Setting the Targets for Stroke In Europe in 2030

Bo Norrving

Department of Clinical Sciences, Neurology
Lund University
Sweden
The need for a new "Helsingborg Declaration"

Implementation of adequate stroke services in Europe in 2018 is unequal and incomplete.

Resources for stroke do not match the societal impact and burden of the disease.

Investing in NCDs including stroke is a reinvestment to the society.

The Return Of Investment (ROI) for stroke is excellent.

Decision by ESO December 2016 to proceed and develop an extended "third Helsingborg Declaration" in cooperation with SAFE.
The seven domains of the Action Plan

1. Primary Prevention *(new)*
2. Organization of Stroke Services
3. Management of Acute Stroke
4. Secondary prevention and organized follow-up
5. Rehabilitation
6. Evaluation of Stroke Outcome and Quality Assessment
7. Life after stroke *(new)*

A separate group on *Prioritized Research Areas for translational stroke research.*

A basic principle: The Action Plan is **free** from involvement from industry

>100 persons across Europe Involved with the Action Plan
Action Plan document, for each domain

1. State of the art
2. State of current services
3. Research and Development Priorities
4. Targets for 2030
Overarching targets for 2030

- to reduce the absolute number of strokes in Europe by 10 %
- to treat 90 % or more of all patients with stroke in Europe in a dedicated stroke unit as the first level of care
- to have national plans for stroke encompassing the entire chain of care from primary prevention to rehabilitation.
- to fully implement national strategies for multisector public health interventions to promote and facilitate a healthy lifestyle, and reduce environmental (including air pollution), socioeconomic and educational factors that increase the risk of stroke.

Overall 31 targets set for 2030