



**WORLD
HEART
FEDERATION**



FOUR KEY ACTIONS FOR PRIORITIZING CARDIOVASCULAR HEALTH AT THE 2025 UN HIGH-LEVEL MEETING ON NCDs

**WORLD LEADERS URGED TO ACT NOW TO STEM
THE GLOBAL TIDE OF CARDIOVASCULAR DEATHS**



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INTRODUCTION

Every year, non-communicable diseases (NCDs) claim the lives of 41 million people, with cardiovascular disease (CVD) alone responsible for over 20.5 million deaths.

Low- and middle-income countries (LMICs) are disproportionately affected by CVD, increasing global inequalities.¹ Beyond health, CVD imposes severe economic challenges, leading to financial hardship and poverty, particularly in the absence of Universal Health Coverage (UHC).² The Sustainable Development Goal (SDG) 3.4 aims to reduce premature mortality from NCDs by one-third by 2030, highlighting the burden of NCDs as an obstacle to development.³

CVD is largely preventable through cost-effective strategies targeting risk factors such as unhealthy diets, physical inactivity, tobacco use, harmful use of alcohol and air pollution, as well as metabolic syndrome and diabetes.

These strategies also address broader socio-economic determinants, making them an investment in equity. Despite political commitments from three UN High-Level Meetings (UN HLM) on NCDs, the implementation of policies to combat NCDs remains inadequate.¹

The World Heart Federation (WHF) advocates for a framework to accelerate the implementation and funding of evidence-based actions against CVD.

FOUR KEY COMMITMENTS THE GLOBAL CARDIOVASCULAR HEALTH COMMUNITY EXPECTS FROM THE 2025 UN HIGH LEVEL MEETING ON NCDs

Critical to achieving SDG 3.4 and effectively reducing the burden of cardiovascular disease, these key requests and messages from WHF to Heads of State underscore the urgent need for sustained action on cardiovascular health promotion, prevention, treatment and rehabilitation measures.

As we seek decisive commitments at the UN HLM on NCDs, it is crucial to reiterate the central role of UHC in facilitating widespread access to cardiovascular health services for everyone, everywhere. Without decisive commitments in these areas, our progress towards SDG 3.4 and the mitigation of the CVD burden will remain elusive.



USE ♥ KNOW ♥
2023

COMMITMENT 1

A BOLD UN HLM 2025 POLITICAL DECLARATION ON NCDs



THE UNITED NATIONS
GENERAL ASSEMBLY
REAFFIRM COMMITMENT
TO NCD POLICIES
THROUGH A BOLD UN HLM
POLITICAL DECLARATION.

Our shared goal is to save lives and the best way to achieve this is by prioritizing action on the leading causes of death.

To do so requires political commitment: Our primary ask is to see a robust and inclusive Political Declaration on NCDs with a renewed commitment to action on implementation. These actions will improve health for many millions in all countries, especially in low- and middle-income countries and reduce the significant social and economic burden of these diseases.

**CVD IS THE LEADING
CAUSE OF DEATH GLOBALLY**

COMMITMENT 2

NATIONAL CARDIOVASCULAR HEALTH PLANS

HEADS OF STATE COMMIT TO DEVELOP OR STRENGTHEN NATIONAL CARDIOVASCULAR HEALTH PLANS.

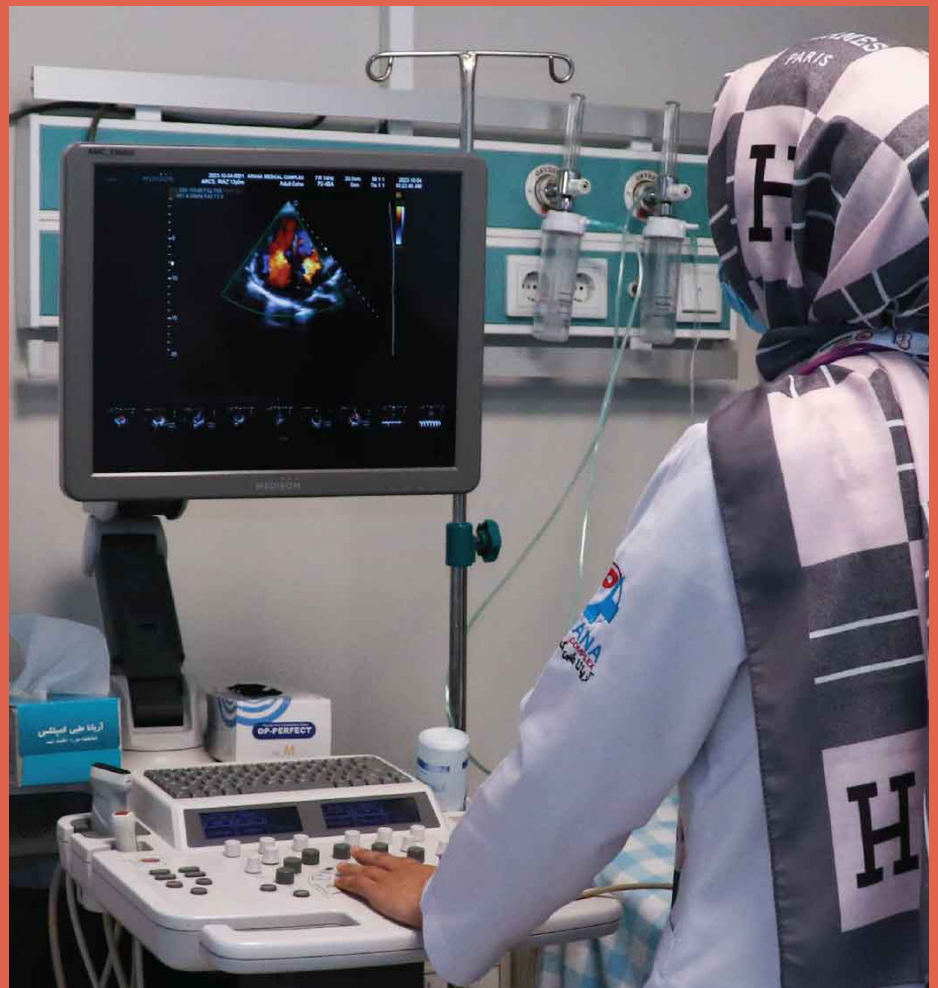
CVD is the leading cause of death globally and disproportionately affects those in low-income settings. Therefore, we call for all Heads of State to commit their countries to develop or strengthen National Cardiovascular Health Plans. Supporting National Cardiovascular Health Plans will provide returns on investment.⁴

Middle- and high-income countries have made significant progress in reducing age-standardized CVD mortality from the late 1960s until just before the COVID-19 pandemic, with reductions in ischemic heart disease and stroke mortality accounting for over 50% of the gains.¹ These achievements, driven by public health measures such as tobacco taxation and control, along with cost-effective medical interventions for hypertension, cholesterol and diabetes, including improved screening and diagnostics, demonstrate that the 30% CVD incidence and mortality reduction target is achievable through the implementation of available simple, cost-effective and, in some cases, even revenue-generating strategies.⁵ Political leadership, coupled with a well-financed CVD response are central to the battle against CVD. National Cardiovascular Health Plans are a powerful tool to ensure every country

has a clear strategic vision, including measurable targets and robust policy actions to promote cardiovascular health for all. The strong association between CVD and other non-communicable diseases, particularly metabolic disorders like diabetes and obesity needs to be recognized in National Cardiovascular Health Plans, underscoring the need for integrated

approaches that address these multimorbidities together to enhance health outcomes.⁵

National Cardiovascular Health Plans will contribute to securing sustainable funding towards cardiovascular health and ultimately ensure wider access to cardiovascular health services throughout the continuum of care.^{1,4}



COMMITMENT 3

PRIORITIZE IMPLEMENTATION

HEADS OF STATE CREATE CONDITIONS TO ENABLE FULL IMPLEMENTATION OF EVIDENCE-BASED POLICY COMMITMENTS

Policy progress on NCDs and CVDs in the aftermath of the first UN HLM was promising, with the release of the Global Action Plan on NCDs, re-affirmation of the importance of NCDs through SDG target 3.4 on non-communicable diseases and mental health, the WHO HEARTS Technical package, guidance on best investments and supporting action plans in risk areas such as physical activity, alcohol and mental health, as well as the WHO Framework Convention on Tobacco Control.

COMMITMENT 3

If there has been a failing since the first UN HLM on NCDs, it has been the disappointing progress with implementation.⁶ Globally we will fall short of the ambitious global targets set for NCDs. Why is this?

Robust implementation requires **investment in UHC and in systems and services for NCDs.**² These system requirements include **political commitment.**

They can be enabled by:

SUSTAINABLE FINANCING:

Sustainable Financing for CVD includes earmarked funds for proven interventions, international funding models, levies on harmful products and integrating philanthropy, which can be adopted through national tax legislation or external health funding plans.⁷

STRENGTHENED INSTITUTIONS:

Countries should strengthen or establish institutions for cardiovascular health policy, research and programme implementation. Government agencies should lead these efforts, guided by cost-effective, locally tailored policies. Collaboration with civil society organizations representing those affected by CVD is crucial.⁸

A STRENGTHENED WORKFORCE:

Countries should aim at strengthening and expanding their healthcare workforce through fair working conditions, including adequate remuneration and secure employment and providing the health workforce with the necessary training and education to be able to work across co-morbidities and different health issues.⁸

STRENGTHENED PRIMARY CARE:

Government should strengthen primary health care (PHC) services for CVD, covering health promotion, prevention, treatment and care. Strengthening PHC will lower healthcare costs, improve long-term health outcomes ensure continuity of care and reduce hospitalizations.²

MECHANISMS FOR CROSS-SECTOR COLLABORATION AND CO-BENEFITS:

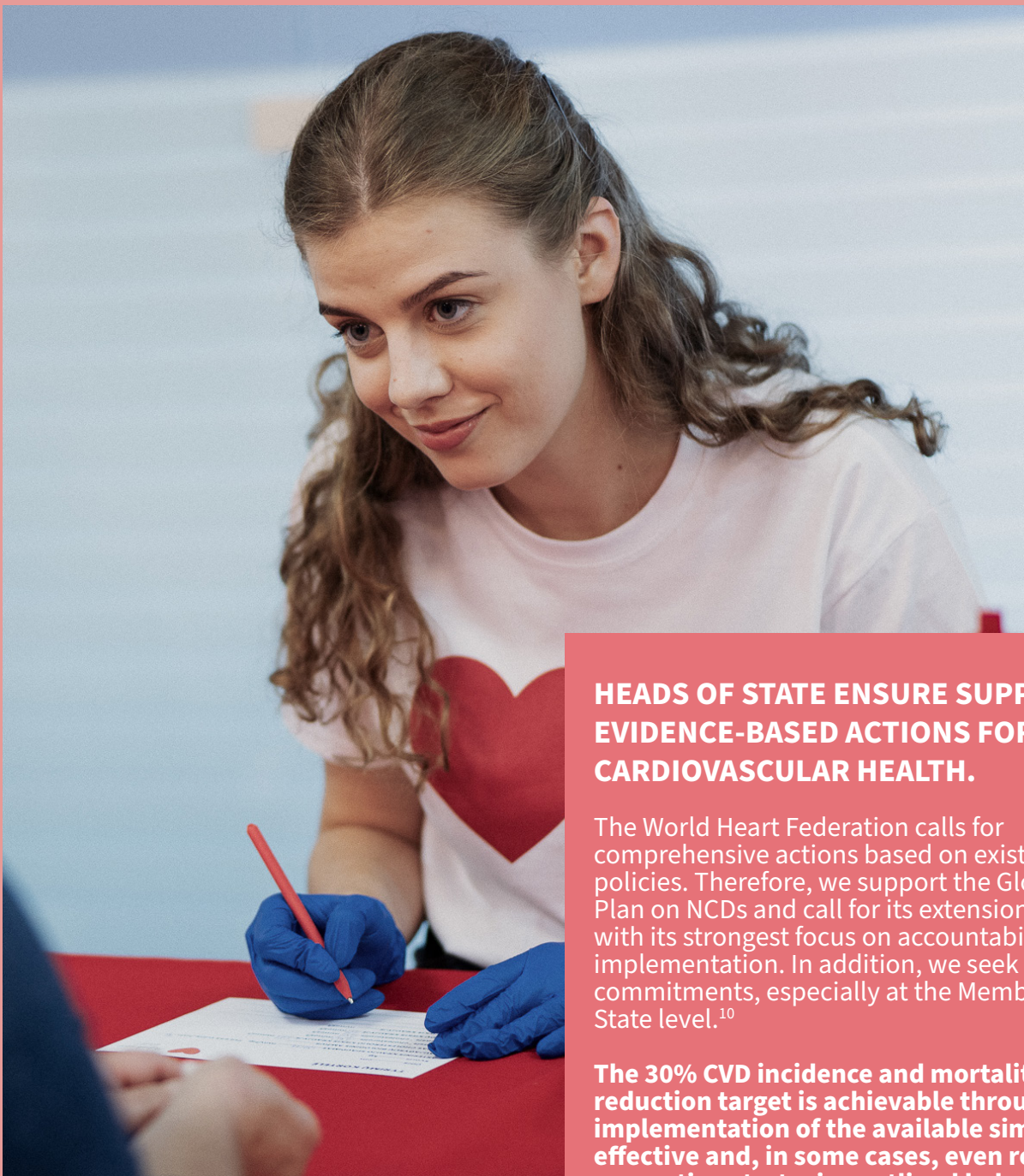
An effective CVD response requires policy coherence across sectors such as finance, environment, education and the private sector. Countries should adopt a holistic approach with multi-stakeholder partnerships, including NGOs and civil society. Integrating cardiovascular health policies across government sectors stimulates resource mobilization for prevention and control.^{1,9}

SUPPORT FOR GENERATION OF EVIDENCE, MONITORING AND EVALUATION TO ENSURE ACCOUNTABILITY FOR SUCCESS:

Governments must invest in quality research and robust evaluation for evidence-based CVD prevention and management. Enhancing data collection systems, especially in LMICs, and setting clear national targets ensures rigorous monitoring and accountability.⁶

COMMITMENT 4

SUPPORT EVIDENCE BASED ACTIONS FOR CARDIOVASCULAR HEALTH



HEADS OF STATE ENSURE SUPPORT FOR EVIDENCE-BASED ACTIONS FOR CARDIOVASCULAR HEALTH.

The World Heart Federation calls for comprehensive actions based on existing global policies. Therefore, we support the Global Action Plan on NCDs and call for its extension to 2050, with its strongest focus on accountability for implementation. In addition, we seek new policy commitments, especially at the Member State level.¹⁰

The 30% CVD incidence and mortality reduction target is achievable through the implementation of the available simple, cost effective and, in some cases, even revenue generating strategies outlined below.^{5, 11, 12}

We call for evidence informed cardiovascular health actions across three domains:

4.1 CARDIOVASCULAR HEALTH PROMOTION ACTIONS

Take measures to ensure:

1 **Healthy eating for all**, and measures to reduce commercial determinants of health including promotion of energy dense foods and drinks.¹³



2 **All nations develop and implement a comprehensive National Physical Activity Policy**, with implementation supported by a funded National Action Plan based on the WHO Global Action Plan on Physical Activity, 2018-2030.^{14, 15}



3 **Full implementation of the WHO Framework Convention on Tobacco Control**, complemented by decisive actions to curb new threats such as availability and marketing of e-cigarettes (electronic nicotine delivery systems- ENDS).^{16, 17, 18}



4.1 CARDIOVASCULAR HEALTH PROMOTION ACTIONS

Take measures to ensure:

4

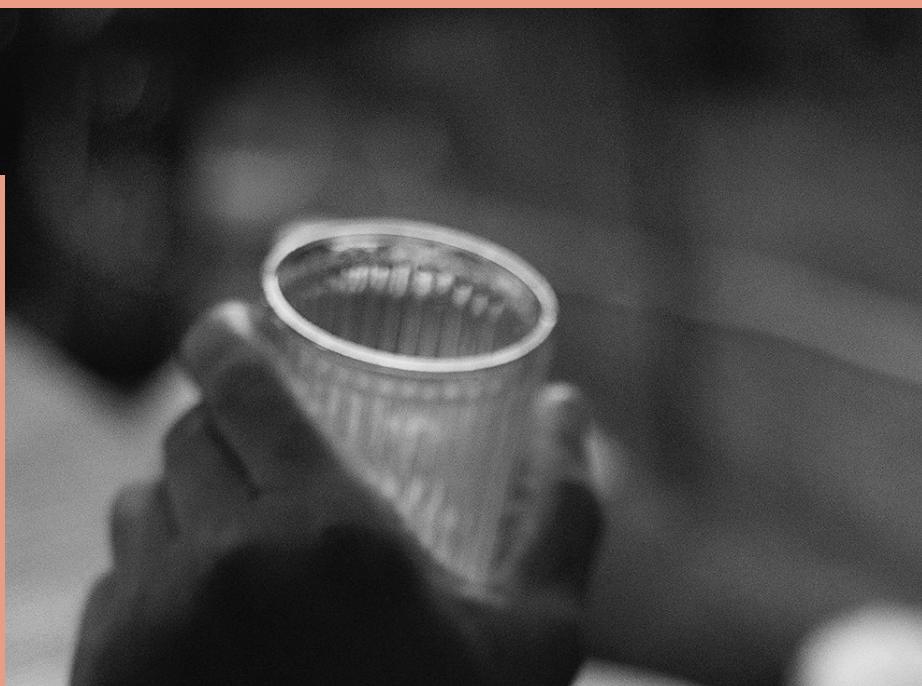
Robust implementation of the WHO Global Action Plan on Alcohol (2021-2030).^{19, 20}

5

Support for a fossil fuel non-proliferation treaty to tackle air pollution and climate change.^{21, 22}

6

Support for mechanisms for cross-sector collaboration to achieve all the above.⁶



It is important to acknowledge that not all highly effective strategies are costly. For instance, tobacco control campaigns may require initial investment, yet implementing the WHO MPOWER measures, including smoke free public policies and tax increases on tobacco products are not only cost-effective but also revenue raising, demonstrating that impactful health strategies can also be economically advantageous.

4.2 CARDIOVASCULAR CARE ACTIONS

Take measures to ensure:

1

Expansion of UHC, ensuring equitable access to cardiovascular care, prevention and diagnostic services for all, particularly at the PHC level.²

2

Full implementation of the WHO HEARTS: Technical package for cardiovascular disease management in primary care. This is crucial at the primary care level as it provides a standardized framework for managing CVD, enhancing the capacity of healthcare providers to deliver consistent, high-quality care to patients.^{2, 23}

3

Universal access to CVD risk assessment in primary care: Decisions on preventive interventions and treatment for CVD are tailored based on an individual's risk level using quantitative risk prediction tools. This risk-based approach is particularly vital in LMICs as a cost-effective method to prioritize and initiate interventions in individuals at higher risk.²³

4

Equitable access to safe, effective and quality assured diagnostics, medicines, treatments and technologies: Access to and availability of comprehensive and effective diagnosis, treatment and medicines is crucial for managing CVD, ensuring better health outcomes and quality of life. Access to quality digital health technologies for NCDs is also critical, ensuring that telemedicine solutions are also integrated across the continuum of care.^{24, 25, 26}

5

Full implementation of the WHA Global Resolution on Acute Rheumatic Fever and Rheumatic Heart Disease (2018) and WHA Resolution on Chagas Disease (2010): Implementing these resolutions will contribute to make progress towards controlling and eliminating RHD and Chagas disease, two conditions that disproportionately affect vulnerable populations.^{27, 28}



4.3 CARDIOVASCULAR PATIENT AND COMMUNITY ACTIONS

Take measures to ensure:

1 A voice of patients and for patients, carers and local communities in health policy.

2 Strong engagement of civil society and health NGOs in global CVD policy and decision making.

3 Mechanisms for community participation in local solutions and programmes.



The inclusion of meaningful representation, engagement and fair compensation of unrepresented voices in the political declaration and its effective implementation by governments would significantly enhance the effectiveness and inclusivity of policy development, action planning, implementation and monitoring processes. By ensuring diverse perspectives are heard and valued, policies and interventions would be more responsive to the needs of affected communities, leading to more equitable and impactful outcomes in addressing the burden of CVD.⁹

UNDERPINNING PRINCIPLES

To successfully implement the actions listed previously, countries should base their actions on the following principles:

Respect the human right to health: Cardiovascular health is a fundamental human right that must be accessible and affordable to everyone, regardless of their background. Everyone is entitled to CVD prevention, management and rehabilitation services. This right should underpin all policies and programmes aimed at improving cardiovascular health outcomes.⁸

Build equity within and between countries: Life expectancy varies by up to 18.1 years between the richest and poorest nations, with CVD mortality increasing significantly more in LMICs by 2030.¹ Governments must urgently address health inequities and ensure all populations have access to prevention measures, quality healthcare and tailored programmes.²

Focus implementation where it is needed the most: A critical disconnect persists between patient awareness and behaviors, as well as between available evidence and its adoption in practice and policy.⁸ Despite the existence of cost-effective interventions for preventing and treating CVD, their global implementation remains severely limited.⁶

Engage communities and patients in decision making: Patients and families have long endured the consequences of missed or delayed detection and diagnosis of CVD, which hampers timely treatment, strains healthcare resources and leads to exacerbated health outcomes and economic burdens. Engaging patients in decision-making processes is pivotal to tailoring CVD responses to individual needs.⁹

Work across the continuum of care: Ensuring availability of cardiovascular health services at all stages, from health promotion to primary and secondary prevention, to treatment, follow-up and rehabilitation is imperative for the effective reduction of the global CVD burden. Major obstacles include limited access, fragmented care, inadequate risk management, insufficient health promotion initiatives, neglect for healthy environments and commercial determinants of health, limited workforce capacity, poor patient education and low data integration and technology adoption.^{1,8}

Maximize partnerships and support cross-sector collaboration: Reducing NCD mortality by one third by 2030 requires comprehensive actions, including health promotion, early detection and treatment, and policies across sectors to control tobacco and alcohol, promote healthy environments and encourage physical activity and healthy eating.^{5,6,26}

Work across the life-course: It is crucial to recognize that NCDs affect not only older age groups but also younger populations. By integrating age-appropriate interventions into national health agendas and fostering multisectoral collaborations, we can safeguard the health of future generations and pave the way towards achieving global NCD reduction targets.^{6,29}

CONCLUSION

The UN HLM on NCDs that will take place during the 2025 UN General Assembly represents a pivotal moment for heads of state to renew and strengthen their commitments to implementing effective policies to promote cardiovascular health and address the global CVD epidemic.

In this document, we provide:

The global CVD community urges Member States to ensure a robust and ambitious Political Declaration grounded in human rights, equity and commitment to evidence based actions.

Vitally, we urge political leaders and other decision-makers to **take concrete steps to bridge the existing implementation gap to ensure adequate evidence-based policies and actions are implemented**, and that everyone, everywhere has access to CVD health promotion, heart healthy environments, quality, affordable cardiovascular care, early diagnosis, prevention and treatment and rehabilitation services.



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ACTIONS

1 STRENGTHEN NCD POLICY THROUGH A BOLD UN HLM 2025 POLITICAL DECLARATION ON NCDs.

2 HEADS OF STATE COMMIT TO DEVELOP OR STRENGTHEN NATIONAL CARDIOVASCULAR HEALTH PLANS.

3 ENSURE FULL IMPLEMENTATION OF THESE POLICY COMMITMENTS THROUGH GLOBAL AND MEMBER STATE SYSTEM SUPPORTS INCLUDING:
Sustainable funding, strengthened institutions, a strengthened workforce, strengthened primary care supporting evidence-based actions, cross-sector collaboration, monitoring and evaluation.

4 SUPPORT EVIDENCE BASED ACTIONS.

4.1 CARDIOVASCULAR HEALTH PROMOTION ACTIONS

Take measures to ensure:

- ♥ **Healthy eating for all**, and measures to reduce commercial determinants of health.
- ♥ **All nations develop and implement a comprehensive National Physical Activity Policy**, with implementation supported by a funded National Action Plan based on WHO Global Action Plan on Physical Activity 2018-2030.
- ♥ **Full implementation of the Framework Convention on tobacco control**, complemented by decisive actions to curb new threats such as availability of e-cigarettes.
- ♥ **Robust implementation of the WHO Global Action Plan on Alcohol 2021-2030.**
- ♥ **Support for a fossil fuel non-proliferation treaty to tackle air pollution and climate change.**
- ♥ **Increase and support cross-sector collaboration** to achieve all of the above.

4.2 CARDIOVASCULAR CARE ACTIONS

Take measures to ensure:

- ♥ **All people to have access to Universal Health Coverage**, ensuring equitable access to CVD health care and prevention services.
- ♥ **Full implementation of the WHO HEARTS: Technical package for cardiovascular disease management in primary health care.**
- ♥ **Universal access to CVD risk assessment in primary care.**
- ♥ **Equitable access to medicines, treatments, diagnostics and technologies.**
- ♥ **Full implementation of the WHA global Resolution on Rheumatic Fever and Rheumatic Heart Disease 2018.**

4.3 CARDIOVASCULAR HEALTH PATIENT AND COMMUNITY ACTIONS

Take measures to ensure:

- ♥ **A voice for patients, carers and local communities in health policy.**
- ♥ **Strong engagement of civil society and health NGOs** in global NCD policy and decision making.
- ♥ **Mechanisms for community participation** in local solutions and programs.



UNDERPINNING PRINCIPLES

- ♥ Build equity between and within countries
- ♥ Focus implementation where it is needed most
- ♥ Work across the continuum of care
- ♥ Maximize partnerships
- ♥ Work across the life-course
- ♥ Engage communities and patients in decision making
- ♥ Respect the human right to health.





SIGN THE PETITION

MAKE HEART HEALTH A GLOBAL PRIORITY

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