

CARDIO approach – Reform

Highlights from recommended interventions

Policy reform



Goal

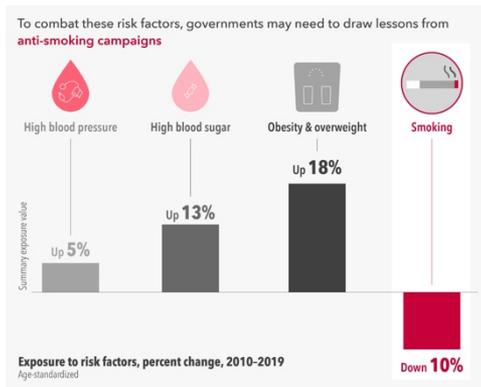
Enforce policy reforms, taxation and incentive structures that encourage healthier lifestyles and have a proven impact on population health



Contents

- Policy reforms are needed to address top cardiovascular (CV) risk factors (slide 3)
- Policy reforms can support systemic change toward healthier behaviors (slide 4)
- Key interventions with a proven impact on population health (slides 5-7)

Policy reforms are needed to address top CV risk factors



Institute for Health Metrics and Evaluation (IHME):



Infographic (PDF)

Learn more about the recent Global Burden of Disease study 2019, IHME:



Video GBD 2019 – Introduction to the Study

Institute for Health Metrics and Evaluation (IHME) at the University of Washington, accessed on: 4/13/2021. Used with permission.

Policy reforms can support systemic change toward healthier behaviors



Over 70% of cardiovascular disease worldwide is caused by modifiable risk factors

Download the Lancet infographic to learn more on the distribution of cardiovascular disease cases and mortality that are attributable to risk factors:



Lancet infographic (PNG)

Introduce sin taxes

In Ulaanbaatar, Mongolia, the government introduced **tobacco taxes**, as recommended by the WHO, and worked with the national food association to **decrease salt in processed foods**.

Learn more about strategies on salt reduction, see WHO's technical package SHAKE:



The Salt Habit (PDF)



Incentivize primary healthcare performance or virtual care

In São Paulo, Brazil, and Ulaanbaatar, Mongolia, health authorities introduced **quality of care and outcomes results** in the performance evaluation and remuneration of primary health center managers.

Reimbursement of virtual care increased its uptake – countries that softened regulations during COVID-19 saw rapid increase in virtual consultations, reducing waiting time and costs for both patients and physicians.

