Organizational Updates

World Health Organization Working With the World Stroke Organization/Civil Society in the Combat of Stroke

Shanthi Mendis, MD, FRCP; Bo Norrving, MD, PhD, FESO; Stephen Davis, MD, PhD, FRACP

The views on actions to combat stroke have taken new directions with the recognition that noncommunicable diseases (NCDs) pose a serious threat not only to public health but also to socioeconomic development. Stroke affects all countries and regions but in different ways; whereas the majority of strokes occur in low- and middle-income countries (who have the largest populations and higher prevalence of risk factors), the burden of stroke is high also in high-income countries, in particular, because of the high prevalence rates associated with aging of populations. In all regions prevention of stroke is a key priority. In this context, stroke should not be seen as an isolated disorder, but as a disease that shares important risk factors with the other main NCDs: particularly heart disease and diabetes mellitus. Targeting NCDs risk factors will also influence cognitive decline and dementia.

NCDs including stroke definitively entered the global political arena with the adoption by the United Nations (UN) declaration on NCDs in September 2011, being the second time in the history of the UN that the General Assembly addressed a medical topic. World Health Organization (WHO) has the leading role in the implementation and monitoring of the commitments of the UN declaration and has released several important guiding documents for operationalization of the commitments. The landmark WHO Global Action Plan for Prevention and Control of Non-communicable Diseases 2013 to 2020 was adopted by the World Health Assembly in May 2013 in Geneva. Linked to the WHO Global Action Plan is a global monitoring framework that includes 25 indicators and a set of 9 voluntary global targets for the prevention and control of NCDs. The overarching target is to reach a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes mellitus, or chronic respiratory diseases. The World Health Assembly also endorsed the terms of reference for the comprehensive global coordination mechanism for the prevention and control of NCDs, and a United Nations Inter-Agency Task Force on the Prevention and Control of NCDs has been created.

A WHO report released in December 2013 indicated that clear progress had been achieved at the national level, since the UN declaration, including an increase in the number of countries that had an operational national NCD policy with a budget for implementation. However, the main message of the report was that progress in the prevention and control of NCDs had been insufficient and highly uneven, in part, because of their complexity and challenging nature, as well as lack of national capacity.

A high-level meeting took place at the United Nations on July 10 and 11, 2014, to review the progress achieved in the prevention and control of NCDs since the political declaration of September 2011. The outcome resolution of the meeting reiterates the need to intensifying the efforts toward a world free of the avoidable burden of NCDs and emphasizes several areas. Countries have made commitments to integrate NCDs into health planning and national development plans, set national NCD targets, and develop national NCD multisectoral plans by 2015 and to implement policies and interventions to reduce NCD risk factors and reorient health systems to address NCDs through people-centered primary health care and universal health coverage by 2016.

In relation to stroke key actions include reducing exposure to major risk factors, prevention of stroke through a total cardiovascular risk approach through primary health care, anticoagulants for stroke prevention in patients with atrial fibrillation, essential diagnostic facilities, and stroke unit care. The outcome document also emphasizes the importance of monitoring the trends and determinants of NCDs including collection of data on sex differences and social determinants.

Countries will also be required to report on the progress in attaining the global targets using the established indicators in the Global Monitoring Framework, starting in 2015. United Nations will convene a third high-level meeting on NCDs in 2018 to take stock of progress in countries.

The outcome document of the July 2014 UN meeting marks an important step in further scaling up actions on NCDs, including stroke. WHO has a major role in leading and monitoring this process. Whereas the member states have the primary responsibility, an important role is also given to civil society (including stroke societies) and academia. The World Stroke Organization, being a nongovernmental organization in official relations with WHO, has a close collaboration with WHO to promote stroke as part of the actions on NCDs. Similarly, regional stroke societies, such as the American Heart/American Stroke Association, the European Stroke Organization, the Asian-Pacific Stroke Society, and others.
other stroke societies, should have on their agendas a strong commitment to actively support and promote the action plans recently adopted by the governmental organizations. An important task is to contribute to making the NCD declarations and their contents widely known among health professionals involved with stroke care in different parts of the chain of care. Other important tasks include stroke advocacy; collaboration with nongovernmental organizations in other fields of NCDs; raise of awareness about the national public health burden caused by NCDs and the relationship between noncommunicable diseases, poverty, and social and economic development; and contributions in developing the national action plans and monitoring tasks mandated by the recent outcome document. A united civil society in the fight against stroke and other NCDs is essential for success.

**Disclosures**

None.

**Key Words:** public policy • stroke
World Health Organization Working With the World Stroke Organization/Civil Society in the Combat of Stroke
Shanthi Mendis, Bo Norrving and Stephen Davis

*Stroke*. 2014;45:e206-e207; originally published online September 2, 2014; doi: 10.1161/STROKEAHA.114.005446

*Stroke* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2014 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/45/10/e206

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in *Stroke* can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to *Stroke* is online at:
http://stroke.ahajournals.org/subscriptions/