



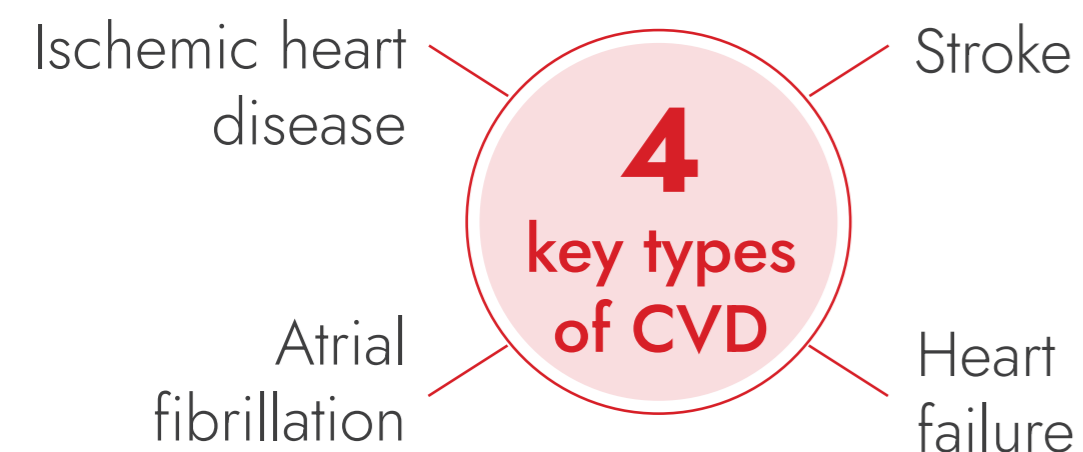
# A Call for Cohesive Action: Redefining Cardiovascular Care in the Asia-Pacific

EXECUTIVE SUMMARY

# Cardiovascular disease takes 19 lives per minute in Asia-Pacific. Yet, national CVD strategies, if present, are fragmented and unevenly implemented.

Cardiovascular disease is the Asia-Pacific's number one cause of death.

**10+ million** died from CVD in 2019 alone.



Most countries have seen continuous increases in CVD cases and deaths.

From 2009 to 2019, Asia-Pacific countries experience:

**10 - 45%** increase in IHD and stroke deaths.

**20 - 74%** rise in atrial fibrillation deaths.

**32 million** people estimated to live with heart failure  
*The entire population of Malaysia*

Direct costs of CVD hospitalizations, treatment in 9 Asia-Pacific countries:

**US\$177.9 billion (est.)**

*Exceeds combined health budgets of Australia, Indonesia, Malaysia and Thailand.*

Indirect costs **are higher** due to lost productivity, absenteeism, family caregiving support.

Everyone is at risk. CVD is especially lethal because it can strike with no symptoms.

Policies must address the entire care continuum of prevention, early detection, treatment and rehabilitation.

But all countries face various CVD policy gaps.

Country	CVD-focus of national health policy	Overall score of health promotion and prevention programmes	Overall strength of screening	Overall Strength of Diagnostics	EMS planning for CVD events	Robustness of secondary prevention	Overall management of established CVD	Overall score of system readiness
Australia	VH	M	M	VH	H	H	H	VH
Japan	VH	M	VH	VH	M	H	M	H
Korea	H	M	VH	VH	H	H	H	VH
China	M	M	M	H	M	H	M	H
Malaysia	M	M	M	M	M	H	M	L
Thailand	M	H	H	VH	M	VH	H	M
India	M	L	M	M	VL	M	L	L
Indonesia	M	M	H	H	VL	M	L	M
Vietnam	M	M	M	M	VL	L	L	L

Very Low Low Moderate High Very High

- Most Asia-Pacific countries' national NCD policy addresses CVDs, with efforts focusing on broad risk factor reduction and hypertension control.
- Health promotion and prevention programs inadequately tackle key CVD risk factors - healthy eating, obesity, hyperlipidaemia, and physical activity.
- National screening and diagnostic guidelines are not frequently updated in some countries, while diagnostic capacity is lacking in rural and remote areas.
- Lower- and middle-income Asia-Pacific countries are challenged by poor capacity in emergency and acute care services, little to no step-down care services, and lack of integrated care pathways.
- CVD care capacity is further limited by poor workforce development planning, lack of research and development for CVD care, and ineffective monitoring and evaluation practices for auditing health system performance.

# A holistic national strategy for cardiovascular disease (CVD) management is imperative, encompassing collaborative efforts led by health ministries, integrated health systems focusing on prevention, primary care, tertiary care, and rehabilitation.

## What every country needs:

A *cohesive* CVD national strategy for health systems

- ✓ Health ministries leading collaboration with other sectors of government
- ✓ Central-subnational coordination and policy implementation; integrated with national NCD strategies
- ✓ Health systems to focus on primary care, tertiary care, rehabilitation as an integrated unit
- ✓ Inclusive and equitable in approach with gender-focused CVD prevention and control strategies
- ✓ Financing that covers prevention, early detection, treatment and rehabilitation

## To achieve three outcomes for health systems:



- Reduce premature deaths
- Reduce hospitalizations and re-hospitalizations
- Curb rise in new CVD patients

## In addition to:

1. **Strengthening emergency medical services to prevent premature deaths in low- and middle-income economies.**
  - Strengthen/establish emergency care networks and equip emergency medical teams with specialized training to reduce delays in treatment.
  - Improve emergency department diagnostics for both timely and appropriate care
2. **Strengthening screening and diagnostics guidelines and capacity for early detection, improved CVD risk management and secondary prevention.**
  - Ensure screening and diagnosis guidelines are comprehensive and up to date with international guidelines and global best practices.
  - Screening guidelines and capacity for hyperlipidemia, a key CVD risk factor, need to be established and strengthened at primary care for China, India, Malaysia Thailand, Vietnam.
  - Screening guidelines for secondary prevention need to be established for at-risk groups in India and Vietnam.
  - Strengthen diagnostic capacity and leverage the use of evidence-backed novel cardiac biomarkers such as natriuretic peptide (NT-proBNP or BNP) and high-sensitivity troponin for earlier detection of CVDs and timely interventions
3. **Preventing rehospitalization by improving cardiac rehabilitation services.**
  - Develop and strengthen national guidelines for cardiac rehabilitation, ensuring seamless referral pathways, accreditation of services, regular updates to guidelines and improve adherence to guideline directed medical therapy.
  - Improve uptake through digital technologies for home-based CR and ensuring multidisciplinary care and family involvement.
4. **Tackling rising CVD risk factors, unhealthy diets, obesity, and physical inactivity, through comprehensive multi-sectoral policy changes and awareness programs.**
  - Strengthen obesity screening and management programs to tackle child obesity.
  - Reformulate processed foods and snacks within healthy limits.
5. **Strengthening critical enablers of CVD care: monitoring and evaluation systems, human resources, digital health solutions, and research.**
  - Establish effective monitoring and evaluation systems for health system capacity and performance that inform national policy and programs.
  - Drive the development of digital infrastructure and CVD solution adoption by providing a clear digital roadmap.
  - Tailor CVD strategies to local populations by advancing national research, development, and innovation capabilities.
  - Strengthen CVD care capacity across the continuum through workforce development plans.