GLOBAL NCD TARGET
PREVENT HEART ATTACKS AND STROKES THROUGH DRUG THERAPY AND COUNSELLING

Background
Heart disease and stroke, cancers, diabetes, and chronic respiratory diseases and other noncommunicable diseases (NCDs) cause tens of millions of deaths per year, the majority of which occur during the most productive years of life. NCDs reduce economic output and prevent people around the world from living lives of health and wellbeing. Creating the conditions that favour sustainable development means taking action to prevent and control NCDs now.

Nine global NCD targets provide a vision for progress by 2025. The WHO Global NCD Action Plan 2013-2020 and other resources provide a roadmap of policies and interventions to realise this vision. When implemented, they will put countries on track to meet the commitments made on NCDs at the United Nations General Assembly in 2011 and 2014, and in the 2030 Agenda for Sustainable Development, including target 3.4 to reduce premature NCD deaths.

Global Target
At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes by 2025.

Fast Facts
• Cardiovascular disease (CVD), the leading cause of NCD mortality, led to 17.5 million deaths in 2012. An estimated 7.4 million of these deaths were due to heart attacks (ischaemic heart disease) and 6.7 million were due to stroke.
• Over 80% of cardiovascular deaths occur in low- and middle-income countries (LMICs).
• Providing drug therapy (including glycaemic control of diabetes mellitus and control of hypertension using a total risk approach) and counselling to high-risk individuals has been identified as one of the most cost-effective measures to prevent heart attacks and strokes.
• One fifth of cardiovascular deaths could be averted in persons aged 40-79 years by implementing a regimen of aspirin, statin, and two agents to lower blood pressure.
• The primary care level of the health system, often the weakest in low- and middle-income countries, plays a critical role in delivering these interventions.

Heart attacks and strokes can be prevented if people at high risk are detected and treated.

% of countries

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<th>Region</th>
<th>&lt;25%</th>
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Percentage of primary health-care facilities offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke, by WHO region
**Priority Actions**

Meeting this target is possible. Progress has been made to prevent heart attacks and stroke globally, but significant deficiencies delivering care for high-risk individuals still exist. Evidence indicates gaps in primary care facilities’ ability to implement interventions due to a range of factors from deficiencies in health financing and service delivery to lack of access to basic technologies and medicines. Giving priority and wider coverage to the high-impact, cost-effective interventions that increase access to drug therapy and counselling and result in improved health outcomes is imperative. Partnerships between government and civil society will be key to supporting policy implementation.

Here are actions to drive progress:

- Adapt and implement WHO PEN protocols for CVD prevention and health education using a total CVD risk assessment and management approach in primary health care.
- Establish sustainable and equitable health financing.
- Strengthen the health care workforce for the prevention and control of NCDs.
- Strengthen effective governance and accountability.

**Tweet!**

Early detection, prevention & treatment of heart attacks and strokes is necessary to #beatNCDs. Best of all – it’s affordable and effective.

**For more information**

WHO site: http://www.who.int/beat-ncds/en/
Tell your story at “NCDs&me”: http://www.who.int/ncds-and-me
@who
#beatNCDs

**Key Resources**

