations to support the WHO Global HEARTS initiative [10] to improve the prevention, control, and treatment of heart disease and stroke through primary health care.
- Promote common international messaging by partnering organizations and leveraging their extensive networks to cascade messages to regional and national levels.
- Elevate and strengthen the voice of people living with heart disease and stroke, by including patients, their families, and communities in decision-making processes and in national, regional, and global advocacy.
- Convene an annual Global Summit on Circulatory Health for professional leaders from the public and private sectors to drive the international, regional, and national agendas for circulatory health for all peoples.

### Priority actions for the Global Coalition

Based on discussions at the Second Global Summit, the Global Coalition for Circulatory Health has identified 6 priority actions to stimulate progress toward global heart health:

1. Advocacy and communications—All professional organizations in the Global Coalition to develop a shared international advocacy strategy for prevention and control of circulatory diseases and effective common messaging to advocate to policy makers and politicians.
2. National action plans—To hold governments to account for their national action plans on heart disease and stroke, in order to ensure investment in prevention and control at the primary health care level; implementation of the WHO Global HEARTS technical package [10] in every region; and to focus on tobacco control, secondary prevention, and hypertension.
3. Heart-healthy policies—To advocate to governments the need for a whole of government approach to circulatory health by taking a “heart and mind in all policies” approach.
4. Access to medicines and technologies—To advocate to governments the need to prioritize access to essential medicines and technologies for prevention and control of heart

disease and stroke to detect and effectively manage circulatory diseases over the lifetime of every affected person.

5. Data collection—To advocate to governments to develop systems to collect national data on heart disease and stroke mortality and morbidity and the use of essential medicines in secondary and primary prevention.
6. Patient-centered approach—All professional organizations to support all people with heart disease and stroke, including those at high risk of developing these diseases, and mobilize a civil society movement to advocate for action to prevent and control circulatory diseases.

These 6 priorities will guide the development of a Singapore Action Plan, to be developed by the Global Coalition for Circulatory Health.

The Singapore Action Plan will recognize that, while several of the 6 priority actions lie within the remit of governments, there are concrete steps that the Global Coalition for Circulatory Health can take together through advocacy and common messaging to ensure that progress is realized, strengthened, and sustained at a national level.

### NEXT STEPS

The Global Coalition for Circulatory Health was launched alongside the WHO Global Conference on NCD, which was held in Montevideo, Uruguay, from October 18–20, 2017 [15].

As political leaders worldwide and the circulatory health community prepare for the third UN High-level Meeting on NCD in 2018 [7], the Global Coalition for Circulatory Health will leverage the Singapore Action Plan to advocate for increased prevention, control, and treatment of heart disease and stroke, using common messaging to policy makers and politicians.

The Global Coalition for Circulatory Health will review its progress on implementing the Singapore Action Plan and develop next steps for collective action at the Third Global Summit on Circulatory Health, which will be held prior to the World Congress of Cardiology and Cardiovascular Health (WCC) in Dubai on December 4–5, 2018 [16].

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