Dear WHO Expert Committee,

We are writing in strong support for the inclusion of fixed dose combination therapy (also known as “polypill” therapy) for secondary prevention of cardiovascular disease in the World Health Organization’s (WHO) Model List of Essential Medicines.

In September 2011, the United Nations adopted an historic declaration to achieve a 25% relative reduction in premature mortality from non-communicable diseases (NCDs) by 2025. Reducing premature cardiovascular disease (CVD) mortality will be key to achieve this overall goal as it represents almost half of NCDs premature deaths. The World Heart Federation as the global convener, and representative of CVD stakeholders, is driving the global CVD agenda to achieve this target and reduce premature CVD mortality by at least 25% by 2025.

Among the top priority to achieve this target, the WHF has focused on cardiovascular secondary prevention. It is estimated that the number of people with prevalent CVD worldwide exceeds 100 million and this population is at particularly high risk of suffering a new cardiovascular event. Furthermore, cardiovascular secondary prevention medications including Aspirin, ACE inhibitors, Beta-blockers and Statins have been proven to be cost-effective in this population and are recommended by all major cardiology societies and health organizations. Collectively, the widespread use of these recommended medications can be expected to reduce the risk of CVD up by 75% in patients with known CVD. Unfortunately the utilization of these medications is substantially low, particularly in low-income countries where 80% of patients with coronary heart disease or strokes receive no drugs. This knowledge-practice gap explains the higher case fatality in low and middle-income countries in patients with CVD.

Fixed dose combination therapy has been proposed for more than a decade as a potential solution to simplify treatment and increase patient adherence. Bioequivalent studies have confirmed the expected effect of fixed dose combination therapy in lowering on blood pressure, and LDL cholesterol, and importantly, they have also shown that this strategy increases adherence, without an increase in adverse effects. Since the fixed dose combination concept for secondary prevention has been proposed numerous studies have accumulated to support this strategy. There is now substantial evidence to include fixed dose combination for secondary prevention in the WHO List of Essential Medicines. This strategy, particularly in low and middle income countries where adherence to cost-effective secondary prevention is very low, will be vital to achieve the WHO target to reduce premature NCDs mortality by 25% in 2025.

Kind regards,

Jagat Narula MD, PhD, MACC
SPAC Chair, on behalf of WHF