Third Global Summit on Circulatory Health

The 3rd Global Summit on Circulatory Health was held in Dubai to address improving medical care for much of the world’s population

Prior to the World Congress of Cardiology on Cardiovascular Health (WCC) in Dubai, the 3rd Global Summit on Circulatory Health was held on 4–5 December 2018. The Summit brought together international, continental and national organizations and leaders in health, academia, civil society, and the private sector to drive action on the timely issue of access to essential medicines and technologies. The case for improved access to essential medicines is compelling—nearly 2 billion people lack access to essential medicines, an estimated 100 million end up living on USD 10.90 or less a day because they have to pay for health care, and another 800 million people spend at least 10% of their household budgets to pay for health care.

Convened under the leadership of Professors Salim Yusuf, Martin McKee, and David Wood, the 3rd Global Summit began by taking stock of the main challenges in ensuring access to medicines, including limited investments in health, fragmented supply chains, low quality or falsified medicines, and inconsistent national, regional, and international action.

Against those persistent challenges, the Global Summit participants and speakers shared pragmatic and innovative solutions, such as procurement pools for essential medicines and blockchain technology to improve supply chains and serve the most vulnerable populations. The Summit concluded with a Call to Action to align the solutions put forward during the event with the World Health Organization’s Roadmap on Access to Medicines and Vaccines in a position paper on access to essential cardiovascular medicines that will be published in the first quarter of 2019. The position paper will build on the key areas for action that emerged from the Summit:

1. Mobilizing additional government funding for essential medicines and technologies;
2. Advocating for the inclusion of essential cardiovascular medicines on WHO’s Prequalification Programme;
3. Promoting voluntary licensing for access to new cardiovascular medicines;
4. Standardizing competencies of and increasing transparency in national selection committees of essential medicines;
5. Strengthening procurement models and supply chains with feedback from communities and patients;
6. Ratifying and implementing legislation against substandard and falsified medicines.

Following the Global Summit, from the 5 to 8 December, the World Congress of Cardiology and Cardiovascular Health received more than 4300 delegates from 119 countries. It offered a truly global perspective on the challenges of bringing heart health to national agendas and reducing the global burden of cardiovascular disease (CVD), as it has been doing for decades.

A highlight of the Congress was the lighting up of the Burj Khalifa (Figure 2, Burj Khalifa composite by Prof. P. Zilla) the tallest building in the world, to raise awareness of the importance of early screening for the prevention of CVD and the link between high cholesterol and CVD. World Heart Federation (WHF) was delighted to partner with the Emirates Cardiac Society, the Gulf Heart Association, and the Dubai Health Authority on this spectacular event (Figure 2).
A new experience was the first WHF Meet and Share Forum, a unique opportunity for foundation and association representatives from around the world to come together and share ideas around communications, advocacy, fundraising, patient involvement and more, in an open and interactive environment. Participants engaged in lively debate and reflected on agendas, strategies and success stories, as well as using the Forum as a stage to showcase successes and challenges at national and regional level.

WHF Vice-President Tony Duncan summed it up best in his closing comments: ‘Mosquitoes are not going to oppose your work on malaria control. With non-communicable diseases, we are up against some of the biggest corporates in the world, with big pockets and big political connections, and the challenge is huge. The only way to address this is to be smarter, to be agile, to be greater than the sum of our parts. Together we can be smarter, faster, more proactive, persistent, and creative. This what the WHF helps us to do, why the WHF exists’.

Another highlight of the Congress was the one-day symposium on ‘Women, Heart Disease and Stroke’, cosponsored by the American Heart Association and the World Heart Federation.

The symposium was attended by more than 250 physicians, nurses, scientists, public health specialists, and other healthcare providers. Conference co-chairs included the Drs Nooshin Bazargani (UAE), Karen Siwa (South Africa), Kathryn Taubert (Switzerland), and Nanette Wenger (USA). There were a total of 20 world-renowned speakers and moderators representing 11 countries on 6 continents.

- presentation by Dr Sidney C. Smith Jr, of data on cardiovascular outcomes for women in major trials and international quality improvement programmes;
- Meet and Share Forum discussion with Beatriz Champagne PhD, WHF Advocacy Committee Chair (Figure 3);
- the session on special situations for women, including
  - pregnancy in women with valvular heart disease
  - peripartum cardiomyopathy
  - pulmonary hypertension
  - intersection of breast cancer and CVD
  - mid-life issues including hormones and menopause

All of the sessions were well appreciated given their unique and inspiring nature and led to many audience questions and thought-provoking discussions.

Alongside all of these stimulating events at the WCC, the WHF Rheumatic Heart Disease (RHD) Task Force (Figure 4) met for the 3rd time since its establishment.

In 2017, the World Heart Federation formed a dedicated Taskforce to take targeted action that will contribute to the implementation of the RHD Resolution. The Taskforce was split into three working groups to tackle the three priorities of: Policy & Advocacy; Prevention, Control and Medical Management; and Access to Cardiac Surgery for RHD. Three meetings have been held so far with a focus on further advancing work in the three priority areas. This meeting held at the Congress brought together 35 professionals of
The World Heart Federation is pleased to announce that our next Congress will follow a new model, which will see the Congress taking place every year, rather than every 2 years, in collaboration with another cardiology meeting. The 2019 Congress will be held in Paris, France, in conjunction with our member, the European Society of Cardiology (ESC). The main spotlight of the Paris Congress will be Global Cardiovascular Health. ‘We decided to focus on this theme because non-communicable diseases—which include CVD—are now also becoming the main cause of death and disability in lower-middle-income countries’, said ESC’s Professor Marco Roffi. ‘The spotlight also fits perfectly with the fact that next year the ESC congress and the World Congress of Cardiology of the World Heart Federation will be held together. What a great opportunity!’

The World Congress of Cardiology has always represented a unique opportunity to focus on areas that are not necessarily included in the major regional meetings, including countries with emerging economies, and how we can approach CVD-related problems in these countries. We look forward to working closely with the ESC on what is sure to be a remarkable global meeting.

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Professor David Wood at WHF
Mark Nicholls speaks to Prof. David Wood as his two-year tenure as President of the World Heart Federation comes to an end

It has been a period of growth for the World Heart Federation (WHF) with fresh impetus through a new CEO, a strategic review of mission and goals, and a new congress structure and approach to engaging the broader international cardiovascular community. Yet, as his tenure as WHF President ends, Prof. David Wood believes the organization is stronger, more stable and has advanced its global influence for cardiovascular health in low-, middle-, and high-income countries.

In handing over the Presidency to Professor Karen Sliwa—Director of the Hatter Institute for Cardiovascular Research in Africa, University of Cape Town, South Africa—Prof. Wood points to the creation of the Global Coalition for Circulatory Health, and the annual Global Summits for a broad constituency of organizations committed to circulatory health, as his most significant achievement during his tenure.

With a pledge by 30 global circulatory organizations to work together to improve circulatory health, all signatories to the Mexico Declaration at the 2016 WHF World Congress in Mexico City, followed by the formal creation of a Global Coalition in Singapore in 2017, the Global Summit for Circulatory Health has become the WHF’s flagship meeting and will take place annually alongside the World Congress of Cardiology. ‘I think this represents an important achievement in terms of unifying the circulatory community in one forum and speaking with one voice to politicians and policymakers’, said Prof. Wood.

As a federation of continental and national societies of cardiology and heart foundations, the Geneva-based WHF had embraced the United Nation’s ‘25 by 25’ target but has since updated that goal in line with the UN Sustainable Development Goals.

With cardiovascular disease (CVD) accounting for the majority of non-communicable diseases worldwide, WHF had adopted the initial UN goal of a 25% reduction in premature mortality from CVD by 2025, but the UN has since changed that to 30 by 30 (a 30% reduction in premature mortality from non-communicable diseases by 2030). ‘Interestingly, that change was politically driven by the WHO because governments were falling far short of achieving the “25 by 25” target and rather than holding them to account, the target was pushed back’, he said.

‘Nonetheless, this longer-term goal is just as important and WHF has adopted it as part of its mission, prioritizing three areas: tobacco control, hypertension, and secondary prevention. The reason for these choices was that epidemiological data from the PURE (Prospective Urban Rural Epidemiology) study show that if we are able to: address tobacco