Do we have the ammunition to beat stroke and NCDs together?

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Occupational Therapist Karishma works with one of her patients in Bon Acceuil, Mauritius © Bagooaduth Kallooa / Photoshare

In coming days, stroke leaders and stakeholders will convene in Montreal, Canada, for the 2018 World Stroke Congress [1]. Professor Bo Norrving, past president of the World Stroke Organization, will be in Montreal, and has written on the value of a more coordinated effort to reduce the burden of stroke and NCDs on individuals and society, by identifying common gaps and collective actions that can improve the way we address stroke and NCD prevention and care. One step along the way to this is a new joint policy brief, *Acting on Stroke and other NCDs* to be launched during the Congress.

This week I will be in Montréal, alongside 2500 stroke leaders and stakeholders spanning clinical practice, research, rehabilitation and patient and caregiver organizations. The expertise and individual interests represented at the biennial World Stroke Congress [1] may be diverse, but our common commitment is the same – to fight stroke and reduce its devastating impact on individuals and society. As a neurological disorder, many survivors of stroke carry a lifelong burden of physical, cognitive, mental, and socioeconomic consequences.

As the world's second largest cause of death and disability it is a battle well worth fighting [2], but one that we don't have to – nor should we - take on alone. Globally, regionally and nationally there are networks and alliances working to break down the traditional siloes between disease groups in order to increase the speed at which the world addresses the diseases that are most likely to kill us. ***We know that by connecting the dots and coordinating our efforts with others who have a shared investment in beating NCDs, we can achieve more, maximise our investments and move faster than we can individually.*** When investments have been slow to come, and governmental commitments to change continue to disappoint, this could be the key to making progress.

Together we are stronger: *Acting on Stroke and other NCDs*

The sense that together we are stronger is certainly the driving force for collaboration between the NCD Alliance and the World Stroke Organization (WSO) and the rationale behind our latest partnership collaboration *Acting on Stroke and NCDs* [3].The aim of this policy brief, which will be launched during the World Stroke Congress in Montreal at

the Stroke and NCD Dialogue [4], is to clearly articulate the shared prevention and treatment issues for NCD stakeholders and to set out key priorities for action at global, regional and national level.

> *It is our hope that* Acting on Stroke and NCDs ***[5]*** *provides not just a call to action, but the ammunition needed to beat NCDs.*

The publication clearly sets out the contribution to stroke to global NCD mortality and identifies the shared and specific gaps in current approaches to addressing stroke and NCDs. When only 6% of all people who have a stroke have no comorbidities, and when comorbidities result in not only higher healthcare, but also individual and social costs, this policy brief sets out a strong evidence-based argument and some clear action points that will turn the tide on stroke and NCDs.

How to respond to the challenge of stroke and NCDs

- **Invest in prevention**

Given that 90% of strokes are linked to 10 modifiable risk factors, several of which are shared by a number of NCDs, investing human and financial resources in diagnosis, education and risk reduction will deliver advances across the board.

- **Ensure access to acute and chronic speciality care**

People need to be treated in services and by clinicians in accordance with clinical practice guidelines for NCDs. Access to stroke units and to acute therapies is a backbone in stroke care, as is rehabilitation and long-term support.

- **Strengthen the primary healthcare network**

Access to a solid primary care network is essential to effective prevention and long-term treatment of stroke and NCD. Financial barriers and out-of-pocket costs for prevention, diagnosis and treatment needs to be reduced. Universal health coverage (UHC) should cover essential diagnostic and treatment.

- **Implement the WHO HEARTS technical package**

Taking the seven steps set out in the WHO HEARTS technical package [6] would ensure that the right medicine reaches stroke patients at the right time and at an affordable rate.

Every 2 seconds, someone somewhere in the world has a stroke

The clock is ticking and we don't have time to wait – strengthened actions on stroke and NCDs are urgently needed. Let's gather our allies, target our actions and work for upscaled efforts. We have had ENOUGH of political inertia on NCDs – including stroke.

[3]

About the Author

Bo Norrving (@BoNorrving [7]) is Professor of Neurology at Lund University, Sweden. He has authored more than 300 publications on clinical stroke research including several seminal papers e.g. the Swedish Aspirin Low Dose Study, and the world's largest study of stroke in the young. He is a founder of Riksstroke, the world's 1st national stroke registry. He is member of the advisory group for ICH 11 at WHO. He was the President of the World Stroke Organization [8] (WSO) 2008-2012, and continues to chair the WSO Global Policy Committee. He is a member of the NCD Alliance's Science, Policy and Advocacy sub-committee

Featured:
Related Resource: Acting on Stroke and NCDs [3]
Related Link: World Stroke Organization [9]
Eight steps toward a world free from stroke - World Stroke Day 2017 blog [2]



Teaser Image:



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