



THE SOUSSE DECLARATION

*"Together we can combat premature mortality
from CVD in Africa"*

Sousse, Tunisia – March 31st, 2018

Preamble

- Cardiovascular diseases (CVD) is responsible for 17.5 million premature deaths every year, and is predicted to rise to 23 million by 2030;
- Along with other non-communicable diseases (NCD), CVD, including hypertension and rheumatic heart disease (RHD) contributes to poverty, particularly in low- and middle-income countries, due to massive health spending related to management of chronic conditions and subsequent high out-of-pocket expenditure. Consequently, CVD places a heavy burden on the economies of low- and middle-income countries;
- 80% of premature deaths from CVD could be avoided if four main risk factors - tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol – are controlled.

Mission statement

- The African Heart Network brings together member heart foundations to work with stakeholders and partners with the aim to raise awareness and priority accorded to CVD prevention, management and control in Africa. Together, we can help the people of Africa live longer, better, and more heart-healthy lives.

As civil society leaders and representatives from across the African region, meeting in Sousse for joint 1st African Heart Network Meeting and 3rd Tunisian Heart Foundation International symposium for the prevention of cardiovascular disease in Africa, and partners from Africa and beyond, united in the fight against CVD,

We acknowledge that:

- According to the World Health Organization (WHO) and the World Heart Federation (WHF), the total burden of CVD is projected to increase globally, however the African region will experience the most rapid increase in CVD deaths because of rapid demographic transition in the continent, unless measures are put in place to mitigate the progress;
- CVD and other NCDs, including, cancer, chronic respiratory diseases, and diabetes, have major impact on the health and wellbeing of communities and the economies of our continent;
- Since 2011, several global commitments have been made on NCDs, including:

- *The 2011 UN Political Declaration on NCDs*
 - *The development of the Outcome Document (25% reduction of mortality from NCDs by 2025) in 2012*
 - *The WHO Global Action Plan for the Prevention and Control of NCDs (2013)*
 - *The Review Document of the 2014 UN High-Level Meeting on NCDs*
- The inclusion of a target to reduce premature mortality from NCDs in the Sustainable Development Goals (SDGs) in 2015 reinforces the urgency for high-level political action for addressing NCDs;
 - Most governments in Africa have put in place strategies for prevention, management and control of CVD and other NCDs including the establishment of NCD departments/units/divisions and many of them have set up national NCD plans. Some of the countries have designated budgets for NCDs;
 - A strong NCD civil society movement has emerged both within and across African countries to raise awareness about CVD and other NCDs and, in collaboration with the governments, heart foundations have been actively engaged in policy, legislation and actions on CVDs in several countries in the continent.

We recognize that:

- Despite the progress made, the burden of disease due to CVDs including hypertension and RHD in Africa is still on the increase;
- The African governments have made slow progress on meeting the four time-bound commitments made at the 2014 UN High-Level Meeting on NCDs;
- The national governments have not made adequate investments for effective implementation of the main risk factors of CVD, namely tobacco control, unhealthy diets, lack of physical activity, harmful use of alcohol and other NCD risk factors
- While most drivers for CVD lie outside the health sector, there hasn't been adequate mobilization and engagement of multiple stakeholders in the other sectors in the fight against CVD;
- The health systems in a majority of the African countries are not yet sufficiently equipped to address the burden of CVD in terms of facilities, human resources, essential medicines and technologies. Further, the implementation of Universal Health Coverage (UHC) in most African countries is not adequate, resulting into a high economic burden on individuals, communities and the national governments;
- Health information systems, surveillance and monitoring mechanisms have yet to be adapted in some countries to incorporate CVD prevention and control including national population-based surveys of risk factors, national registries for NCDs and adequate information systems to report on diagnosis and management of CVD and their risk factors at primary, secondary and tertiary levels;
- Most countries in the region have yet to fully developed adequate legislations, policies and intervention to comprehensively address CVD and their risk factors.

We commit to advocate for the following:

1. Incorporation of CVD prevention management and control, including hypertension, in all national NCDs development plans, ensuring policy coherence and coordinated action to efficiently mainstream CVD and health in all national development plans;

2. Increased national budgetary allocations for health (aimed at achieving the Abuja Declaration of 15% of the national budget) to support Universal Health Care through strengthened Primary Health Care (PHC) with specific activities and budget for CVD prevention and care, including hypertension and RHD;
3. Involvement of persons living with CVD and their caregivers in the formulation, implementation and review of policies, legislation, strategies, guidelines and activities;
4. Full implementation of tobacco and alcohol control legislation and policies, especially with regard to total ban of tobacco advertising, promotion and sponsorship, total ban on smoking in enclosed public places, plain packaging and large pictorial warning messages on tobacco products;
5. Full implementation of high taxation unhealthy commodities, including tobacco, alcohol, foods and sugary drinks, and the allocation of part of these taxes to the prevention, management and control of CVD;
6. Development and implementation of effective integrated nutrition policies for control of both undernutrition, overweight and obesity; including food labelling and reformulation of industrially manufactured foods in order to reduce their content in salt, sugar, saturated fats and trans fats.
7. Regulations on the marketing of foods and drinks containing high sugar, salt and trans-fats, especially those targeting children;
8. Ensuring that the environment is conducive to healthy living of all people, through urban shaping, including development of safe, well-lit green areas and parks and dense networks of bus and cycling lanes in urban settings to encourage active commuting;
9. Ensuring that there is an effective and accountable Multi-sectorial Coordination Committee at the national level in all countries that can effectively spearhead the needed multisectoral interventions to address CVD prevention.

Endorsement

We the delegates, whose names and Foundations appear here under, subscribe and append our signatures to this Declaration.

American Heart Association



Kathryn Lambert

World Heart Federation



David Wood

Pan-African Society of Cardiology (PASCAR)



Saad Subahi

African Heart Network



Habib Gamra

Tunisian Heart Foundation



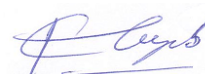
Habib Gamra



Sudan Heart Society



Kamaleldin Eltayeb Mohamed



Kenyan Heart National Foundation



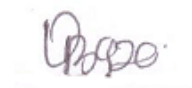
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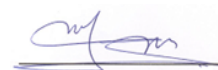
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