



# WHL • NEWSLETTER

News from the World Hypertension League (WHL).  
In Official Relations with the International Society of Hypertension and the  
World Health Organization.

No. 156, June, 2017

## President's Column



Dr. Daniel Lackland

The second quarter of 2017 has been a high impact period for WHL. First we begin with the 2017 World Hypertension Day (WHD) and May Measurement Month (MMM) celebrations. Congratulations to President Neil Poulter and his team from the International Society of

Hypertension including the WHL MMM Envoy Richard Wainford for the impressive implementation of a very successful MMM start. The WHL is highly enthused to collaborate with our partners on this important global initiative. While WHD and MMM are important high blood pressure efforts, MMM provides a critical surveillance component. In this initial year, some WHD participants were unable to complete the MMM protocols, but are encouraged to prepare for next year. The World Health Assembly in May provided a great opportunity for Past President Campbell and I to meet with WHO leaders and our partners to design the plans. The European Society of Hypertension was well done and we congratulate our colleagues on an excellent program.

Our WHL Envoys have hit the ground running with their focus and implementation of numerous high impact projects that certainly convey the importance of global hypertension prevention and control. It is great to read their reports on these accomplishments in such a short period of time. I do wish to convey my sincere thanks to all member societies, organizations, sponsors and partners for the comradery and collaboration as we work as a team on a very critical global mission.

Dan Lackland, President, WHL

## Note from the Editor

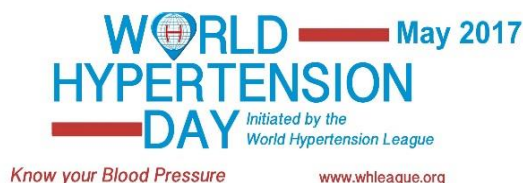


Dr. Lawrie Beilin

This issue includes many items of interest including reports of first indications of the huge success of World Hypertension Day and May Measurement Month, information on WHL participation in the forthcoming September Shanghai Hypertension meeting, announcement of the two distinguished WHL award winners and the newly created WHL Special Envoys. Also please read the article by Jacqui Webster on efforts by the TRUE consortium to promote reduction of high salt intake in targeted countries and to counter 'false facts,' and finally a review by Peter Nilsson of a seminal paper on the global importance of alcohol and hypertension.

Lawrie Beilin  
Editor, WHL Newsletter

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**Many thanks to all of the Participants from around the Globe for making WHD 2017 a great success!**

Please send in your reports so that we can complete our WHD blood pressure count. Certificates of appreciation will be distributed to all participants.

**World Hypertension Day Social Media Post Reaches 1.1 Million**

By: Julie A. Harvill, MPA, MPH  
National Forum for Heart Disease and Stroke Prevention



WASHINGTON, May 19, 2017 – Using a new social media platform called Thunderclap, members of the National Forum for Heart Disease & Stroke Prevention and the World Hypertension League worked together to celebrate World Hypertension Day by reminding more than 1.1 million people to check their blood pressure.

High blood pressure is the #1 cause of stroke and heart failure and the #2 cause of heart attacks, but there are NO symptoms for having high blood pressure. That’s why high blood pressure is called a “silent killer.”

The National Forum and World Hypertension League want to change that. For the first year ever, members of the two health organizations teamed up in a unique collaboration to celebrate World Hypertension Day on May 17 by reminding the public, clinicians and public health practitioners about the importance of blood pressure control.

Using Thunderclap, the world’s first crowdspeaking platform, the groups leveraged social media networks such as Facebook and Twitter to spread their message. At 12 p.m. on May 17, the following social media message went out simultaneously across a multitude of user accounts, reaching 1,116,671 people, which surpassed the groups’ goal to reach one million people.

**“4 in 10 adults have high blood pressure, a major cause of heart disease and stroke. #KnowYourNumbers <http://thndr.me/02uua1>”**



Spreading the word about the need for people to check their blood pressure also supports the mission of Million Hearts® 202 to reduce by 1 million the number of people in the next five years who experience strokes, heart attacks or other cardiovascular events.

More than 75 million Americans are living with high blood pressure yet only about half have it under control. That’s why Million Hearts® has called upon health organizations and practitioners to work together to increase the percentage of people with high blood pressure who have it under control.

Also on World Hypertension Day, the National Forum hosted more than 170 members and stakeholders at the group’s mid-year virtual meeting, during which members shared successful programs and practices to improve hypertension control.

The keynote speaker, Mary McIntyre, MD, MPH, chief medical officer of the Alabama Department of Public Health, spoke about, “Finding Patients Hiding in Plain Sight.” Other speakers included Amy Ciarochi (American Heart Association); Judy Hannan (RN, MPH, Centers for Disease Control and Prevention); Debra Simmons (MS, RN, Consortium for Southeastern Hypertension Control); and Dan Lackland (DrPH, World Hypertension League).

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## American Heart Association Promotes World Hypertension Day

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### “Millions Check Blood for World Hypertension Day”

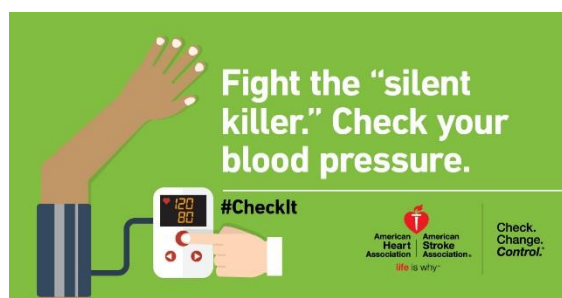
Reprinted from the AMERICAN HEART ASSOCIATION NEWS

People worldwide are checking their blood pressure as part of a campaign to alert people about the dangers of high blood pressure.

Companies and organizations worldwide are participating in the World Hypertension League’s effort to get more people to check their blood pressure, culminating in World Hypertension Day on May 17. The league aims to track 25 million screenings.

More than one in five adults worldwide — about 1.13 billion people — have high blood pressure, which causes about half of stroke and heart disease deaths globally, according to the World Health Organization.

Nearly 86 million Americans have high blood pressure, and only half have it under control, according to statistics from the American Heart Association. It’s known as the “silent killer” because it doesn’t cause obvious symptoms, resulting in about 16 percent of Americans being unaware they have the condition.



High blood pressure, also known as hypertension, raises the risk of heart attacks, strokes and kidney disease. Hypertension occurs when someone’s reading is 140/90 mm Hg or higher. The optimal blood pressure for people 20 and older is under 120/80 mm Hg.

“Hypertension is a priority issue for the American Heart Association, as it is a condition that underlies many other cardiovascular conditions,” said Steven Houser, Ph.D., director of the Cardiovascular Research Center, professor of medicine and professor and chair

of physiology at Temple University School of Medicine. Houser is also president of AHA, which is participating in the global blood pressure-check effort, known as the #CheckIt challenge.

“Increasing global awareness of hypertension, and how to manage it through campaigns such as World Hypertension Day and the #CheckIt challenge help us move closer to that goal,” he said.

The AHA and its network of U.S. partners reported nearly 2 million checks as of Wednesday, based on its #CheckIt challenge data for April and May. The AHA’s goal is to get 5 million checks by the end of the month.

The AHA gathered more than 16,000 blood pressure checks through online efforts, including its Check. Change. Control. program tracker.

Other U.S.-based participants include PharmaSmart, a network of 7,000 scientifically validated kiosks found in pharmacies, drug and discount stores, which recorded more than 840,000 blood pressure tests. Omron, which manufactures blood pressure monitors, tracked more than 1 million blood pressure checks from connected monitors and apps. And A&D Medical, which also manufactures blood pressure monitors, recorded 12,500 blood pressure checks.



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## WHL Children’s Art Poster Contest Winners Announced!

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In conjunction with World Hypertension Day 2017, the World Hypertension League launched an art poster contest among children, coordinated by Dr. Edward Roccella, National Heart, Lung, and Blood

*continued on page 4*



Institute and the Linda Joy Pollin Cardiovascular Wellness Centre for Women, Hadassah, Israel, asking children to draw or paint a poster alerting the viewer of the danger and describing methods to prevent hypertension. First, second and third places were awarded in the participating Jewish and Arabic schools and are displayed below:



**First Place: The Ten Commandments –**  
by Grade 6B



**First Place: A Healthy vs. Clogged Artery -**  
by O.S., S.B.B. & Z.Z.



**Second Place: The Heart -**  
with sayings by Jewish sages regarding the importance of looking after one's health, both physical and emotional – by 12<sup>th</sup> Grade Special Ed Classes



**Second Place: The Pressure Cooker –**  
by Grade 6 A



**Third Place: The Effect of Blood Pressure on the Heart –**  
by S.A., A.A., L.A., D.A.H.



**Third place: Three components of lowering your blood pressure –**  
Quitting to smoke, a balanced diet and physical activity – by S.R.

## MMM and the Future

By Richard Wainford, PhD



It is a pleasure and honor to be working jointly with the International Society of Hypertension and the World Hypertension League on the International May Measurement Month (MMM) Project. This is a

global effort in tandem with World Hypertension Day (WHD) in which we are aiming to complete the largest global blood pressure measurement screen to provide accurate baseline data on the incidence of hypertension to inform future guidelines to reduce the global health burden of hypertension.

Within the United States, where I am the Project Co-Coordinator, we have partnered with academic researchers, clinicians and healthcare providers to spearhead the US participation in this powerful initiative. Our sincere thanks goes out to all participants in both WHD and MMM17. Highlighted groups that led the charge in 2017 were Wayne State University School of Medicine, Meharry Medical College, Pennsylvania State University and the Bay State Physicians Group.

To ensure the ongoing success and future expansion of the May Measurement Month Initiative it is never too early to begin planning for participation in the 2018 event! If you have any questions as to how join this global blood pressure measurement project, particularly in relation to the steps required within the USA, please contact me directly at [rwainf@bu.edu](mailto:rwainf@bu.edu) <<mailto:rwainf@bu.edu>>.

## WORLD HYPERTENSION CONGRESS

WHC 2017

4<sup>th</sup>

World Hypertension Congress &  
19<sup>th</sup> International Symposium on Hypertension and Related Diseases  
第19届世界高血压大会暨第19届国际高血压及相关疾病研讨会

21-25 September 2017 Shanghai

From Evidence Based Policy to Best Practice for Blood Pressure Control



### “Global Hearts Initiative” in Shanghai, CHINA SEPTEMBER 21-25, 2017

“Global Hearts”, a new initiative from the World Health Organization (WHO), will be in attendance at the World Hypertension Congress in Shanghai. Global Hearts aims to beat back the global threat of cardiovascular disease, including heart attacks and stroke, the world’s leading cause of death.

Global Hearts is part of a new effort to scale up prevention and control of CVD, especially in developing countries. It is a collaboration between WHO, the United States Centers for Disease Control and Prevention, and other partners, including the World Heart Federation, the World Stroke Organization, the International Society of Hypertension, and the World Hypertension League.



### Global Efforts to Reduce Population Salt Intake – TRUE Consortium

By: Dr. Jacqui Webster, PhD, RPH  
NutriCentre Director, WHO CC Salt Reduction



The World Hypertension League’s Science of Salt Advisory Group, established by former WHL President Professor Norman Campbell, and chaired since March 2017 by A/Prof Jacqui Webster at the George Institute for Global Health, oversees the Science of Salt Weekly newsletter published in Hypertension Talk. The aim is to keep policy makers and practitioners up to date on new evidence relating to salt

reduction and in particular to address some of the controversy caused by the highly publicized studies that counter the evidence that supports the need to reduce salt: <http://www.hypertensiontalk.com/science-of-salt-weekly/>

The Science of Salt Advisory group also produces critical summary updates of the evidence of salt and health outcomes and interventions to reduce salt which are published in the *Journal of Clinical Hypertension*

<https://www.readbyqxmd.com/read/27704719/the-science-of-salt-a-regularly-updated-systematic-review-of-the-implementation-of-salt-reduction-interventions-november-2015-to-february-2016>.

#### TRUE Consortium

The TRUE Consortium was established in April 2015 by the World Hypertension League, to establish minimum standards for dietary sodium/salt research, particularly for studies that are to be included in systematic reviews or used to inform dietary guidelines. International health and scientific organizations have expressed strong concern that weak science and commercial interest are undermining the public health effort to reduce dietary salt. It is particularly concerning that major high impact journals continue to publish clinical research based on the association of a single ‘spot’ urine sodium and health outcomes. While strong evidence indicates a lack of validity of the use of single spot urine samples to assess individuals long terms salt intake, dissident scientists present flawed and misrepresented research to suggest it is valid. Spot urine sodium concentrations are influenced by the previous meals’ sodium content, a variety of regulatory mechanisms that are associated with cardiovascular outcomes, and renal function which is also associated with clinical outcomes. The formula used to estimate 24 hr urine sodium from a spot urine concentration also has multiple variables strongly associated with clinical outcomes (e.g. age and gender); the formula itself has recently been shown to have an independent association with clinical outcomes irrespective of sodium concentration. Studies to assess the validity of spot urine sodium

*continued on page 6*

to 24 hr urine sodium show that the test is not valid, over estimating salt intake at low intake levels and under estimating at high levels, with very large error in individuals and variable error on the average intake. Other major design flaws leading to controversial and non-reproducible findings are also addressed by the TRUE consortium. The TRUE consortium will develop minimum standards for clinical research on dietary salt as a means of countering flawed research and aims to publish the standards over the next 2 years.

**The WHO Collaborating Centre on Population Salt Reduction** at the George Institute for Global Health has a remit to support countries to achieve the global target of a 30% reduction in population salt reduction by 2025. Over the last 12 months, we have provided direct support to countries to develop and implement salt reduction strategies or surveys to monitor salt intake in Malaysia, Indonesia, Vanuatu and Sri Lanka with further research projects in India and the Pacific islands. We've also provided advice on setting targets for salt levels in foods in Brazil and Hong Kong. In Australia, we are working with the Victorian Health Promotion Foundation on a partnership project to reduce salt intake in the State of Victoria as well as with the Federal government through the Healthy Food Partnership which is setting targets for reformulation of foods. Our regular Bulletin is now distributed to almost 1000 people with subscribers in all countries of the world.

In September 2016, the WHO launched its 'SHAKE the salt habit' technical package for salt reduction

<http://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/> The Collaborating Centre has been working with WHO HQ to develop training materials and resources to support countries to reduce population salt intake. Later this year we will be launching a new web-site as a one-stop portal for information on salt reduction related activities. In the meantime, further information about our work can be found here <http://www.georgeinstitute.org.au/projects/world-health-organization-collaborating-centre-for-population-salt-reduction-who-cc-salt>

[For further information or to sign up to our monthly bulletin contact jsantos@georgeinstitute.org.au](http://www.georgeinstitute.org.au)

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## Alcohol Reduction and Blood Pressure Lowering

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By Peter M. Nilsson, Professor, Lund University, Skåne University Hospital, Malmö, Sweden

Most of us have a positive personal relation to alcohol, to be used in a limited amount for enjoyment and accompanying a nice meal. However, as some people totally avoid alcohol for religious, cultural or moral reasons, or for the medical need to avoid alcohol, other people tend to overconsume. This is causing a multitude of medical problems as well as early morbidity and mortality. For cardiovascular prevention a limited intake of alcohol, often as a component of the heart-healthy Mediterranean diet, has been proposed even if modern studies based on genetics (Mendelian randomization) have not been able to support the preventive effect of alcohol, rather the opposite [1]. Blood pressure elevation has been described as a consequence of excessive alcohol intake, both related to adverse metabolic changes and weight increase, as well as increased sympathetic nervous activation during the abstinence period.

In a newly published systematic review the effects of alcohol reduction on blood pressure has been thoroughly examined [2], and discussed in one accompanying Editorial [3] in *Lancet Public Health 2017*. The systematic review and meta-analyses was based on 36 trials with 2865 participants (2464 men and 401 women). In people who drank two or fewer drinks per day, a reduction in alcohol was not associated with a significant reduction in blood pressure. However, in people who drank more than two drinks per day, a reduction in alcohol intake was associated with increased blood pressure reduction. Reduction in systolic blood pressure (mean difference  $-5.50$  mm Hg, 95% CI  $-6.70$  to  $-4.30$ ) and diastolic blood pressure ( $-3.97$ ,  $-4.70$  to  $-3.25$ ) was strongest in participants who drank six or more drinks per day if they reduced their intake by about 50%. The authors concluded that reducing alcohol intake lowers blood pressure in a dose-dependent manner with an apparent threshold effect. Implementation of effective alcohol interventions in people who drink more than two drinks per day would reduce the disease burden from both alcohol consumption and hypertension [2].

From a public health perspective this is mostly relevant to countries and populations were

alcohol intake is high, and also the stroke risk caused by hypertension. According to a recent World Health Organization (WHO) report, there are ten countries where residents consumed more than 13 or more liters per person as of 2010 [4]. Nearly all of the ten countries with the highest levels of alcohol consumption are located in Eastern Europe. They include Russia and other former Soviet Union nations such as Belarus, Lithuania, Moldova, and Ukraine. In Belarus, the heaviest drinking nation, residents consumed 17.5 liters on average [5]. It is also well-known that these East-European countries also suffer from a high stroke risk as influenced by poorly controlled blood pressure [6]. The public health message is thus clear. If populations with a high alcohol consumption could be encouraged to lower this intake most likely blood pressure will be reduced and also stroke. This also applies to individuals with a high alcohol consumption (more than 2 drinks per day) in other countries as well. Health care staff should encourage patients and communities to reduce a high alcohol intake. This strategy should be accompanied and supported by legislation, pricing, taxation and a fierce attitude towards criminal handling of alcohol, i.e. smuggling or selling to under-aged adolescents.

#### References

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4. Global Information System on Alcohol and Health(GISAH). <http://www.who.int/gho/alcohol/en/>
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6. Grassi G, Cifkova R, Laurent S, Narkiewicz K, Redon J, Farsang C, et al. Blood pressure control and cardiovascular risk profile in hypertensive patients from central and eastern European countries: results of the BP-CARE study. *Eur Heart J*. 2011;32:218-25.




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## WHL Welcomes New Special Envoys - CONGRATULATIONS!

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**Donald DiPette, MD**, Professor of Medicine, University of South Carolina School of Medicine, in recognition of his contribution to the WHL mission to control hypertension at the population level, has been designated as the **WHL Envoy for Pan American Hypertension Control**.

**John Kenerson, MD, FACC**, Cardiovascular Associates, Virginia Beach VA, in recognition of his impact on global hypertension management through community focused hypertension, including resistant and secondary causes of hypertension, has been designated as the **WHL Envoy for Global Faith-Based Hypertension Control Initiatives**.

**Edward J. Rocella, PhD**, National Heart, Lung and Blood Institute (NHLBI) has been designated as the **WHL Envoy for Global Hypertension Education**.

**Richard Wainford PhD**, Associate Professor of Pharmacology & Medicine, Department of Pharmacology, Boston University School of Medicine, in recognition of his efforts to broaden the scope of WHD toward global blood pressure control, has been designated as the **WHL Envoy for the MMM Initiative**.




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## Activities in Latin America and the Caribbean to Promote Cardiovascular Risk Reduction and BP Control

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By Donald J. DiPette MD, WHL Envoy for Pan American Blood Pressure Control

This winter and spring has seen a flurry (pun intended, however, blizzard would be more appropriate for our more northern colleagues) of activities aimed at addressing the increasing prevalence, as well as the detection and treatment, of non-communicable diseases such as cardiovascular disease including hypertension in Latin America and the



Caribbean. Such activities also has seen the development of increasing substantive relationships between our organization and those of others, especially the Pan American Health Organization (PAHO), as part of the World Health Organization, and the Centers for Disease Control of the United States.

For instance, the Standardization Hypertension Treatment Program, now transitioned to the Cardiovascular Risk Reduction Program, has had at least two major meetings and site visits to on-going demonstration sites including Chile, Colombia, and Cuba during this time period. Both Norman Campbell, our recent president, and myself were honored to be consultant members of the PAHO leadership team for some of these visits. During the visits, site progress, use of standardized core medications and simple treatment algorithms, patient registry development, and challenges and opportunities were presented and discussed for each site and the program as a whole. Discussions of “scaling up” the program, including new sites and countries were initiated.



In addition, Norman Campbell and I were invited as faculty members of the recent meeting of the XXVI meeting of the Peruvian Congress of Cardiology held recently in Lima,, Peru. We thank Dr. Jose Manuel Sosa, President of the Congress, for his kind invitation and generous hospitality. Dr. Campbell presented several lectures on the factors related to the success of the Canadian Hypertension Control Program, critical systems-related factors needed to increase blood pressure control, and the importance of dietary sodium reduction in the prevention and treatment of cardiovascular disease. I presented the present state of hypertension guidelines and where they may change, given

new evidence based studies and a review an update of the progress of the Standardized Hypertension Treatment Program, mentioned above.

To end this busy season, Norman Campbell and I also actively participated in PAHO’s first Regional Seminar on the Implementation of the Cardiovascular Risk Reduction Project in the Americas held in Santiago, Chile in May 2017 where ten countries were represented and a rich exchange of experiences took place.

As can be seen, there is a lot going on to increase the awareness and control of hypertension in Latin American and the Caribbean. Our organization is pleased to be involved in these critical initiatives.



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## Three Hypertension Questions

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By John Kenerson, MD, WHL Envoy for Global Faith-Based Hypertension Control Initiatives

### WHAT DO WE KNOW?

As we drill down from Global Burden of Disease statistics, we all know the numbers and could probably recite them from memory like the lyrics of a popular song. We point towards hypertension as the dominant relative contribution subset of Cardiovascular Disease and NCD to justify our efforts.

We know from data over the past decade that there is a striking asymmetric distribution of adult patients with hypertension found in the developing world, with an almost inverse funding relationship.

We know from 2015 reports that we are at the threshold of 18 million CVD deaths worldwide, despite the fact that the age standardized CVD death rate has decreased in all high and many middle-income countries between 1990 and 2015.

### WHAT SHOULD WE KNOW?

We should know that whether from a religious or secular perspective, we need to develop an attitude of **METANOIA** or **SHIFT OF MIND**. Successful models are simply not directly transferrable to the developing world challenged by substantial across the board lack of resources.



We should know the lessons of Disruptive Innovation manifest as Catalytic Innovation that challenges organizations and social structures to develop **SIMPLER** and **GOOD-ENOUGH SOLUTIONS** aimed specifically at underserved groups.

We should know the imaging technique lessons of **ITERATIVE RECONSTRUCTION**, as we develop hypertension models in the developing world. It is a similar dynamic process of prediction, replacing missing data, decreasing background noise, ultimately with best fit analysis, all the while continually improving in iterative fashion towards the final presented realistic interpretable image.

#### **WHAT SHOULD WE DO?**

As we look at innovative solution strategies to close the developing world gap, we need to look at potential differential assets found in the developing world often devoid of organized infrastructure. One overlooked resource is that of small NGOs and faith based medical missions, who tend to gravitate to areas of the destitute poor. Though often maligned as medical tourism, these groups represent an extensive and large cottage industry. In the proper circumstances of vetted education and training to the point of certification based on knowledge and not title, organization of this volunteer army could represent a major weapon in the war against the ravages of under diagnosed, treated, and controlled hypertension.

Working with the UN Small Island and Developing States Information and Communication Technology (ICT) initiatives, the World Hypertension Action Group (WHAG) (partnering with WHL) is embarking on such collaborative efforts with faith based and NGO groups. A multi-tiered approach will build from the ability to take an accurate BP measurement using validated devices, as the backbone for all BP screening, diagnostic and prognostic activities. There will be the ICT option for groups to have a central repository to collect data. These Groups will also have culturally specific vetted public education information made available. In selected circumstances with proper support, pre-primary care simple therapy programs may be considered.

Thus, as the first iterative solution, WHAG is taking the initiative to shift our mindset away from standard thinking in high and middle-income countries with high and middle level resources. The movement is towards simple and good enough solutions, tapping into heretofore untapped trained volunteer resources in the developing world, starting as proof of concept in some of the world's most challenging venues.



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## **WELCOME TO NEW WHL MEMBERS** **Blue Cross Blue Shield – LA, USA**



### **Healthy Heart Association – Mongolia**



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## **Union for a Healthy Heart - Slovakia**

Three groups recently joined the World Hypertension League as associate members.

**Welcome to Blue Cross Blue Shield of Louisiana (BCBS-LA)**, a physician based group whose mission is to improve the health and lives of Louisianians.

**Welcome to the Healthy Heart Association (HHA)** of Mongolia.



**Welcome to the Union for a Healthy Heart (UZS)** based in Bratislava, Slovakia.



## MEETINGS OF NOTE

### International Stroke Conference



Daniel Lackland (President- World Hypertension League), Werner Hacke (President, World Stroke Organization) and Ralph Sacco (President, American Academy of Neurology) at the April 2017 ISC in Houston TX.

Nancy Brown, American Heart Association CEO, with Dr. Daniel Lackland, DrPH, WHL President at the 2017 ISC in Houston TX



### Centers for Disease Control (CDC) Meets with WHL Staff - Beijing



On May 8 - 10, 2017, Dr. Samira Asma from the CDC and her staff met with Dr. Liu Lisheng, Dr. Zhang Xinhua and Dr. Guan Tingrui in Beijing to discuss the major points for monitoring the progress and outcomes of NCD control in community health care, and to further cooperation with the Global Heart Alliance, especially in the HEARTS technical package in China and several other Asian countries.

### World Health Assembly – Geneva



### #beatNCDs Showcase at the 70<sup>th</sup> World Health Assembly (WHA)

Around 3500 delegates from WHO's 194 Member States came together for nine long days to discuss an unprecedented 78 agenda items, resulting in the adoption of 19 resolutions and 14 decisions.



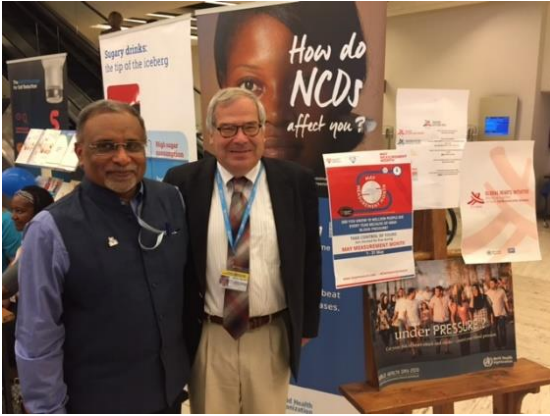
Helen McGuire, PATH, and Dr. Dan Lackland, WHL, at the WHO conference

Delegates endorsed an updated set of policy options and interventions to help countries meet global targets to prevent and control noncommunicable diseases. The new set includes 16 interventions known as “best buys” within WHO's global action plan for the prevention and control of NCDs 2013-2020. The effectiveness of the “best buys” has recently been re-examined and reaffirmed by the WHO Secretariat.

An interactive zone was set up to highlight prevention and control of NCDs and on May 30<sup>th</sup> participants had the opportunity to measure their blood pressure in support of the ‘know your numbers’ and #beatNCDs campaigns and received some information on the amount of salt and sugar in their foods. Common foods were showcased with their salt and sugar content quantified in teaspoons. In

addition tobacco control was stressed and physical activity sessions were held by the WHO team. Stories from NCD patients across the globe were also presented.

Dr. Dan Lackland of the World Hypertension League visited the exhibition and even had his own blood pressure taken!



Dr. Cherian V. Varghese, WHO and Dr. Daniel T. Lackland, WHL at the World Health Assembly with the MMM announcement at the NCD Action Plan exhibit.

## 9th International Congress for Cardiology and Diabetes (ICCD)

By Prof. Hilton Chaves Jr., MD., PhD., President International College of Cardiology (2016-2017)

In a welcome to Dubai and the 9<sup>th</sup> ICCD Congress! I wish to give not just a very brief reminder of recent advances in cardiology and of some medium-term goals but also re-affirm the high ideals that Prof. Singh and the other original members of ICC set out when the College was first founded in 1999.

In our fast-changing world, views and political visions are polarizing. People of good will of all faiths and beliefs are reflecting on why globalization has not benefitted everyone equally and why it has not eradicated poverty. Extreme equal and opposite opinions are emerging, based either on belief systems and inter- and intra-faith disputes or on economic and social policies that claim to resolve current problems, not least how to respond to mass emigration.

All political leaders are aware that the tremendous advances in medicine are leading to people living longer. This is putting a strain on health and other public services everywhere. But just as critical is how governments can counter-act the expected massive

loss of jobs because of various forms of robotics and the uses of Information Technology, not least the Internet of Things. And a consequence of this is: how can any government raise the taxation needed to support public services, including the provision of health and social care services, when those in work are becoming a smaller and smaller percentage of the total population.

We are all rightly proud of recent advances that have been made in, for example, imaging, nuclear and nano-medicine, ECMO, tele-medicine, and chronobiology. We are in the vanguard in reminding health authorities and the general population that the power of prayer and encouraging spirituality maintains good health and can aid recovery. And we are contributing towards helping to reduce premature cardiovascular disease deaths by 25% by 2025.

I am sure we shall succeed - because of our track record and also because we are united in our determination to improve our communities and to

learn from and share successes with the rest of the world.



Prof. Hilton Chaves, Jr., President ICC and Dr. Abdulla Shehab, President of Emirates Cardiac Society



**Mission**

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is in official relations with both the International Society of Hypertension (ISH), and the World Health Organization (WHO).

**Board Officers:**

Dr. Daniel T. Lackland (Charleston, USA) President  
 Dr. Marcelo Orias (Cordoba, Argentina), Vice-President  
 Dr. Norman Campbell (Calgary, Canada), Past President  
 Dr. Xin-Hua Zhang (Beijing, China), Secretary General  
 Dr. Peter Nilsson (Malmö, Sweden), Treasurer

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 Dr. Daniel Lemogoum (Douala, Cameroon)  
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 Dr. Rhian Touyz (Glasgow, UK)

**Secretariat:**

Dr. Mark Niebylski (Corvallis, MT, USA), CEO  
 Mary L. Trifault, Senior Administrator  
 Phone: (+1-406) 961-6844  
 E-mail: CEO@whleague.org  
 Internet: <http://www.whleague.org>

**Editorial Office:**

Editor in Chief: Dr. Lawrence Beilin  
 Associate Editor: Mary L. Trifault  
 E-mail: [mtrifault@gmail.com](mailto:mtrifault@gmail.com)  
 Phone: (+1-917) 907-4623

**Associate Editors:**

Dr. Norman Campbell  
 Dr. Detlev Ganten

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**Calendar of Events**

**Diabetes World Summit**

Stockholm Sweden  
 August 22-24, 2017

Information: <http://vbripress.com/emcc17/>

**AHA Council on Hypertension American Society of Hypertension Joint Scientific Sessions 2017**

San Francisco, California  
 September 14 – 17, 2017

Information: [Click here](#)

**World Hypertension Congress 2017**

Shanghai, China  
 September 21-25, 2017

**World Health Summit 2017**

Berlin, Germany  
 October 15–17, 2017

Information: [Click here](#)

**WHO Global Conference on NCDs**

Montevideo, Uruguay  
 October 18-20, 2017

Information: [Click here](#)

**American Heart Association Scientific Sessions**

Anaheim, California  
 November 11–15, 2017

Information: [Click here](#)

**3rd International Hypertension Conference**

**New Trends and Challenges**

Khartoum, Sudan  
 November 24- 26, 2017

Information: <http://ssh-sd.org/>

**10th International Congress on Cardiovascular Disease and Diabetes**

Kosice, Slovakia  
 June 1-3, 2018

Information: <http://www.iccsk.com>