WORLD HEART FEDERATION

WORLD HEART FEDERATION FRAMEWORK FOR A CARDIOVASCULAR HEALTH ACTION PLAN

GUIDING COUNTRIES TOWARDS COMPREHENSIVE NATIONAL CARDIOVASCULAR HEALTH STRATEGIES

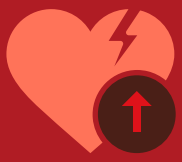
CONTENTS

01 INTRODUCTION TO THE FRAMEWORK CV HEALTH ACTION PLAN

Cardiovascular disease (CVD) continues to be the world's number one killer, responsible for over 19.5 million premature deaths globally every year – amounting to one third of all deaths. Encompassing a range of disorders affecting the heart and blood vessels including coronary heart disease, stroke, and rheumatic heart disease; CVD is driven by a complex interplay of behavioural, environmental, and socio-economic risk factors. These include high blood pressure, unhealthy diet, tobacco and nicotine use, physical inactivity, air pollution, climate change, obesity and harmful use of alcohol. Commercial and social determinants of health, family history, age, sex, and ethnic background also influence individual risk.[(1)]

19.5M

premature deaths globally every year – one third of all deaths



80%

of all premature deaths due to CVD occur in low- and middleincome countries

16/193

countries examined have a dedicated CV health strategy or action plan as of 2024

$1 - $8

every $1 invested in CVD prevention and control generates up to $8 in economic benefit

This growing burden has been met with renewed global political commitment. In 2025, Heads of State and Government adopted the Political Declaration of the Fourth United Nations High-Level Meeting on Noncommunicable Diseases, reaffirming their commitment to reduce premature mortality from NCDs by one third by 2030 and to accelerate the implementation of cost-effective, evidence-based interventions. The Declaration explicitly recognizes cardiovascular diseases as the leading contributor to NCD mortality and calls for scaling up prevention, early detection, treatment and long-term management, including a target of 150 million more people with hypertension under control, alongside other key risk factors. It further emphasizes the need for whole-of-government and whole-of-society approaches, strengthened primary health care systems, sustainable financing, and equitable access to essential medicines and technologies.[2]

The economic and societal toll of CVD is immense: treatment costs, productivity losses, and premature mortality collectively consume a significant share of the world's US $9.8 trillion in annual health spending. Inaction will require a 1–2% annual rise in global health spending just to maintain current outcomes, making prevention and early management a crucial economic strategy. According to WHO, every $1 invested in CVD prevention and control generates up to $8 in economic benefit through averted health costs and productivity gains. Integrating detection and management into primary care is the most efficient way to expand coverage and equity.[3]

Approximately 80% of all premature deaths due to CVD occur in Low- and middle-income countries (LMICs), representing a significant disease burden and hindering economic development. Despite its enormous burden, very few countries have taken concrete steps to develop a strategy to fight the growing CVD mortality and morbidity. According to an analysis conducted by the World Heart Federation in late 2024, only 16 countries out of 193 examined currently have a valid, dedicated cardiovascular (CV) health strategy or action plan. For comparison, an analysis of National Cancer Control Plans conducted in 2018 found that 92 countries out of the 158 countries reviewed had a National Cancer Control Plan.[4]

This gap is particularly concerning given that people living with CVD and its risk factors face significantly higher risks of severe illness and death during health emergencies, including pandemics such as COVID-19, as well as in humanitarian and fragile settings where access to continuous care is disrupted. Evidence from the COVID-19 pandemic showed that individuals with underlying cardiovascular conditions were disproportionately affected, with markedly higher mortality rates.[5] In addition, populations in vulnerable contexts, such as those affected by conflict, displacement or weak health systems, experience compounded risks due to interrupted treatment, limited access to medicines, and reduced health system capacity, further exacerbating inequalities in CVD outcomes.[2,6]

CVD prevention and management are usually embedded within broader noncommunicable diseases (NCD) strategies or action plans or National Health Strategies. While these approaches help integrate CVD into national health priorities, they often lack the specificity, resource allocation and targeted interventions needed to effectively reduce cardiovascular mortality and morbidity.

Having a dedicated national CV Health action plan not only elevates CVD as a health priority, but can also help streamline policies, reduce out of pocket payment, improve access to prevention and quality care, mobilize funding, and prioritize interventions, ensuring a more coordinated response to the disease across the life course. When effectively implemented, such a plan can drive significant progress in preventing and managing CVD, ultimately improving cardiovascular health outcomes at the national level and advancing efforts to achieve SDG 3.4.[7–9]

GOAL OF THE FRAMEWORK

As part of its advocacy strategy ahead of the fourth United Nations High-Level Meeting (UN HLM) on Non-Communicable Diseases and Mental Health, WHF developed and advocated for five key asks to Heads of State negotiating the UN HLM Political Declaration, to ensure the document included strong language on and concrete commitments to improving global cardiovascular health.

THE FIVE KEYS ARE:

01 

Expand hypertension treatment to **500 million more people by 2030,** with the goal of achieving 50% hypertension control by 2030.

02 

Implement fiscal policies, **imposing at least 50% taxation** on tobacco, alcohol, and sugar-sweetened beverages.

03 

Adopt and implement the **WHO 2021 Global Air Quality Guidelines** to reduce air pollution levels and prevent over 4.5 million CVD deaths.

04 

Address systemic health inequities and establish sustainable financing structures for cardiovascular disease management.

05 

Commit to a 50% reduction in premature mortality from NCDs – defined as death before age 70 – by 2050, alongside a sustained reduction in NCD-related disability.

This framework aims to support countries in developing their own national CV Health Action Plans by providing a solid, comprehensive and yet adaptable model setting national goals to achieve the global goals. By doing so, it seeks not only to reduce the health burden of cardiovascular disease but also to alleviate its substantial economic impact on individuals, families, and health systems. Given that many countries lack dedicated CVD strategies and centralized political commitment to addressing CVD is often hindered by limited funding and poor coordination, this framework serves as a practical guide to help governments prioritize specific CVD actions within national health agendas.

Cardiovascular disease is not a uniform entity – rather, it encompasses a wide spectrum of conditions, from coronary artery disease to heart failure, each with distinct causes, progression patterns, and implications for health systems. The distribution and drivers of these conditions vary significantly across regions due to differences in social determinants, risk factor prevalence, healthcare access, and historical investment in prevention and care. Recognizing this diversity, the framework encourages a nuanced, context-specific approach to cardiovascular health planning, one that reflects national epidemiological profiles and responds to local health system capacities and population needs.

Besides, this framework acknowledges that certain cardiovascular diseases, such as rheumatic heart disease or Chagas disease, remain neglected in global and national health agendas, often due to limited awareness, the marginalized populations they affect, or their concentration in low-resource settings. In countries where these conditions are endemic or represent a significant burden, it is essential to establish dedicated plans or strategies to address them. Doing so ensures that national action plans are not only comprehensive but also inclusive of diseases that reflect the lived realities of all communities.

WHILE THE FRAMEWORK IS INTENTIONALLY COMPREHENSIVE, ITS PURPOSE IS NOT TO IMPOSE A ONE-SIZE-FITS-ALL SOLUTION. INSTEAD, IT IS DESIGNED TO SERVE AS A FLEXIBLE GUIDE THAT COUNTRIES CAN TAILOR TO THEIR SPECIFIC CVD BURDEN, HEALTHCARE SYSTEM CHALLENGES AND AVAILABLE RESOURCES.

INVESTING IN CVD PREVENTION IN THE CONTEXT OF AN AGEING POPULATION – EVIDENCE FROM OECD COUNTRIES[19]

- OECD evidence shows that older adults are living longer but with more chronic disease and disability: the share of 65–74-year-olds with ≥2 chronic conditions rose from 44% to 50% in a decade, and around a quarter of remaining life after 60 is now spent in poor health. At the same time, one hospital admission costs more than double the average annual per-capita health expenditure, and many admissions for conditions such as heart failure are potentially avoidable. Investing in sustained prevention and community-based management of cardiovascular risk — for example via hypertension control, secondary prevention and home-based care — aligns with OECD findings that a 10% increase in prevention spending can reduce health spending on chronic diseases by about 0.9% in five years, while shifting 10% of long-term care spending towards home care can reduce overall long-term costs by nearly 5%. By preventing CVD events and delaying disability, countries can avoid expensive hospitalisations and institutional care, freeing resources in already constrained health systems.

In addition to these global advocacy efforts, WHF also contributed to the European Commission's 2025 Call for Evidence on an EU Cardiovascular Health Plan, highlighting the need for stronger primary care, effective prevention policies, digital health, and attention to environmental and social determinants. It also stressed equity, early detection, including familial hypercholesterolemia, and investment in workforce capacity and monitoring.

Overall, the WHF Cardiovascular Health Action Plan framework aligns closely with these key recommendations to guide robust regional and national CVD strategies.

The detailed content is meant to empower policymakers by offering a menu of evidence-based options from which they can select what aligns best with their national priorities. In doing so, the framework fosters stronger political commitment, resource mobilization and improved co-ordination for CVD prevention and management with the goal of achieving "Cardiovascular Health for All". In many countries, particularly where public health systems face capacity constraints, the private sector constitutes an important component of cardiovascular service delivery. Private facilities, pharmacies, diagnostic centers and employer-based health programmes often complement public provision, expanding access to prevention, diagnosis and treatment, albeit at higher price in most cases.(10) Within the context of this framework, engaging the private sector as a strategic partner is essential to promote consistent standards of care, strengthen referral pathways and ensure that national cardiovascular health strategies encompass all providers contributing to population health as part of Universal Health Coverage.[11]

SCOPE OF THE FRAMEWORK

The first part of the document is structured as a high-level roadmap, providing strategic direction and ensuring a structured approach to CVD prevention and management. It outlines key pillars, policy priorities and core interventions that countries should consider. The framework will be complemented by a practical implementation guide, including examples of policies, best practices, case studies and suggested indicators to help countries operationalize their plans.

TARGET AUDIENCE

The WHF framework is primarily directed at policy and decision makers, responsible for health planning, budgeting and programme implementation, such as ministries of health, as well as other health policymakers and planners involved in shaping national CVD strategies. National cardiology societies heart foundations, and non-governmental organisations may also find the content of the framework useful to advocate for CVD prioritization and technical support at the national level. The framework will be a useful tool for other agencies, such as WHO, PAHO or the World Bank willing to support the development of national CVD action plans or strategies.

METHODOLOGY

The development of this Framework followed a structured multi-step approach aimed at ensuring relevance, feasibility and alignment with global best practices and interventions that can be tailored to the national context.

The process began with a desk review of available global guidance and policy documents related to cardiovascular health and NCDs. Key resources included:

- The **WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020**[12]
- **Appendix 3** of the Global NCD Action Plan (updated in 2022), which outlines a menu of cost-effective and evidence-based interventions (“best buys”)
- The **WHO HEARTS Technical Package,** which provides operational guidance for improving CVD management in primary health care[13]
- The **World Heart Federation (WHF) CVD Roadmaps,** which identify barriers and enablers for specific CVD conditions
- Other national and regional CV Health and NCD plans where available
- Additional evidence was drawn from peer-reviewed scientific literature, WHO evidence reviews and other relevant global and regional publications to identify emerging priorities and supplement existing WHO guidance where appropriate.

From this review, a consolidated list of priority interventions was compiled, categorized across key thematic areas.

A multi-disciplinary, geographically diverse informal advisory group was constituted, composed of public health experts, policy professionals with experience in CVD and NCDs control at the national and global levels. The advisory group engaged in structured discussions to reach consensus on the essential elements that should characterize a national CV Health Action Plan, as well as on a shared definition of what constitutes such a plan. To capture their insights and perspectives, the World Heart Federation developed and circulated a questionnaire covering key domains - including governance, financing, equity, service delivery, data systems, and accountability.

Then, the group reviewed the framework and provided feedback and input particularly on the scope and prioritization of interventions, as well as on the adaptability to different settings, including LMICs.

The next step in the development process involved sharing the revised framework with focal points at Ministries of Health in selected countries for validation, as well as WHF members. WHF developed a questionnaire with a mix of open-ended and closed questions to assess the relevance and applicability of the proposed interventions within national contexts and health system capacities. This stage served to foster country ownership and alignment with existing NCD strategies and health priorities. WHF received 14 responses from representatives across a diverse range of countries spanning all regions of the world. The framework will remain a living document. As it is disseminated across our network, we will integrate substantive feedback from additional countries to strengthen and refine it.

02 WHAT IS A CV HEALTH ACTION PLAN?

A CV Health Action Plan is a structured and focused strategy document that serves as a guide for governments and other policymakers. It outlines clear steps to strengthen and promote cardiovascular health, addressing the challenges that may arise in achieving cardiovascular health goals and providing solutions to overcome these barriers. CV Health Action Plans are designed to provide a comprehensive and coordinated approach to preventing and managing CVD, while being focused on implementation of policies that will improve overall cardiovascular health outcomes.[7,14]

03 GOALS AND PRIORITIES OF A NATIONAL CV HEALTH ACTION PLAN

01 Identify key, feasible priority actions across the life course to promote lifelong cardiovascular health and reduce premature cardiovascular morbidity and mortality within a country's available resources.

02 Strengthen early detection and treatment of CVD risk factors and conditions

03 Provide the necessary human and financial resources to ensure effective implementation and sustainability of CV health action plan to achieve better CV health outcomes.

04 Reduce the financial burden on households and health systems caused by poor CV health by promoting equity in access to CV health services.

05 Improve media engagement on scientifically proven approaches to promoting lifelong cardiovascular health, psychosocial wellbeing and secondary prevention of CVD.

06 Promote advocacy and the creation of public awareness campaigns with the aim of increasing CV health financing.

07 Encourage stakeholder engagement in development and implementation of CV health policies.

08 Improve the availability and collection of data on CVD at national and global levels to inform policy and track progress.

09 Increase the adoption of advanced technology for early detection of CV events to prevent premature deaths.

10 Improve treatment acceptability, availability and adherence.

BEFORE DEVELOPING A NATIONAL CARDIOVASCULAR HEALTH ACTION PLAN, POLICYMAKERS SHOULD CONSIDER THE COUNTRY-SPECIFIC RATIONALE AND POTENTIAL BENEFITS OF HAVING SUCH A PLAN.

This includes analyzing the national burden of cardiovascular diseases, existing gaps in prevention and care, and the socio-economic implications of inaction.(7,9) This reflection will help define priority areas and establish clear, context-relevant goals for the Action Plan.

04 KEY COMPONENTS OF A COMPREHENSIVE NATIONAL CV HEALTH ACTION PLAN

Developing an effective CV Health Action Plan requires a comprehensive multi-sectoral approach addressing key areas of policy development and implementation, health system strengthening and service delivery.

This framework is built on key pillars that, when implemented together, can significantly reduce the burden of CVD. Each pillar plays a crucial role in ensuring that national CVD strategies are evidence-based, sustainable and impactful.

This section therefore outlines the essential building blocks of a comprehensive national CV health action plan. Each component is presented with a set of 'Must-Have' actions, core interventions that are foundational and feasible in most settings, as well as 'Recommended' actions that enhance the effectiveness, sustainability, and equity of cardiovascular health initiatives. This distinction is based on criteria such as public health impact, implementation feasibility, and alignment with global NCD guidance. The tiered approach recognizes the diversity of country contexts and supports progressive implementation based on available resources, political commitment, and system readiness.

A comprehensive national CV health action plan should include the following components:

1 Governance and Leadership
2 Risk Factor Prevention & Health Promotion
3 Screening & Early Detection
4 Acute Care & Treatment for CVD
5 Access to Medicines and Technologies
6 Rehabilitation & Secondary Prevention
7 Health Financing & Sustainability
8 Data, Surveillance & Research
9 Equity & Social Determinants of Health

COMPONENT 1

GOVERNANCE AND LEADERSHIP

Ensuring political commitment and strong coordination for CVD prevention and management

Specific actions:

MUST HAVES

- Ensure that the CV Health Plan is aligned with the national NCD strategy if there is one.
- Establish a **national coordinating body** to oversee CVD prevention and treatment programs, ensuring it is equipped with the necessary human resources, technical expertise, and logistical capacity to lead multisectoral implementation efforts.
- Strengthen **multisectoral collaboration** by engaging ministries of finance, education, transport and agriculture among others, as well as civil society organizations, individuals living with or affected by CVD, academic institutions, private sector and other key stakeholders in CVD prevention and control.
- Develop a **monitoring and accountability framework** for tracking progress in CVD prevention and management.

RECOMMENDED

- Encourage **platforms for public dialogue and inclusive policy discussions,** ensuring voices from diverse communities are heard.
- Institutionalize advocacy as a core component of the national strategy to elevate political commitment and secure sustained investment.

COMPONENT 2

RISK FACTOR PREVENTION & HEALTH PROMOTION

Reducing modifiable risk factors such as tobacco and nicotine use, unhealthy diet, physical inactivity, and harmful alcohol use to prevent CVD and other NCDs.

Specific actions:

MUST HAVES

- **Tobacco and nicotine control:** Enforce **WHO Framework Convention on Tobacco Control (FCTC)** policies (e.g., taxation, advertising bans, smoke-free public places, tobacco and nicotine cessation programmes).
- **Alcohol control:** Introduce **alcohol taxation** and restrictions on advertising/sponsorship and implement the WHO SAFER Technical Package.
- **Salt reduction strategies:** Implement **mandatory limits** on salt in processed foods to reduce sodium consumption to less than 2g/day recommended by WHO and implement interventions included in the WHO SHAKE Technical Package.
- **Physical Activity:** implement the WHO Global Action Plan Physical Activity 2018-2030
- **Trans fat elimination:** Ban **industrially produced trans fats** and implement WHO's REPLACE strategy.
- Introduce **taxes on unhealthy commodities** (e.g., on tobacco, alcohol, sugar-sweetened beverages).
- **Unhealthy diets:** Introduce comprehensive measures to promote healthier diets, including a ban on the marketing of unhealthy foods to children across all offline and online channels, and the mandatory implementation of clear, evidence-based front-of-pack nutrition labelling to support informed consumer choice.
- Strengthen policies and regulatory frameworks to **improve air quality** through the adoption and implementation of the WHO 2021 Global Air Quality Guidelines, reducing exposure to environmental pollutants that contribute to cardiovascular risk.

RECOMMENDED

- **Salt reduction strategies:** Increase availability and affordability of potassium-enriched lower-sodium salt substitutes
- **Public awareness campaigns:** Promote **heart-healthy behaviors** through mass media, school education, and digital health interventions.
- **Workplace wellness programs**: Encourage employers to provide heart health screenings, physical activity incentives, and healthier food options
- **Incorporate climate change mitigation and adaptation strategies** into health sector planning to reduce the cardiovascular impacts of climate-related factors such as heat waves, extreme weather events, and disruptions to health services.
- **Psychosocial and emotional wellbeing:** Integrate psychosocial wellbeing and mental health promotion into cardiovascular prevention strategies, including actions to address chronic stress, social isolation and other psychosocial risk factors associated with cardiovascular disease.[15,16]

COMPONENT 3

SCREENING & EARLY DETECTION

Identifying individuals at risk for developing CVD and promoting early intervention

Specific actions:

MUST HAVES

- **Strengthen screening at primary health care facilities and community health centers** for hypertension, **cholesterol and diabetes**
- Expand access to basic diagnostic infrastructure (e.g., validated blood pressure measuring devices)
- Train **primary care providers,** including non-physician healthcare providers (e.g. nurses, pharmacists and community health workers) to recognize **CVD risk factors early** and initiate preventive interventions.
- Establish **CVD risk assessment protocols** using tools like WHO's **CVD Risk Charts** in primary care settings.
- Encourage nationwide availability of pulse oximetry to detect and diagnose critical congenital heart disease in neonates

RECOMMENDED

- Introduce **digital and mobile health solutions** for self-monitoring of blood pressure and heart health.
- Encourage school-based screening for early detection of acute rheumatic fever and rheumatic heart disease, and workplace-based screening for hypertension and high cholesterol.
- Strengthen screening and early detection of cardiovascular risk factors and conditions during pregnancy by integrating blood pressure measurement, glucose testing, and lipid profiling into routine antenatal and postnatal care, and by ensuring referral pathways for women identified at risk of CVD.
- In RHD-endemic settings, establish echocardiography-based screening for early detection of latent RHD, prioritizing school-aged children and high-risk groups
- If Chagas disease is prevalent in your country, implement targeted awareness and screening programs for early detection and treatment of Trypanosoma cruzi infection to prevent Chagas-related cardiomyopathy.

COMPONENT 4

ACUTE CARE & TREATMENT FOR CVD

Ensuring timely and quality treatment for cardiovascular events

Specific actions:

MUST HAVES

- Implement s**tandardized treatment protocols, aligned with clinical guidelines,** for hypertension, dyslipidemia, myocardial infarction (heart attack), stroke, acute rheumatic fever and heart failure.
- Train physician and non-physician healthcare providers, including community health workers, on **implementing protocol-based** care for CVD at the primary health care level.
- Expand access to essential, **guideline-directed therapies for the prevention and management of cardiovascular disease,** including medicines for both acute and long-term care.
- Strengthen pharmacotherapeutic monitoring systems to improve treatment adherence, detect drug therapy problems early and track clinical outcomes.[17]

RECOMMENDED

- Establish **emergency response systems** for stroke and heart attacks, including **ambulance and referral networks.**
- Train **healthcare workers** in **acute cardiac and stroke care,** including **thrombolysis** and **emergency PCI (percutaneous coronary intervention).**
- Integrate CVD emergency care into national disaster and emergency preparedness plans (e.g. natural disasters, pandemics).
- Strengthen **patient-centered care** by enhancing access to information and shared decision-making for individuals with cardiovascular diseases. Support the active involvement of patients and patient associations in care evaluation, advocacy, and the development of peer support networks, while promoting rehabilitation, supportive care, and socio-professional reintegration.
- Integrate **maternal cardiovascular health** into national prevention and health promotion efforts by counseling, and follow-up during and after pregnancy.

COMPONENT 5

ACCESS TO MEDICINES AND TECHNOLOGIES

Ensuring availability and affordability of essential CVD medicines and equipment

Specific actions:

MUST HAVES

- Include **essential CVD medicines** (e.g., antihypertensives, statins, anticoagulants) in **national essential medicines lists and ensure they are fully reimbursed or subsidized under UHC schemes.**
- Robust forecasting system for medicines and technologies
- **Establish centralized procurement systems using quantification tools,** set minimum stock levels for CVD medicines at all levels of care, and implement electronic inventory tracking (e.g., LMIS)
- Equip all primary health care facilities with validated BP monitoring devices, glucometers and cholesterol test kits, with a budget line for regular supply of consumables.
- Adopt national policy and regulatory measures enabling **task-shifting** and allowing trained nurses and pharmacists to prescribe and manage CVD medications, supported by standard treatment protocols.

RECOMMENDED

- Establish **price regulation** mechanisms to reduce the cost of life-saving CVD drugs.
- Enhance **availability of critical CVD medicines and services** by prioritizing interventions that deliver high-value care and outcomes within national health systems. Implement initiatives such as pooled procurement for bulk purchasing and cost reduction
- If Rheumatic Heart Disease is endemic in your country, **ensure penicillin availability** for RHD.

COMPONENT 6

REHABILITATION & SECONDARY PREVENTION

Helping patients recover from cardiovascular events and preventing recurring events

Specific actions:

MUST HAVES

- Train healthcare providers on **post-stroke and post-heart attack rehabilitation protocols, including exercise-based rehabilitation for chronic heart failure.**
- Promote **secondary prevention strategies,** including patient education and medication adherence programs.
- Integrate **psychosocial support services** for CVD patients (e.g., counseling for post-heart attack or stroke recovery).
- Develop **community-based rehabilitation** programs to improve long-term patient outcomes.
- Ensure **comprehensive secondary prevention and long-term follow-up for people who have experienced stroke,** including access to essential medicines, such as low-dose acetylsalicylic acid within 24 to 48 hours for secondary prevention of ischemic stroke, and rehabilitation.

RECOMMENDED

- Expand **cardiac rehabilitation programs** in hospitals and community settings, particularly at the PHC level.
- **Position cardiac rehabilitation as the entry point to lifelong cardiovascular health management,** supporting sustained risk factor control, healthy behaviours, and long-term secondary prevention.[18]

COMPONENT 7

HEALTH FINANCING & SUSTAINABILITY

Ensuring long-term funding and integration into UHC programs

Specific actions:

MUST HAVES

- Allocate **dedicated funding** for CVD prevention and management in **national health budgets**.
- Prioritize PHC-level interventions in financing plans that are cost-effective (e.g., WHO HEARTS interventions)
- Expand insurance coverage to include CVD medications, screening and rehabilitation to reduce out-of-pocket expenses
- Integrate a defined package of essential CVD services into national health benefit packages under UHC, including prevention, early detection, treatment and long-term management.

RECOMMENDED

- Establish **public-private partnerships** to improve access to diagnostics, medicines, and telehealth solutions.

COMPONENT 8

DATA, SURVEILLANCE & RESEARCH

Tracking CVD trends and evaluating program effectiveness

Specific actions:

MUST HAVES

- Conduct a baseline assessment of existing data sources on CVD mortality, morbidity, care pathways, and risk factors to identify data availability, gaps, quality issues, and opportunities for system strengthening.
- Develop **national CVD registries included in national health information systems** to track incidence, treatment outcomes, and mortality rates.
- Health **information systems** to collect **reliable, disaggregated data** on CVD burden and risk factors.

RECOMMENDED

- Support **implementation research** to assess the effectiveness of CVD interventions.
- Conduct **periodic national surveys** on hypertension and elevated cholesterol prevalence, tobacco use, and physical inactivity, among other risk factors.
- Define a **core set of relevant, reliable, and robust indicators** to measure cardiovascular health and its determinants, specifying their technical characteristics and establishing quality control mechanisms to ensure consistent and accurate data collection and analysis.

COMPONENT 9

EQUITY & SOCIAL DETERMINANTS OF HEALTH

Addressing disparities and ensuring access for all populations

Specific actions:

MUST HAVES

- Ensure **CVD services** are **accessible and affordable in primary healthcare settings** to reduce disparities in urban and rural areas.
- Ensure **equitable access to CVD prevention and care** by identifying and engaging populations less likely to use health services, whether due to gender norms, geographic isolation, or financial constraints.
- Develop **social protection policies** to provide CVD patients with financial and healthcare support.

RECOMMENDED

- Implement **targeted interventions for rural populations, low-income groups, indigenous and other marginalized communities.**
- Address social determinants of health across the life course, to reduce inequities beyond healthcare access (e.g., equitable access to quality education and lifelong learning opportunities; employment support).

05 FINANCING AND SUSTAINABILITY

Ensuring sustainable financing for CV Health Action Plans is crucial for their long-term success and impact. Effective funding strategies require a multi-faceted approach that engages national health systems, leverages innovative revenue streams, and aligns with broader health and development priorities. Beyond technical budgeting, advocacy, coordination, and proactive planning are essential - particularly because decision-making in this space often falls to health policy leaders rather than finance officials.

THE FOLLOWING STRATEGIES OUTLINE KEY PATHWAYS TO SECURE AND SUSTAIN FINANCIAL SUPPORT FOR CARDIOVASCULAR HEALTH INITIATIVES:

01 Securing **support from national health insurance schemes** by involving them in the development of CV health action plans. This ensures the inclusion of CV services in beneficiary budgeting, resource allocation, and reimbursement structures.

02 **Implement policy reforms to reduce financial barriers,** including addressing the **cost of medicines and diagnostics,** which often remain out of reach for underserved populations. Public procurement reforms, price regulation mechanisms, and pooled purchasing across regions can increase affordability and reduce out-of-pocket spending.

03 To generate sustainable domestic funding, **governments can implement health-promoting taxes,** such as those on tobacco, alcohol, sugar-sweetened beverages, and unhealthy foods. Environmental taxes, including carbon and landfill taxes, can also contribute to health funding. Additionally, redirecting subsidies from fossil fuels toward health-promoting initiatives, such as subsidies for nutritious foods, can further bolster CV health financing.

04 Financing strategies should also align with **broader health and development goals,** including initiatives for other NCDs, strategies for ageing populations and multimorbidity, and pandemic or shock preparedness.

06 GUIDANCE FOR IMPLEMENTATION AND MONITORING

Effective implementation and monitoring of CV Health Action Plans require a structured approach to track progress, ensure accountability, and drive impactful outcomes.

By focusing on key areas such as policy commitment, health outcomes, healthcare system strengthening, and equitable access, countries can establish measurable indicators to assess success and make necessary adjustments. The following four areas outline essential components for guiding implementation and monitoring efforts.

Importantly, monitoring should begin in the early stages of implementation rather than relying solely on long-term outcomes. Leveraging routine health information systems can provide timely, actionable insights into policy progress and system performance.

Besides, civil society organisations, including NGOs, patient associations, professional societies such as societies of cardiology, people with lived experience and community groups, play a vital role in implementing, and overseeing national CV Health Action Plans. Their involvement ensures that priorities reflect community needs, policies incorporate lived experience, and implementation processes uphold equity and accountability. CSOs may contribute to co-designing interventions, raising public awareness, identifying barriers to access, and independently monitoring progress. Ensuring meaningful patient representation, through participation in advisory groups, governance structures, and formal consultation processes, helps embed the perspectives of people living with or at risk of CVD throughout the policy cycle. Establishing structured mechanisms for engagement, such as stakeholder forums and transparent feedback processes, is essential to institutionalising civil society and patient involvement at every stage.[7]

FOUR KEY AREAS TO MONITOR THE IMPLEMENTATION OF COMMITMENTS:

01 POLICY AND FINANCIAL COMMITMENT:

- Integration of CV health objectives into national health sector strategic plans.
- Percentage of financial support allocated to the action plan from the national budget.
- Level of stakeholder engagement and commitment to implementing the action plan.

02 HEALTH OUTCOMES AND RISK FACTOR REDUCTION:

- Reduction in the prevalence of CVD risk factors, including tobacco use, unhealthy nutrition, physical inactivity, obesity, and comorbidities like diabetes.
- Percentage of CV patients with controlled blood pressure and cholesterol levels.
- Decline in the incidence and mortality rates of CVD, diabetes, and related conditions.

03 HEALTHCARE SYSTEM STRENGTHENING:

- Number of healthcare workers and researchers trained to deliver CV health services.
- Availability of essential CVD medicines included on the WHO Essential Medicines List (EML).

04 ACCESS AND EQUITY:

- Coverage of essential cardiovascular health services, aligned with SDG indicator 3.8.1 (UHC service coverage index), including prevention, diagnosis, treatment and long-term management.
- Proportion of individuals with hypertension who are diagnosed, treated and controlled, in line with WHO monitoring frameworks (e.g. HEARTS).

07 CONCLUSION

Cardiovascular disease continues to exact a devastating toll on lives, economies, and health systems around the world - particularly in low- and middle-income countries.

This framework offers a timely and practical tool to help change that trajectory. By providing a structured yet adaptable approach to national cardiovascular health planning, it supports countries in translating political will into concrete, coordinated action.

The framework underscores the importance of contextualization, encouraging strategies that are grounded in national realities, responsive to population needs, and inclusive of often-overlooked cardiovascular conditions. It empowers policymakers and health leaders to move beyond generalized NCD strategies and develop targeted responses that can deliver measurable impact.

Achieving cardiovascular health for all will require long-term commitment, collaboration across sectors, and sustained investment. With this framework, we hope to accelerate progress by equipping countries with the knowledge, tools, and evidence they need to prioritize CVD more effectively - ultimately saving lives, strengthening health systems, and contributing to the broader goals of health equity and sustainable development.

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