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2nd Global Summit on Circulatory Health

KNOWLEDGE EXCHANGE: National CVD Action Plans

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Summary of Discussions

4 global points from **Economist Intelligence Unit**

1. Room for improvement in integrated care
2. Many countries have a plan, but few plans are comprehensive, including in Europe!
3. Public health and primary care campaigns are generally quite strong
4. Cost effectiveness gains can be made (secondary prevention, patient engagement, m-health)

Summary of Discussions

4 national points from **MoH Uganda**

1. Value of forming a multi-sectoral committee on NCDs, coordinated by Prime Minister's Office
2. Draft strategy in place & already begun implementation – not waiting until it's perfect to get started
3. Feeding existing global agreements and policies into national planning, e.g. FCTC
4. Partnerships with civil society and NCD Alliance

Summary of Discussions

4 national points from **MoH Viet Nam**

1. Special fund to support tobacco control
2. Focusing their response on 3 key areas (not trying to 'do it all'), including community empowerment
3. Focus on *wellness*, not illness, when creating strategies
4. Using m-health to decentralise self-care, e.g. SMS messaging

Summary of Discussions

4 national points from **MoH South Africa**

1. Deliberately no single CVD plan – avoid vertical approach by scattering CVD policies
2. Find solutions to competing health priorities by focusing on co-morbidity (e.g. HIV/AIDS now chronic)
3. Focusing on life-course approach, especially child and adolescent health
4. Presenting ‘business cases’ to Ministers to get policies implemented and costed

Summary of Discussions

2 civil society points from **APHN**

1. Don't lump CVD in with NCDs – every country should have a specific plan that is costed, funded, implemented & monitored
2. Danger for going in with 'catch-all' policies, instead find some points where you can compromise with govs to get things done

2 civil society points from **World Heart Federation**

1. WHF Roadmap activities in Brazil show task-shifting can make plans more feasible – now moving towards this for hypertension
2. Solution to industry interference is to monitor it, and make sure multistakeholder approach is used, so we are united together

Three Key Points

- 1. All countries need national plans (whether CVD or NCD) that are multisectoral and address the entire life course.**

Proposed Actions:

Advocate for governments to work using coalitions from across different ministries, with clear leadership and coordination (e.g. from Prime Ministers Office).

Civil society representatives should be encouraged to join/influence these coalitions.

Three Key Points

2. Resourcing remains a problem – national plans are often un-costed, un-financed, un-implemented and un-monitored.

Proposed Actions:

Civil society to focus advocacy on topic of 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.

Three Key Points

3. CSO should take a more collaborative role - when engaging with each other AND when engaging with governments on their national action plans.

Proposed Actions:

Civil society could be more proactive in sharing technical expertise and scientific evidence with policy-makers.

Civil society could make our M&E of existing national plans more streamlined & well-communicated. We should focus M&E on implementation & critique progress qualitatively.