



**WORLD HEART
FEDERATION®**



Cholesterol Advocacy Toolkit

www.cvdroadmaps.org

Version 13.03.17

Key Acronyms

AHA	American Heart Association
CDC	US Centers for Disease Control
CVD	Cardiovascular Disease
DALYS	Disability-Adjusted Life Years
ESC	European Society of Cardiology
FH	Familial Hypercholesterolemia
GAP	WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020
HIC	High-Income Countries
HLM	United Nations High-Level Meeting on NCDs
LMIC	Low- and Middle-Income Countries
MI	Myocardial Infarction
NCDs	Non-Communicable Diseases
NCD GMF	World Health Organization NCD Global Monitoring Framework
NGOs	Non-Governmental Organizations
UN	United Nations
WHO	World Health Organization
WHF	World Heart Federation

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Introduction

About This Toolkit

The World Heart Federation (WHF) is a leading global advocate for stronger legislation and policies regarding cardiovascular disease (CVD) and its risk factors, including cholesterol. This Cholesterol Advocacy Toolkit provides WHF member organizations with information and practical tools to support cholesterol advocacy at the local level.

This resource can provide assistance in a variety of ways: these range from helping your organization develop a cholesterol advocacy strategy to forming successful advocacy partnerships, and from reaching out to the media to scheduling meetings with key local and national decision-makers. The materials are designed to be adapted to your unique local needs and situation.

This Toolkit is closely related to our “Advocacy Toolkit: Uniting Global Efforts to Fight Heart Disease and Stroke” (2013)¹, “CVD and the Development Agenda: Advocacy Toolkit” (2015),² “World Heart Day 2016 Advocacy Toolkit” (2016)³ and “CVD Advocacy Toolkit: The Road to 2018” (2016).⁴ We suggest that you explore these resources for more information on basic advocacy tactics and strategies, and that you use their examples of advocacy approaches as models for forming cholesterol-related campaigns.

This Toolkit also draws from our Cholesterol Roadmap, which explores patient-, physician- and health system-level roadblocks to cholesterol control. This Roadmap also offers potential solutions to these challenges, and provides the context for the critical need for cholesterol-related advocacy.

Goal

The goal of this Toolkit is to enable WHF members and allies to conceptualize, plan and carry out a cholesterol-related advocacy campaign on a selected policy call to action.

Tip

It is important to remember that no advocacy approach is universally applicable. Please adapt the materials and advice in this Toolkit according to your needs.

More resources can be found at www.worldheart.org



Global Importance of Raised Cholesterol

Globally, each year an estimated 17 million deaths occur due to CVD,⁵ and international studies suggest that elevated blood cholesterol is among the most important modifiable risk factors for myocardial infarction (MI)⁶ and for ischemic stroke.⁷ Globally, a third of ischemic heart disease is attributable to high cholesterol, according to the World Health Organization (WHO); while raised cholesterol is estimated to cause 2.6 million deaths (4.5% of total) and 29.7 million disability adjusted life years (DALYS), or 2.0% of total DALYS. Raised total cholesterol is a major cause of disease burden in both the developed and developing world as a risk factor for ischemic heart disease and stroke.⁸

In 2012, the Member States of the World Health Organization (WHO) endorsed an historic target to reduce premature mortality from non-communicable diseases (NCDs) by 25% by 2025 (known as '25 by 25'). The United Nations Sustainable Development Goals (2015) echoed this commitment with a target to reduce premature mortality from NCDs by one third. These targets are especially relevant to CVD, which is the leading cause of death globally and is increasing in prevalence in low- and middle-income countries (LMICs).

Decreasing cholesterol-related CVD risk plays a vital role in achieving the WHO and UN targets. The WHO Global Action Plan (GAP) for the Prevention and Control of NCDs 2013-2020 proposes 25 indicators to measure progress toward the 25 by 25 targets, including "age-standardized prevalence of raised total cholesterol among persons aged 18+ years and mean total cholesterol concentration."⁹ These targets underscore the need to identify individuals at high risk of CVD and manage their burden of risk factors, including high blood cholesterol, as a key strategy in reducing premature morbidity and mortality.¹⁰

The WHO's Total Risk Approach to the prevention of CVD identifies cholesterol control as a public health priority.¹¹ Cholesterol reduction is critical to both primary and secondary prevention of CVD, through lowering cholesterol in those with established CVD, and also in those at high risk of developing it. Low cost methods for identifying at-risk patients in LMICs exist,^{12,13} and treatment with cholesterol-lowering medications in the form of statins is cost-effective in these settings.¹⁴ Nonetheless, while statins have been deemed safe and effective in treating raised cholesterol, their use is suboptimal worldwide, with availability and affordability posing particular challenges in LMICs.¹⁵ While the prevalence of raised cholesterol and other CVD risk factors are all lower in LMICs compared to high-income countries (HICs), mortality from CVD is higher in LMICs, suggesting that the detection and management of CVD and its risk factors is inadequate in LMICs.¹⁶

For more information on the global importance of addressing raised cholesterol please see our Cholesterol Roadmap preview event presentations:

<http://www.world-heart-federation.org/what-we-do/whf-roadmaps/cholesterol-roadmap/>



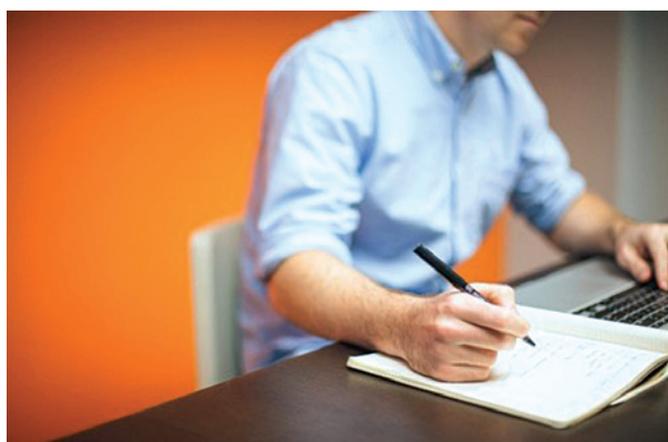
Basic Overview of Advocacy Steps:

This Toolkit focuses on the strategies needed to develop a campaign on cholesterol control as a key component of reducing CVD-related deaths. The Toolkit consists of 6 sections that guide the reader through the essential steps of conducting advocacy:

- **Conduct research**
- **Identify your strategy**
- **Identify your key targets**
- **Create partnerships**
- **Engage the media**
- **Develop and disseminate key messages**

Each section features:

- **Key concepts related to conducting cholesterol-related advocacy**
- **Critical questions to consider at each stage of advocacy planning**
- **Useful tips and tools**
- **Links to relevant resources**



Cholesterol Advocacy Campaign Checklist:

As you work your way through the steps, keep the following checklist in mind – it will assist you in measuring the progress of your cholesterol-related advocacy campaign. This checklist can be adapted to suit your local conditions, please add more activities as you see fit.

Cholesterol Advocacy Campaign Checklist

- **Conduct research on cholesterol in your setting and identify key players in NCD, CVD and cholesterol-related policy decision making**
- **Select your advocacy issue**
- **Develop an advocacy plan**
- **Identify primary targets and corresponding secondary targets**
- **Identify and engage key partners from other sectors to add depth to your campaign**
- **Write a letter to your Minister of Health or other key decision-maker to request a meeting to discuss monitoring of the WHO cholesterol indicator**
- **Engage the media by reaching out to journalists to educate them about the importance of CVD, cholesterol control and monitoring, and how they relate to achieving 25 by 25**
- **Write letters to the Editor or Opinion Editorials to leading newspapers on the importance of cholesterol and achieving 25 by 25**
- **Use social media to engage a wider audience about the importance of cholesterol control (Facebook, Twitter, blogs, etc.)**
- **Publicize your campaign in your newsletter**
- **Publicize your campaign on your website**
- **Engage your membership by including cholesterol key messages in your newsletters, events, social media, website and meetings**
- **Involve your constituency in your campaign through events and media activities**
- **Engage in advocacy for 25 by 25 and overall support for the WHO Global Action Plan**

Step 1: Conduct Research

Know the Issue: Understanding the Burdens of CVD and Raised Cholesterol in Your Setting

The most successful advocacy campaigns are specific and focused. They identify a clear, defined problem, then raise awareness and provide solutions to solve it. Your community is relying on your organization's expertise in confronting CVD and its risk factors, and in mitigating its impact on the community. It is therefore crucial that you maintain a comprehensive and up-to-date understanding of the scope of the issue. This knowledge can be obtained from statistics, progress reports and local research related to:

- **The CVD burden in your setting**
- **The burden of raised cholesterol in your setting**

Find out more from these WHO links:

To understand the NCD burden in your setting:

www.who.int/nmh/publications/ncd-status-report-2014/en/

To see how your country has reported progress towards achieving 25 by 25:

www.who.int/chp/ncd_capacity/en/

www.who.int/nmh/media/ncd-progress-monitor/en/

For regional and national level statistics on raised cholesterol:

Global Health Observatory (GHO) Data Raised Cholesterol Global Health Observatory (GHO) Repository

The GHO data repository contains an extensive list of indicators, which can be selected by theme. It also supports a multi-dimension query functionality. It is the World Health Organization's main health statistics repository; to browse GHO data, click here:

http://www.who.int/gho/ncd/risk_factors/cholesterol_prevalence/en/

The next step is to gather specific information on what action your government is already taking in the area of CVD and cholesterol control. We have created a list of key questions to help guide your advocacy efforts:

Know the issue: obtain essential background information

Information gathering questions	Answers
Who is responsible for the monitoring and surveillance of cholesterol levels at the Ministry of Health?	
What cholesterol-related goals, targets, and indicators is the government currently tracking?	
Is there a national NCD surveillance system that tracks cholesterol levels as a CVD risk factor?	
How engaged is your Ministry of Health in cholesterol control?	
Who funds cholesterol control in your setting?	
What are funds for cholesterol control primarily spent on?	
What cholesterol-related information would be helpful to share with ministries?	

Environmental Assessment: What is the Scope of the Problem?

In order to shape your advocacy strategy and to develop your key messages, it is important to have a thorough understanding of the policy environment surrounding cholesterol control and CVD management. To create a compelling case for action on cholesterol, it is critical to address overarching questions, such as:

- Why should policy makers care about the problem?
- What is the medical reality of the cholesterol problem in your country and community?
- What is the policy environment?
- What are the main barriers that patients face in accessing diagnosis, prevention or treatment for raised cholesterol?

Role of Data and Evidence:

In addition to its central role in public health and clinical decision-making to establish policies and guidelines for clinical care and health services provision, data also plays a vital role in formulating advocacy strategies.

The Role of Data in Cholesterol-related Advocacy:

Ensuring that issues are based on patient needs and grounded in evidence

Illustrating the problem

Supporting the solution

Informing and persuading decision-makers and their allies

Providing counter-arguments

Changing perceptions

Discrediting myths and incorrect claims

Demonstrating if policies are working or not

What kinds of questions can data help you answer?

- Which populations are most affected by raised cholesterol? What do they say about it?
- Who or what has an impact on raised cholesterol and strategies to manage it?
- How severe is the issue of raised cholesterol?
- How has the issue changed over time (the last 1, 5, 10, 20 years)?

Essential information on cholesterol:

Our own WHF resources:

QUICK FACTS on cholesterol/lipids

FACT SHEETS: Cardiovascular diseases by country

Infographics

The following websites also contain useful information:

US Centers for Disease Control (CDC):

High Cholesterol Maps and Data Sources

FastStats Cholesterol

European Society of Cardiology (ESC):

ESC Atlas of Cardiology

Tip

In order to provide a strong rationale for policy makers to support your issue, it is essential to distinguish between evidence and opinion.

The number 1 cause of death worldwide

Disease	Annual global deaths
CVDs	Over 17 million
Cancers	8.2 million
Respiratory diseases	4 million
Diabetes	15 million



Source infographic: World Heart Federation¹⁷

Step 2: Identify your Strategy

Defining and Selecting Your Cholesterol Advocacy Issue:

As there are many CVD risk factor-related problems and potential solutions, it is important to hone in on an issue that is both meaningful to your organization and feasible as a policy win. The example below, based on the recommendations incorporated in the Cholesterol Roadmap, highlights a cholesterol-related policy problem with potential policy solutions, and suggested criteria to evaluate your options.

Example of an advocacy issue: cholesterol reduction to reduce risks of CVD

Policy problem: Despite the fact that cost-effective cholesterol-lowering medications are available that could reduce CVD-related morbidity and mortality, there are about 17 million deaths due to CVD each year worldwide.

Question: What policies could help to better identify those at risk of high cholesterol as a CVD risk factor and improve access to treatment in the population?

Possible Policy Solutionsⁱ:

- **Implement population-based cholesterol screening and testing programs in communities**
- **Increase effective initiation of statin treatment and adherence to drug treatments in primary and secondary prevention of CVD**
- **Improve detection and treatment of patients with familial hypercholesterolemia (FH)ⁱⁱ**
- **Provide access to genetic and family counseling for families with FH**
- **Educate the public on the importance of seeking screening and treatment for raised cholesterol**
- **Educate clinicians on how to talk to patients about risks, screening, and treatment options for raised cholesterol**
- **Increase access (availability and affordability) to a wide range of cholesterol-lowering drugs in both the private and public health sectors**
- **Increase awareness among populations of healthier lifestyles and diet**

Questions to Consider When Evaluating the Different Policy Solutions:

- **Can you demonstrate how the solution will impact those most affected?**
- **Is the solution based on sound evidence and data? Can it be verified by data?**
- **Is the proposed solution feasible / winnable?**
- **Is it easy to understand and explain?**
- **Will it attract support?**
- **Do established networks based on the issue already exist?**

Tip

When formulating solutions to your cholesterol-related problem, keep in mind that patients' needs should always be central to any solution. Involving patients in the process both empowers them and lends legitimacy to your campaign.

ⁱ Based on findings from the WHF Cholesterol Roadmap to tackle cholesterol in secondary and primary prevention of CVD and in patients with familial hypercholesterolemia (FH).

ⁱⁱ The genetic disorder FH – which often goes undetected – produces the highest cholesterol levels and causes premature CVD in young adults and children.

Checklist for Selecting an Advocacy Issue¹⁸

You can use the checklist below to assess the feasibility of a potential cholesterol advocacy issue.

Criteria for selection	YES/NO High/Medium/Low
Data: Do you have access to data demonstrating the extent of the problem? Does the data demonstrate that the proposed solution will result in real improvements?	
Scope: Does the issue affect many people? Do enough people feel affected to do something about it?	
Understandable: Is the issue easy to understand and explain? Are you able to frame the issue in such a way that people readily comprehend the issue and its solution?	
Resources: Will you be able to raise enough money to support work on this issue? Do people care enough to donate funds and resources?	
Targets: Are you able to clearly identify the key decision-makers (individuals) to address this issue? Do you have their names and contact information?	
Networks: Do you have existing alliances with other stakeholders or key individuals based on this issue?	
Values: Is the issue consistent with your organization's mission statement and values?	
Winnability: Is the issue and its proposed solution feasible and/or winnable given the current political and social climate?	
Future: Does work on this issue provide the potential for building momentum for campaigns in the future?	
Commitment: Do people care enough about the issue to take action?	
Empowerment: Does the way you have framed the issue offer an opportunity for patient involvement?	

Elements of An Advocacy Plan:

Once you have selected your cholesterol advocacy issue, the next step is making an advocacy plan that lists your goals, objectives, actions, targets, timeline, partners, and resources. Doing this is a critical part of ensuring success in achieving your long-term goals and short-term objectives.

You need to make sure that your strategy is sound, that you have chosen the right targets, and that the right methods are adopted to reach those targets. A strong advocacy plan should include a goal, strategies for achieving the goal, measurable objectives, and tactics to achieve your objective.

Tip

The difference between successful and unsuccessful advocacy campaigns is seldom the worthiness of the cause, and more often the strength of the plan.

Advocacy Planning Tool

The Advocacy Planning Tool below can help you organize and plan your cholesterol-related advocacy strategy.

Action/campaign	Partners	Targets	Indicators	Timeline	Budget

What Are the Basic Steps of Creating a Cholesterol-Related Advocacy Plan?

- **Issue:** Select cholesterol-related advocacy issues, goals and objectives
- **Data:** Identify appropriate data to support issues
- **Targets:** Identify appropriate policy audiences (those capable of making the needed change and those who influence the decision-makers)
- **Messages:** Develop and deliver persuasive advocacy messages
- **Partners:** Build support among constituencies and coalitions
- **Timeline:** Create work plan with timeline for advocacy activities
- **Action:** Carry out work plan
- **Assess:** Monitor and evaluate results, learning from successes and failures

Defining goals, strategies, objectives and tactics:

- **Goals:** Primary outcomes you would like to achieve
- **Strategies:** Approaches you will take to achieve the goals
- **Objectives:** Measurable steps to achieve your strategy
- **Tactics:** Tools to achieve your objective

What Are Cholesterol-Related Advocacy Goals?

The first step in creating your advocacy plan is to develop your goals, which are your long-term (5-10 years) vision for change. This vision should be far-reaching, in that no one organization working alone could achieve it. Goals address the question of how the long-term policy environment will be changed as a result of your cholesterol-related advocacy efforts.

Example: Cholesterol-related advocacy goal

Provide widespread access to genetic and family counseling for families with FH within the public and private health sectors.

What are Cholesterol-Related Advocacy Objectives?

Advocacy objectives are specific, short-term (1-2 years), measurable, action-oriented targets that help you take incremental steps towards achieving your vision of change. They describe what you want to change, who will make the change, by how much, and by when.

Example: Cholesterol-related advocacy objective

By the end of the year, redirect x percent of the Ministry of Health's CVD control budget to provide equipment and training for health care practitioners in cholesterol screening.

What are Advocacy Campaign Tactics?

While cholesterol advocacy activities can be more general in scope, advocacy tactics are more specific tools that always require some measure of power. Tactics are:

- **Influencing activities**
- **Steps in carrying out your advocacy plan**
- **Actions done to decision-makers to make them give you what you want**
- **Activities that require someone to do the action, someone to whom it is done, and a reason why the person to whom it is done does not want it done and will make a concession to get you to stop doing it**
- **Actions that involve showing or demonstrating real power (numbers of supporters, support of influential people in the community, etc.)**

Advocacy tactics should demonstrate how broad your base of support is for your cholesterol-related issue. You might consider bringing together the largest number of supporters in one place to rally supporters and to secure media coverage.

Almost anything can be a tactic as long as it actually puts pressure on a decision-maker either directly or through the media.

Examples of Tactics:

- **Face-to-face meetings**
- **Consultation responses**
- **Public meetings or conferences**
- **Turnout events**
- **Petition drives**
- **Letter writing**
- **Media advocacy**
- **E-advocacy**
- **Public hearings**
- **Marches**
- **Town hall meetings**

Example From the Field:

In 2016, the Mexican heart patient organization, Pacientes de Corazón (Patients' Heart Health Association) (PACO), held the following events to generate awareness and to promote policy changes regarding CVD and cholesterol control:

- **A 2-month long outdoor media campaign with 166 ads on the subway**
- **A lecture about cholesterol during the Latin American Congress of Heart Diseases**
- **A Heart Walk in Mexico City on World Heart Day with 320 participants (patients, doctors, representatives from NGOs)**

Sample Strategy Planning Tool: Goal, Strategy, Objectives, and Tactics

The Sample Strategy Planning Tool below provides examples of how to select and plan tactics that are in line with your objectives, strategy and overall goal.

Goal: Reduce premature mortality due to CVD by 25 percent by 2025

Strategy: Government of X supports the monitoring of WHO cholesterol indicator

Objectives	Tactics	Tactics	Tactics
Gain support of the Ministry of Health for cholesterol monitoring inclusion in national reporting on the NCD GMF, targets, and indicators	Identify CVD/cholesterol leaders with connections to the MOH	Develop and deliver policy briefs on cholesterol monitoring and the NCD GMF to all relevant ministries	Secure meeting with Minister of Health
Get an Op-Ed published in leading newspapers in support of including cholesterol monitoring in the NCD GMF, targets and indicators	Meet with Op-Ed Board	Letter to the Editor on cholesterol issues and achieving 25 by 25	Hold a widely-reported press conference to announce campaign to monitor and control cholesterol as part of 25 by 25
Gain multi-sectoral support for cholesterol monitoring from NGOs focusing on nutrition, physical activity, social justice, poverty, and other health issues	Develop outreach materials aimed at gaining support by NGO allies	Set up meetings with key NGOs to share information and gain support	Identify CVD leaders with connections to allies in other NGOs



Heart Walk in Mexico City on World Heart Day, 2016



Subway Advertisement in Outdoor Media Campaign, Mexico City

Step 3: Identify your Targets

Understanding Your Advocacy Audiences:

It is important to identify who the key decision-makers are in your country or setting. After people living with CVD, decision-makers are likely to be your most important cholesterol advocacy stakeholders. These are the people with the power to bring about change and usually work in places of influence, such as government departments, leading hospitals, or successful businesses. Some of your important stakeholders might include members of these groups:

- **Politicians (local, provincial, national)**
- **CVD patient groups**
- **International agencies**
- **Donor agencies**
- **Community groups**
- **Business leaders**
- **Pharmaceutical industry**
- **Medical, cardiology, nursing associations**
- **Academics and universities**
- **Ministry of Health officials**
- **United Nations agencies**
- **Celebrities**

These audiences can be divided into “primary” and “secondary targets.”

Primary Targets:

A primary target is the person who has the most power to give you what you want to advance your campaign or fulfill your requests. It is always a person and not an institution (e.g. the Minister of Health rather than Government of X Country).

You can use the table below to plan your approach to identify and reach your primary targets.

Sample Target Strategy Chart

Objective: Government of X supports monitoring of the WHO cholesterol indicator to reach 25 by 25 targets.

Primary target	Position on issue	Tactics to reach primary target

Secondary Targets

Secondary targets are individuals with strong influence over your primary target so it is important to include them in your advocacy strategy. Secondary targets can be widely variable and multi-sectoral (e.g. the leading national newspaper, or your primary target’s personal physician, etc.). Take the time to research and identify the actors that have the greatest impact on your primary targets.

You can use the table below to plan your approach to identify and reach your secondary targets.

Sample Target Strategy Chart

Objective: Government of X supports monitoring of the WHO cholesterol indicator to reach 25 by 25 targets

Tip

Be creative and turn to your own professional and social networks to see if you have existing connections to both primary and secondary targets.

Once you have identified your primary and secondary targets, you can assess each target based on the following factors:

- **Familiarity with your organization:** Have they interacted with you before? What type of interaction?
- **Knowledge about your advocacy issue:** How well informed are they about your issue?
- **Position on your advocacy issue:** Do they support or oppose it? Or are they neutral?
- **History of support for your advocacy issue:** Is there a history of support for your issue?
- **Potential benefits of supporting your advocacy issue:** From the target’s perspective, how would they benefit by supporting your issue? What are their interests and concerns related to supporting your issue?

Secondary target	Relationship to primary target	Tactics to reach secondary target

Step 4: Create Partnerships

What is a Multi-Sectoral Approach?

The challenges posed by CVD and its risk factors – including cholesterol control – require the meaningful engagement of various stakeholders through a whole-of-society approach. Multi-sectoral collaboration is the partnership that results when civil society (patient groups, community organizations, medical and professional societies), the business and private sectors, government (all the different key sectors), academia, the media and individuals come together to solve problems.

As you prepare your cholesterol-related advocacy strategy, be prepared to reach out to people who work in related health fields (e.g. experts in communicable diseases, nutrition, maternal and child health) as well as sectors other than health (e.g., agriculture, transport, social policies) and those with experience working on international agreements.

Example of a multi-sectoral partnership:

WHF has designed a series of CVD-related Roadmaps to translate existing knowledge of best practices, barriers, and solutions into practical strategies to meet targets set by WHO to reduce premature deaths from NCDs, including CVD, by 25% by 2025.

In order to create these Roadmaps, WHF has convened a global advisory group of experts in CVD prevention in various sectors, including specialists in health policy, health systems and health economics. The Cholesterol Roadmap is the most recent in the series, as reducing the risk of cholesterol-related CVD has an essential role to play in achieving the 25 by 25 goal. Previous WHF Roadmaps have focused on secondary prevention, hypertension (primary prevention), tobacco control, rheumatic heart disease and non-valvular atrial fibrillation, the most common form of cardiac arrhythmia.

WHF has developed the Roadmaps as models for advocates to assess roadblocks and potential solutions to improving cholesterol care in their own country situations. To this end, WHF envisions that national Cholesterol Roadmaps will be developed within “multi-sectoral” partnerships, including inter-governmental organizations, heart health advocacy foundations, cardiovascular scientific organizations, healthcare leaders, providers from primary and specialized care, private-sector partners and people affected by CVDs (including patients and caregivers).

You can find out more details on our WHF Roadmaps via the following linksⁱⁱⁱ:

Reducing Cardiovascular Mortality Through Prevention and Management of Raised Blood Pressure: A World Heart Federation Roadmap

Reducing Cardiovascular Mortality Through Tobacco Control: A World Heart Federation Roadmap

Reducing Premature Cardiovascular Morbidity and Mortality in People With Atherosclerotic Vascular Disease: The World Heart Federation Roadmap for Secondary Prevention of Cardiovascular Disease

Expert Advice: How Working in Partnership Can Help You Overcome Challenges to Cholesterol Advocacy:

“The general population, particularly in Latin America, lacks awareness of the risks of having high cholesterol, which can result in several chronic diseases, not just heart disease. So, to overcome these challenges, we are working with medical professionals to promote improved patient education on better health practices (nutrition, exercise, etc.) in an environment of poverty. Influencing public policy – for example by urging the Ministry of Health to support training and awareness of cholesterol issues for medical doctors – is a great challenge. To address this, we have created a Cholesterol Coalition – which includes different actors and an Experts Forum – to generate a position paper to influence public policies.”

Carlos Castro, Pacientes de Corazón (Executive Director, Patients’ Heart Health Association) (PACO)

ⁱⁱⁱ At the time of publication of this Toolkit, the World Heart Federation Roadmaps on Cholesterol and Atrial Fibrillation were not available online. Please go to www.cvdroadmaps.org for updates.

Needs Assessment: Partnerships

Both within the CVD community and beyond, strong partnerships will be essential to achieve the 25x25 goal, and to conduct successful advocacy related to cholesterol control.

You can begin evaluating which groups have the potential to be appropriate advocacy partners by answering these core questions:

- **Do you have an existing partnership working on cholesterol-related issues or other CVD risk factors?**
- **Is there a common goal that will bring the organizations together?**
- **Do your staff and volunteers have connections with organizations, academia, or the private sector that you want to involve?**

Next steps include:

- **Making a list of organizations, volunteers, and community leaders to reach out to about joining the campaign.**
- **Developing outreach materials that include background information, the goals of the campaign, and how the organizations can be involved.**
- **Holding face-to-face outreach meetings to discuss the campaign and your common issues and goals.**

Once you achieve a critical mass of partnerships, consider forming a coalition or network to come together specifically on a cholesterol-related campaign. The network can be formal or informal, according to your needs. A strong coalition allows advocates to pool resources, extend their outreach, and increases the power of their voice.

Expert Advice: Tips From the Mexican Organization PACO on Forming Advocacy Partnerships:

“The biggest challenge is identifying leadership. To work together means that someone must lead the way. Make sure your goals are the same and don’t let egos get in the way. For me, the biggest reward from working in partnership was changing the Mexican Health Law on behalf of patients.”

Carlos Castro, PACO

How can you identify potential partners for cholesterol advocacy actions?

Partner mapping tools can help you identify appropriate partners to engage as allies for cholesterol-related advocacy. Here are some examples of partner mapping tools that can walk you through this process.

The Profile of Potential Partners tool below can be used to map, analyze and assess stakeholders who might be interested in working with you.

Profile of Potential Partners

Potential Partner Details					Sphere of Influence		
Organization	Name	Contact details	Position	Expertise	Position on issue	Influenced by?	Has influence on?

Sample Partnership List

The Sample Partnership List below can help you organize and keep track of potential partners for specific roles in your advocacy campaign.

Potential partner	Key contact / relationship	Mutual interest	Role in campaign

Strategies to Engage Partners:

When forming strong partnerships, face-to-face conversations are key. Look for opportunities to engage potential cholesterol advocacy partners through already scheduled CVD-related conferences and events. The links below are to calendars of global events to facilitate engaging partners:

[World Heart Federation Calendar of CVD events](#)

[European Society of Cardiology World Cardio Agenda](#)

[American Heart Association Global Programs Calendar](#)

[Elsevier Global Events List](#)

[Conferenceseries.com Women and CVD Conferences](#)

Here is a list of some key events organized by WHF Member-Partner organizations:

- **World Congress of Cardiology and Cardiovascular Health (WCC)**
- **American Heart Association Sessions**
- **European Society of Cardiology Congress**
- **American College of Cardiology Scientific Sessions**
- **Canadian Cardiovascular Congress**
- **Annual Conference of the Cardiological Society of India**
- **Japanese Circulation Society Annual Scientific Meeting**
- **Annual Conference of the Saudi Heart Association**
- **Pan-African Society of Cardiology Congress**

Additionally, other like-minded organizations may host events that are relevant to cholesterol advocacy, such as those focused on promoting physical activity and healthy eating, that may help you further communicate your messages and gain supporters. Be on the lookout for such events.



Step 5: Engage the Media

Engaging the media is a key component of most advocacy campaigns. Mass media is the quickest way to reach a large number of people. The media plays a significant role in shaping current debate around key issues, beyond raising awareness and information sharing. The media can also put pressure on policy-makers to take action, educate and motivate the public, help dispel myths and clarify key points around your cholesterol advocacy issue.

Although the media may run stories on heart disease, the scale of the burdens of CVD or raised cholesterol is not enough of a story on its own. It is a better strategy to approach the media with a specific “angle,” event or piece of research to base their story on.

Tips on Media Engagement:

Monitor News Coverage:

- **How are CVD and its risk factors, including cholesterol, being covered in your country?**
- **How much news coverage has the issue received (e.g. number of articles, mentions on TV, etc.)?**
- **Who has been covering the issue? Which newspapers, blogs and TV stations have had stories about cholesterol? Has a specific journalist been writing about it? Do you have a relationship with the journalists covering the issue?**
- **How has CVD and cholesterol been portrayed in the media? What are the main arguments and concerns?**

Consider setting up an online email alert to inform your network of news around cholesterol and any related policy goals. One option is using Google Alerts.

Click here for a step-by-step guide on how to set up a Google Alert www.wikihow.com/Use-Google-Alerts

Consider the Different Ways to Get Your Message Heard:

- **Special events**
- **Press conferences**
- **Letters to Editors**
- **Meeting with Editorial Boards**
- **Paid media advertisements**
- **Social media**

Cultivate Relationships with Journalists: Further develop any existing relationships with journalists covering local and national health issues. Be proactive in seeking out major media actors and establish yourself as an expert on CVD and its risk factors, including cholesterol. Find out who covers topics related to CVD and cultivate relationships with them.

Be Opportunistic: As you monitor the media, look for opportunities to promote your message. For instance, the best time to submit an editorial may be immediately after an article has been published on CVD or other risk factors or after a major health event or meeting. Breaking research on cholesterol can also be a great opportunity to link the research back to the larger issue of health systems strengthening and the 25 by 25 goal.

Be Proactive: Don't wait for the media to come to you or to start covering the issue. You need to be proactive and reach out to the media, provide them with key background information, and establish yourself as a valued source. Try to find out what information they need and provide it in a timely manner. Write press releases in the style of articles and stories in your local newspaper in order to help journalists do their jobs.

Activate Your Social Media Network: The effective use of social media (Twitter, Facebook, blogs, etc.) can help spread your campaign message, engage the traditional media, and recruit people to your cholesterol advocacy agenda. These tools give you access to millions of users from around the world. While you should be active within multiple social media communities to maximize your reach, determine which platforms are most popular among your key targets and prioritize those.

For more detailed information on using social media, see WHF Advocacy Toolkit (2013): Appendix 5: Social Media Guide (pages 27-32)¹⁹, which provides tips on how to use Twitter, Facebook and blogs to successfully promote your advocacy messages.

Expert Advice:

The Mexican Organization PACO's Top Tips For Working With the Media:

- **Be creative with your messages, and present them in different ways – via traditional media, newspapers, radio and TV, and now social media.**
- **Develop key messages and pass them along to your spokespersons. The same message spread by different people in different areas makes it louder and stronger.**
- **Don't assume that you will need a lot of money for a media campaign. If you have a strong public relations "ask" ready, some creative agencies will work with you pro-bono, and the traditional media may give you free space.**

Engaging the Media: "Do's"

Make it newsworthy: Make your media event compelling by bringing together a large number of people. Highlight a celebrity or well-known spokesperson, or tie the event into the launch of a new program or campaign or a breaking story related to cholesterol.

Make it visual: Envision how your event will look and make it interesting for video.

Use a catchphrase or hashtag: Make sure that a consistent theme anchors the event and that speakers use the same quote as an effective "sound bite."

Make it about real people: Showcase patients and others affected by CVD and raised cholesterol, by empowering them to tell their own stories.

Step 6: Develop and Disseminate Key Messages

Now that you have identified your cholesterol advocacy objective, the evidence that supports it, and partners to help you achieve it, you can focus on shaping your advocacy messages and how you are going to get these messages across to a variety of audiences. Developing and delivering effective advocacy messages is an intrinsic part of building support for your campaign, and it flows directly out of the research that you did on identifying key decision-makers in the policy process, determining who your primary and secondary targets are, and understanding the general framework of the decision-making process.

Strategic Communications For Cholesterol Advocacy:

- A planned communications strategy seeks to inform, persuade, motivate, and move a designated policy audience to take action.
- It involves expertise to formulate compelling arguments to achieve advocacy objectives.
- It considers target characteristics and preferences.
- It always features a clear call to action.



Framing Messages for Greatest Support:

Successful advocacy is contingent upon your organization's ability to move decision-makers to take action. This requires strategic communication – formulating and articulating arguments in a compelling way – to achieve your advocacy objectives.

Effective advocacy is based on the message you are delivering, how you deliver the message, and the audience you are intending to reach. How you frame the issue will depend on who you are talking to, and their personal and professional experience.

Position Your Issue:

Getting others on board, especially government officials, will require you to position your issue in a way that makes it relevant to them. In environments with limited resources and many competing priorities, often those who are most effective in communicating a problem and presenting cost-effective solutions are the ones who will be heard.

For example, emphasizing the financial implications of raised cholesterol and the impact of this burden on your community may help get the attention of decision-makers. Emphasize the links between national policy and international policy and development. As CVD (and its risk factors) is a development issue – one leading to and resulting from poverty – all countries have a stake in addressing it.

Tailoring Messages to Different Audiences:

Tailoring messages to your audience will allow you to leverage their interests to increase their engagement. It is important to translate scientific data regarding cholesterol and other CVD risk factors into messages that motivate government officials, the media, and potential advocacy partners to take action.

On the following pages, we have included examples of tailored messages for various audiences. The most effective messages use local data, so please include local data and information where possible.

Key Message Grid

Audience	Interest	Messages
Ministers of Health/ Government Officials	Role of Minister of Health/Government Officials	<p>Clear national guidelines on whom and how to screen for, and treat, increased CVD risk due to elevated cholesterol or FH. These are needed for effective screening for cholesterol and initiation of treatment.</p> <p>Include coverage of cholesterol key interventions in national health information systems, to work towards monitoring of 25 X 25 goals. Collect data nationally on the prevalence of raised cholesterol.</p> <p>The upcoming UN HLM 2018 is an excellent opportunity to strengthen the health system and improve monitoring of raised cholesterol as a CVD risk factor.</p> <p>Facilities and resources for cholesterol measurement are urgently needed for the effective detection of CVD risk due to elevated cholesterol or FH. In some countries, distances to secondary or tertiary facilities with testing labs may be prohibitively long, acting as a major challenge to effective cholesterol screening of at-risk populations.</p>
	Financial implications	<p>CVD and its risk factors, including raised cholesterol, is threatening our economy and jobs in our country with high medical costs and premature death and disability. The cost of intervention through cholesterol testing and management is significantly smaller than the cost of inaction.</p> <p>Two major roadblocks to prevention and treatment of high cholesterol are the low affordability and availability of medications, including statins. Data suggest that the four drugs required for secondary prevention of CVD, including statins, are potentially unaffordable for 0.14% of households in high-income countries, 25% in upper middle-income countries, 33% of lower middle-income countries and 60% in lower-income countries.²⁰</p> <p>CVD burdens individuals in their most productive years by causing deaths, disabilities, and illnesses at early ages that are largely preventable through control of risk factors, including raised cholesterol.</p>
Media	Why does cholesterol matter?	<p>CVD is the number one killer worldwide and responsible for nearly half of the global non-communicable disease burden, killing 17.5 million people per year.²¹ International studies suggest that elevated blood cholesterol is among the most important modifiable risk factors for CVD.^{22,23}</p> <p>Raised cholesterol is estimated to cause 2.6 million deaths (4.5% of total) per year globally.²⁴</p> <p>Most people remain unaware of their cholesterol levels or their overall cardiovascular risk. This is despite the fact – for primary prevention – WHO recommends a total risk approach to identify people at high risk of having a heart attack and stroke, taking account of all the major risk factors, including blood cholesterol.</p> <p>For patients who have already developed CVD, reducing cholesterol is central to secondary prevention. However a large treatment gap exists in the proportion of patients achieving national targets for cholesterol lowering, despite the overwhelming evidence that statins reduce CVD risk and improve life expectancy.</p> <p>The World Health Organization (WHO) has set targets to reduce premature deaths from non-communicable diseases, including cardiovascular disease (CVD), by 25% by 2025. Reducing the risk of cholesterol-related CVD has an essential role to play in achieving this goal.</p> <p>People are not receiving the appropriate prevention and treatment services they need to lower cholesterol and prevent CVD death and disability.</p> <p>According to the World Health Organization (WHO), raised total cholesterol is a major cause of disease burden in both the developed and developing world as a risk factor for heart disease and stroke. Heart disease and stroke are not diseases of the rich and affluent. The world's poorest countries are most affected, with 8 out of 10 deaths from heart disease and stroke taking place in low- and middle-income countries.</p>

Audience	Interest	Messages
Heart health community	Role of the heart health community	<p>Urgent action is needed. Reliable monitoring of cholesterol levels is essential to tackling the burden of CVD.</p> <p>It is the heart health community's responsibility to generate and secure the political backing necessary to ensure that CVD and its risk factors, including cholesterol control, are a top priority on the political agenda.</p> <p>The heart health community has a rare opportunity to convince governments and international bodies to devote appropriate resources to curb the rise of non-communicable diseases, including CVD and raised cholesterol as a main risk factor.</p>
	Priorities of the heart health community	<p>Increase access to health facilities among poor or remote populations for cholesterol testing, with inexpensive and easy to use technologies (e.g. cholesterol test strips).</p> <p>Ensuring the World Health Organization's 25 by 25 target regarding cholesterol is included in all national plans.</p> <p>Increase access to cholesterol treatment for patients, with an emphasis on affordability and availability of statins through free or subsidized drug provision, eliminating taxes on pharmaceuticals.</p> <p>Campaigns to raise awareness among health professionals and the public about the importance of screening for elevated cholesterol and possible FH.</p> <p>Increase awareness of FH and FH risk factors among the general population.</p> <p>Explore the use of the Polypill (combination pill including aspirin, a beta-blocker, a statin, and an ACE-inhibitor) among certain high-risk groups.</p> <p>Development of simplified national guidelines for whom and how to screen for CVD risk using cholesterol measurement.</p>

Expert Advice: Tailoring Cholesterol Advocacy Messages to Different Audiences:

“You must convey a different message for different audiences. Know the social and economic environment of the country or region. Know the health system. Know what medications are available. For example, speak in a language familiar to the patient: ‘Colorful veggies will help lower your cholesterol,’ or ‘Did you know having high cholesterol levels can cause a heart attack?’”

Carlos Castro, PACO

Strong Messages:

The best cholesterol advocacy messages are evidence-based, with clearly cited facts and statistics. They effectively translate dry data into compelling messages that motivate decision-makers to take action on cholesterol control. When appropriate, consider supporting your argument using visual materials, such as disease burden maps and WHF Infographics²⁵, to capture your audience’s attention.

Developing effective messages:

- **Use clear, concise and compelling language**
- **Keep sentences and paragraphs short and punchy to catch and keep attention**
- **Avoid jargon, dry bureaucratic language and acronyms**
- **Use facts and statistics that mean something to the audience**
- **Illustrate your messages with human-interest case studies or success stories**



Jean Paul Iyamuremye - patient advocate for Rheumatic heart disease
- speaking in New York City

Selecting effective messengers:

Who is the appropriate person to deliver the message? Who will the target respond to best? Who will the target find credible? Your message can have a very different impact depending on who is delivering it.

You should choose your messengers strategically and you may wish to have different messengers for different forums or audiences, and at different geographical or political levels. For example, a well-known celebrity could be very effective at delivering your message to the general public, whereas a scientific expert on cholesterol control could bring credibility in a political forum.

Patients as spokespeople and the importance of patient engagement:

The patient voice is a valuable tool for health advocacy. Although patients are experts on the lived experience of their disease, their potential to engage in advocacy often remains untapped. It can be a powerful strategy for a person who will be affected by your proposed policy change to present the advocacy message.

When people affected by CVD and its risk factors bring personal experiences to the attention of decision-makers, they put a “human face” on complex societal problems. Communications from the patient perspective are an especially important vehicle for helping your audience connect with your messages on an emotional level (to balance compelling facts and statistics). Your organization can harness the power of the human story to educate decision-makers by establishing and maintaining a cadre of patient spokespeople.

Patients can be especially effective as advocates because they can:

- **Speak to the media and decision-makers to help change public opinion and advocate for systems-level changes**
- **Serve as role models for others touched by CVD and risk factors**
- **Put a face and story to a cause**
- **Add credibility to your advocacy efforts**
- **Become an advocate for healthy lifestyles and wellbeing**

Tips For Developing Effective Cholesterol Advocacy Messages:

- Use credible data to support the message
- Who cares? Offer a human element by using real life examples and featuring the patient voice and experience
- The messenger can be as important as the message
- Keep it simple, concise, persuasive, positive
- Invite the audience to join their peers in supporting your issue
- Be familiar with opposing arguments and prepare counterarguments
- Why now? Create urgency
- Involve an expert for credibility
- Involve a big name, someone they care about

Tips For Successfully Delivering Messages to Decision-Makers During Face-to-Face Meetings:

Make a plan: Before the meeting, review your key points, your request, and each person's role, including who will be the primary spokesperson.

Get consensus: Make sure that everyone agrees on the message, how it will be presented, and who is the messenger.

Stay on message: Keep the focus of the meeting on your issue; make your most important points first in case you run out of time.

Get to the point: Present your message clearly and consistently. Make sure you tell them why they should care by connecting your issue to their interests. Tell them what you want them to do.

Provide details in writing: Leave a fact sheet with your policy "ask."

Be a good listener: Listen carefully to the responses you receive. Give the decision-maker time to talk.

Provide additional information: Answer questions as they arise. Offer to provide further information.

Counter arguments respectfully: Respond to opposing arguments in a direct but principled way. If you know that the decision-maker opposes your position, make sure to point out areas of commonality.

Cultivate an ongoing relationship: Meetings are part of developing an ongoing relationship with decision-makers so treat them respectfully, convey flexibility, and thank them before you leave.

Follow-up after the meeting: Send a thank-you letter, and any further information that was requested. This reminds policy-makers about your issue and is an important step in relationship-building.

Evaluate and track process: Review what happened in the meeting. Track the progress of your request. Involve an expert for credibility.

Appendices

Sample Letter to Minister of Health or Other Key Decision-Maker to Request a Meeting to Discuss Monitoring of the WHO Cholesterol Indicator:

Once you have identified your advocacy targets, it is important to connect with them and raise the issue of cholesterol control as a key strategy for reducing CVD-related death and disability. One easy first step to take is to write a letter. When writing a letter, it is good to be clear, concise and back up your claims with local statistics. Try to include the following information:

- **Who you are, and what your organization does**
- **Key messages about CVD and its risk factors, including raised cholesterol**
- **What the local CVD burden and raised cholesterol burden is in your setting**
- **Why you are concerned about monitoring of the WHO cholesterol indicator**
- **What you are asking the decision-maker to do**
- **How you can help the decision-maker make progress in cholesterol control and monitoring**
- **How you can support the decision-maker**
- **Your availability for a face-to-face or telephone meeting to follow up the conversation**

We have provided the following text as a letter to your national Ministry of Health, to urge them to meet with you and support monitoring of the WHO cholesterol indicator advocacy efforts.

Dear Minister {Name},

I am writing on behalf of {insert name of organization} to ask for your support in ending the scourge of cardiovascular disease (CVD) in {insert country} and across the globe by addressing its modifiable risk factors, including raised cholesterol.

According to the World Health Organization (WHO), CVD is the world's number one killer, claiming 17.5 million lives per year. The world's poorest countries are most affected by CVD, with over 75% of CVD deaths occurring in low- and middle-income countries. In all countries, CVD afflicts individuals in their most productive years by causing premature death and disability, and illnesses at early ages that are largely preventable through control of risk factors, including raised cholesterol. International studies suggest that elevated blood cholesterol is among the most important modifiable risk factors for heart disease and stroke in both the developed and developing world.

In 2012, WHO member states endorsed an historic target to reduce premature mortality from non-communicable diseases (NCDs) by 25% by 2025. The United Nations Sustainable Development Goals (2015) echoed this commitment with a target to reduce premature mortality from NCDs by one third by 2030. Decreasing cholesterol-related CVD risk plays a vital role in achieving the WHO and UN targets. The WHO Global Action Plan (GAP) for the Prevention and Control of NCDs 2013-2020 proposes 25 indicators to measure progress toward 25 by 25 targets, including a cholesterol indicator ("age-standardized prevalence of raised total cholesterol among persons aged 18+ years and mean total cholesterol concentration"). These targets underscore the need to identify individuals at high risk of CVD and manage their burden of risk factors, including high blood cholesterol, as a key strategy in reducing premature morbidity and mortality.

Cholesterol reduction is critical to both primary and secondary prevention of CVD – lowering cholesterol in those with established CVD, and those at high risk of developing it. Studies indicate that low-cost methods for identifying at-risk patients in low- and middle-income countries (LMICs) exist, and treatment with cholesterol-lowering medications in the form of statins is cost-effective in these settings. Nonetheless, while statins have been deemed safe and effective in treating raised cholesterol, their use is suboptimal worldwide, with availability and affordability posing particular challenges in LMICs.

In {name of country} the impact of CVD and its risk factors, including raised cholesterol, includes {local data on CVD and cholesterol in your country}.

The World Heart Federation and its members around the world are calling on governments to monitor efforts to screen for and treat CVD risk factors, including raised cholesterol, in order to better prevent, treat and control CVD, the world's biggest killer. Monitoring of the WHO's cholesterol indicator is an integral component of this effort.

To do this, we recommend the following steps, among others:

- **Include coverage of cholesterol key interventions in national health information systems, to work towards monitoring of 25 X 25 goals, and collect data nationally on the prevalence of raised cholesterol.**
- **Create clear national guidelines on whom and how to screen for and treat increased CVD risk due to elevated cholesterol.**
- **Increase access to screening and testing for cholesterol in communities.**
- **Promote effective initiation of statin treatment and adherence to drug treatments in primary and secondary prevention of CVD.**
- **Improve detection and treatment of patients with familial hypercholesterolemia. (Often undetected, FH is a genetic disorder that produces the highest cholesterol levels and causes premature CVD in young adults and children).**
- **Reform cholesterol treatment drug availability and affordability.**

In 2018, governments will participate in an historic High Level Meeting on NCDs at the United Nations Headquarters in New York. At this meeting – known as the HLM 2018 – all countries will be required to publically disclose their progress made on the prevention and control of all NCDs, including CVD. At the HLM 2018, all countries will report on specific targets and commitments, as agreed unanimously in the year 2014. The upcoming UN HLM 2018 is an excellent opportunity to strengthen the health system and improve monitoring of the raised cholesterol indicator as a CVD risk factor.

We encourage you to support {insert country} to take a leadership role in the prevention and control of CVDs and their modifiable risk factors, including raised cholesterol, and ensure that global commitments made in 2014 are honoured at the HLM 2018.

At your earliest convenience, we request a meeting with your office to discuss CVD, cholesterol and the HLM 2018 and how we, the heart health community, can be of any assistance. We can be contacted at {insert contact information}. Thank you for your consideration. We look forward to discussing this pressing issue with you soon.

Best regards,

{Insert Name} {Insert Title}

Sample Press Release About the Release of WHF's Cholesterol Roadmap:

World Heart Federation previews global 'Roadmap' to tackle cholesterol Roadmap is latest in series dedicated to achieving the 25% reduction in cardiovascular disease by 2025

Aims to reduce cholesterol in secondary and primary prevention of cardiovascular disease and in patients with familial hypercholesterolaemia

Sunday 13 November 2016: The World Heart Federation's (WHF) Cholesterol Roadmap is being previewed today at the American Heart Association (AHA) Scientific Sessions 2016 in New Orleans, USA.

In the Roadmap the WHF calls for more awareness of healthier lifestyles and diet, increased screening and testing for cholesterol in communities; more effective initiation of statin treatment and adherence to drug treatments in primary and secondary prevention of CVD; better detection and treatment of patients with familial hypercholesterolaemia (FH); better physician education and support; and reform of drug availability and affordability.

The Cholesterol Roadmap forms part of a series produced by WHF to help meet targets set by the World Health Organization (WHO) to reduce premature deaths from non-communicable diseases, including cardiovascular disease (CVD), by 25% by 2025. Reducing the risk of cholesterol-related CVD has an essential role to play in achieving this goal. Previous WHF Roadmaps have focused on secondary prevention, hypertension (primary prevention), tobacco control, rheumatic heart disease and non-valvular atrial fibrillation, the most common form of cardiac arrhythmia.

Professor David Wood, President Elect of the World Heart Federation, said: "Our Roadmap initiative aims to help international efforts to beat cardiovascular disease. We have focused on the main CVD risk areas and produced the Roadmaps to help support individual countries in implementing appropriate health measures."

Cholesterol is a fat-like substance that is found in all cells of the body. If too much bad LDL (Low Density Lipoprotein) cholesterol builds up in the arteries, it can restrict blood flow to the heart, brain and the rest of the body, increasing the risk of heart attack and stroke.

Cholesterol levels vary enormously between populations around the world, a result of both diet and genetic predisposition, and the traditional Mediterranean diet will lower average cholesterol levels, a WHO indicator to achieve '25 by 25'.

For primary prevention WHO recommends a total risk approach to identify people at high risk of having a heart attack and stroke, taking account of all the major risk factors including blood cholesterol, but most people are unaware of their cholesterol levels or their overall cardiovascular risk.

For patients who have already developed CVD reducing cholesterol is central to secondary prevention. But a large treatment gap exists in proportions of patients achieving national targets for cholesterol lowering despite the overwhelming evidence that statins reduce risk and improve life expectancy.

Carlos Castro, Executive Director of the patients' heart health association, PACO said: "There are more than 17 million deaths caused by cardiovascular disease each year. High levels of cholesterol are known to increase the risk of heart attacks and strokes. We hope by tackling the 'roadblocks' with the solutions set out in this Roadmap we can reduce the number of deaths."

Sample Letter to the Editor or Op-Ed to Leading Newspapers on the Importance of Cholesterol and Achieving 25 by 25

Dear {Name},

I am writing on behalf of {insert name of organization} to call on the support of your newspaper to raise awareness around raised cholesterol, and its impact on increasing the risk of cardiovascular disease (CVD).

As the world's number one killer, CVD deserves more attention in the media: globally, it causes 17.5 million deaths per year, according to the World Health Organization (WHO). Notably, the world's poorest countries are most affected by CVD, with over 75% of CVD deaths occurring in low- and middle-income countries. In all countries, CVD afflicts individuals in their most productive years by causing premature death and disability.

In order to address this global burden, in 2012, WHO countries (known as Member States) endorsed an historic target to reduce premature mortality from non-communicable diseases (NCDs) by 25% by 2025. The United Nations Sustainable Development Goals (2015) echoed this commitment with a target to reduce premature mortality from NCDs by one third.

Decreasing cholesterol-related CVD risk plays a vital role in achieving these WHO and UN targets at the national level. In {name of country} the impact of cholesterol includes {local data on cholesterol in your country}.

Cholesterol reduction is critical to both primary and secondary prevention of CVD – lowering cholesterol in those with established CVD, and also in those at high risk of developing it. Studies indicate that low-cost methods for identifying at-risk patients exist, and treatment with cholesterol-lowering medications in the form of statins is cost-effective in these settings.

{Insert name of organization} is calling on your newspaper to support our efforts to raise awareness about CVD risk factors – particularly raised cholesterol – in order to better prevent, treat and control CVD, the world's biggest killer.

Without greater knowledge of the risks of raised cholesterol among the public, the government of {insert country} will not achieve the 25 by 25 target it has set to reduce premature from NCDs, including CVD.

We encourage you to publish more information in future editions of the newspaper on raised cholesterol, the risks it poses, and how CVD can be prevented, treated and managed. We also encourage you to report on national CVD conferences such as {insert name of national CVD events} and global meetings such as the UN High Level Meeting on NCDs 2018.

If we, the heart health community, can be of any assistance, or if you would like more information, please feel free to contact us at {insert contact information}. Thank you for your consideration, we look forward to your response.

Best regards,

{Insert Name} {Insert Title}

Cholesterol Control: Selected Global Challenges and Policy Recommendations

Cholesterol Control: Selected Global Challenges^{iv}:

- Lack of awareness among physicians about the importance of CVD risk screening and prevention and universal cholesterol screening.
- Poor capacity among physicians for monitoring treatment, especially with competing disease priorities.
- Lack of awareness of FH and FH risk factors among physicians and general population.
- Low capacity among physicians for diagnosing and managing statin treatment among FH patients.
- Insufficient resources to manage cholesterol screening, especially with existing burden of acute illnesses.
- Shortage of facilities for large-scale measurement of blood cholesterol levels, especially in rural areas.
- Multiple, complex (and sometimes contradictory) clinical guidelines.
- Limited access to health facilities among poor or remote populations for testing blood samples in primary care.
- Limited affordability and accessibility of statins for patients.
- Lack of awareness among patients regarding importance of adherence to statin treatment.
- Undue patient fear of side-effects of treatment.
- Poor patient access to health professionals for follow-up and support towards adherence.
- Environmental barriers to lifestyle modification (e.g. food insecurity, few options for physical activity) to reduce elevated cholesterol levels.

Cholesterol Control: Selected Policy Recommendations^v:

- Campaigns to raise awareness among health professionals and public of importance of screening for elevated cholesterol and possible FH.
- Development of simplified national guidelines for whom and how to screen for CVD risk using cholesterol measurement.
- Point of care testing with inexpensive and easy to use technologies (e.g. cholesterol test strips).
- Risk stratification by trained community health workers to improve screening rates and reduce workload of highly trained health professionals.
- Continuing medical education for general practitioners to improve skills and confidence in prescribing statin treatment.
- Campaigns to provide balanced information to public and health professionals of the safety and efficacy of cholesterol treatment with statins.
- Engage the patient in treatment initiation decisions (shared-decision making) to improve treatment adherence rates.
- Ensure affordability of statin and non-statin therapies through free or subsidized drug provision, eliminating taxes on pharmaceuticals.
- Ensure availability of cholesterol management therapies in pharmacies and health facilities through local generic drug manufacture, monitoring stock-outs.
- Engage pharmacists in patient support and counseling for adherence to drug therapy.
- Explore use of polypill (combination pill including aspirin, a beta-blocker, a statin, and an ACE-inhibitor) among certain high-risk groups.

iv As identified by the WHF Cholesterol Roadmap

v As identified by the WHF Cholesterol Roadmap

Top Tips For CVD and Risk Factor Advocacy

Put people living with CVD and its risk factors at the center of advocacy efforts: Involve people living with CVD and its risk factors in all aspects of advocacy planning and strategies.

Develop and follow an advocacy plan: Careful planning is critical to success.

Know your policy audience: Study your policy audience systematically, and ask: Who has the decision-making authority? Who has the power to influence decision-makers? What are the main views held by decision-makers related to your issue?

Form strategic alliances: Seek out alliances with a variety of actors – patient groups, medical and health professional societies, domestic, regional or international organizations, other health constituencies, government bodies, public health systems, parliamentarians, private sector, etc.

Cultivate the media: Develop productive relationships with the media. Make sure that the media is educated about raised cholesterol and other CVD issues and solutions. Involve patients in media exposure to share their stories.

Know your facts: Do your research to get appropriate data to support your position. Use data strategically to support your messages.

Involve key CVD stakeholders throughout the advocacy process: Draw upon the opinions and energy of a wide range of stakeholders at all phases of advocacy efforts. Incorporate a wide range of experience and expertise to further your agenda and make a strong, persuasive case.

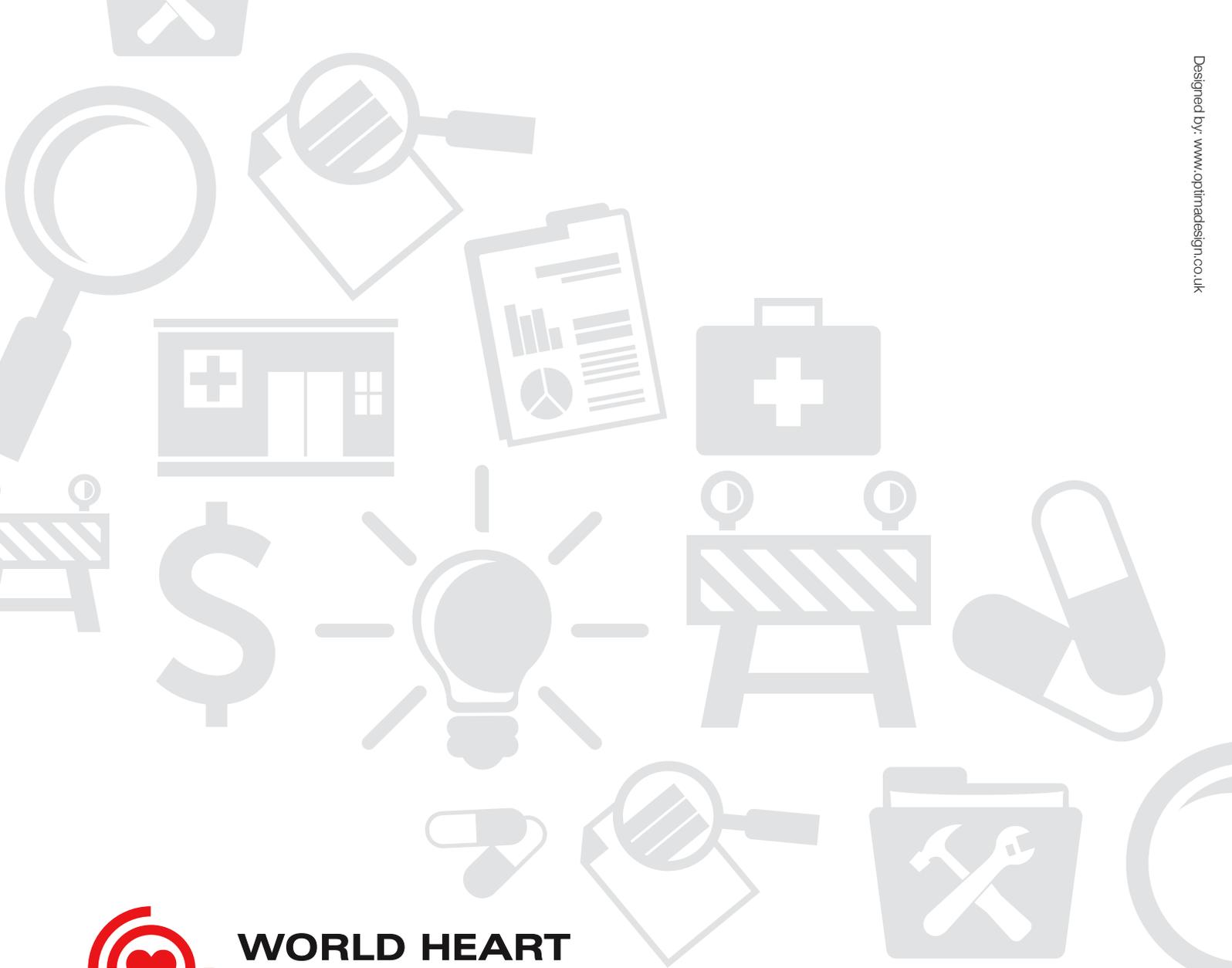
Expert Advice:

The Mexican Organization PACO's Top 5 Tips For Carrying Out Cholesterol Control Advocacy:

- **Join efforts with other NGOs because isolated efforts and campaigns do not have the impact of one strong, united effort.**
- **Select effective spokespeople. You need the right people, from doctors to celebrities, to carry out the right message.**
- **Don't stay national, go worldwide! Look for opportunities to promote global events such as World Cholesterol Day!**
- **Patient empowerment is key. Listen to their needs; they are the voice that can make the change!**
- **Join efforts with medical societies. There are many regional, national and worldwide. They have the knowledge. By linking evidence and public relations, we can make the change.**

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