

# gOPINION

PREFACE

## A Pivotal Moment for Global Cardiovascular Disease The World Heart Federation and the UN NCD Summit

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The World Heart Federation applauds the launch of Global Heart at what is sure to be a watershed moment in the story of global cardiovascular disease (CVD). After years of advocacy and persistent effort by the World Heart Federation and our partners to bring greater attention and resources to CVD as a problem across all countries and economies, the United Nations is hosting the first ever High Level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs), generally referred to as the Summit, to take place just prior to the General Assembly on September 19 and 20, 2011. As defined in the World Health Organization Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases [1], CVD is, along with cancer, diabetes and chronic respiratory disease, responsible for the lion's share of the global NCD and total disease burden; as an individual category, CVD represents the highest morbidity and mortality of any disease, communicable or not. Because of the shared risk factors of tobacco, physical inactivity, poor nutrition and harmful use of alcohol, the international federations representing these disease groups joined forces in 2009 as the NCD Alliance, and since that time have played a key role in securing support for the resolution calling for the Summit, and in mobilizing the voice of civil society to ensure that the meeting, outcomes document and next steps are as strong as possible.

It has been a major challenge to call for this type of meeting. The only other gathering of this type, involving heads of state to address a health issue in advance of the UN General Assembly, took place a decade ago – the UN General Assembly Special Session on HIV/AIDS, which led to the develop-

ment of the Global Fund to Fight AIDS, TB and Malaria. Resources were plentiful, there was more time to prepare, and political will was stronger and less distracted. With this Summit the challenges start right with the name: the public and even decision makers have little recognition of the term NCDs and even less of the devastating toll and burden of the NCDs. The economy is certainly far less stable than it was ten years ago, and there is little appetite among donors to address NCDs when commitments to fight communicable diseases and other obligations associated with the Millennium Development Goals are not being met. The challenges are much farther upstream and multisectoral than other health challenges; what presents as a health issue has its origins in a variety of determinants, and the solutions must incorporate agriculture, the food and beverage industry, and the built environment, among others. In addition, language including “lifestyle” and “diseases of affluence” continues to mask the reality that CVD and other NCDs are causing greater devastation in low income settings and that most people have little control over the determinants including food supply, access to safe physical activity and protection from tobacco.

As a founding organization of the NCD Alliance, the World Heart Federation has been involved at every step of the way. Our greatest strength is in our members, in their reach at country level, and in their collective voice and expertise. Our members, along with their counterparts in diabetes, cancer, and lung disease, have advocated to their heads of state and ministries of foreign affairs and health to secure the resolution, ensure that the length and scope of the meeting will be meaningful,

press for the involvement of civil society as a formal partner, and now asking that language in the outcomes document be strengthened and made more measurable and focused. They have also, in many instances, joined forces with others in the NCD community at country level to form country specific and regional NCD Alliances, in Europe and Latin America as well as Kenya, Uganda and at least 20 other countries. Two perspectives from our members, in the Caribbean and South Africa, are included in this issue.

The four federations have called for proposed outcomes ([www.ncdalliance.org](http://www.ncdalliance.org)) which include ambitious, crosscutting targets, and joined with the Lancet NCD Action Group to support a set of priority interventions and approaches [2]. The World Heart Federation has also set more specific targets addressing CVD and its risk factors, including support for reduction of salt to less than 5 mg by 2025 and elimination of full calorie sweetened drinks from primary schools and secondary schools by 2013.

Post-Summit, we see three areas that the NCD community must focus on, and seven priorities for the global CVD community. These priorities are set in the context of expectations that while the Summit is an extremely important marker in our efforts, it is only the beginning. It is unlikely that there will immediately be significant new funding, and the mechanisms for accountability will take time to develop (i.e., no Global Fund, nor do we believe that would be the correct approach). Indicators for NCDs are not in the current millennium development goals, and global development goals will become a priority for renegotiation starting in about 2013, at which point it will be urgent to address the role of NCDs. And the issue of NCDs as a domestic and global issue has still not gained the kind of critical traction necessary to shift opinion and policy.

The three NCD priorities are to: (1) strengthen evidence through operations, research and demonstration projects, particularly those that integrate CVD and other NCD prevention and control into existing health systems; (2) continue to build an

NCD rather than solely disease specific approach in low and middle income countries so that efficiencies and shared goals are part of the process, and as more funding for NCDs is available, a framework for more effective delivery will be in place; and (3) build political support through monitoring of the outcomes document and advocating for greater resources to be aligned around and dedicated to NCD prevention and control by development funders and through countries' own budgets.

For the global CVD community, our priorities, especially those focused on low and middle income countries, should align with broader NCD goals but place particular emphasis on:

integration into health systems, similar to that which is now occurring in vertical programs funded to address HIV/AIDS, where CVD prevention and control programs are being developed in response to need;

capacity building to improve ability to deliver and to ensure the human resources are in place as funding and policies for CVD prevention and control increase; consensus work that enables regional and country specific guidelines to be developed in low and middle income countries, an approach which will require better collaboration and sharing of information in order to be successful;

leadership around sodium reduction and operations research to build evidence;

a renewed focus on children and CVD, with emphasis on rheumatic heart disease, early origins of CVD, and advocacy for improved nutrition and physical activity advocacy and research for significantly improved surveillance systems;

and leadership and coordination around whole of society solutions, including partnership across sectors and productive and positive engagement with the private sector.

This is an extraordinarily exciting time for the global CVD community. But the real work begins on September 21, 2011, the day after the Summit ends. It is of critical urgency that we heed the call and work together to build on our promising foundation for collaboration.

## REFERENCES

1. WHO. 2008–2013 Action plan for the global strategy for the prevention and control of noncommunicable diseases. Available from: <http://www.who.int/nmh/publications/9789241597418/en/index.html> [accessed 19.08.2011].
2. Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P, et al. Priority actions for the non-communicable disease crisis. *Lancet* 2011; 377:1438–47.