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# CVD Advocacy Toolkit

The Road to 2018

## CVD Advocacy Toolkit: The Road to 2018

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## Key Terms and Acronyms

<b>CVD</b>	Cardiovascular Disease
<b>HLM 2011</b>	UN High-Level Meeting on NCDs (New York, 2011)
<b>HLM 2014</b>	UN High-Level Meeting on NCDs (New York, 2014)
<b>HLM 2018</b>	UN High-Level Meeting on NCDs (New York, 2018)
<b>HLPF</b>	High-Level Political Forum on the SDGs
<b>LMICs</b>	Low- and Middle-Income Countries
<b>MDG</b>	Millennium Development Goal
<b>NCD</b>	Non-Communicable Disease
<b>NGO</b>	Non-Governmental Organization
<b>PAHO</b>	Pan-American Health Organization
<b>SDGs</b>	Sustainable Development Goals
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>VNR</b>	Voluntary National Review
<b>WCC</b>	World Congress of Cardiology and Cardiovascular Health
<b>WHF</b>	World Heart Federation
<b>WHO</b>	World Health Organization
<b>WHO GCM</b>	WHO Global Coordinating Mechanism

# 1. Introduction

## About This Toolkit

The **World Heart Federation (WHF)**<sup>1</sup> has been advocating globally for stronger legislation and policy regarding cardiovascular disease (CVD) for many years. Now, as focus shifts from global to national progress, we call on members and colleagues to advocate for greater action on CVD in your local settings.

This 'Road to 2018 Toolkit' provides World Heart Federation members with information and specific, practical tools to support national CVD advocacy, especially around the **United Nations High-Level Meeting on NCDs in 2018 (HLM 2018)**<sup>2</sup>.



This Toolkit is closely related to the World Heart Federation's '**CVD and the Development Agenda: Advocacy Toolkit**'<sup>3</sup>, published in 2015. We suggest you explore the 2015 resource before embarking on this edition, as it provides a thorough grounding in basic advocacy tactics and strategies.

## Why taking action on CVDs now is critical

### Increasing premature death



Ageing populations + urbanization + inadequate prevention = **CVD epidemic**

### Increasing inequalities



Low and middle-income countries are most affected and account for **80% of CVD deaths**

### Increasing economic burden



Global cost of CVD is **USD 862 billion**

Source infographic: **World Heart Federation**<sup>4</sup>

The **HLM 2018**<sup>5</sup> provides an historic opportunity for the CVD community to come together with other actors working in non-communicable diseases (NCDs) and advocate for increased attention and commitment as we work towards our global goal of a 25% reduction in premature mortality from CVD by 2025 (known as '25 by 25').

This Toolkit has been designed to maximize our chances of success as we approach the HLM 2018. First, it gives a detailed overview of the **context** in which we must advocate for better CVD outcomes. Secondly, an entire section is devoted to exploring **what you can do** to bring about change, whether as an organization or an individual. Finally, it maps out some **key opportunities** in which we can advocate for improved prevention and control of CVD.

It is important to remember that no advocacy approach is universally applicable. Please adapt the materials and advice in this Toolkit to fit your unique local situation. More resources can be found at [www.worldheart.org](http://www.worldheart.org).

If you have any further questions on how to use the Toolkit, please get in touch at [advocacy@worldheart.org](mailto:advocacy@worldheart.org).

We wish you success in your cardiovascular advocacy efforts in the lead up to HLM 2018, and thank you for your sustained and impactful work.



Source image: Pixabay (CC0)

## CVD in numbers

### The number 1 cause of death worldwide

Disease	Annual global deaths
<b>CVDs</b>	<b>Over 17 million</b>
Cancers	8.2 million
Respiratory diseases	4 million
Diabetes	15 million



Source infographic: World Heart Federation<sup>7</sup>

## About Cardiovascular Disease

CVD refers to diseases of the heart or blood vessels, such as heart attack and stroke. CVD accounts for 31% of total global deaths: this amounts to 17.5 million people losing their lives every year<sup>7</sup>. Over three quarters of CVD deaths take place in low- and middle-income countries, which carry heavy socio-economic burdens associated with CVD<sup>8</sup>. Beyond these alarming facts and figures, CVD is a devastating, yet often preventable disease, which affects people, families and communities all over the world.

## About The World Heart Federation

The World Heart Federation is dedicated to leading the global fight against cardiovascular disease. We are the only global advocacy organization bringing together the CVD community to drive the agenda and help people live longer, healthier lives. We convene and connect our membership of over 200 international organizations to share insights, science, best practice and resources. **Together we strive for a 25% reduction<sup>9</sup> in global premature deaths from cardiovascular disease by 2025.**

## 2. Global CVD Advocacy: 2015-2018

Before beginning to advocate for CVD, it is important to be familiar with the current global health context. Much progress has been made to advance the cause of CVD and other NCDs in the past few years. This section explores the '2030 Agenda' and its significance for CVD, and looks ahead to the HLM 2018, which presents another advocacy turning point.

### The '2030 Agenda' And The Sustainable Development Goals

In order to improve and protect our world, the **United Nations (UN)**<sup>10</sup> gathers international leaders to establish and commit to global international development strategies. The **2030 Agenda for Sustainable Development**<sup>11</sup> (hereafter '2030 Agenda') is the latest global development strategy adopted in September 2015 by world leaders at a UN Summit in New York. The 2030 Agenda and the accompanying **Sustainable Development Goals (SDGs)**<sup>12</sup> officially came into force on 01 January 2016, and will last for 15 years.



Source infographic: **United Nations**<sup>13</sup>

The SDGs, which guide the 2030 Agenda, are a set of 17 overarching development goals, which have been subdivided into 169 focused targets. The SDGs are designed to be relevant and necessary to all countries and therefore provide a more ambitious framework than the earlier Millennium Development Goals (2000-2015), which focused exclusively on developing countries and were not consensus-based. In committing to the SDGs, all 193 Member States (countries) of the United Nations adopted a plan for the next 15 years to end extreme poverty, fight inequality and injustice and protect our planet.

The SDGs were agreed through an inclusive process that involved governments, academia, the private sector and civil society. While the SDGs are not legally binding, governments are expected to take ownership and establish national frameworks for the achievement of the 17 Goals. Successful implementation of the SDGs will require multi- and inter-sectoral collaboration between all major stakeholders.

## Health In The SDGs

The need for collaboration is especially true for health. Health is represented as Goal 3 of the SDGs, which is entitled: **Ensuring healthy lives and promoting well-being for all people at all ages**<sup>14</sup>. Within Goal 3, there are 9 targets:

- **3.1** - Reduce global maternal mortality
- **3.2** - End preventable deaths of newborns and children under 5
- **3.3** - End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases
- **3.4** - **Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being**
- **3.5** - Strengthen the prevention and treatment of substance abuse
- **3.6** - Halve the number of global deaths and injuries from road traffic accidents
- **3.7** - Ensure universal access to sexual and reproductive health-care services
- **3.8** - Achieve universal health coverage
- **3.9** - Reduce deaths and illnesses from hazardous chemicals and pollution and contamination

You can read the full text of the 9 targets **here**<sup>15</sup>.

Target 3.4 on NCDs is a landmark achievement. The World Heart Federation and its members advocated strongly for the inclusion of NCDs and CVD in the 2030 Agenda, as these had been absent from the 2000-2015 **Millennium Development Goals**<sup>16</sup>.

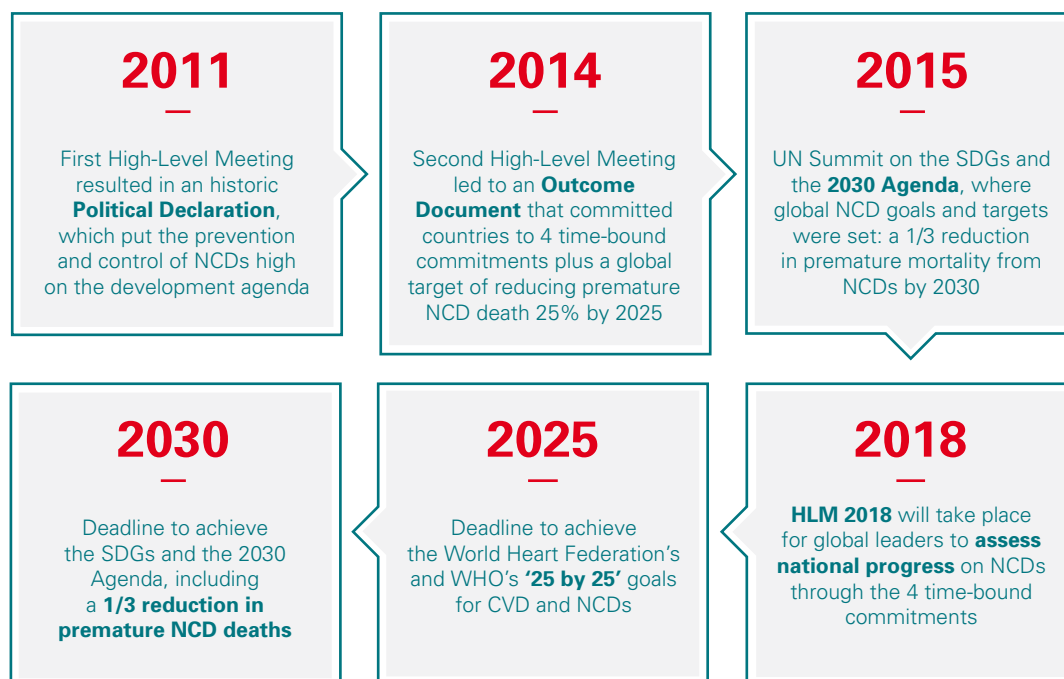
All 193 countries that form the UN have ratified the 2030 Agenda, meaning they have committed resources, expertise and collaborative effort to prevent and control cardiovascular disease and other NCDs.

Member States have never been so strongly compelled to take action on the global CVD epidemic. It is now essential that governments take action to achieve the targets set in the 2030 Agenda, for NCDs and for health more broadly. Reaching these health targets requires achieving several other SDGs, such as those set for gender equality, hunger and urbanization, so it is vital that we act in partnership, and not in isolation.

The World Heart Federation will continue to advocate globally for stronger legislation and policy regarding CVD. Now, greater responsibility lies with our members at the national level to lobby for increased action on CVD. Read on to learn more about key advocacy opportunities, and to learn what you can do to increase attention and commitment towards CVD prevention and control.

## The Road To 2018: Looking Ahead To The High-Level Meeting 2018

The High-Level Meetings on NCDs convened by the UN are a series of meetings that have been held since 2011 in New York City. The HLMs are attended by heads of state and government, ministers of health, civil society and many other stakeholders. These meetings have kept NCDs and CVD as priorities on the global health agenda, and offer a forum for countries to report on and measure progress towards ambitious global NCD targets, most significantly:



At the **HLM in 2018**<sup>17</sup>, Member States will review their progress on NCDs, both nationally and globally. Nationally, stakeholders will assess whether Member States have met 4 time-bound commitments set in 2014. The 4 time-bound commitments that Member States are working towards are:

- 1 Consider setting **national NCD targets** for 2025.
- 2 Consider developing **national multi-sectoral policies and plans** to achieve the national targets by 2025.
- 3 **Reduce risk factors** for NCDs, building on guidance set out in the World Health Organization (WHO) **Global Action Plan for the Prevention and Control of NCDs**<sup>18</sup>.
- 4 **Strengthen health systems** to address NCDs through people-centered primary health care and universal health coverage, building on guidance set out in the WHO Global NCD Action Plan.

The success or failure of these 4 time-bound commitments will indicate whether the world is on track to achieve its major global NCD goal: a 25% reduction in premature mortality from NCDs by 2025.

Some progress has already been made on these 4 time-bound commitments. The WHO set up an **NCD Progress Monitor**<sup>19</sup> in 2015 to keep Member States on track with their commitments. This Monitor is based on the set of 10 progress indicators, which show development made by countries in implementing the 4 time-bound commitments for 2015 and 2016.



The WHO NCD Progress Monitor reports that:

- The number of countries with a **national action plan on NCDs** has **significantly increased**.
- The number of countries with a **targeted governmental NCD department** has **significantly increased**.
- Globally, the **risk of dying** between ages 30-70 from a major NCD has **decreased**.
- The **amount of alcohol** that people are drinking has **reduced**.
- The frequency of **raised blood pressure** has **reduced**.

However, given the scale of the global NCD epidemic, this progress is inadequate and not enough to 'make the grade' when progress is assessed at the HLM 2018, both nationally and in terms of the '25 by 25' goal. It is now time to increase the pace in terms of advocacy and campaigning so that countries are compelled to act. In preparation for the HLM 2018, we must persuade Member States to:

- 1 Step up their commitments to achieving the SDGs, especially Goal 3 on Health
- 2 Commit more human and financial resources to the fight against NCDs
- 3 Invest in strong monitoring mechanisms to track progress, e.g. through World Heart Day's **policy theme**<sup>20</sup>
- 4 Collaborate with key groups across the NCD community, including non-governmental organizations (NGOs), the WHO, academia, philanthropic organizations and the private sector

There is still a huge amount of work to be done. Research from 2011 suggested that NCDs would cause a global loss of **US \$47 trillion** over the following two decades, with CVD being a dominant cause of these costs.<sup>21</sup> Without investing in efforts to achieve these 4 time-bound commitments before the UN HLM 2018, Member States will struggle to achieve either of the ambitious global targets on NCDs:

- To reduce premature mortality from NCDs by 25% by 2025 (WHO/WHF targets)
- To reduce premature mortality from NCDs by 1/3 by 2030 (SDG targets)



Dr Oleg Chestnov, the Assistant Director-General for Non-communicable Diseases and Mental Health at the WHO, commented in the Progress Monitor that: 'If countries don't change tack on NCDs, an estimated **US \$7 trillion** could be lost in developing countries over the next 15 years. This contrasts starkly with the cost of action: US \$11 billion a year to implement a set of NCD "best buy" interventions in all developing countries.'<sup>22</sup>

## 3. What You Can Do

The advocacy focus for CVD is shifting from the global to the national level, and it is essential that World Heart Federation members get involved however they can. We recognize that our membership is very diverse, and that different organizations have different strengths and advocacy capacities. We therefore encourage you to refresh your knowledge of basic CVD advocacy by re-reading our '**WHF CVD and the SDG Agenda Advocacy Toolkit (2015)**'<sup>23</sup> alongside the more specific recommendations in this document.

In this section, you can find guidance on how to conduct CVD advocacy as we approach HLM 2018. The recommendations are not written in a specific chronological order, and it is not expected that any member will attempt every step. Instead, we advise you to select the activities that are most suitable to your setting and resources, and tailor your approach according to local priorities. If you have any queries or seek more information on how to tailor CVD advocacy to your local setting, feel free to contact the WHF Advocacy Team at: [advocacy@worldheart.org](mailto:advocacy@worldheart.org).

### Identify National CVD Priorities

The most successful advocacy campaigns are specific and focused. They identify a clear, defined problem, then raise awareness and provide solutions to solve it. For CVD, this means knowing what progress has been made in your setting, and whether it measures up to the 4 time-bound commitments (see p.8 **The Road to 2018: Looking Ahead to the High-Level Meeting 2018**). This knowledge can be obtained from statistics, progress reports and local research.

#### Keep track of national progress and statistics

Being armed with a comprehensive overview of both the burden of CVD and the policies and services in place to tackle it is critical to advocacy for successful change. For example, information on who is most affected by CVD, who is receiving treatment, whether or not laws exist to protect people from risk factors and so on, will help make a compelling case for your work.

The World Heart Federation is currently developing a CVD Scorecard and template Status Report that helps bring together this information to:

- Identify national progress on implementation of CVD prevention and management programmes
- Identify policy gaps
- Help prioritise advocacy for particular policies or programmes

The Scorecard is designed to complement and support government official surveillance, monitoring and reporting on CVD, and can be used as a tool to hold governments accountable while also highlighting progress.

When released in early 2017, the Scorecard will include links to other resources that can help you keep track of national progress. An example of this is a new WHO mobile application – the **WHO NCD Data Finder**<sup>24</sup> – which presents information on the NCD situation in each country, including data on deaths, risk factors and country systems response.

### Conduct local research

Research for advocacy purposes must be evidence-based, but we should not exclude information from outside the traditional academic peer-review process. The objective is simply to have accurate, verifiable information about what is happening in your local settings. Information can be qualitative, as well as quantitative – we should not underestimate the value of the ‘lived experience’ of heart disease, for compelling stories can influence policy-makers.

Here are some common sources of local information about CVD:

- Hospital or healthcentre disease registries
- Interviews with patients or health-workers
- Reports from on-the-ground local health programmes
- Printed materials and studies by other CVD NGOs
- Local government surveys
- ‘Grey literature’, e.g. unpublished academic papers (often by postgraduate university students), NGO reports, industry papers and consultancy reviews

Once you have obtained the findings of your local research, you may find it helpful to write up a summary document (including lots of compelling facts and statistics) and distribute this across your networks. We encourage you to also share a copy with us at the World Heart Federation so that we can amplify your findings across our communications channels. Email [advocacy@worldheart.org](mailto:advocacy@worldheart.org) to get in touch.

## Engage With Global CVD Priorities

### Sign up to important newsletters

There are many informative and digestible newsletters on CVD issues, all of which are free to access for those with access to the Internet. We have provided a list of the most useful ones here, and encourage you to subscribe to several:

- **Members News** (World Heart Federation)\*
- **NCD Alliance Newsletter** (NCD Alliance)
- **Young Professionals Chronic Disease Network Newsletter** (YP-CDN)
- **HCC News Roundup** (Healthy Caribbean Coalition)
- **WHO Prevention of NCDs Newsletter** (World Health Organization)
- **NCDs and Mental Health Newsletter** – Available in English and Spanish (Pan-American Health Organization)



\*Note: Members News is exclusively available to WHF members. If you are a WHF member and don't receive Members News via email, please contact [advocacy@worldheart.org](mailto:advocacy@worldheart.org).

### Share national insights

In the lead-up to HLM 2018, health stakeholders are shifting their focus from global CVD policies to national CVD action. While governments should be responsible for establishing and maintaining robust national data-collection systems, in some instances they may need support from local organizations to provide them with supplementary knowledge so they can report national progress accurately at the HLM.

One of the easiest ways to share national insights is to write down your observations, and send them by post or email to your key partners, including the World Heart Federation. To guide your thoughts, try answering some of these questions about CVD prevention and control in your setting:

- What is the burden of CVD in your setting?
- What is the health-seeking behavior of your setting's population?
- How engaged is your Ministry of Health in CVD prevention and control?
- Do you have strong WHO contacts in your setting?
- Who funds CVD prevention and control in your setting?
- What are funds for CVD primarily spent on?
- Do any stakeholders or sectors try to interfere with or disrupt your work (e.g. tobacco industry)?
- What are your biggest CVD challenges?
- What are your biggest CVD successes?

You can use your responses to these questions as material to structure a written report, which can be shared across your network and with the World Heart Federation.



If you have available resources, you may wish to explore different forms of media, such as videos or infographics of your national insights.

### Exchange 'best practice'

While countries have limited time before reporting their progress at HLM 2018, it is not too late for them to implement 'lessons learned' from other settings. These examples of 'best practice' can be imported internationally, or can be found domestically in other parts of the country, or health system.

Traditionally, the most common place to share 'best practice' was at international health conferences, such as the **World Congress of Cardiology and Cardiovascular Health (WCC)**<sup>25</sup>. However, in the digital age, several more opportunities have emerged for engaging internationally. While we encourage you to attend WCC, which is hosted every 2 years by the World Heart Federation, you may also wish to explore the following opportunities to share your CVD successes:

- Communicate your 'best practice' examples to your national WHO Office, for them to share across your region.
- Communicate your 'best practice' examples directly to the World Heart Federation, for us to disseminate across our network.
- Engage the media (see further guidance below) and encourage them to share your stories.
- Write up successful projects and programmes into comprehensive articles and submit them to a health journal (formal) or blog (informal).
- Invite local influencers and community leaders to visit your organization's offices or project sites, so they can see the value of your work.
- Engage with CVD organizations in other countries via social media to see how they have achieved change.

## Communicate Strategically

All World Heart Federation members regularly communicate about CVD, both internally within their organizations and externally to other partners. However, as we approach the HLM 2018, our efforts might benefit from being more strategically planned and synchronized. As the 2016 **Mexico Declaration**<sup>26</sup> states, the CVD community is speaking with 'one voice' (see p.24 for more information about the **Mexico Declaration**).

Below are examples of key messages, as well as tips on engaging the press and using social media, to guide your communications.



Remember to tailor the messages according to your local language, setting and disease burden to maximize its impact. For extended advice on developing your own key messages, revisit our '**CVD and the Development Agenda: Advocacy Toolkit**'<sup>27</sup>.

#### Key messages about CVD

- CVD is the world's number one killer, claiming 17.5 million lives per year<sup>28</sup>.
- The world's poorest countries are most affected by CVD, with over ¾ of CVD deaths taking place in low- and middle-income countries<sup>29</sup>.
- CVD is responsible for more deaths among women than all cancers, tuberculosis, HIV/AIDS, and malaria combined<sup>30</sup>.
- Preventable CVD afflicts individuals in their most productive years by causing premature deaths, disabilities, and illnesses<sup>31</sup>.
- CVD has four main risk factors: unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol<sup>32</sup>.
- NCDs, including CVD, account for 63% of the global burden of disease, but receive less than 3% of donor assistance for health<sup>33</sup>.
- Globally, CVD cost US \$473.9 billion USD in 2010; the cost of intervention is significantly smaller than the cost of inaction<sup>34</sup>.

#### Key messages about the HLM 2018

- The HLM 2018 will be the third United Nations High Level Meeting on NCDs, following meetings in 2011 and 2014.
- At the HLM 2018, all countries will be required to report on their NCD progress and demonstrate their successes and failures to the world.
- Countries will report on specific targets and commitments at the HLM 2018 – currently most targets have not been met.
- There is still time for governments to improve national CVD progress before reporting on it at the HLM 2018.
- Ahead of the HLM 2018, more countries must set national targets, policies and plans to tackle heart disease.
- Ahead of the HLM 2018, governments must implement national policies & strategies to reduce their CVD burden.
- Countries have already committed to reducing heart disease risk factors, but have they kept their promise? We will find out at the HLM 2018.
- At the HLM 2018, your government will share its experience of strengthening health systems to reduce NCDs – make sure they know about your work!
- All governments need strong monitoring mechanisms to track heart disease progress as we prepare for the HLM 2018 – so tell them about World Heart Day's **policy theme**<sup>35</sup>!

#### Key messages about CVD in the SDGs

- Ahead of the HLM 2018, countries must step up their commitments to achieving the SDGs, especially Goal 3 on health.
- Countries need to commit more human and financial resources to prevent heart disease and fulfill SDG 3.
- The SDGs require collaboration – let's connect all key groups across the heart disease community, including NGOs, the WHO, academia, philanthropic organizations and the private sector.
- The SDGs promise to 'leave no one behind' – let's make sure this includes people with heart disease!

## Engage The Media

Local, national and international media frequently run stories on heart disease. However, the scope of the CVD burden is not enough on its own. It is easier to approach the media with a specific 'angle', event or piece of research for journalists to base their writing on.

An extensive guide to engaging the media can be found on p.9 of the World Heart Federation's our '**CVD and the Development Agenda: Advocacy Toolkit**'<sup>36</sup>. We encourage you to consult the step-by-step media guide, which gives tips on the following:

- 1 Monitoring news coverage
- 2 Building relationships with journalists
- 3 Being opportunistic and proactive



If you struggle to engage the local or national press, you can also self-publish your writing. Online blogs, paper leaflets and newsletters are all good and inexpensive ways to get your message across.

### Use social media

Organizations are increasingly using social media to connect and spread awareness of their cause. The World Heart Federation encourages members with regular access to the Internet to set up and maintain social media profiles on platforms such as Facebook and Twitter. Both platforms are easy to navigate and come equipped with Support Guides **here**<sup>34</sup> and **here**<sup>35</sup>.

When communicating on social media, it is important to remember that users often adopt a more informal tone, and abbreviations are common (especially on Twitter, where there are length limits on each written message, or 'tweet').

Once you have created or reinforced your social media platforms, make sure you are connected with the **World Heart Federation Facebook**<sup>39</sup> page, and the **World Heart Federation Twitter**<sup>40</sup> account.

 **@WorldHeartFed**  **/WorldHeartFederation**

## Form Strong Partnerships

### Reach out to patients

The patient voice is a valuable tool for health advocacy. We anticipate that the patient voice will be important in securing improved CVD prevention and control before the HLM 2018, and can help to persuade governments to step up their progress. Patients are experts on the lived experience of their disease, however their potential to engage in advocacy is often left unexplored. To redress this, we have listed some steps you can take to incorporate patients into your advocacy work, from keeping them aware of CVD policy, to training them to advocate for themselves.

- Raise awareness among patient populations about global CVD policies and priorities (including the HLM 2018) using **guidelines**<sup>41</sup> from the **International Alliance of Patients' Organizations (IAPO)**<sup>42</sup>.
- Raise awareness among patient populations about national CVD policies and priorities, especially around CVD risk factors (e.g. national tobacco taxes or food marketing legislation).
- Introduce patients to public-facing CVD campaigns, such as **World Heart Day**<sup>43</sup>, which is run by WHF every 29 September.

- Encourage patients to form CVD support groups, where they can meet regularly to discuss their experiences and share knowledge about the CVD field.
- Consider including patients in the decision-making of your organization, for example by electing a patient representative to your advisory board.
- Conduct qualitative research into the lived experience of CVD patients in your settings, and share the results with your network and the patients themselves.
- Identify and engage confident and eloquent patients and train them in advocacy skills and techniques to be patient advocates.

### Reach out to medical professionals

Medical professionals, including physicians, nurses, pharmacists and allied health professionals, are at the forefront of CVD care delivery. It is therefore crucial that we form strong advocacy partnerships with these stakeholders to capture their unique experience and blend medical science with policy. Here are some steps you can take to incorporate medical professionals in your advocacy work, from involving clinicians in **World Heart Day**<sup>44</sup>, to funding nurses to attend WCC's advocacy sessions ahead of the HLM 2018.

- Raise awareness among medical professionals about global CVD policies and priorities, including the HLM 2018.
- Raise awareness among medical professionals about national CVD policies and priorities, especially around CVD risk factors (e.g. national tobacco taxes or food marketing legislation).
- Introduce medical professionals to public-facing CVD campaigns, such as **World Heart Day**<sup>45</sup>, and invite them to join any activities you are organizing.
- Encourage and enable medical professionals in your network to attend WCC 2018 (scheduled just after the HLM 2018) to connect with each other and learn more about CVD advocacy.
- Reach out to the entire range of medical professionals, including nurses, pharmacists and allied health professionals to engage them in CVD advocacy.
- Connect with the **International Federation of Medical Students' Associations (IFMSA)**<sup>46</sup> for advice on how best to engage with medical students in your setting.
- Connect with the **International Council of Nurses (ICN)**<sup>47</sup> for advice on how best to engage with nurses in your setting.
- Connect with the **World Organization of Family Doctors (WONCA)**<sup>48</sup> for advice on how best to engage with family doctors in your setting.
- Connect with the **World Medical Association (WMA)**<sup>49</sup> and the **World Health Professions Alliance (WHPA)**<sup>50</sup> for advice on how best to engage with other medical professionals in your setting.

### Reach out to local communities

Beyond the medical professionals, those who regularly care for people living with CVD are found in the community: teachers, religious leaders, volunteers, community health-workers and families. These groups best understand the day-to-day challenges faced by friends, relatives or neighbours living with a chronic disease like CVD. Forming strong partnerships with these groups gives opportunities to improve both CVD management and CVD prevention, as these stakeholders are in a strong position to educate and influence a community's approach to risk factors. Here are some simple actions to connect with these groups and help leverage their influence as part of your advocacy strategies:

- Provide schools and other community organizations with posters about CVD and its risk factors.
- Raise the awareness of key community influencers about their local CVD burden and risk factors.
- Connect community leaders with medical professionals to learn the latest evidence-based advice on how to prevent and control CVD.
- Empower community leaders to address the local community about the need for careful prevention and control of CVD.
- Pay special attention to the CVD needs of vulnerable or marginalized communities, such as Indigenous or migrant populations, who may have higher CVD burdens.
- Encourage communities to participate in **World Heart Day**<sup>51</sup>, to give them a sense of ownership over their CVD burden.



### Reach out to other organizations

The World Heart Federation connects a global membership of 200+ CVD organizations from 100+ countries. Almost every country in the world has an active CVD organization or institution, and in the run up to the HLM 2018, it is important that we are speaking with one voice. We therefore encourage existing WHF members to connect with each other, and prospective members to join the World Heart Federation family.



Email [membership@worldheart.org](mailto:membership@worldheart.org) to express your interest in becoming a member, or if you would like to be connected to another member organization.

Beyond the World Heart Federation, there are several organizations working across and beyond the NCD space in order to prepare for the HLM 2018. You can find a list of key organizations on p.28 **Appendix 2: Helpful Websites and Links**.

### Attend conferences

When forming strong partnerships, face-to-face conversations are key. We therefore encourage CVD advocates to attend as many conferences as their resources allow, in order to learn from and collaborate with like-minded members of the CVD community. WHF members can access a regularly updated list of CVD-relevant conferences and congresses in the **Members section**<sup>52</sup> of our website. For non-members, here is an abbreviated list of some key events organized by our Member-Partner organizations:

- **World Congress of Cardiology and Cardiovascular Health (WCC)**
- **American Heart Association Sessions**
- **European Society of Cardiology Congress**
- **American College of Cardiology Scientific Sessions**
- **Canadian Cardiovascular Congress**
- **Annual Conference of the Cardiological Society of India**
- **Japanese Circulation Society Annual Scientific Meeting**
- **Annual Conference of the Saudi Heart Association**
- **Pan-African Society of Cardiology Congress**

## Influence Key Decision-Makers

After people living with heart disease, decision-makers are likely to be your most important advocacy stakeholder. These are the people with the power to bring about change and usually work in places of influence, such as government departments, leading hospitals, or successful businesses. The majority of attendees at HLM 2018 will be key decision-makers, so it is vital that we connect with these people before and during the event to communicate the importance of heart disease.

### Identify advocacy targets

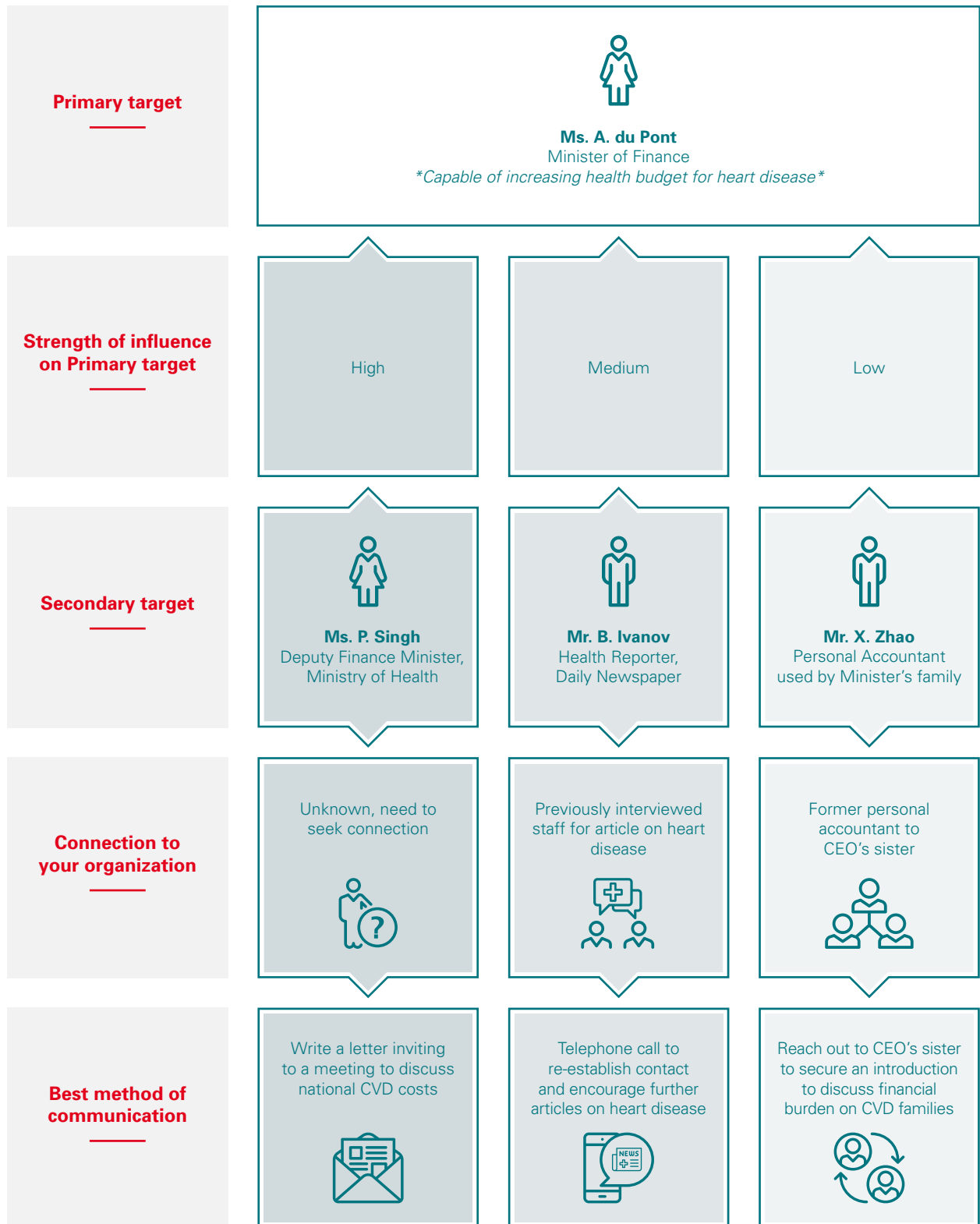
First, it is important to identify who the key decision-makers are in your country or setting. As the '**CVD and the Development Agenda: Advocacy Toolkit**'<sup>53</sup> explains, these individuals can be divided into 'primary targets' and 'secondary targets'.

Primary targets are individuals who have the most power to advance your campaign or fulfill your requests. They are always identified as people, rather than institutions (e.g. the Minister of Health, rather than just 'the government').

Secondary targets are individuals with strong influence over your primary target, who must therefore be identified and included in your advocacy strategy. Secondary targets can be widely variable and multi-sectoral, e.g. the leading national newspaper, or your primary target's physician. Be creative and turn to your own professional and social networks to see if you have existing connections to both primary and secondary targets.



Once you have identified both types of advocacy targets, you can map out their networks of influence using a diagram like this:



### Write a letter or schedule a meeting

Second, once you have identified your advocacy targets, it is important to connect with them and raise the issue of heart disease and the upcoming HLM 2018. One easy first step to take is to write a letter, as many Ministers of Health and other key decision-makers publish their postal address online.

When writing a letter, it is good to be clear, concise and back up your claims with local statistics. Try to include the following information:

- Who you are, and what your organization does
- Key messages about CVD and the HLM 2018 (see p.13)
- What the local CVD burden is in your setting
- Why you are concerned about the upcoming HLM 2018
- What you are asking the decision-maker to do with respect to the HLM 2018
- How you can help the decision-maker make progress in CVD before the HLM 2018
- How you can support the decision-maker once the HLM 2018 is over
- Your availability for a face-to-face or telephone meeting to follow up the conversation

You can find a sample letter to a decision-maker in **Appendix 1** of this Toolkit, on p.27.

If you already have a relationship with your key decision-maker, it may be more appropriate to schedule a meeting rather than write a letter. Make sure you give yourself enough time to prepare your key points, and ask direct and simple questions. When making demands of decision-makers, limit yourself to one or two easily explained requests, which will directly serve the preparations for the HLM 2018.



Key decision-makers are usually busy people, so you may find that they are more receptive to you if you can demonstrate how your organization will support them as they try to reduce heart disease in their setting.

### Secure a commitment

Finally, once you have made contact with your primary target and persuaded them to prioritize heart disease, it is important to secure a practical commitment from the decision-maker. This commitment should be realistic, measurable, and should directly contribute to the HLM 2018 process.

Examples of possible commitments include:

- Investing in better monitoring of local CVD burdens
- Setting national CVD targets, plans and policies
- Endorsing national and local CVD programmes run by civil society
- Implementing policies on CVD risk factors, such as increasing tobacco taxation
- Making improvements to the national health system to benefit CVD prevention and control
- Recruiting and retaining staff trained in CVD policy and medical interventions

As this chapter demonstrates, there are several practical advocacy steps that you can take to help prepare your country and organization for HLM 2018. Read on to discover some key opportunities in which your advocacy skills might be used to the greatest effect.



## 4. Key Opportunities For CVD Advocacy

While it is important to be aware of national and global health **contexts** and to plan **what you can do** to advocate for CVD prevention and control, it is also advisable to explore any **key opportunities** that arise. Key opportunities are moments, events or critical time periods in which the CVD community can amplify its message, bring in new supporters, mobilise existing supporters, or work with global partners.

Below are examples of opportunities that exist now, which can focus our work towards the HLM 2018. There will certainly be more to come, so keep checking [www.worldheart.org](http://www.worldheart.org) for further updates.

### Integrating CVD Across The SDGs

The **2030 Agenda**<sup>54</sup> provides an ambitious framework for global development. The SDGs and their targets are designed to be 'integrated and indivisible'. To achieve them, governments will need to choose strategies that address multiple development issues at the same time: this is known as an **integrated approach**.

#### Integrating NCDs

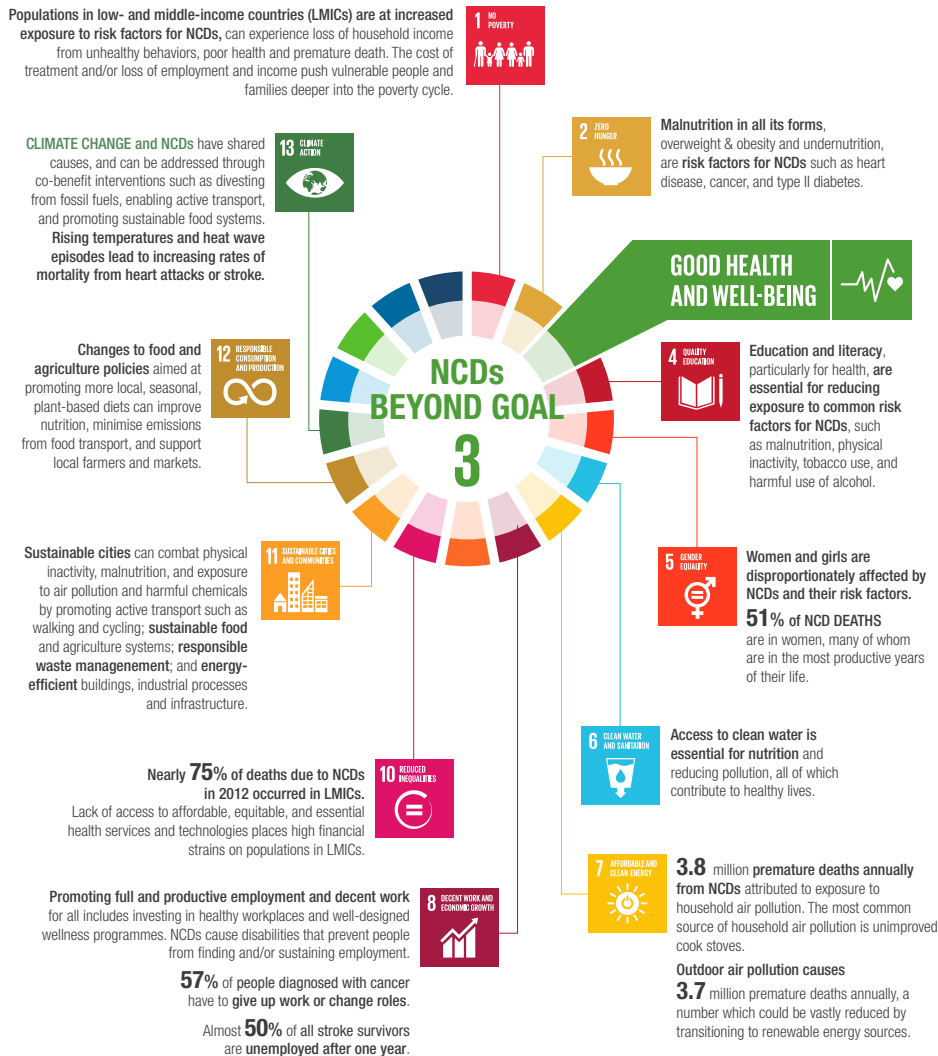
Taking an integrated approach is especially important for CVD and other NCDs, as the scope of the problem is so vast. NCDs are a global epidemic, causing 68% of deaths worldwide<sup>55</sup>. It is estimated that the cumulative cost of NCDs between the years 2011-2025 will reach US \$7 trillion in Low- and Middle-Income Countries (LMICs), if current trends do not change<sup>56</sup>.

However, integrated action is possible. Many determinants of health lie outside of the health goal (SDG 3), so it is important that NCD advocates highlight areas of integration across all **17 SDGs**<sup>57</sup>, and engage productively with other sectors.

The **NCD Alliance**<sup>58</sup> has produced a useful **infographic**<sup>59</sup>, which demonstrates how the SDGs relate to one another, and how progress with one Sustainable Development Goal can provide intersectional 'win-win' scenarios.

# NCDs ACROSS THE SDGs

## A CALL FOR AN INTEGRATED APPROACH



Source infographic: NCD Alliance<sup>60</sup>

In 2016 Sir George Alleyne, Director Emeritus of PAHO and globally renowned NCD expert, stated that achievement of one SDG depends on achievement of all: 'all 17 SDGs fall into the 3 pillars of sustainable development – economic, social, environmental. They are all automatically interrelated.' The challenge, he said, is how to translate the recognized need for integrated implementation into tangible actions.

### Integrating CVD

It is possible to take an even more specific integrated approach to the SDGs, focusing on CVD. Below, we have mapped out some key opportunities to integrate our work with the first seven SDGs in the lead-up to the **HLM 2018**<sup>61</sup>, including three in-depth case studies of multi-sectoral success. We can learn from these lessons to help us reach our shared targets of reducing premature death from **CVD by 25%**<sup>62</sup> by 2025, and **1/3 by 2030**<sup>63</sup>.

**SDG 1 - No poverty** – Populations in LMICs, and poor individuals in higher-income settings, have increased exposure to risk factors for CVD. The cost of treatment, the lack of readily available care and/or loss of employment and income push vulnerable people deeper into **poverty**<sup>64</sup>. By tackling poverty, we reduce the likelihood of people getting CVD. By tackling CVD, fewer people are pushed into poverty due to healthcare expenditure and premature disability or death.

**SDG 2 - Malnutrition in all its forms** – Being overweight, obese or undernourished are all risk factors for CVD and other diseases. By tackling malnutrition, people are more likely to live longer, healthier lives, free from CVD.

**SDG 3 - Good health and wellbeing** – There are several health areas that intersect with CVD, including HIV/AIDS and maternal and child health. See **Case Study 1** for more information.

**SDG 4 - Quality education** – Education is essential for raising awareness of CVD and its risk factors across communities and populations. By improving education and ensuring that basic CVD awareness is included in national curricula, people will be aware of the basic steps to lower their CVD risk.

**SDG 5 - Gender Equality** – Women are disproportionately affected by CVD and its risk factors, but there is a large misconception that CVD predominantly affects men. See **Case Study 2** for more information.

**SDG 6 - Clean water and sanitation** – Drinking clean water is a vital part of good nutrition, which itself reduces the risk of CVD. Sanitation also plays a big factor in CVDs such as rheumatic heart disease, which disproportionately affects people living in conditions of poverty and overcrowding. By improving clean water supplies and sanitation practices, we can improve the lives and health of people across the world.

**SDG 7 - Affordable and clean energy** – Approximately 7 million premature deaths annually from CVD and NCDs more broadly are attributed to the joint effects of household and ambient air **pollution**<sup>65</sup>. See **Case Study 3** for more information.

### Case Study 1: HIV/AIDS

There is growing consensus that tackling diseases in integrated ways is the best way to achieve SDG 3 on health. Parallels between CVD and HIV/AIDS mean that approaches to accommodate both disease areas will save time and money, making each intervention more effective and efficient.

- Many countries with high levels of HIV/AIDS also have NCD epidemics – this is known as the ‘double burden’ of disease<sup>66</sup>.
- CVD and HIV/AIDS share challenges associated with chronic care (medicine adherence, ongoing appointments, healthy lifestyle<sup>67</sup>).
- Evidence shows that people living with HIV/AIDS are more at risk of CVD - people with HIV are 50-100% more likely to develop CVD than those without<sup>68</sup>. By treating these conditions side by side we can target interventions to those at high risk.
- Running basic tests for CVD in HIV check-ups would improve diagnostics and provide an important source of data<sup>69</sup>.
- Public health experts can apply lessons learned from HIV care to CVD care by looking at successful community models implemented by HIV/AIDS care-workers and health-workers<sup>70</sup>.
- Successful integration of CVD and HIV/AIDS has been piloted in Kenya. The goal was to identify risk factors for CVD among HIV counseling and testing clients, people living with HIV enrolled in care and people living with HIV receiving antiretroviral therapy. As a result of this programme, more than 5000 people have been screened, while stigma among people living with HIV was reduced when HIV was treated alongside several chronic conditions on a single integrated platform<sup>71</sup>.



Source image: **Jonrawlinson (CC BY 2.0)**  
<https://commons.wikimedia.org/w/index.php?curid=5394722>

### Case Study 2: Gender equality

There is a common misconception that CVD is a 'man's disease' – only 54% of women recognize CVD as their no. 1 killer. This misconception arises from systemic gender inequality, and must be tackled before CVD outcomes will improve for women.

- CVD causes 1/3 of all female deaths worldwide, killing more than 8.6 million women per year<sup>72</sup>.
- CVD is undertreated and underdiagnosed in women; evidence shows that the Yentl Syndrome (Healy, 1991) – a gender bias in CVD treatment – still adversely affects women<sup>73</sup>.
- Women are disproportionately affected by some key risk factors for CVD e.g. poverty, malnutrition, inability to do physical exercise<sup>74</sup>.
- Death and morbidity of women has knock-on consequences, including a higher rate of child mortality, so tackling gender inequality by improving women's heart health would benefit the whole population<sup>75</sup>.
- By collecting more data concerning women and CVD, we can gain a greater understanding of how CVD affects women differently to men, and create evidence-based policies that can improve women's health<sup>76</sup>.



Source image: Pixabay (CC0)

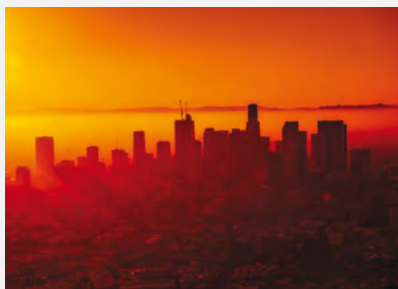
To combat gender inequality, the World Heart Federation has campaigned for:

- Inclusion of women in clinical trials to strengthen the analysis of gender differences
- Access to sex-specific CVD data
- Health-worker training to provide sex-specific care
- Improved reporting of health care data by gender, race, ethnicity and income

### Case Study 3: Environment

Integrating policies on CVD and the environment – particularly air pollution – is a beneficial step towards addressing the underlying social determinants of CVD, rather than focusing on disease management.

- In 2012, approximately 23% of global premature deaths were linked to modifiable environmental risk factors<sup>77</sup>.
- Of the 4.3 million deaths from household air pollution, 82% were caused by CVDs (including stroke and heart disease) and lung diseases<sup>78</sup>.
- There is a growing evidence-base about intersectional 'wins' for the environment and health, e.g. health and environment co-benefits from improved public transport and walking routes<sup>79</sup>.
- Promoting sustainable agriculture will improve malnutrition<sup>80</sup>, a risk factor for CVD<sup>81</sup>.
- The WHO is already developing a new roadmap on the intersectional benefits of reducing air pollution for NCDs<sup>82</sup>.



Source image: Pixabay (CC0)

 "A healthy environment underpins a healthy population," says Dr Margaret Chan, WHO Director-General.

**Q** Why is integrating CVD interventions with other topics a key opportunity?

**A** It allows us to share science and best practice within and beyond the health community, promotes cost-effectiveness and encourages health systems strengthening. Integration can be a key step towards achieving universal health coverage (UHC) and introduces new stakeholders to the CVD cause.

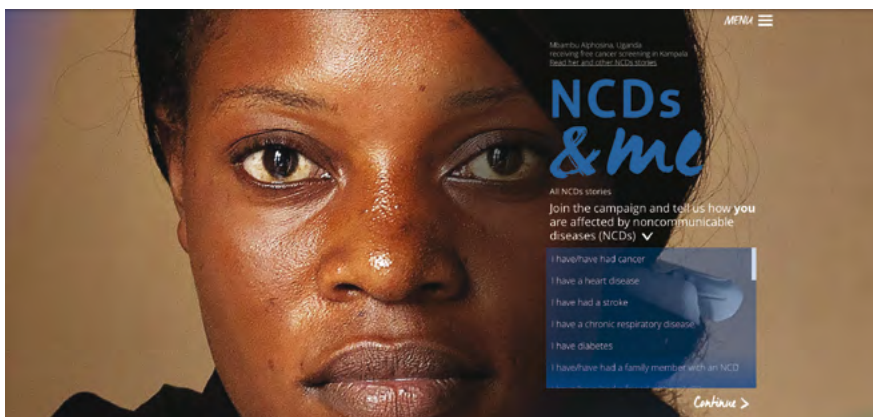
## WHO GCM/NCDs

In 2014, the WHO set up a **Global Coordinating Mechanism for Non-Communicable Diseases (WHO GCM)**<sup>83</sup> to motivate Member States and other stakeholders to work together to achieve the global goal of **a 25% reduction of premature death from NCDs by 2025**. The WHO GCM is a fantastic opportunity to integrate NCD policies across all sectors at the local, national, regional and global levels, in order to implement **WHO Global NCD Action Plan 2013-2020**<sup>84</sup>.

The WHO GCM focuses on **eight key themes** surrounding NCDs:

- NCDs and international cooperation
- NCDs financing
- NCDs engagement and non-state actors
- NCDs and women
- NCDs and multi-sectoral actions
- NCDs, poverty and development
- NCDs and the SDGs
- NCDs and youth

The GCM convenes working groups to discuss best practices for achieving the SDGs, holds virtual discussion fora, and most recently, has started a Global Communications Campaign and communications portal, **'NCDs & Me'**<sup>85</sup>.



Source image: **WHO GCM**<sup>86</sup>



The WHO GCM aims to engage the public and WHO partners in a broad dialogue on the impact of NCDs, solutions and support countries need to meet the **nine global NCD targets**<sup>87</sup>. It is being implemented during the second half of 2016 and will continue to encourage Member States and the public to take action on NCDs in the lead-up to the 2018 UN General Assembly High-Level Review on NCDs.

All World Heart Federation members are invited to participate in the WHO GCM. Explore the '**NCDs & Me**' portal and email [advocacy@worldheart.org](mailto:advocacy@worldheart.org) with any enquiries about this opportunity.

**Q** Why is engaging with the WHO GCM a key opportunity?

**A** It ensures that global decision-makers at the WHO hear our voice. It directly connects advocates with policy-makers, and ensures that cardiovascular health remains at the centre of the NCD movement.

## The Mexico Declaration

The **Mexico Declaration**<sup>88</sup> is an historic health declaration that was signed by leading global organizations at the **World Congress of Cardiology & Cardiovascular Health (Mexico City, June 2016)**<sup>89</sup>. The Declaration raises the profile of cardiovascular disease as a global health priority, and brings together global health organizations that are committed to improving circulatory health and reducing premature mortality from heart disease and stroke.

Signatories of the Mexico Declaration are committed to achieving the World Heart Federation's '**25 by 25**'<sup>90</sup> CVD targets, and the UN's NCD-related SDGs, based on known, effective and affordable interventions for all populations. To make the Mexico Declaration as impactful as possible, we need many organizations to add their support. Your organization can help us to achieve our target of '25 by 25', and advocate for more progress on CVD prevention and control ahead of the **HLM 2018**<sup>91</sup>. To get involved, please contact [advocacy@worldheart.org](mailto:advocacy@worldheart.org)

**Q** Why is signing the Mexico Declaration a key opportunity?

**A** The Mexico Declaration has brought together a large, powerful group of organizations to affirm their priorities for cardiovascular health. By aligning your organization with these signatories, your advocacy efforts benefit from the weighty consensus, expertise and influence of these groups.

## The High-Level Political Forum

To sustain the momentum of the **SDGs**<sup>92</sup>, the United Nations decided to convene annual **High-Level Political Forums on Sustainable Development (HLPFs)**<sup>93</sup>. These events will be the central platform for the follow-up and review of the 2030 Agenda, and are opportunities for governments to share progress and examples of development challenges and successes. The World Heart Federation is invited to these meetings, and uses its position to advocate for improved CVD prevention and control.



The first HLPF following the SDGs was **held at the UN Headquarters in New York in 2016**<sup>94</sup>. The Forum was attended by nearly 1,500 representatives of Member States and other stakeholders, including the NCD community. Its purpose was to follow-up and review the progress made by Member States towards the achievement of the **2030 Agenda**<sup>95</sup>, and the **SDGs**<sup>96</sup>. At the HLPF, nearly one year after the launch of the SDGs, UN Secretary General, Ban Ki-moon, presented two reports which reflect on the global progress made towards the 2030 Agenda, and the work still to come.

The key themes and issues that were raised in the HLPF 2016 were on the necessity of integration between the SDGs in order to be successful, and on the deficit of reliable data. It was agreed that Member States must build capacity for collecting and monitoring data, so as to inform their actions towards achieving the SDGs.

Member States will continue to share their experiences and data by presenting Voluntary National Reviews (VNRs) at future HLPFs. The VNRs are great opportunities for collaboration, as organizations with current data on national heart disease progress can share their information with governments to inform the VNR reports.

The next HLPF is due to take place in New York in summer 2017, with the theme: 'Eradicating poverty and promoting prosperity in a changing world'. Goal 3 on health will be reviewed, along with six other SDGs. At present, **30 Member States**<sup>97</sup> have already registered to present their VNRs at this meeting. World Heart Federation members who are interested in advocating at forthcoming HLPFs should get in touch at [advocacy@worldheart.org](mailto:advocacy@worldheart.org).

**Q** Why is the HLPF a key opportunity?

**A** The annual HLPFs are attended by the most influential stakeholders in global development. They are important opportunities to reinforce national action by ensuring that the SDGs continue to prioritize health and reflect the voices of the CVD community. By assisting governments as they prepare their Voluntary National Review ahead of the HLPFs, you can ensure that CVD progress is being properly measured. The HLPF meetings are a great opportunity to introduce new stakeholders to the CVD movement, and demand government representatives to implement heart-healthy policies in your country.

## 5. Conclusion:

Much has been achieved over the past year of CVD prevention and control, but the CVD community cannot afford to become complacent. One year after the 2030 Agenda and the SDGs were launched, it is time for us to refocus our efforts and look to the future. The UN High Level Meeting on NCDs 2018 (HLM 2018) is our next global policy milestone. This Toolkit aims to equip World Heart Federation members to advocate strategically as we prepare for this historic opportunity.

### Integrating CVD Across The SDGs

Concerted action by WHF members is vital, as the primary aim of HLM 2018 is to assess national, rather than global, progress. Our best efforts remain crucial, as the cost of inaction far outweighs the cost of action on NCDs<sup>98</sup>. To support the work of your organization, this Toolkit has provided information and advice on the current CVD policy environment, given examples of practical things that you can do to advocate, and has mapped out key opportunities in which to put your skills into practice.

We sincerely hope that this resource is useful and encourage you to share it widely across your networks. The World Heart Federation remains committed to the CVD cause and thanks you for your dedication and perseverance.



If you have any questions, or would like any more information about how to use this Toolkit, please do not hesitate to contact the World Heart Federation's Advocacy Team:  
**[advocacy@worldheart.org](mailto:advocacy@worldheart.org)**.

# Appendix 1: HLM 2018 Letter Template

Below is a sample letter for you to send to key decision-makers to encourage them to step up CVD progress ahead of the HLM 2018. As with all our advocacy resources, we recommend that you tailor the text and language to suit your national setting. We also recommend that you send duplicate letters by post and by email where possible, to maximize their chance of being read.

{Insert address}  
{Insert date}

Dear Minister/Mr./Ms. {Name},

I am writing on behalf of {insert name of organization} to ask for your support in reducing the burden of cardiovascular disease (CVD) in {insert country} before the next United Nations High-Level Meeting on Non-Communicable Diseases, to be held in New York in 2018.

**Cardiovascular disease** is the world's number one killer. According to the World Health Organization, CVD claims 17.5 million lives per year. The world's poorest countries are most affected by CVD, with over 75% of CVD deaths occurring in low- and middle-income countries. In all countries, CVD afflicts individuals in their most productive years by causing premature death and disability. CVD is considered one of the most urgent non-communicable diseases (NCDs), a broad group of chronic diseases that also includes cancer, diabetes, and lung disease.

In {name of country} the impact of CVD includes {local data on CVD in your country}. Cardiovascular disease and other non-communicable diseases place an enormous strain on national economies due to high medical costs and lower worker productivity as a result of premature death and disability.

In 2018, governments will participate in an historic High Level Meeting on NCDs at the United Nations Headquarters in New York. At this meeting – known as the HLM 2018 – all countries will be required to publically disclose their progress made on the prevention and control of all non-communicable diseases (NCDs), including CVD.

At the HLM 2018, all countries will report on specific targets and commitments, as agreed unanimously in the year 2014. Currently most targets have not been met, although many are very simple and are fully supported by the World Health Organization.

There is still time for {name of country} to improve national CVD progress before reporting its progress at the HLM 2018. In particular, we urge you to support our government to meet four time-bound commitments, which were agreed upon by all countries in 2014:

- 1 Consider setting **national NCD targets** for 2025.
- 2 Consider developing **national multi-sectoral policies and plans** to achieve the national targets by 2025.
- 3 **Reduce risk factors** for NCDs, including unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol.
- 4 **Strengthen health systems** to address NCDs.

We encourage you to support {insert country} to take a leadership role in the prevention and control of NCDs, including CVD, and ensure that global commitments made in 2014 are honoured at the HLM 2018. NCDs and cardiovascular disease must remain an integral global health priority in all settings.

At your earliest convenience, we request a meeting with your office to discuss CVD, the HLM 2018, and how we, the heart health community, can be of any assistance to you. We can be contacted at {insert contact information}. Thank you for your consideration. We look forward to discussing this pressing issue with you soon.

Best regards,

{Insert Name} {Insert Title}

# Appendix 2: Helpful Websites And Links

## Key Organizations:

NCD Alliance: <https://ncdalliance.org/>

United Nations: <http://www.un.org/en/index.html>

World Health Organization: <http://www.who.int/en/>

WHO GCM: <http://www.who.int/global-coordination-mechanism/about-coordination-mechanism/en/>

World Heart Federation: <http://www.worldheart.org/>

## Useful Information For CVD Advocacy:

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