

Oral statement of the World Stroke Organization (WSO) at the UN Civil Society Interactive Hearing July 5th 2018, NYC

NCDs in general - and cardiovascular disease with its two main components heart disease and stroke - continue to increase worldwide. Over the last 25 years, stroke has become the 2nd cause of disability and the 2nd cause of death worldwide. **The burden of stroke disproportionately affects individuals living in resource-poor countries, where essential services including prevention, acute treatment and rehabilitation are unavailable; or only available to those with financial resources required for access. Most survivors of stroke carry a lifelong burden of physical, cognitive, mental, and socio-economic consequences, which causes an immense individual burden and DALY loss.** In 2016 stroke accounted for 116 million years of life lived with disability (DALYS).

The major burden of stroke is in low and middle-income countries and it will grow dramatically unless there is a massive scaling-up of relevant interventions. Given the impact of stroke across all countries and continents, everyone is threatened by stroke. Stroke causes paralysis of an arm, a leg or half of the body, may impair the ability to speak or to comprehend language and vision, and may eventually lead to dementia. **Stroke is an avoidable tragedy for patients, families and societies, because stroke is largely preventable and treatable. A significant proportion of global NCD burden can be attributed to stroke.** Global improvement will depend on increased awareness, widespread availability and access to quality stroke treatment, primary and secondary prevention, and long-term care.

Research evidence underscores the impact that addressing stroke could have on the achievement of SDG3. **90% of strokes are linked to a few key detectable and modifiable risk factors that include hypertension, smoking, obesity, physical inactivity, and unhealthy diet.** These factors are essentially the same for ischemic heart disease, the other main cause of disability and death around the globe.

An under-recognized long-term consequence of stroke and other NCDs, such as heart failure, chronic kidney disease, diabetes and hypertension is the development of dementia, which is also preventable and in some instances even reversible. This neglected long-term consequence represents a further major global health burden. Stroke and dementia often occur together, pose risks for each other and share common risk factors. It can be assumed that a major part of dementias is, in principle, preventable through coordinated action to prevent these diseases.

The WSO calls upon member states to increase their efforts in three domains

- 1) Awareness: Member States must strengthen programs that increase awareness of stroke symptoms, stroke risk factors and prevention, and the consequences of stroke.**
- 2) Access and implementation: We support WHO, NCD Alliance Partners and Member States in their efforts to remove financial barriers to prevention and detection of NCDs through universal health coverage and essential medicines and devices including stroke units and recanalization treatment as an evidence based policy; this will allow for implementation of population-wide prevention strategies and access to acute stroke services.**
- 3) Action: We support the WHO and UN Member States in the development of**

regional and national strategies (such as the HEARTS package and the implementation of WSO Global Guidelines for Quality Stroke Care) to deliver the health-related Sustainable Development Goals, **in particular for the reduction of premature NCD deaths by one-third by 2030.**

Following the publication of WHO ICD 11 and the classification of stroke as a disease of the Nervous System, we strongly suggest that “stroke” as a distinct disease entity is made more visible in NCD discourse. While stroke has many of the same risk factors as heart diseases, we argue that it requires targeted action and policy responses that reflect the scale of the disease. More importantly, the symptoms of stroke, its treatments and its consequences are unique and sorely underrecognized by the public, adversely impacting access to appropriate treatment and patient outcomes.

The close relationship between heart disease, stroke, hypertension, diabetes and chronic kidney disease supports the concept of the coalition for vascular health that the WHF, WSO, WHL and the diabetes and kidney societies, together with other stakeholders have created.

The magnitude of the associated health problems and the projected worldwide increase of all these conditions makes an even stronger argument for best practice in prevention and management of stroke and all other conditions which would lower premature mortality, DALYs and preventable dementia.

In summary, the WSO strongly supports all efforts to upscale actions in reducing the burden of NCDs and wants to point out that all actions should be seen as investments, not as cost.

There is much we can do immediately. The first biggest step is to give to stroke the visibility it requires. For many stroke is still summarized under ‘cardiovascular diseases’ but should from now on be correctly be considered and referred to as ‘Heart Disease *and* Stroke’.