

ASIA-PACIFIC HEART HEALTH CHARTER

The Asia-Pacific Heart Health Charter has been developed by the Asia-Pacific Heart Network in collaboration with Asia Pacific Society of Cardiology to help stem the growing burden of cardiovascular disease and its social and economic impact on the region's four billion inhabitants.

ASIA-PACIFIC HEART HEALTH CHARTER: SUMMARY

To effectively counter the growing burden of death and suffering caused by cardiovascular disease (CVD), all Asia-Pacific nations should:

1. develop their own comprehensive national CVD action plans
2. ensure CVD action plans are developed and implemented within an overarching and integrated national non-communicable disease policy
3. set clear goals and targets to reduce the CVD burden
4. place a high priority on prevention of CVD through multi-sectoral action
5. scale up prevention and management of CVD through a primary health care approach
6. provide effective and timely treatment, rehabilitation and on-going care
7. measure, monitor and report CVD, its risk factors, and the impact of interventions
8. provide an appropriate workforce
9. support research into the causes, prevention and management of CVD
10. support effective inter-country, inter-regional and global CVD networks and partnerships

1. THE CHALLENGE

The Asia-Pacific region is vast and diverse, encompassing nations large and small, with both developed and emerging economies.

While each nation faces unique health challenges, they share a common and urgent task – to turn the tide on the growing burden of cardiovascular disease, the region's leading killer.

Globally, CVD is already the leading cause of death not only in developed countries but, as of the mid-1990s, in developing countries as well. CVD by far exceeds infectious and parasitic diseases as the leading cause of death on the planet.

In the Asia-Pacific region, there are around eight million CVD deaths a year. With rising risk factors, the burden of CVD is already immense and is set to grow as populations increase and risk factors become more prevalent.

This is particularly true for nations with emerging economies, as chronic diseases replace communicable diseases as leading causes of death.

Economic growth, industrialisation and urbanisation bring about lifestyle changes that promote risk factors for CVD. These include tobacco consumption, insufficient physical activity, unhealthy diets and overweight/obesity.

With increasing life expectancy, populations are exposed to risk factors for longer periods and this is resulting in higher CVD morbidity and mortality.

As clinical management of CVD is costly, prolonged, and yet largely avoidable, it is critical that greater investment is made in prevention. This will not only free up funds for other purposes but will lengthen the lives of many who would otherwise succumb to CVD in their most productive years.

CVD in the Asia-Pacific Region

- ❖ CVD causes 26.2% of deaths (3.9m) in the South East Asia region and 32.1% of deaths (4m) in the Western Pacific region (WHO 2002).
- ❖ Hypertension is the most common cardiovascular risk factor in Asia. Prevalence in 2005 was estimated at 16%. It is forecast to pass 17.5% in 2012.
- ❖ Stroke was estimated to affect 30m people a year by 2005 with Singapore and Malaysia having stroke prevalence in excess of 3.7%.
- ❖ India (770,000) and China (1.7m) have the highest number of deaths from stroke (WHO 2004).

- ❖ Some 23 million people worldwide have heart failure, and the prevalence is increasing quickly, in concert with the ageing population in the Asia-Pacific region.
 - ❖ There has been a significant rise in obesity and type 2 diabetes.
 - ❖ Direct costs of CVD in Asia are estimated to exceed US\$120bn a year and are rapidly rising.
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2. CALL TO ACTION

Heart foundations, cardiac societies and professional associations across the Asia-Pacific region are dedicated to reducing death and suffering caused by cardiovascular disease.

The foundations and associations that are signatories to this charter call on the nations of the Asia-Pacific region to redouble efforts to counter the social and economic impact of CVD through improved prevention, management, monitoring, and research.

The CVD epidemic can be curtailed with concerted action to the lasting benefit and prosperity of the people of the Asia-Pacific region.

This charter sets out a comprehensive approach to counter the rising CVD epidemic at the national and regional level.

It is based on the priorities set by the World Health Organisation (WHO) in its program for cardiovascular disease, namely reducing the incidence, morbidity and mortality of CVD through improved approaches to:

1. Prevention: effectively reducing CVD risk factors and their determinants
2. Management: developing cost effective and equitable health care innovations for management of CVD
3. Monitoring: monitoring trends of CVD and their risk factors

The charter also seeks to put into practice the principles set out in *International Action on Cardiovascular Disease: A platform for success based on International cardiovascular disease declaration (2005)* as well as the European Heart Health Charter.

CVD action plans should be developed and implemented within an overarching and integrated national non-communicable disease policy in accordance with the WHO Non-Communicable Disease (NCD) action plan.

3. NATIONAL ACTION PLANS

Asia-Pacific nations should develop their own comprehensive national action plans or frameworks to address CVD.

These should be informed by the best available evidence and data and developed with expert advice from relevant heart foundations, cardiac societies, professional associations and consumer groups.

Strategies should aim to achieve the maximum benefit for minimum cost. This is especially the case in developing countries, where scarce resources mean that low-cost, well-targeted programs are essential.

Charter Recommendation 1: Asia-Pacific nations should develop their own comprehensive national CVD action plans.

Charter Recommendation 2: Asia-Pacific nations should ensure CVD action plans are developed and implemented within an overarching and integrated national non-communicable disease policy.

4. GOALS

Asia-Pacific nations should set clear goals to reduce the CVD burden. A comprehensive CVD action plan should include the following goals:

- promote heart health among all members of the population
- prevent the onset of CVD by promoting a smoke-free lifestyle, regular physical activity and health promoting diets
- detect and treat underlying conditions leading to CVD – high blood pressure, abnormal blood lipids, obesity and diabetes
- effectively diagnose and treat CVD and prevent recurrences
- enhance the quality of life for those living with CVD

Charter Recommendation 3: Asia-Pacific nations should set clear goals and targets to reduce the CVD burden.

5. PREVENTION

CVD is largely preventable. Risk factors include tobacco consumption, high blood pressure, high blood cholesterol, unhealthy diet, excessive alcohol consumption, overweight/obesity, and insufficient physical activity.

Reducing these risk factors will not only reduce CVD morbidity and mortality, but will also reduce other chronic diseases including some cancers, lung disease, diabetes, kidney disease and liver disease.

Even small reductions in risk factors can have a significant impact on CVD morbidity and mortality. For example, people who quit smoking can significantly reduce their risk of heart attack and stroke.

Multiple public approaches are needed, including social marketing, policy and regulatory changes.

Significant change can be achieved rapidly through a variety of measures. For example, high levels of salt and saturated fat in the diet of many Asia-Pacific nations can be reduced by engaging food companies to reformulate their products.

Asia-Pacific nations should place a high priority on the prevention of CVD. In particular, Asia-Pacific nations should:

- develop and improve the delivery of prevention programs and services
- adopt public policies that address factors that hinder an individual's ability to adopt healthier lifestyles, for example:
 - prohibit tobacco advertising, sponsorship and promotion
 - improve the food supply
 - create and promote physically active communities
 - support physical activity infrastructure, programs and policies.
- educate the public through comprehensive social marketing strategies
- promote community action and promote community-based programs
- sign and implement the WHO Framework Convention for Tobacco Control

Charter Recommendation 4: Asia-Pacific nations should place a high priority on prevention of CVD through multi-sectoral action.

Charter Recommendation 5: Scale up prevention and management of CVD through a primary health care approach.

6. MANAGEMENT/CLINICAL CARE

Effective and timely treatment, rehabilitation and on-going care can save life, reduce disability and minimise re-admission rates.

Asia-Pacific nations should:

- strengthen the capacity of the primary care sector to improve prevention and provide optimal treatment for the management of CVD and its risk factors
- help people with CVD receive coordinated, multidisciplinary care
- support access to cardiac rehabilitation
- support the development, maintenance and implementation of appropriate clinical guidelines
- develop standards of care and cost-effective case management for CVD
- support early diagnosis and on-going management for those with, or at high risk of, CVD

Charter Recommendation 6: Asia-Pacific nations should provide effective and timely treatment, rehabilitation and on-going care.

7. MONITORING, RESEARCH AND WORKFORCE

To effectively manage the CVD epidemic it is essential to measure and monitor it. In addition, support should be given to research that helps to better identify the causes of CVD and the most effective interventions to prevent and treat it.

A well-trained workforce to drive prevention, management and research is also critical to the success of a well-targeted CVD action plan.

Asia-Pacific nations should:

- support research to add knowledge on the causes of CVD and the most effective interventions, policies and services
- support training to increase knowledge and skills
- support measures to achieve an appropriate, well-trained workforce to drive prevention and management of CVD

- establish appropriate registries for CVD
- put into place effective surveillance mechanisms to collect data on the prevalence of risk factors, incidence of disease, use of health services and health outcomes
- develop feasible surveillance methods to assess the pattern and trends of major CVDs and risk factors and to monitor prevention and control initiatives
- under-recognised and new sources of heart disease must be monitored and characterised, including infectious heart disease which can contribute to heart failure and to atherosclerosis (for which hepatitis C virus infection may be a risk factor)

Charter Recommendation 7: Asia-Pacific nations should measure, monitor and report CVD, its risk factors, and the impact of interventions.

Charter Recommendation 8: Asia-Pacific nations should provide an appropriate workforce.

Charter Recommendation 9: Asia-Pacific nations should support research into the causes, prevention and management of CVD.

8. REGIONAL AND INTERNATIONAL COOPERATION

Asia-Pacific nations should develop effective inter-country, inter-regional and global networks and partnerships for concerted global action of CVD.

Charter Recommendation 10: Asia-Pacific nations should embrace, support and contribute to effective inter-country, inter-regional and global CVD networks and partnerships.

9. CVD DECLARATIONS

Across the world, international declarations and regional health heart charters are helping to guide and drive action at the national and local level in a way that focuses on agreed priorities.

The charters act as frameworks, assisting nations to better address CVD while providing heart foundations, cardiac societies and professional associations with an effective advocacy tool. International and regional heart charters and declarations developed to date include:

- 1992 The Victoria Declaration on Heart Health
- 1995 The Catalonia Declaration: Investing in Heart Health
- 1997 Worldwide Efforts to Improve Heart Health: A Follow-up to the Catalonia Declaration USA
- 1998 The Singapore Declaration
- 2000 Victoria Declaration on Women, Heart Disease and Stroke
- 2001 The Osaka Declaration – Health Economics and Political Action
- 2005 International Action on Cardiovascular Disease: A platform for success based on International cardiovascular disease declarations
- 2007 The European Heart Health Charter
- 2008 Gulf Charter for the Health of the Heart: Gulf Cooperation Council

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