The 2030 Agenda for Sustainable Development recognizes the huge impact of noncommunicable diseases (NCDs) worldwide—an issue that the Millennium Development Goals did not address. Within Sustainable Development Goals (SDGs), the aim is to reduce premature deaths from NCDs by one third by 2030 (SDG target 3.4), strengthen implementation of the World Health Organization Framework Convention on Tobacco Control (3.a), strengthen the prevention and treatment to reduce the harmful use of alcohol (3.5), support the research and development on medicines for NCDs that primarily affect developing countries (3.b), and achieve universal health coverage (3.8). For the full list, please see https://sustainabledevelopment.un.org/sdg3.

The successful inclusion of NCDs in the new development agenda gives important positive momentum to the next stretch of reducing premature deaths from NCDs, which will culminate in 2018 with the third High-level Meeting on NCDs at the United Nations (UN) General Assembly. Stroke is one of the prioritized diseases in these actions.

To promote accountability, a set of 10 progress monitoring indicators were developed by World Health Organization (WHO) to show the progress achieved in countries in the implementation of the 4 time-bound commitments for 2015 and 2016 included in the 2014 Outcome Document. WHO has published the NCD Progress Monitor report in 2015 and presented information for each country related to their status on these progress-monitoring indicators. It tracks the extent to which 194 countries are implementing their commitments to develop national responses to the global burden of NCDs. However, a significant number of countries show very poor achievement of these progress indicators, with 14 countries not achieving a single progress indicator and a further 20 countries only achieving one of the indicators.

The 2015 NCD country capacity survey had questions related to the prevention and management of stroke. These included availability of medicines in primary healthcare, availability of cardiovascular risk stratification, and management of people at high risk and provision for care of acute stroke and rehabilitation. One hundred and seventy-seven countries responded to the survey. The results for these 177 countries indicate the need to scale up these essential services to prevent and manage stroke.

Although essential medicines are generally available in virtually all high-income countries, availability declines considerably with decreasing income group. Thrombolytic therapy is generally available in the public health system in the vast majority of high-income countries but just over one third of lower-middle-income countries and less than one tenth of low-income countries reported the procedure as generally available. Cardiovascular risk stratification and provision for care of acute stroke and rehabilitation are not at all widely available. Even among high-income countries, barely half reported that these preventive and treatment measures were available in >50% of primary healthcare facilities and the availability declines sharply with decreasing income group to <5% of low-income countries.

Health system strengthening especially in the primary healthcare and referral care for management of stroke need urgent scaling up in low- and middle-income countries. WHO is providing support to countries in developing and implementation of national NCD multisectoral plans that include governance, risk reduction, management, and surveillance. Total cardiovascular risk scores that are useful for identifying people at high risk are being developed as country-specific charts. UN Inter Agency Taskforce on NCD prevention and control is bringing together different UN agencies to provide integrated support. The WHO Global Coordination Mechanism on prevention and control of NCDs is working to enhance the coordination of activities, multistakeholder engagement, and action across sectors to contribute to the implementation of the WHO Global NCD Action Plan 2013 to 2020. Appendix 3 of the NCD global action plan, which provides a menu of cost effective interventions, is being updated using new evidence and will help to prioritize actions in countries. Countries have to make real and sustained investments in the most promising and proven interventions for NCD prevention and control.

Disclosures

None.

Key Words: primary health care ■ public policy ■ stroke ■ surveys and questionnaires ■ World Health Organization
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/47/8/e210