

Geneva, September 2, 2016

**World Stroke Organization Submission of Oral Statement for the WHO
Regional Committee for Europe 66th session,
agenda item on non communicable diseases and the WHO Global NCD Action
Plan 2013-2020**

The World Stroke Organization (WSO) gives its strong support to the WHO Global Action Plan on the Prevention and Control of NCDs 2013-2020 (GAP), as well as the ongoing update including Appendix 3.

Very recent large studies provides further evidence that more than 90% of the stroke burden is attributable to modifiable risk factors, and achieving control of behavioral and metabolic risk factors could avert more than three-quarters of the global stroke burden. Furthermore, air pollution has now emerged as a significant contributor to the global stroke burden, emphasizing the need for intersectorial actions in stroke prevention.

The strengthening and orientation of health systems for the prevention and control of stroke represents one of the most important actions in the NCD field. The Global Action Plan Appendix 3 appropriately includes *Care of acute stroke and rehabilitation in stroke units*, which represents a corner stone for stroke care in Europe and globally. Of all actions on stroke, stroke unit care is the single most effective intervention overall on a population perspective.


One third of all strokes occur in persons who have already had a cerebrovascular event, indicating the importance of not only primary but also secondary stroke prevention. The Appendix 3 includes the core elements of blood pressure lowering for all types of stroke, as well as low dose aspirin, statins, and anticoagulation for persons with atrial fibrillation, who have had an ischemic stroke. The application of stroke prevention requires the availability of computerized tomography (CT) scan.

WSO notices the omission of treatment of acute ischemic stroke with intravenous thrombolytic therapy and thrombectomy in the Global Action Plan. Redirecting health systems to include acute management of stroke represents one of the most important advances in the stroke care of any time. Intravenous thrombolytic therapy for ischemic stroke is one of the most effective therapies in emergency medicine, and has been shown to be cost-effective and in many cases a cost-saving strategy for treating eligible patients with acute ischemic stroke. Less than 2 years ago, several large trials provided strong scientific support on the effectiveness of treatment with thrombectomy in patients with very severe acute ischemic stroke caused by occlusion of one of the major arteries in the brain. This represents another landmark progress in the treatment of acute stroke.

Based on strong scientific evidence and cost effectiveness considerations, WSO recommends that health systems to prevent and treat stroke in Europe (and elsewhere) should be further strengthened. Stroke is highly preventable, and stroke is also highly treatable. Currently, opportunities to prevent and treat stroke are far from fully utilized in Europe, and actions and services are highly unequal. Stroke unit care should be made available to *all* patients with acute stroke, and services should be developed to include treatment of acute ischemic stroke with reperfusion therapies.

The present statement has been developed in close collaboration with the European Stroke Organization, the regional stroke society for Europe.

Oral statement to be given by



Bo Norrving, Professor at Lund University, and Immediate Past President of the World Stroke Organization