PREVENTION OF CARDIOVASCULAR DISEASES

Recommendations from WHO

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INSERM IS PROUD TO HOST A SYMPOSIUM AT THE WCE2024 CONFERENCE, DEDICATED TO ADDRESSING THE CRITICAL NEED FOR PRIMORDIAL PREVENTIO OF CARDIOVASCULAR DISEASE ACROSS THE AFRICAN CONTINENT. JOIN LEADING EXPERTS AS THEY EXPLORE BOTH THE OPPORTUNITIES AND CHALLENGI IN PREVENTING CARDIOVASCULAR DISEASES BEFORE THEY BEGIN. FOCUSING ON INNOVATIVE APPROACHES TAILORED TO THE UNIQUE CONTEXT OF AFRIC















NCDs & Risk factors

- Noncommunicable diseases (NCDs) cause over 70% of global deaths, killing 41 million people annually.
- Cardiovascular diseases, cancers, respiratory diseases, and diabetes account for nearly 80% of all NCD deaths.
- 77% of NCD deaths occur in low- and middle-income countries.

 Tobacco use, unhealthy diets, physical inactivity, Air pollution, and harmful alcohol use are major behavioural risk factors for NCDs.







Cardiovascular Diseases

- Cardiovascular diseases (CVD) are the leading cause of death globally, responsible for 18 million deaths annually.
- CVD: Heart attacks, strokes, Heart failure, RHD.... account for over 85% of all CVD deaths.
- More than 75% of CVD deaths occur in low- and middle-income countries.
- High blood pressure leading risk factor for this preventable death, including smoking, obesity, and physical inactivity are major risk factors for CVD.

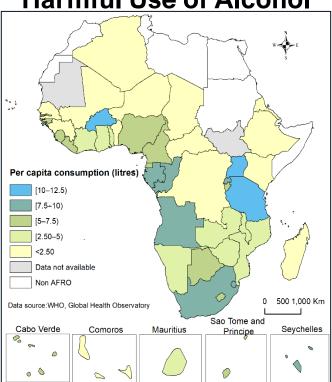




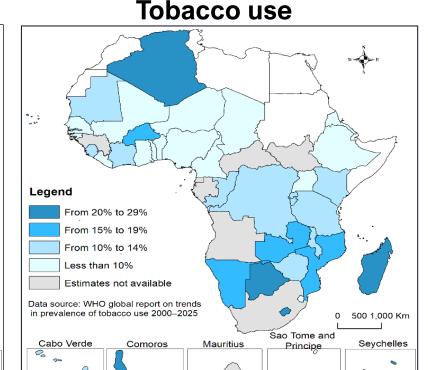


CVD risk factors in Africa

Harmful Use of Alcohol



Physical inactivity >30% 21-30% 11-20% ≤10% Data not available Non AFRO 500 1,000 Km Cabo Verde Seychelles Comoros Principe



The total alcohol consumption per capita among adults aged 15+ in the WHO African Region was **4.83L of which 7.86L for men and 1.89L for women in 2019**

In the WHO African region, half of the countries recorded more than 5 liters of pure alcohol consumed per person, higher than the regional estimate.

Alcohol consumption among drinkers increased from 17.2 L in 2010 to 18.4 L in 2016

The proportion of deaths due to the harmful effects of alcohol consumption is 4 times higher in men (81.22%) than in women (18.78%).

In the African Region, the prevalence of physical inactivity among adults aged 18 years and above was estimated at 22.1% and is alarmingly high at 85.4% among in-school adolescents (11-17 years)

The prevalence of physical inactivity varies considerably and is above 40% in Mali and Mauritania, and above 20% in 21 Member States

It is higher among women compared to men.

The average prevalence rate of tobacco use in adults aged 15+ in the WHO African Region was **12.7%** in 2020

1 in 10 adolescents use tobacco products in the African Region.

There are over **61 million smokers** in the African Region.

In the WHO African region, 295,094 people died in 2019 due to tobacco use, of which almost 226,038 (76.6%) were men.









World Health Organization has developed several strategies targeting risk factors to improve global heart health:











NCDs Best Buys refer to a set of evidence-based, cost-effective, and high-impact public health interventions recommended by the WHO to prevent and control NCDs.

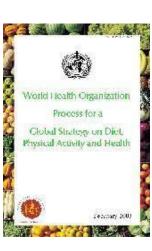






Healthy Diet :

- Global Strategy on Diet: Promotes healthy eating habits by encouraging the:
 - reduction of salt, sugar, and unhealthy fats
 - while increasing the intake of fruits, vegetables, and whole grains.
 - Policies like front-of-pack labelling, restricting marketing of unhealthy foods, and food reformulation are key strategies.





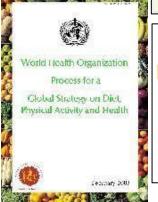




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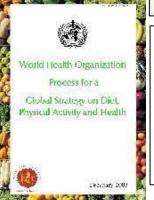
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Physical Activity:

- Global Action Plan on Physical Activity 2018-2030: Aims to reduce physical inactivity by 15% by 2030. It promotes:
 - active lifestyles through urban planning (e.g., bike lanes, parks),
 - workplace wellness programs,
 - and community-based initiatives.













Country Support: Cabo Verde

WHO guidelines and strategies:

- National Survey (WHO STEPS 2007- 2020)
- Salt Reduction: Limit salt in processed foods and run public awareness campaigns.
- Healthy Food Subsidies: Subsidize fruits, vegetables, and whole grains.
- **Physical Activity**: National guidelines, active transport infrastructure, school programs, workplace wellness, and community initiatives.
- School Nutrition: Ensure healthy meals in schools.
- Tobacco Control: Taxation, smoking bans, plain packaging, advertising restrictions, and cessation programs.





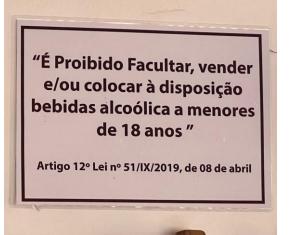
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Additional efforts needed in addressing NCD risk factors in addition to WHO policies and strategies:

- Sustain policy action with on-ground implementation: Ensure that national NCD policies are consistently translated into tangible, local actions with well-established monitoring mechanisms.
- Strengthen the promotion of individual, community, and national level actions: Raise awareness and empower individuals through education campaigns, community-based interventions, and nationwide programs that encourage healthier lifestyle choices.
- Enhance cross-sectoral collaboration: Engage multiple sectors, including health, education, agriculture, and urban planning, to ensure coordinated and holistic approaches to NCD prevention and control.
- Invest in capacity building at all levels: Provide training and resources for healthcare workers, community leaders, and policymakers to effectively implement and scale up NCD interventions.
- Improve access to affordable diagnostics and treatment: Strengthen healthcare infrastructure to ensure equitable access to essential diagnostics, medicines, and treatment for NCDs at all levels.
- Monitor progress and adjust strategies as needed: Implement robust data collection systems to track progress, evaluate impact, and adjust interventions based on emerging evidence and challenges.



Implementation

- Developing policies, strategies, and plans is a strong foundation.
- Adopting these measures is an important step forward.
- Creating a supportive environment for implementation is essential.
- Real success comes from implementing these policies in communities and society.
- However, focus more energy on adaptation, integration, and applying behavioural science to enhance effective implementation is lacking



MERCI BEAUCOUP

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