HeartRescue Global

Medtronic Foundation partners with governments and local organizations to improve access to quality chronic and acute care for underserved populations, especially for non-communicable diseases (NCDs) like cardiovascular disease and diabetes. As the pressure of NCDs grows, and the call for partnerships and new models of high-quality, efficient health care builds, Medtronic Foundation proactively builds its portfolio to leverage existing US Government (USG) and donor-supported investments in global health. Its strategic investments build capacity at all levels, and create evidence about what works to expand access and improve health outcomes for underserved populations, integrating with existing systems. Specifically, Medtronic Foundation partnerships strengthen health services, human resources for health, management capacity and health information systems, as well as patient and community empowerment. Many underserved communities in USG-supported focus countries experience high out-of-pocket expenditure, morbidity, and mortality due to NCDs. Building on successes in reproductive, maternal, newborn, adolescent and child health (RNMACH) and infectious diseases like HIV and tuberculosis, creates better, more efficient outcomes for patients, and enables governments to better manage increases in NCD incidence and prevalence.

HeartRescue Global (India/China/Brazil): Strengthening acute care systems for sudden cardiac arrest, heart attack, stroke and improving survival rate for time-critical events leveraging US successes, in partnership with global health partners, US universities and local health systems

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**Intervention**: Develop innovative approaches to improve survival across the continuum of care for time-critical events such as sudden cardiac arrest, heart attack and stroke; reducing delays in accessing quality care that result in disproportionate survival outcomes for underserved populations

Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all ages, and specifically targets to reduce premature mortality associated with NCDs and achieve universal health coverage, simply cannot be met without addressing time critical events for the world’s largest killer: cardiovascular disease (CVD). Through the HeartRescue Global program (2015-2020) in Brazil, China and India, Medtronic Foundation partners with Research Triangle International (RTI), IHME, US and local universities, and key local health systems to strengthen systems, share lessons, and build best practices to improve access to care for acute CVD. HeartRescue partners are working to strengthen the time-to-care for acute cardiovascular conditions, with the ultimate goal of impacting survival rates in the face of time critical events.
HeartRescue Global takes an integrated approach involving the three pillars of empowering patients, leveraging frontline health workers, and advancing policy. The interventions are aimed at empowering patients by educating communities about the signs and symptoms of acute CVD, training citizens on how to respond to time critical events such as sudden cardiac arrest, heart attack, and stroke by accessing appropriate emergency systems and health care providers, and training them in cardiopulmonary resuscitation (CPR). The program also leverages frontline health workers by providing training for staff in emergency call centers, emergency medical services, and hospitals treating acute CVD, by enhancing the range of staff and services available to treat acute CVD as a coordinated system of care, and by developing registries and data systems to support quality improvement. Together, the HeartRescue Global team along with members of the communities in which it operates, will advance policy by educating policy makers and community stakeholders about the burden of acute CVD and the need for improved systems of care.

HeartRescue Global is based on the successes of US HeartRescue where the states involved have significantly improved survival rates. US HeartRescue was a key collaborator with US CDC in creating the CARES registry of cardiac arrest patients, and is actively working to apply this lesson and experience through in-country partners. Not only are lessons from the US informing programmatic approaches in India and elsewhere, but promising practices from resource constrained settings globally are informing approaches to reduce premature mortality from acute CVD events in underserved communities in the US.

Cardiovascular disease (CVD), mainly heart attack and stroke, is the leading cause of premature mortality and morbidity worldwide. An estimated 38 million of the 56 million deaths that occurred globally in 2012 were due to NCDs, with CVD accounting for 46% of NCD deaths. In 2008, 80% of all deaths from NCDs occurred in low- and middle-income countries (LMICs). Premature fatal and non-fatal CVD is largely preventable, and feasible cost-effective interventions exist.