WORLD HEART FEDERATION

WORLD HEART FEDERATION ADVOCACY STRATEGY

2019 – 2022

WORKING TOWARDS HEART HEALTH FOR EVERYONE

ADVOCATING LIKE INVESTORS





CONTENTS


BECAUSE EVERY HEARTBEAT MATTERS

The **World Heart Federation (WHF)** is a non-governmental organization (NGO) and the principal representative body for the global cardiovascular community. WHF works at the international and national levels through our own activities and those of our 200 plus members, representing a large number of scientific, medical and professional communities, as well as patients and charitable organizations across the world. We are the only cardiovascular disease (CVD) organization in official relations with the World Health Organization (WHO).

OUR VISION:

WHF and its members believe in a world where heart health for everyone is a fundamental human right and a crucial element of global health justice.

WHF and its members believe that there is no equity and human rights without health justice and heart health for everyone. Regardless of country, region, origin, race, gender, age, education and income, each human being is entitled to cardiovascular health and well-being through health promotion, access to prevention, control and management of cardiovascular disease.

OUR MISSION IS:

To **connect and co-ordinate** the diverse cardiovascular community by bringing together the scientific cardiology societies, heart foundations, health professionals, patients and the general public, policy makers, governments and industry in advancing heart health for everyone

To **translate science into policy** to influence agencies, governments and policy makers

To **stimulate and catalyze** the exchange of information, ideas, practices across all borders, to achieve heart health for everyone, everywhere

WHY DO WE NEED AN ADVOCACY STRATEGY?

The WHF Strategy 2018-2020 sets out three overarching priorities:

- Leadership in advocacy
- Engagement with WHF Members
- A sustainable organization

The first priority encompasses two areas of work:

- Global advocacy, including the international goals set under the United Nations' action on non-communicable diseases (NCDs)
- Advocacy work on more cardiovascular-specific topics, including RHD and Chagas disease

Apart from these areas, the WHF Strategy provides little detail on targeted advocacy work. **This Advocacy Strategy aims to specify what WHF wants to achieve through advocacy by 2022, including goals and specific objectives.**

This document also provides examples of advocacy activities that WHF is undertaking in 2019.

WHAT IS ADVOCACY?

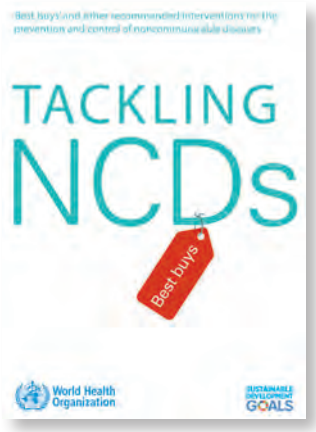
Advocacy is a broad term, defined as any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.

WHF is principally engaged in policy advocacy, which is the deliberate process of informing and influencing decision-makers in support of evidence-based policy change and policy implementation, including resource mobilization.

THE GLOBAL IMPACT OF CVD

WHAT CAN BE DONE?

CVD is the world's number one cause of death[1], taking the lives of **17.9 million** people every year. This equates to 31% of all global deaths, of which 85% are due to heart attack and stroke and over three quarters take place in low- and middle-income countries. CVD refers to all illnesses associated with the heart and the circulatory system. The most common types of CVD include coronary artery diseases (CAD), cerebrovascular disease, peripheral arterial disease and congenital heart disease.



In most cases, CVD is of long duration and the result of a combination of:

- Modifiable behavioural factors, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all of which increase the risk of CVD
- Metabolic risk factors, such as raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of fat in the blood)
- Indoor and outdoor air pollution

In recent years, different interventions have been promoted by the WHO to address CVD. Some of these are explained in 'Tackling NCDs: Best Buys', which sets out interventions that are cost-effective and feasible for governments to implement even in low-resource settings.

Most of the following interventions have also been promoted in the recently launched **White Paper for Circulatory Health: Driving Sustainable Action for Circulatory Health:**

CVD is the no.1 cause of death

17.9M

PEOPLE EVERY YEAR

TYPE OF CVD PREVENTION	RECOMMENDED INTERVENTIONS INTERVENTIONS	TARGET RECIPIENTS OF INTERVENTIONS
PRIMORDIAL Avoiding the development of CVD risk factors	Most instances of CVD can be prevented by addressing risk factors before they create health problems, such as tobacco use, unhealthy diet and obesity, physical inactivity, harmful use of alcohol and air pollution. Interventions at this level are mainly legislative policies such as smoking bans, taxation on sugary drinks and strategies to reduce sodium in foods.	Total population and selected at-risk groups such as children and young people
PRIMARY Tackling specific CVD risk factors	Some individuals are at high risk of CVD because of risk factors such as high blood pressure, high cholesterol, obesity, diabetes, smoking and physical inactivity. These individuals require lifestyle and/or specific drug treatments, including blood pressure- and cholesterol-lowering drugs).	Selected high-risk groups
SECONDARY Dealing with early stages of CVD	People with established atherosclerotic cardiovascular disease (ASCVD) are at very high risk of new cardiovascular events. There is strong evidence of cost-effective interventions that can successfully prevent these recurrent events (secondary prevention), including taking aspirin, beta-blockers, angiotensin-converting enzyme inhibitors and statins.	CVD Patients
TERTIARY Treating later stages of CVD and rehabilitation	While very costly, surgical operations are sometimes necessary to treat CVD. These include coronary artery bypass, balloon angioplasty valve repair and replacement, heart transplantation and artificial heart operations. Medical devices such as pacemakers, prosthetic valves and patches for closing holes in the heart may also be required. In addition, cardiac rehabilitation for patients with established cardiovascular diseases, including structured exercise, risk factor management, patient education and psychosocial counselling, has shown to be effective.	CVD Patients

[1] World Health Organisation factsheet on cardiovascular disease, 2017, available from http://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)

GLOBAL POLICY CONTEXT RELEVANT TO CVD ADVOCACY

The work we have undertaken to create this Advocacy Strategy has been within the context of relevant global policy, in particular the following:

2011

Following the adoption of the Political Declaration on Noncommunicable Diseases (NCDs) adopted by the UN General Assembly, the WHO developed a global monitoring framework to track progress on NCDs. At the first High Level Meeting on NCDs, Member States recognized:

THE DEFINITION OF 4X4

The four main NCDs: CVD, diabetes, cancer and chronic respiratory diseases
Their four main risk factors: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

2012

The World Health Assembly adopted a goal to reduce premature mortality from **NCDs by 25% by 2025.**

2015

United Nations Member States adopted the **2030 Sustainable Development Goals (SDGs)**. They include several targets related to NCDs and therefore to CVD, specifically:

Goal 3 'Good Health and Well-being'

- **Target 3.4** states: By 2030, reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being
- **Target 3a** states: Strengthen the implementation of the **World Health Organization Framework Convention on Tobacco Control** in all countries, as appropriate
- **Target 3.8**: Countries commit to achieving Universal Health Coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Beyond Goal 3, CVD is affected by and can contribute to each and every SDG
Heart health is a multi-sectoral issue and linked closely with the SDGs. For instance, fighting CVD and working towards UHC can also contribute to achieving: a reduction in poverty (**SDG 1**) by protecting people from financial hardship caused by CVD, as well as **SDG2** (healthy weight), **SDG3** (described above), **SDG5** (empowerment among women and girls), **SDG8** (increased employment and economic growth and reduced health costs), SDG9 (sustainable infrastructure), **SDG10**, (reduction of inequalities), **SDG11** (air quality), **SDG12** (fossil fuel consumption), **SDG13** (mitigation of climate change and environment protection) and **SDG15** (environmental conservation) and **SDG17** (partnerships for a more active world).

Following the adoption of the SDGs, Member States built on the 25x25 campaign and set an ambitious goal to reduce

NCD mortality by 30% 2030

GLOBAL POLICIES, INITIATIVES AND FRAMEWORKS RELEVANT TO CVD

These include, but are not limited to, the following:

WHO

- Resolution on Rheumatic Fever and Rheumatic Heart Disease: adopted at the 71st World Health Assembly in 2018 and the first global commitment on RHD to be endorsed by all governments
- Framework Convention on Tobacco Control (the FCTC): the first public health treaty, which went into effect in 2005
- Global action plan for the prevention and control of NCDs 2013-2020
- Global Hearts Initiative
- Global action plan on physical activity 2018-2030

UNITED NATIONS

- UN Decade Action on Nutrition
- United Nations Framework Convention on Climate Change (UNFCCC): ratified so far by 197 countries with the aim of preventing 'dangerous' human climate interference

WORLD BANK GROUP

- Systems for Universal Health Coverage – a Joint Vision for Healthy Lives: produced in partnership with the WHO to suggest measures for health systems strengthening (HSS) to achieve universal health coverage (UHC).

UHC has been identified as key to achieving the WBG's twin goals of ending extreme poverty and increasing equity and shared prosperity, and is therefore the driving force behind all WBG's health and nutrition investments. However, despite the fact that CVD is already the chief cause of morbidity and mortality in LMICs[2], CVD care[3] is not yet mentioned in the WBG UHC document.

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5337683/

[3] GBD 2015 DALYs and HALE Collaborators. Global, regional, and national disability-adjusted life years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990–2015: a systematic analysis for the Global Burden of Diseases Study 2015. Lancet 2016;388:1603–58. doi:10.1016/S0140-6736(16)31460-X [PubMed]

In recent years, 'best buys' and other recommended interventions to prevent CVD and achieve SDG targets have been promoted by the **WHO** and in the **WHF White Paper for Circulatory Health:** Driving Sustainable Action for Circulatory Health. All are cost-effective and feasible for governments to implement even in low-resource settings, yet most have not been picked up.

SO WHY AREN'T GOVERNMENTS IMPLEMENTING THEM?

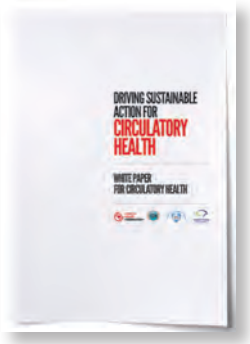
LACK OF FUNDING WITHIN MINISTRIES OF HEALTH

According to the Lancet, by investing US$120 billion in the 20 countries with the highest NCD burden between 2015 and 2030, 15 million deaths, 8 million incidents of ischaemic heart disease, and 13 million incidents of stroke would be averted. National Ministries of Health might understand this, but there is often minimal communication between them and Ministries of Finance, which consequently have little understanding of how investing in CVD prevention can reduce healthcare costs and save lives.

THE HEALTH COMMUNITY DOES NOT 'WALK THE WALK' REGARDING HEALTH-IN-ALL POLICIES

The WHO has been calling for a whole-of-government, whole-of-society, health-in-all-policies approach for many years. Yet the health and scientific community has continued to interact almost solely with Ministries of Health and the WHO; it has seldom sought relationships with other international bodies or governmental departments, such as Trade Ministries responsible for unhealthy food and beverages, and environmental departments concerned with cleaning up the air we breathe.

BARRIERS TO IMPLEMENTING CVD POLICIES



THE LOBBYING OF POWERFUL CORPORATIONS

Most interventions that can significantly reduce CV mortality involve regulating unhealthy products that are produced and promoted by powerful, influential and obstructive corporations. For instance, studies from around the world confirm that raising tobacco taxes is the most effective way to prevent all NCDs and reduce uptake of youth smoking [4,5,6]. But the tobacco industry invests considerable lobbying energy into weakening or defeating tobacco tax proposals and is often successful in swaying governments.

Although SDG 17 emphasizes the importance of global partnerships, some governments misinterpret this as a mandate to work with the private sector. This can be dangerous as it ignores conflict of interest issues and Article 5.3 of the FCTC, which prevents industry interference.

DOCTORS ARE NOT TRAINED TO BE ADVOCATES

Medical and scientific societies, physicians and doctors are well positioned to influence policy makers due to their respected status and position in society. However, these professionals tend to focus more on care and secondary prevention as opposed to the policy processes that underpin primordial and primary prevention. These require lengthy political negotiations which medical practitioners may find difficult to engage in while tending to the immediate needs of their patients.

[4] IARC handbooks of cancer prevention: tobacco control. Volume 14: effectiveness of tax and price policies for tobacco control. Lyon, France: International Agency for Research on Cancer; 2011, Accessed 10 June 2017.

[5] Chaloupka FJ, Straif K, and Leon ME, "Effectiveness of Tax and Price Policies in Tobacco Control," Tobacco Control 20, no. 3 (2011). Accessed 10 June 2017.

[6] WHO report on the Global tobacco epidemic, 2015 Raising taxes on tobacco Accessed 10 June 2017.

WHF ADVOCACY STRATEGY PRIORITIES

CONTEXTUALIZING OUR UNIQUE ADVOCACY POSITION

In establishing our priorities, we have taken into consideration lessons learned, along with opportunities and threats in the global political, economic and social environment. We have also considered what WHF could advocate for in a uniquely impactful manner, as opposed to what other organizations involved in the NCD agenda are already doing.

We believe that advocating for heart health only within the WHO and Ministries of Health is no longer the most successful strategy. Indeed, the NCD community has been advocating for progress on NCDs since 2011 and not enough has changed since then. Furthermore, the future of NCDs as a priority in the WHO agenda looks bleak: the outcome of the 2018 High-Level Meeting on NCDs in New York and the first draft of the Global Action Plan for Healthy Lives and Well-being for All do not feature NCDs prominently.

In terms of secondary prevention, while it makes sense to continue working with health departments regarding, for instance, essential medicines, few Ministries of Health have the funds to ensure their hospitals can stock the necessary medicines or have the capacity to train healthcare workers. In other words, the 'best buys' and the return on investment governments can make by implementing much-needed health policies cannot be regulated by Ministries of Health alone; they need to be regulated and funded elsewhere.

ESTABLISHING A NEW STRATEGIC DIRECTION

The strategic direction for WHF advocacy work must take into account all the above as well as internal and favourable factors that could help us to achieve our overall goals and objectives.

A major objective is to ensure that we and our Members make more efforts to advocate not only to health ministers and agencies, but also to other parts of governments. **This will require a major shift in the way we all advocate.** We also note that most of the global agenda has now turned to Universal Health Coverage, providing a powerful angle from which to approach heart health advocacy.

Finally, WHO's global and European reports on the social determinants of health show that inequalities in wealth are accompanied by profound inequalities in health. In January 2017, the World Economic Forum confirmed rising wealth inequality as the most significant trend that will challenge global development over the next 10 years and must therefore be taken into account.

PRIORITIES

GUIDING PRINCIPLES DRIVING WHF ADVOCACY WORK

Health-in-all-policies approach:
WHF will ensure that we and our Members make every effort to advocate not only to health ministries and the WHO, but also to other government departments and decision makers.

Less is more:
We will not attempt to win on all fronts: we will prioritize our goals, objectives and activities.

Evidence based:
Our work will draw strength from peer-reviewed science and policy evidence backed up by policy research (such as the FCTC or the WHO best buys).

Solution oriented:
WHF will provide the most effective means to shape the long-term policy agenda. WHF advocacy work will promote CV health for the whole population as well as those at high risk or living with CVD.

OUR TARGETS AND PARTNERS

The external target group
consists of UN and global institutions that can enact policies and campaigns to shape national policies. This includes the World Bank Group, UNECE, The Climate and Clean Air Coalition, and the UNDP, as well as the WHO. In the next three years, We will make a special effort to extend the remit of the work we do beyond the health sector to other relevant agendas (finance, environment and development in particular) in order to ensure that heart health and well-being are taken into account in other policies.

Critical advocacy partners
including the Global Coalition for **Circulatory Health, RhEACH**, the **NCD Alliance**, and **PATH**. We will also work to leverage the influence of doctors, scientists and traditional researchers by building their advocacy skills.

ADVOCACY OVERARCHING GOAL AND GENERAL OBJECTIVES

During the three-year period between 2019 and 2022, our aim is to improve heart health for everyone by addressing CVDs as a key way to achieve the SDGs and UHC.

In order for heart health to be considered a financial investment, we must prioritize the economic arguments alongside the commitment to reduce disease and death. This is what the WHF Advocacy Strategy will strive to achieve. We will also continue to ensure we build on our past advocacy successes, specifically **in areas where WHF has added unique value, such as RHD.**

OUR ADVOCACY OVERARCHING GOAL (AOG) FOR THE NEXT THREE YEARS IS:
To improve health for everyone by advocating for CVD prevention as an investment towards the SDGs.

OUR THREE ADVOCACY GENERAL OBJECTIVES (AGO) ARE:

AGO 1
Promote and support the reduction of risk factors for CVDs and their underlying determinants as an investment towards the SDGs and UHC objectives in cross-cutting policy areas.
External Focus: Policy Makers

AGO 2
Support global, regional and national advocacy for implementation of the 2018 WHO RHD Resolution towards RHD eradication.
External and internal focus

AGO 3
Mobilize and strengthen the capacity of WHF Members to complement, support and add value to AGO 1 and AGO 2.
Internal focus

The three AGOs are divided into Specific Objectives, each with respective activities (some examples are given on the following pages) which will be delivered over the next three years.

Strategic Objectives 1 and 2 are policy-orientated while the others are necessary to achieve Strategic Objectives 1 and 2.

AGO 1-3

AGO 1

ADVOCACY SPECIFIC OBJECTIVES AND EXAMPLE ACTIVITIES

AGO 1 Promote and support the reduction of risk factors for CVDs and their underlying determinants as an investment towards the SDGs and UHC objectives in cross-cutting policy areas

AGO 1

AIR POLLUTION

1.4 M

STROKE DEATHS

GLOBALLY

2.4 M

HEART DISEASE DEATHS

SPECIFIC OBJECTIVE 1

Advocate for fiscal policies – such as increased or new taxes on tobacco, alcohol and sugar-sweetened beverages, as well as fossil fuel – with all, or a substantial proportion of, the funds raised used to support CVD prevention and control measures, UHC and research.

RATIONALE

Over the past decade, Universal Health Coverage (UHC) has emerged as a major policy goal at the global level. Yet despite the high burden of CVD, relatively little is known about how to address CVD through UHC. In addition, CVD-related interventions remain chronically underfunded. The WHO "best buys" for NCDs show governments the most cost-effective and feasible interventions for protecting health, making populations more productive, saving on healthcare costs, and — when implementing taxes on tobacco, sugary drinks, and alcohol — generating revenues that can be ploughed back into financing UHC[7].

EXAMPLES OF KEY ACTIVITIES

- Commission, steer and promote an Economist Intelligence Unit (EIU) Report on attitudes toward UHC financing and fiscal policies within Ministries of Finance
- Organize events as appropriate to promote relevant findings of the EIU report to broader audiences, including the World Bank Group Spring Meeting, World Economic Forum, etc.

SPECIFIC OBJECTIVE 2

Support global and local actions to reduce the impact of air pollution on heart health by developing partnerships with organizations working at the intersection between health, air quality and physical activity.

RATIONALE

Every year, air pollution causes 1.4 million stroke deaths and 2.4 million heart disease deaths globally. We must take action and pledge to turn the tide on climate change and air pollution to reduce CVDs and WHF has recently committed to take action on three areas including: research, advocacy and education.

EXAMPLES OF KEY ACTIVITIES

- Develop a position paper based on existing research and research gaps
- Promote the issue through World Heart Day to mobilize Members and supporters, and gain media coverage

SPECIFIC OBJECTIVE 3

Strengthen our relationship with the WHO.

RATIONALE

WHF has been in official relations with the WHO since 2012. We will now develop and implement a three-year plan to sustain the partnership. This plan includes activities (eg. support for Global HEARTS, RHD and access to essential CVD medicines) as well as ongoing policy engagement and advocacy at the WHO Executive Board meetings and World Health Assembly.

EXAMPLES OF KEY ACTIVITIES

- Maintain and strengthen relationships with key WHO contacts
- Attend all WHO Global Coordination Mechanisms and inform Members of outcomes
- Assist our Members during the WHO Executive Board and the World Health Assembly

[7] http://apps.who.int/iris/bitstream/handle/10665/258962/WHO-HIS-HGF-17.1-eng.pdf;jsessionid=2E8B9A9D936ECC700BD0227D9A13E7E9?sequence=1

AGO 2

AGO 2 Support global, regional and national advocacy for implementation of the 2018 WHO Resolution towards RHD eradication

AGO 2

SPECIFIC OBJECTIVE 4

Support the RHD task force and continue to support the implementation of the 2018 WHO Resolution on Rheumatic Fever and Rheumatic Heart Disease by focusing advocacy efforts on WHF's strengths.

RATIONALE

All activities in this area aim to help WHF play to its strengths and to advance implementation of the Resolution through a focus on advocacy and convening, supporting and empowering Members, as well as seeking and collaborating with new partners.

EXAMPLES OF KEY ACTIVITIES

- Mobilize countries for the development of sustainable programmes to treat and prevent RHD based on the WHO resolution
- Lead global advocacy for the availability of BPG
- Organise one or more high-level meetings on the supply and demand of Benzathine Penicillin G (BPG), which is essential for the treatment primary and secondary prevention of acute rheumatic fever.
- Advocate for access to surgical treatment of RHD

RHD is a preventable, treatable form of cardiovascular disease that affects over

33 MILLION

people around the world, a number comparable to those living with HIV.

AGO 3

AGO 3

AGO 3 Mobilize and strengthen the capacity of WHF Members to complement, support and add value to AGO 1 and AGO 2

WHF has identified LEADERSHIP IN ADVOCACY as one of three strategic priorities for success in its 2018-2020 strategy.

SPECIFIC OBJECTIVE 5

Support the Advocacy Expert Group (AEG).

RATIONALE

WHF set up the AEG to engage more actively with our Members and provide specific, expert reporting to the WHF Board. The AEG is composed of six advocacy experts from our Member organizations. The members of the Board also act as liaisons for each of the WHO regions.

EXAMPLES OF KEY ACTIVITIES

- Support the development of WHF position papers and promote their formal adoption
- Deliver draft WHF statements during WHO and other UN meetings/events
- Facilitate AEG members to represent WHF at key meetings and events

SPECIFIC OBJECTIVE 6

Support the Tobacco Expert Group (TEG).

RATIONALE

WHF set up the TEG to support and strengthen the work already achieved by WHF on tobacco control advocacy, to mobilize WHF Members and to strengthen WHF's institutional capacity to enable us to meet our 2018-2020 priorities and tobacco control objectives.

EXAMPLES OF KEY ACTIVITIES

- Support the development of WHF position papers and disseminate to key policy makers
- Deliver draft WHF statements during WHO and other UN meetings/events during FCTC Conference of the Parties (COP)
- Develop a policy to ensure that none of our Members accept money from, endorse, enter into partnerships with, nor conduct research in any way related to the tobacco industry and all its allies, including the Philip Morris International-funded "Foundation for a Smoke Free World", to be adopted at the WHF General Assembly
- Promote Prevent20 campaign messages and evidence on tobacco taxation as a smart solution for CVD prevention
- Facilitate contact between WHF Members and ministries of finance to support the Prevent20

SPECIFIC OBJECTIVE 7

Continue to support the Global Coalition for Circulatory Health in one key advocacy area.

RATIONALE

In 2017, the WHF convened the Global Coalition for Circulatory Health, which brings together international, regional and national stakeholders in circulatory health. We will continue to do so in order to speak with one voice on the global stage.

EXAMPLES OF KEY ACTIVITIES

- Continue to promote the WHF White Paper through the promotion of one of its key topics
- Support and nurture GCCH membership at staff and leadership level

ADVOCACY STRATEGY 2019-2022

WORKING TOWARDS HEART HEALTH FOR EVERYONE

WORLD HEART FEDERATION

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