

TASK FORCE STATEMENT

Sustainable Development Goals and the Future of Cardiovascular Health



A Statement From the Global Cardiovascular Disease Taskforce

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We are on the cusp of a new era in global health policy that could transform the lives of millions worldwide. Whether cardiovascular health is part of this transformation will be largely determined within the next few months, when the United Nations will debate and decide upon Sustainable Development Goals (SDGs) for 2015 and beyond. The membership and volunteers across our respective organizations, therefore, have a rare opportunity to convince international bodies to devote appropriate resources to curb the rise of non-communicable diseases (NCDs), including cardiovascular diseases (CVD) and stroke. As global advocates of cardiovascular health, we have a responsibility to generate and secure this political backing to further our collective mission of preventing cardiovascular disease morbidity and mortality and improving health. This paper highlights why the SDGs are crucial to our combined efforts to prevent and control cardiovascular disease and other NCDs.

PUTTING THE HEART INTO THE SUSTAINABLE DEVELOPMENT GOALS. The Global Development

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Agenda of the United Nations (UN) sets the focus for funding and policy-making by governments in all 193 member states. In 2000, world leaders signed the Millennium Declaration and committed to achieving its 8 international Millennium Development Goals (MDGs) by 2015 (1). These MDGs reflect the widespread understanding that health is central to human, social, and economic development. The MDG platform encourages progress in 3 areas: *targets and milestones*, which allow us to measure progress in developing countries; *funding from developed countries* to implement programs; and *implementation*, which was coordinated with the help of multilateral institutions such as the World Health Organization, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Missing, however, was acknowledgment of the growing burden of CVD and other NCDs across the globe.

The expiry date of the current MDGs is fast approaching, and with it a chance to finally bring NCDs to the fore. The focus of the original MDGs on communicable diseases and maternal and child health has been enormously successful: when individuals think of diseases afflicting developing countries, they predominantly consider infections and the nutritional needs of mothers and babies. Yet, more people die each year of CVD than from any other single cause: CVD causes 30% of deaths any given year, more than all infectious and parasitic diseases combined (2). Moreover, CVD is a significant cause of premature death and the primary driver of morbidity for all NCDs, the largest

burden of which occurs in low- and middle-income countries. Globally, it is estimated that from 2011 to 2025 the economic burden of NCDs will be USD \$7 trillion, with CVD accounting for most of that expense (3).

In the face of the effective MDG-driven campaigns against infectious disease, NCDs have received too little political attention and too few resources since 2000. Considering the magnitude of the global CVD burden, we must ensure collectively that cardiovascular health becomes a focal point of the future development agenda, for the good of all society.

The last UN Open Working Group session in July 2014 produced a set of proposed goals and targets upon which to base the forthcoming SDGs (4). Among these was a goal for health: “*Ensure healthy lives and promote wellbeing for all at all ages.*” Proposed subtargets consider outcomes and means of implementation. The target on NCDs is, “*by 2030 reduce by one-third morbidity and mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and well-being*” (4). This is an extrapolation of the World Health Organization’s “25×25” goal, adopted by the World Heart Federation and its Global CVD Task Force in 2012 (5).

A preliminary benefit-cost assessment of the proposals put forward by the Open Working Group rates a reduction in NCD prevalence as a “phenomenal” social good, meaning that its potential impact on society and its cost-effectiveness are both extremely high (6). Realistic targets and interventions against specific NCDs—such as CVD, where there are known means to reduce the burden of disease—will lead to significant improvements in health worldwide.

THE ROLE OF THE CARDIOVASCULAR COMMUNITY. It is promising that NCDs have been explicitly targeted under the proposed SDGs. This is essential for generating the political will and significant financial commitments from governments that will be necessary to mobilize various sectors to contribute to cardiovascular health. We cannot over-emphasize the importance of these goals in their consequences for global health: the complete absence of noncommunicable diseases from the original MDGs ensured that cardiovascular health was overlooked by major global health funders for over a decade.

Negotiations on the SDGs now fall to ministries of foreign affairs, for whom health is one of many

competing priorities. As a community, we must be active in our countries to ensure that CVD and NCDs remain at the forefront of our governments’ negotiations. The World Heart Federation and each of the members of the Global CVD Task Force can provide toolkits and talking points on how to advocate and to whom.

Our message is clear: we want to protect the right to health for every individual regardless of his or her ability to pay. We want to provide accessible, affordable, quality CVD care by ensuring that every country’s health plan includes an essential package of prevention and treatment services. We want to promote a life course approach to good health and healthy behavior at all ages. And we want to ensure that the World Health Organization’s “25×25” targets regarding risk factors are included in all national plans, an area around which the World Heart Federation and its members are focusing resources and attention. Therefore, we support the proposed SDG health goal as the overarching goal to achieve these results: “*Ensure healthy lives and promote wellbeing for all at all ages.*”

In our efforts to secure a health goal with a CVD focus, we must recognize that the health sector is just 1 among many contributors to healthy life expectancy. Our work in areas such as agriculture, transport, environmental, and fiscal policies, as well as international trade agreements, will have an equally strong impact on diet, physical inactivity, and tobacco consumption. We must cooperate and collaborate across sectors and disciplines to advance and affirm a positive return of investment in CVD health; only then will we influence countries and businesses to devote crucial resources to our collective goal, which is vital to human health and wellbeing across the world.

CONCLUSIONS. As the Sustainable Development Goals are negotiated, the CVD community approaches a crucial juncture. Now is the time to use our evidence-based science and advocacy capacity to ensure that health is at the heart of the forthcoming UN Global Development Agenda. As representatives of the CVD community, we must lift our collective voices on behalf of the countless patients we serve, the survivors we hope to create, and the population at large. We call on governments to ensure a strong focus on health, NCDs, and the other areas critical to the global prevention and control of cardiovascular disease and stroke. It is only through these efforts that human development will be realized and sustainable.

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