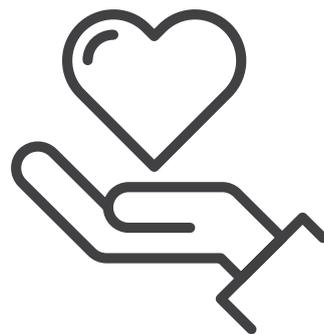


DRIVING SUSTAINABLE ACTION FOR **CIRCULATORY HEALTH**

WHITE PAPER
FOR CIRCULATORY HEALTH



CIRCULATORY DISEASES ARE THE WORLD'S NUMBER 1 CAUSE OF DISABILITY AND DEATH



Circulatory diseases are the world's number 1 cause of disability and death. Together, heart disease, stroke, diabetes and kidney disease lead to more than 20 million deaths each year and to more than 374 million years of life lost. Beyond these massive, and sometimes abstract figures, they affect millions of individuals, young and old, rich and poor, in urban and rural settings, on all continents.

Because circulatory diseases share a range of, mostly modifiable, common risk factors, coordinated action can result in major gains in the quality of life for individuals and cost savings for society. Health systems worldwide would therefore greatly benefit from mobilising sufficient resources to preventing and fighting circulatory diseases. This is why the Global Coalition for Circulatory Health urges

governments to scale up their action against circulatory diseases and to enact priorities as identified by the WHO Independent High-Level Commission on Non-Communicable Diseases (NCDs) and approved during the Third High-level Meeting of the UN General Assembly on NCDs (UN HLM on NCDs) organized in New York on 27 September 2018.

The Global Coalition for Circulatory Health, which was formed in 2017 to drive the urgent action for circulatory health, is the only network of international, regional and national organizations advocating for increased prevention, control and treatment of all circulatory diseases. All the members of the Coalition commit to work together to support global, regional and national health administrations and organisations in their action.

In order to guide and support governments and intergovernmental agencies in their actions, the Global Coalition for Circulatory Health has identified a range of priority actions. These are meant to reinforce recommendations that stem from

the Third UN HLM on NCDs, but also look beyond the High-Level Meeting to drive action on circulatory health for the years to come.

- They rely on four core pillars which:**
- Are grounded in evidence;
 - Are globally relevant, taking into account regional or national differences;
 - Can be acted upon by members of the Global Coalition for Circulatory Health and their global, regional and national networks.



TAKING ACTION

PILLAR 1: PRIORITIZING MULTISECTORAL AND COST-EFFECTIVE INTERVENTIONS

Circulatory diseases can largely be prevented and managed through effective and efficient prevention and early detection mechanisms. This is why governments are urged to develop and implement policies that are conducive to a healthy life for their populations. In this respect, the Global Coalition for Circulatory Health strongly supports:

- The full implementation of the WHO Framework Convention on Tobacco Control (FCTC);
- The fight against obesity;
- The introduction of fiscal measures;
- Food reformulation efforts.
- The treatment of all patients with hypertension and high-risk patients with statins and aspirin;
- The integrated management of circulatory diseases, especially with existing communicable diseases programmes (e.g., HIV, Tuberculosis.)

Further, focusing on secondary prevention, the Global Coalition for Circulatory Health strongly supports:

- The implementation of the WHO best-buy dedicated to Counselling and multi-drug therapy;
- The implementation of the HEARTS package;

The Recommendations refer to the following clauses in the Political Declaration of the 3rd United Nations High-Level Meeting on Non-Communicable Diseases: OP1; OP2; OP3; OP4; OP5; OP6; OP7; OP15; OP16; OP18; OP20; OP23; OP26; OP28.^a

PILLAR 2: FOSTERING ACCESS TO THE PREVENTION AND CARE OF CIRCULATORY DISEASES

To live full and healthy lives, people at-risk of or living with circulatory diseases need strong health systems, that are designed to deliver universal health coverage (UHC) and to ensure access to prevention, screening, and care for all. The Global Coalition for Circulatory Health strongly supports:

- The development of intersectoral collaborations between all relevant departments, as well as with civil

society organizations and the private sector;

- An improved access to proven drugs, including low-cost combination pills, as part of a package of essential treatment and services to control heart disease and stroke;^b
- An improved access to relevant technology, notably by increasing the availability of basic and evidence supported diagnostic tools;
- The implementation of innovative information systems, such as mobile-health technologies and telehealth programmes; The prescribing of

essential medicines by adequately trained staff by optimizing the health workforce and enabling health workers to work to their full scope of practice, i.e., in the areas where they are educated, authorized and competent to perform.

The Recommendations refer to the following clauses in the Political Declaration of the Third United Nations High-Level Meeting on Non-Communicable Diseases: OP1; OP2; OP14; OP19; OP20; OP22; OP24; OP25.

^aThe recommendations and clauses refer to the draft Political Declaration released in August 2018.

^bSpecifically, aspirin, clopidogrel, ACE inhibitors, angiotensin receptor antagonists, beta-blockers, calcium channel antagonists, diuretics, statins and a basic range of short and long-acting insulins and oral anti-diabetics must be generally available at no or low costs.

PILLAR 3:

MOBILISING RESOURCES FOR CIRCULATORY HEALTH

Investing in the fight against circulatory diseases is cost-effective. For example, investing US\$ 1.27 per person per year in low- and middle-income countries (LMICs) until 2030 can save an estimated 8.2 million lives and yield a return on investment of at least US\$ 7. The Global Coalition for Circulatory Health strongly supports:

- The taxation of unhealthy products such as alcohol, tobacco, unhealthy foods and non-alcoholic beverages (such as sugar-sweetened beverages);
- The use of these revenues to advance the prevention and control of circulatory diseases;
- The development of innovative financing mechanisms to ensure that sufficient funds are available to achieve health objectives. In the longer term, each country is called upon to mobilise sufficient

resources at national level, in particular by enforcing adequate taxation policies and through carefully selected public-private collaborations.

Recommendations refer to the following clauses in the Political Declaration of the Third United Nations High-Level Meeting on Non-Communicable Diseases: OP3; OP5; OP8; OP30.

PILLAR 4:

MEASURING AND TRACKING PROGRESS

The Global Coalition for Circulatory Health strongly supports the introduction of instruments which help track progress on circulatory diseases in a clear, timely and transparent fashion. The Global Coalition fully supports:

- The implementation of reliable, simple, and fit-for-purpose surveillance systems for monitoring the burden of circulatory diseases, prevalence of risk factors, and treatment of circulatory diseases at national and global levels;
- The development of reliable health information systems to monitor health behaviours, risk factors, and morbidity and mortality;
- The implementation of the World Heart Organization's Global Monitoring Framework;
- A global agreement on international standards for data collection, to enable comparisons across countries, sectors, and systems.

The Recommendations refer to the following clauses in the Political Declaration of the Third United Nations High-Level Meeting on Non-Communicable Diseases: OP10; OP11; OP29; OP32.



Why it matters



100 million people a year fall into extreme poverty because of unaffordable health costs.

By 2030 the total global cost of CVD is set to rise from approximately US\$ 957 billion in 2015 to a US\$ 1,044 billion. 55 percent are direct healthcare costs, and 45 percent are due to indirect costs, mainly losses of productivity.

Circulatory diseases are the world's number 1 cause of disability and death.

Together, heart disease, stroke, diabetes and kidney disease lead to more than 20 million deaths each year.

Circulatory diseases strongly affect quality of life.

The global burden of CVD, diabetes and kidney disease, expressed in disability-adjusted life years (DALYs) amounted to almost half a billion years in 2016.

Global ageing trends will further add to the problem, as the risk of heart disease, stroke and other comorbidities increases with age. The risk of stroke doubles every decade after the age of 55.

Circulatory diseases place a heavy financial burden on individuals and on health systems.

Why action is worthwhile



Fighting circulatory diseases will lead to positive outcomes.

Investing US\$ 1.27 per person per year in low- and middle-income countries until 2030 can save an estimated 8.2 million lives, decrease premature mortality from NCDs by 15 percent, and yield a return on investment of at least US\$ 7.

Approximately 75 percent of CVD is attributable to modifiable risk factors such as high blood pressure, diabetes, high cholesterol and obesity, tobacco use, alcohol consumption, physical inactivity and unhealthy diet.

US\$1 invested in reducing tobacco use can yield a return of US\$ 7.43. Managing CVD and diabetes can yield a return of US\$ 2.8 and reducing unhealthy diet can bring a return of US\$ 12.82!

In low-income neighbourhoods in Berkeley, USA, sugary drink consumption declined by 21 percent after a tax on sugar-sweetened beverages was introduced. Conversely, sales of untaxed beverages rose.

In the Philippines, increased tobacco taxation decreased smoking prevalence among adults from 29.7 percent in 2009 to 23.8 percent in 2015. This represents a 19.9 percent relative decline of the tobacco use prevalence.

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