

HIGH LEVEL SUMMARY REPORT
Cardiovascular Health Partner Convening 2026

Partnering for Heart Health

May 6–7, 2026

Overview

The Cardiovascular Health (CVH) Partner Convening 2026, “Partnering for Heart Health”, brought together over 65 representatives from 29 partner organizations over two days to celebrate progress, confront barriers, and co-create the next phase of the CVH initiative. Hosted by Bloomberg Philanthropies and Resolve to Save Lives (RTSL), the convening united government representatives, multilateral bodies, civil society organizations, academic institutions, and donors (Annex 1).

The two days were organized around a clear arc: On Tuesday, May 6, “Built Together: The Path to Save 100 Million Lives,” was a day of evidence, reflection, and honest assessment. On Thursday, May 7, “Co-Creating the CVH Partnership’s Strategic Direction,” was a day of action, co-design, and forward commitment. Facilitator Daniel Burka (Hard Problems) guided participants through structured sessions that moved from stocktaking to solution-building.

The north star throughout both days was unchanged: 100 million lives saved from cardiovascular disease. The convening made clear that the partnership has earned the right to be ambitious about achieving it.



DAY ONE

Built Together – The Path to Save 100 million Lives

Wednesday, May 6, 2026

Session 1: Taking Stock — The CVH Initiative Story So Far

8:30–9:30am | Plenary | Welcome & Opening Remarks

The day opened with welcome remarks from Kelly Henning (Bloomberg Philanthropies) and Tom Frieden (RTSL), followed by a presentation on lives saved at scale (Matti Marklund, JHBSPH), a video retrospective of the initiative from 2017–2026, opening remarks from Renu Garg (RTSL), and partner introductions.

Key Messages from Opening Remarks

- Kelly Henning emphasized the breadth of the partnership’s expansion since 2017 and the striking model of cross-partner, cross-government collaboration. She noted that less than 1% of global health funding currently goes to cardiovascular health — a disparity that underscores both the urgency and the opportunity.
- Tom Frieden framed the initiative’s animating logic: there was a visible burden, proven solutions existed, and yet no one was systematically closing the gap at scale. The CVH partnership was built to fill that void. He affirmed confidence that the 100 million lives goal is achievable, while acknowledging that the next phase will require organizing wins, resolving challenges, and aligning efforts across an increasingly complex landscape.
- Matti Marklund presented the CVH Initiative’s impact to date: across 76 countries, CVH programs implemented from 2017-2025 were projected to save 9.6 million lives from 2017–2050, reflecting hypertension control and trans-fat elimination impacts. That translates to 772 lives saved every day over more than three decades.
- Renu Garg offered thanks to partners as “the hands and hearts of this mission” and outlined the initiative’s headline achievements: 67 countries with trans fat elimination policies, approximately one billion people with access to world-class hypertension treatment, 13 countries with advance stage best practice sodium reduction policies, and the Simple app deployed in 7,600 public health facilities. She set the tone for the two days: learn from each other, celebrate wins, examine shortfalls, and leave recharged and more resolved.

Partner Priorities: Mentimeter Results

An opening Mentimeter exercise captured what partners are proudest of and what they hoped to achieve over the two days. Highlights:

What we’re proud of

- Trans fat policy in 54 additional countries
- Over 50 million people on hypertension treatment, including rural populations
- The HTN pathway in primary care
- Potassium-enriched salt on the agenda
- The strong team built across the partnership

What we want to achieve

- Cross-cutting understanding of the overlap between HTN, sodium, and TFA
- Concrete actions to reduce barriers
- Ideas for new directions for our work
- Constructive, forward-looking discussions on the path ahead
- Build momentum
- Learn from each-other

Session 2: Artificial Trans Fat Pathway to Victory

9:30–10:30am | Plenary Panel Discussion

Tom Frieden framed the global TFA picture, followed by a panel featuring Eva Edwards (NAFDAC Nigeria), Sophia San Luis (Imagine Law, Philippines), Lorena Allemandi (NCD Alliance, Pakistan and Mexico), and a concluding global perspectives presentation by Luz de Regil (WHO). The session examined what it took to move from evidence to action — and what remains to be done.



Country Experiences

- **Nigeria (NAFDAC):** NAFDAC was the institutional anchor for translating WHO’s REPLACE framework into national regulation, anchoring the process in existing regulatory frameworks for fats, oils, and pre-packaged foods. The Trans Fat Free Nigeria Coalition — established in 2019 with CSOs and INGOs — played a critical advocacy role. Key challenges include lab capacity, limited enforcement personnel, and the need for support to micro and small-scale enterprises (SMEs) for reformulation. Ms. Edwards also shared that members of the food industry had requested multiple extensions to the moratorium on enforcement. A multi-stakeholder roadmap (including Nigeria’s Standards Body and Consumer Protection Commission) was completed in 2024 and launched thereafter. Nigeria is positioned as a regional model for ECOWAS harmonization.
- **Philippines (Imagine Law):** Imagine Law’s approach began with market research, identifying that 90% of edible oils were supplied by a single importer. Direct engagement with that importer, including a food tasting that demonstrated no consumer difference, was pivotal in winning buy-in. Ministry of Health was built into a strong internal champion. The process moved from regulation to legislation after it became clear that formal markets and

restaurants required legislative coverage. Lab capacity and reagent access remain constraints.

- **Pakistan and Mexico (NCD Alliance):** The NCD Alliance’s approach centers on generating local evidence from the outset, convening advisory groups, mapping lab capacity, and organizing around global policy moments (WHA, UN NCD High-Level Meetings). Civil society engagement is sustained well after policy passage, and partners in Pakistan have been working alongside provincial authorities to support policy enforcement and lab capacity building efforts.

WHO Global Perspective

- WHO Director-General issued a call for global elimination of industrially produced TFA by 2023. Over half the global population is now covered by TFA policy, but that means half remains — and most covered countries are high-income. None are low-income, reflecting a gap between burden and regulatory capacity.
- Key country lessons: impact requires implemented and enforced policies; clear leadership and accountability are essential; monitoring integration into existing food safety systems (rather than standalone TFA systems) is critical for sustainability; stakeholder engagement must be early and strategic.
- Looking ahead: closing policy gaps in remaining countries, strengthening lab and regulatory capacity, and connecting food safety and nutrition agendas (including through INFOSAN).

Cross-Cutting Themes from Discussion

- Advocacy is an art and a science: it requires flexibility, strategy, and persistence well beyond the moment of policy passage. Civil society must remain engaged as regulators often rely on outside pressure to enforce what’s on the books.
- Lab capacity is the enforcement bottleneck across all country contexts: testing is technically complex, reagents are difficult to procure, and regulatory agencies are understaffed.
- Meeting government where they are: understanding a government’s constraints and wish list, then supporting them to achieve their own goals, is more effective than prescribing a solution.
- Industry needs some transition time — but not indefinitely. One extension for reformulation is reasonable; repeated delays are not.

"The meat is in the implementation."

— Eva Edwards, NAFDAC

Session 3: From Package to Patient — HEARTS Implementation in the Real World

11:00am–12:00pm | Program Spotlights

Nihal Afifi (RTSL) framed the session around the population-level hypertension control goal, noting that only five countries — Canada, Costa Rica, Germany, South Korea, and Iceland — have achieved 50% population-level control. The session featured country spotlights from the Philippines, Ethiopia, India, Indonesia, and PAHO.

Country Spotlights

- **Philippines:** The Philippines offers proof of concept that hypertension control at the primary health care level is achievable when all system elements work together: governance and stewardship, medicine and device supply, community demand generation, and data-driven performance monitoring. Simplicity drives scale. The Healthy Hearts Model is being extended to all provinces. Up to 100% patient retention due to the extraordinary work of the Barangay Health Workers was cited as a landmark achievement.
- **Ethiopia:** Ethiopia has achieved a milestone in sustainability: independent domestic production of essential medicines using its own revenue, reducing reliance on external supply chains. Digital tools and information systems have been central to this progress.
- **India:** India pursued a phased approach, scaling HTN work based on early data. Following a successful pilot in 2023, the government committed to scaling the initiative to all districts by 2025. By the end of 2025, 75 million+ patients with HTN and/or diabetes had been placed on standardized care — one of the largest population-level treatment scale-ups in history. Key partnerships: RTSL, World Diabetes Foundation, NORAD. The biggest remaining challenge is loss to follow-up.
- **Indonesia:** Indonesia has launched ambitious President-driven free medical check-ups. Challenges center on patient control and continuity of care. The next phase will focus on standardized, decentralized, team-based care and unified digital integration.
- **PAHO:** Thirteen countries or territories are implementing HEARTS across more than 80% of primary health care. Population-level control currently stands at 36%; the goal is 51%. HEARTS 2.0 introduces a 11-strategy quality improvement framework, with a phased rollout based on country readiness. Thirty (30) countries have high-quality clinical pathways in place; 28 have initiated two-drug combination treatment, and 30 include statins in their protocols.

Common Drivers of Success

Across all country contexts, four factors consistently distinguished progress: unwavering government commitment to free or subsidized treatment; decentralized, community-based care models; standardized treatment protocols; and digital systems that support patient tracking and retention — not just national reporting.

Session 4: The Digital Difference — Tools Transforming Patient Care

1:00–2:00pm | Interactive Presentations

Vivek Eluri (RTSL) framed the session around a core principle: never lose sight of whom we are serving. Digital tools must make it easier for frontline health workers to identify, treat, and retain hypertension patients — not primarily to serve national reporting needs. Country presentations followed from Nigeria, Bangladesh, Sri Lanka, and a global perspectives segment.

Country Digital Spotlights

- **Nigeria (RTSL):** Nigeria's transition to digital began with documenting inefficiencies in paper-based systems. The Simple app reduced paper records by 80%; the goal is fully digital. DHIS2, deployed as a mobile app for use in areas with limited connectivity, has enabled real-time longitudinal tracking. Government ownership has been essential. Lessons

learned: training health workers is critical; addressing connectivity is achievable; the model is now an entry point for managing other NCDs.

- **Bangladesh (NHf):** Simple has transformed patient tracking, medicine monitoring, and BP outcome management at resource-constrained facilities. An SMS and call center system for overdue patients has improved retention. The BHCI call center also addresses medicine stock-outs in real time. Nationwide adoption continues to evolve; the priority is integration into national digital health frameworks.
- **Sri Lanka (Ministry of Health):** Sri Lanka is deploying Simple to support clinical decision-making for statin prescribing, using a risk score based on age, sex, BP, clinical history, tobacco use, and BMI. Patients above a 20% risk threshold are prescribed statins — an example of Simple being extended beyond hypertension control into broader cardiovascular risk management. A full phase-out of paper systems is planned.

Global Digital Perspectives

- Within two weeks of receiving approval, a country can have a longitudinal hypertension tracking tool operational within its existing infrastructure.
- A HEARTS indicator dashboard and overdue patient line list can be deployed in two days if the EHR system collects blood pressure readings.
- At an Indonesia hackathon, 7 of 12 EHR providers successfully integrated the HEARTS dashboard into their systems within two days — and several extended it with new features.
- RTSL is prototyping a quality improvement tool to reduce data analysis time for program managers from 90 minutes to 20.
- AI makes coding and integration into existing systems meaningfully easier — though quality, confidentiality, and data ownership concerns require careful management.

"Simplicity drives scale."

— Dr. Sean Aquino, Philippines Department of Health



Special Remarks: Bloomberg Philanthropies

2:30–2:50pm

Michael Bloomberg delivered special remarks highlighting progress made by the the CVH initiative. Key messages:

- New York City demonstrated what is possible when political courage meets evidence: the city banned trans fat, restricted tobacco, and added three years to life expectancy. The smoking ban was

unpopular at the time — now no one would consider reversing it. Over 5 billion people have since been reached by policies that followed NYC's lead.

- Progress in Nigeria on sodium reduction policy and 54-country TFA bans were cited as evidence of the initiative's momentum.
- Strong partnerships and political will are essential to success.

Session 5: Momentum on Salt — Evidence, Advocacy, and Impact

2:50–3:50pm | Program Spotlights

Laura Cobb (RTSL) set the stage: more than 99% of adults consume more sodium than WHO recommends, and progress toward reduction targets has been insufficient. Only 9 countries have comprehensive sodium reduction policies. The session featured presentations from PAHO, RADA Cameroon, GHAI, and The George Institute.

Regional and Country Experiences

- **PAHO (Fabio Gomes):** Labeling policies don't just inform consumers — they anchor the application of more powerful downstream policies (marketing restrictions, taxation, school procurement standards). Chile's front-of-pack labeling system has produced measurable reductions in purchases of labeled products and 93.6% industry compliance by 2020. The policy has evolved across the region: Argentina, Colombia, Mexico, Peru, Chile, and Brazil have all adopted Nutrient Profile Models (NPMs). Colombia became the first country to issue a warning label for ultra-processed products. Key lesson: defining which products do NOT need a warning label is as important as defining which do.
- **RADA Cameroon (Ferdinant Sonyuy):** RADA is advancing a bilingual front-of-pack labeling (FOPL) system (triangle warning sign) with an accompanying NPM and marketing restrictions, as well as advocating for fiscal policies on SSBs and ultra-processed foods (in progress). The work is built on partnerships with government, civil society, academia, and media. Progress has advanced through evidence generation, providing the government technical support on policy development, relentless advocacy to key government stakeholders, coalition mobilization, public awareness raising, and significant effort to track, transparently document, and counteract active industry interference.
- **GHAI (Veronica Schoj):** GHAI works with 22 CSOs in 11 countries across TFA, sodium, and hypertension, using coalition building, legal support, direct political advocacy, evidence-informed policy design, and industry interference management. Success includes a Nutrient Profile Model position paper and effective advocacy campaigns to counternarratives to industry in the Philippines, Nigeria, India, and Ethiopia.
- **The George Institute (Bruce Neal):** The case for potassium-enriched low-sodium salt substitutes (LSSS): switching is far more feasible than cutting — with no substantive taste difference, clear evidence of cardiovascular benefit (including stroke reduction), and potential to prevent 3 million CVD events per year. Current barriers include cost (KCl is 4x the price of NaCl), supply chain constraints, and knowledge gaps around side effects for vulnerable populations. Next steps require coordinated effort, expanded evidence, and addressing supply and price constraints.

Session 6: Where We Stand — A Candid Look at CVH Barriers and Breakthroughs

3:50–4:50pm | Technical Breakouts + Plenary Share-back



Participants broke into four technical groups (TFA Elimination, Hypertension Control, Digital Solutions, and Sodium Reduction) to conduct structured situation analyses, identifying and prioritizing the most critical barriers and opportunities shaping the next phase. Groups then reported back in plenary, with facilitators synthesizing across areas.

Technical Area	Top Barriers	Top Opportunities
Hypertension Control	<ol style="list-style-type: none"> 1. HTN not yet a priority for governments and donors → financing constraints 2. High rates of missed visits; no good follow-up systems 3. Access to medicines and devices less robust in LMICs 	<ol style="list-style-type: none"> 1. Countries increasingly aware of data; HEARTS provides a proven pathway 2. Growing digital tools for patient line lists, multi-month prescribing, AI 3. Pooled procurement, price caps, health insurance mechanisms
Sodium Reduction	<ol style="list-style-type: none"> 1. Industry interference 2. Technical cohesion lacking — global partners need to speak with one voice 3. Political will uneven across contexts 4. Civil society enthusiasm without technical grounding 	<ol style="list-style-type: none"> 1. Momentum, awareness, and government/civil society readiness 2. Fiscal policies — strong SSB tax evidence transferable to food 3. Low-sodium salt substitutes as a scalable innovation
Digital Solutions	<ol style="list-style-type: none"> 1. Fragmented systems requiring patients to register in 3+ platforms 2. Limited digital infrastructure 3. EHRs exist but are used for data collection, not clinical action 	<ol style="list-style-type: none"> 1. Global investment and political commitment to digital health systems 2. Existing EHR infrastructure to build on rather than replace

		3. Growing capacity for data use and interpretation at facility level
TFA Elimination	<ol style="list-style-type: none"> 1. Lack of political will: competing priorities, especially in LICs, implementation and enforcement not prioritized after policy passage 2. Limited regulatory capacity: limited number of trained personal, regulatory structure and capacity 3. Limited laboratory capacity: infrastructure, personnel, skills, equipment and consumables (reagents, etc) and fragmented/inconsistent supply chain for lab materials 4. Industry interference: (delay tactics, relocation to uncovered markets for both policy passage and implementation) 	<ol style="list-style-type: none"> 1. Clear global standards, policy tools, and robust technical package — no ambiguity on best practice 2. Partnerships and advocacy: local partners, CSO partners, new partners, peer-to-peer learning 3. Growing global momentum and near-universal policy coverage

Closing: Bringing It All Together

4:50–5:00pm | Jen Orkis, RTSL

The closing synthesis highlighted two moments that defined the day: Dr. Andi Saguni (Indonesia) announcing that he planned to travel to the Philippines to learn how they eliminated trans fat — a spontaneous expression of the kind of south-to-south learning the partnership exists to catalyze — and the frank, honest tone throughout sessions that acknowledged challenges alongside wins.

The day closed on a theme of inflection: nearly ten years in, the question is no longer whether these solutions are possible. It is how to make them permanent. The next day would begin to answer that.

DAY TWO

Co-Creating the CVH Partnership's Strategic Direction

Thursday, May 7, 2026

Session 7: From Here to 100 Million — The Path Ahead

8:30–9:00am | Renu Garg, RTSL

Renu Garg opened Day 2 by presenting RTSL's six strategic directions for the next phase, framing the session as building on areas where the initiative has made inroads while exploring new investments based on evolving evidence and the global landscape.

Six Strategic Directions for the Next Phase

- **Hone technical packages and strengthen technical collaboration:** Hypertension (statins for eligible patients, comprehensive cardiovascular disease prevention including dyslipidemia and diabetes, fixed-dose combination pills, GLP-1/SGLT2i where available, digital retention tools, improved medicines procurement, BP target of <130/80); Sodium (packaged food policies, potassium-enriched lower-sodium salt); TFA (simplified, practical enforcement tools).
- **Country ownership, leadership, and local capacity:** Global strategy with local flexibility in implementation; country-led programs; south-to-south collaboration; and building national leadership and program management capacity through the SCALE Hypertension Control Training Program.
- **Advocate for sustainable financing:** Economic studies, ROI, and cost-benefit analyses; costed national CVH plans to secure long-term domestic investment; support for fiscal policies (taxation of unhealthy products); and mobilizing external financing where catalytic investment is needed.
- **Market shaping:** Reducing the cost of low-sodium salts and establishing favorable regulations; reducing the price of combination pills and statins; and partnering with the private sector while carefully managing conflicts of interest.
- **Leverage technology and promote innovation:** AI-assisted tools for hypertension care and other programmatic areas; and assessing next-generation blood pressure devices.
- **Support champions:** Identifying and equipping champions within and outside government with scientific evidence, tools, and catalytic funding; and building the capacity of civil society for policy advocacy in countries.

Session 8: Write the Headline — Co-Creating the Future of CVH & Live the Headline — From Concept to Commitment

9:00am–2:00pm | Concurrent Breakouts + Plenary Share-back

The day's centerpiece was a structured ideation session in which participants divided into five concurrent breakouts by technical area. Each group reviewed a [pre-read](#) briefing, generated ideas on Post-its, clustered and refined concepts, and then — working backwards from a vision of success — wrote the headline they wanted to be reading in 2031. Groups then developed [press releases](#) specifying the problem, the solution, and the path to get there.

TFA ELIMINATION: ENFORCING TRANS FAT POLICIES

The TFA breakout focused on the enforcement gap: with many countries having passed policies, the challenge is driving actual compliance and elimination. Key ideas and priorities:

- Develop a gap assessment framework across multiple countries to identify regulatory enforcement weaknesses — feeding into an evolved biennial scorecard that scores enforcement capacity, not just policy passage.
- Expand the role of food safety authorities and integrate TFA monitoring into existing food safety surveillance systems, rather than maintaining standalone TFA programs.
- Revisit the WHO validation program to assess whether the current format remains fit for purpose as the field matures.
- Address lab capacity constraints through innovation in testing methods suited for resource-constrained settings and strengthen reagent supply chains.
- Continue south-to-south collaboration and ECOWAS regional harmonization as models for reducing the burden on individual countries.
- Explore new partnership opportunities to work with regulatory and lab experts more effectively.

Headlines and Press Releases:

- 100 Countries Free From Trans Fat: 7 Billion People Now Protected from This Toxic Industrially Produced Chemical ([link](#))
- Bangladesh Receives WHO Award for Eliminating Toxic Trans Fat From the Food Supply ([link](#))

HYPERTENSION CONTROL: INCREASING ACCESS TO MEDICINES

The hypertension breakout centered on medicine access as the next frontier — not just availability but affordability, reliability, and simplicity of treatment regimens. The group identified five priorities for 2031:

- Make essential antihypertensive medicines available free of charge at public health facilities across HEARTS countries.
- Expand single pill combination (SPC) and statin adoption as the standard of care: SPCs reduce pill burden, improve adherence, and simplify supply chains — but are poorly available in most low- and middle-income countries.
- Sustain and scale reliable medicine supply systems through better forecasting, longer-term procurement contracts, and real-time digital monitoring.
- Strengthen financing and procurement mechanisms: advocate for domestic government investment, integrate medicines into insurance and reimbursement schemes, and explore regional demand aggregation and pooled procurement.
- Reduce medicine prices through market shaping: improve price transparency, engage global procurement agencies, and support local and regional manufacturing including in Africa and South Asia.

Headlines and Press Releases:

- Nigeria First in Africa to Provide Universal Free Access to Heart Health Medication ([link](#))
- Revolutionizing Chronic Disease Care Through Home Delivery of Medicines ([link](#))

"Hypertension control doesn't fail because medicines don't exist. It fails when medicines don't reach patients consistently, affordably, and simply. This is solvable."

— Hypertension Medicine Access Pre-Read Brief

DIGITAL SOLUTIONS: ADOPTING LONGITUDINAL TRACKING TOOLS

The digital breakout explored how to move from successful pilots to sustainable, government-owned, nationally integrated longitudinal tracking systems. Key priorities:

- Deepen government ownership of digital tools as the foundation for long-term sustainability — transition from RTSL-dependent tools to government-managed systems where the infrastructure is mature.
- Build interoperability between national digital systems: reduce fragmentation so that clinical, lab, and patient data can connect across platforms.
- Expand the community of developers capable of integrating HEARTS dashboard capabilities into existing EHR systems — using AI to make this faster and more accessible.
- Deploy quality improvement tools that reduce program manager data analysis time and make course corrections faster and more targeted.
- Build local data capacity so that digital tools are used for clinical action and program improvement, not just reporting.

Headline and Press Release:

- 30 Million Hypertension Patients in Indonesia Tracked Using AI-Powered Dashboard ([link](#))

SODIUM REDUCTION #1: SECURING PACKAGED FOOD POLICY WINS

The packaged food policy group aligned on a mandatory, population-wide policy package as its core priority. Key elements of the 2031 vision:

- A strengthened multisectoral coalition — bringing together civil society, government champions, youth movements, and academia — as the engine for policy wins.
- WHO endorsement of a harmonized package of interventions (FOPL, mandatory sodium targets, NPMs) to avoid fragmentation and provide authoritative guidance.
- A strong media strategy, paid and earned, to build public support and counter industry narratives.
- Intensive champion investment: capacity building, financing, networks, and resources for in-country advocates.

Headline and Press Release:

- 2.15 Billion Protected: Countries Bite Back Against Unhealthy Foods ([link](#))

SODIUM REDUCTION #2: SCALING LOW-SODIUM SALT SUBSTITUTES

The LSSS group engaged with both the promise and complexity of scaling potassium-enriched salt at population level. Key themes:

- The “Rebel Alliance” framing: a coordinated leadership coalition is needed to push LSSS forward across supply chain, financing, professional bodies, industry, and policy simultaneously.
- Sequencing matters: what is the right order of interventions? Supply chain before demand? Policies before public awareness? The group grappled with the chicken-and-egg challenge.
- Name matters: “low-sodium salt” is a poor consumer name. A more compelling, accessible label is needed to drive uptake.
- Medical scaling: LSSS as a prescribed intervention for hypertension patients, distributed through the same networks as medicines, is an underexplored pathway.
- Industry engagement: salt manufacturers are potential allies, not adversaries — unlike the junk food industry. Managing this relationship carefully is a strategic priority.

Headline:

- Gordon Ramsey Swears By Balanced Salt ([link](#))





Session 9: Rapid Roundtables — Catalyzing Cross-Cutting Solutions

2:00–3:00pm | Rotating Roundtables

All participants participated in three 20-minute roundtable discussions, each hosted by a partner agency and focused on a cross-cutting approach relevant across programmatic areas.

Advocacy

Hosted by Sophia San Luis (Imagine Law) and Alissa Pries (RTSL)

- Policy change is non-linear and can take 5–10 years or longer; maintaining momentum during periods of limited political action is a core advocacy function.
- Building a critical mass of government champions — not just one or two senior officials — reduces fragility when leadership changes.
- Warning labels are a powerful tool for building public awareness.
- Finding allies in unexpected sectors and building broad coalitions is more effective than narrow health-ministry engagement.
- Sometimes pushback can come from stakeholders that would have been allies, and this requires strategic advocacy and communication.
- Guardrails against conflicts of interest are essential as partnerships expand.

Capacity Building

Hosted by Kuni Matsushita (JHBSPH) and Renu Garg (RTSL)

- Capacity building must be stratified by audience: CHWs need brief, practical, job-specific training aids; program managers need data interpretation and quality improvement skills; ministry officials need storytelling and political advocacy capacity.

- Training alone cannot substitute for supportive supervision: “Don’t expect training to do what supervision used to do”.
- Multi-directional learning is valuable: bi-directional research partnerships (e.g., JHSPH and NHF Bangladesh) produce manuscripts, training materials, and mutual capacity gains.
- Digital formats — micro-learning videos (30 seconds), phone apps, online certifications, training-of-trainers — are promising for scale; in-person peer learning exchanges remain essential for skills-based competencies.
- Capacity building for non-health actors (budget officers, planning officers, finance ministry officials) is underdeveloped and critical for sustainability.
- There is a critical gap of training packages for senior policy makers and leaders.

Market Shaping for Heart Health

Hosted by Whitney Adams and Andrew Moran (RTSL)

- The DIADS framework (Decide, Investigate, Activate, Determine, Scale demand) was introduced as a practical approach to identifying and resolving market failures across LSSS, medicine procurement, and digital solutions.
- Innovative financing captures all efforts to address market failure: pooled procurement, revolving funds, demand aggregation, and co-financing models all have roles to play.
- Activators — intermediaries who drive market uptake and integration — are an underappreciated but critical element in ensuring that products and innovations are embedded in health and food systems.
- The demand-policy-supply model must account for the broader ecosystem in which these markets operate, including regulatory, commercial, and financing dynamics.

Session 10: From Alignment to Action — The Road Ahead

3:00–3:30pm | Tom Frieden and Renu Garg, RTSL

The closing session synthesized two days of discussion and reaffirmed the partnership’s shared direction. Tom Frieden offered reflections on each programmatic area and on the partnership’s operating philosophy; Renu Garg outlined next steps and closed the convening.

Cross-Cutting Themes Across Both Days

Several themes emerged consistently across programmatic areas, country contexts, and session formats over the two days:

1. Country-Led Is What Lasts

The most resilient CVH programs are not delivered to countries, they are built by them. Technical support, global standards, and donor financing are accelerants. Local leadership, local capacity, and local systems are the engine. When countries drive, programs survive funding cycles, staff turnover, and shifting global priorities.

2. Government Ownership Is Non-Negotiable

Whether contextualizing hypertension programs within national Ministry of Health systems, enforcing TFA regulations through food safety authorities, or backing sodium targets with domestic law — none

of it holds without political will and government buy-in at the highest levels. The most durable results share a common thread: unwavering government commitment, and partnerships that strengthen that commitment rather than substitute for it. Strong political leadership matters as much as technical packages.

3. Civil Society Is the Multiplier

From Nigeria's Trans Fat Free Coalition to advocacy networks across Latin America and South Asia, regulatory wins and their enforcement don't happen through technical support alone. Civil society's role does not end when a policy is passed — it is what turns legislation into enforcement. Civil society is ready and mobilized; equipping and sustaining that capacity is one of the highest-leverage investments the partnership can make.

4. Primary Health Care Is the Delivery Platform

When hypertension care is pushed to the community level — barangay health workers in the Philippines retaining patients, decentralized team-based care in India reaching 75 million people, CHWs in Nigeria serving 80 patients a day — outcomes improve at scale. Primary health care is not a compromise. It is the central delivery platform. Strengthening PHC systems is what makes treatment protocols, digital tools, and domestic financing actually reach patients.

5. Integration Multiplies Impact

Hypertension care connected to diabetes and kidney disease management reaches more patients. Simple's capabilities embedded in national digital ecosystems, rather than running in parallel — produce data used for clinical action rather than reporting. TFA and sodium policies anchored in existing food safety systems are enforced and sustained. Integration compounds returns over time rather than keeping investments siloed.

6. Technology Is a Force Multiplier — When Built for the Frontline

HEARTS dashboards deployed in two days. Longitudinal patient tracking operational in two weeks. A hackathon in Indonesia where 7 of 12 EHR providers integrated new tools on the spot. AI reducing the time to build and adapt digital tools. The potential is real — but the principle that makes it work is never losing sight of who is being served. Technology that has scaled is technology designed around the needs of the health worker and the patient.

7. Co-Creation Is a Discipline, Not a Nicety

The tools, protocols, and strategies that have scaled are those built with — not for — the countries and communities using them. Meeting governments where they are, understanding their constraints and their wish lists, and designing solutions that fit existing systems rather than replacing them: this discipline requires more time upfront and is always worth it.

8. Sustainable Financing Is What Makes It Last

Catalytic donor funding is essential and has been transformative. The endgame is domestic investment. Health insurance schemes covering hypertension treatment. Tax revenues from unhealthy products reinvested in health systems. Pooled procurement and negotiated price caps making medicines permanently affordable. The economic case for CVH investment is strong; helping governments make that case to finance ministries — not just health ministries — is a strategic priority for the next phase.

Tom Frieden's Closing Reflections

Frieden opened by imagining the headlines a decade from now:

"The world is trans-fat free. A billion people are on treatment to prevent heart attacks and stroke. 100 countries have flipped the script and are now consuming more potassium than sodium. Instead of cardiovascular deaths doubling from 7 million to 14 million, they've come back down to 8 million — saving tens of millions of lives. We can make this happen."

On TFA

Countries that haven't banned TFA must ban it. Those that have must enforce it. Government leads; civil society supports. The path is clear.

On Sodium

Industry is not monolithic: tobacco and junk food companies are inherently anti-public health; salt manufacturers and potassium producers may be aligned. Understanding industry to engage effectively — and sometimes regulate firmly — is essential. If the partnership can work with salt manufacturers on LSSS, it can win.

On Hypertension

The time for prevention is now. Solutions exist. Barangay health workers inspire patients to stay on treatment. Single-pill combinations are being adopted as basic regimens. Remaining barriers center on simple protocols, fixed-dose combinations, statins, and the need to engage and finance primary care systems effectively — including the private sector.

On Partnership and Countries

Catalytic funding starts the work, but countries must spread it and sustain it. Engagement with finance ministers — not just health ministers — is essential. The partnership's role is to support, not to want success more than countries want it themselves.

Renu Garg's Closing and Next Steps

Renu Garg closed by reflecting on the sense of pride, ownership, and belonging in the room, and on the interdependence that makes the work possible: to pass food policy, GHAI needs data from JHBSPH; the advocacy campaign must align with WHO; the Ministry of Health must carry it forward. It takes all of us.

She outlined the path forward:

- Ongoing evaluation, modeling, and cost-effectiveness studies over the next three months to review the data foundation.
- Thematic consultations and additional convenings with partners over the next three to five months to shape the next phase of work, discuss specific activities, and agree on actionable next steps, with the goal of being as inclusive and consultative as possible.
- A draft program of work to be completed by September 2026.

"This work is hard, The obstacles are many and the work can be frustrating. Yet this work is meaningful. As Tom's mantra from the TB work in India reminds us, 'Irrational optimism is a prerequisite to success.' So let's work with irrational optimism, and we will reach our goal of saving 100 million lives. — Renu Garg, closing the convening

Annex 1. Participating Organizations

Governments

- Bangladesh
- Chile
- Egypt
- Ethiopia
- India
- Indonesia
- Mexico
- Nigeria
- Philippines
- Sri Lanka
- Uruguay

Multilateral Organizations

- World Health Organization
- Pan American Health Organization

Academic Institutions

- Johns Hopkins Bloomberg School of Public Health (JHBSPH)
- The George Institute for Global Health
- Indian Institute of Science

Civil Society Organizations

- GHAI
- Global Health Strategists and Implementers Pakistan
- Imagine Law
- NCD Alliance
- National Heart Foundation Bangladesh
- Reconciliation and Development Association

Funders

Convening and Roundtable Participants

- Bloomberg Philanthropies
- Qatar Foundation
- Novo Nordisk Foundation

Roundtable Participants

- Gates Foundation
- Atria Health
- The Leona M. and Harry B. Helmsley Charitable Trust
- Renaissance Philanthropy
- The World Bank