



WHL • NEWSLETTER

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

No. 153, October, 2016

President's Column



Dr. Daniel Lackland

This has been an exciting and productive quarter for WHL and global hypertension. While the next Newsletter will provide further detail, I would like to congratulate the organizations and program committees for the outstanding forums at:

- Hypertension Seoul (ISH/APSH) 2016
- BPCON 2016
- World Health Summit
- World Stroke Congress
- American Heart Association Hypertension Conference

WHL was pleased to be a part of these superb events. It was so rewarding to see the global commitment to the global prevention and control of high blood pressure. The lively scholarly exchanges stimulated the description of the evidence-based approach ascribed by the WHL in the detection, treatment, management and prevention of high blood pressure. These important meetings also provided the opportunity for WHL to recognize achievements and accomplishments from individuals and societies in global hypertension control. It was a great pleasure to see the novel programs and activities implemented in the populations around the world.

With future Newsletters, we will also describe the exciting plans for World Hypertension Day,

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Note from the editor



Dr. Lawrie Beilin

This issue comes hot on the heels of the WHL Board and Council meetings held during the International Society of Hypertension Scientific meeting in Seoul. The Newsletter includes a recap of the main issues arising at the WHL Board meeting, reports of ongoing and new collaborations with WHO and Pharmasmart and anticipation of establishment of a new WHL South East Asia Pacific regional network based in Australia.

Lawrie Beilin
Editor, WHL Newsletter

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President's Column continued

but we ask each of you to share your plans and please let WHL know how we can be of help in 2017. Our partner organization and member societies have embraced the theme of 'Know Your Numbers' with the planning and implementation of numerous novel approaches that will have a significant impact. Finally, I sincerely thank you for your commitment and education to the global hypertension control mission and look forward to working with you as we move forward.

Daniel Lackland
President, WHL



PharmaSmart Enters in to New Pharmacy Partnership

By: The WHL Global Office

The WHL would like to congratulate PharmaSmart (www.pharma-smart.com) on its new United States retail pharmacy partnership. PharmaSmart, a WHL corporate sponsor, has entered into a pharmacy partnership with Giant Eagle to have their BP Kiosks in Giant Eagle, Market District and Market District Express stores in Pennsylvania, Ohio, Maryland, and West Virginia. This partnership will also include PharmaSmart's cloud-based Health IT platform. This program better positions retail pharmacies to engage in collaborative practice agreements with regional health providers and accountable care organizations. The WHL is truly excited that PharmaSmart has entered into this partnership and will give access to BP readings to more consumers in the United States. The full news release may be viewed at: <http://www.cbs58.com/story/32705889/pharmasmart-and-giant-eagle-supermarkets-ink-major-deal>



Hypertension Seoul -2016: WHL Highlights

By: WHL Global Office

Congratulations! & Thank You! from the WHL to the Korean Society of Hypertension and the International Society of Hypertension (ISH) for a highly successful, vibrant, and well organized conference. Held Sept. 25-29, 2016 in Seoul, Korea, many global hypertension and non-communicable disease experts, professors, researchers, young investigators, students, colleagues, and sponsors gathered for an array of presentations and discussions.

For the event, WHL sponsored a booth that was well toured by members and partners and became a focal meeting spot. The visits, smiles, and conversations with those from Korea, China, India, Japan, Malaysia, Australia, New Zealand, United Kingdom, Argentina, Italy, Germany, Poland, Russia, Saudi Arabia, Sudan, Canada, USA, Centers for Disease Control & Prevention, and more left many fond memories. It is hoped that WHL will continue or even expand WHL booth resources at future conferences.



Dr. Niebylski -CEO, Dr. Lackland-President, Dr. Campbell-Past President at the WHL Booth in Seoul (Photo Courtesy of Dr. Lawrie Beilin-Editor)

At the conference, the WHL Executive Board also convened for discussions on operations and strategic planning. A few of the items identified as priorities included: 1) enhancing sponsorship and funding partners/opportunities, 2) enhancing member communications,

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Highlights from Seoul continued

3) promoting our Mission & Mandate (e.g. World Hypertension Day, WHL Awards), 4) a future WHL Congress planning, 5) organizational structure (e.g. new Board members) and 6) Advanced planning for a new WHL Regional Office covering the SE Asian Pacific area and based in Australia under the auspices of the Australian Council for High Blood Pressure research. It was also determined that, due to limitations in international travel, WHL member participation/involvement would be enhanced through online e-mail requests and voting on important topics such as approval of updated By-laws. So Full Members can expect e-mail messages asking a few short questions on key issues. Your participation and feedback is not just encouraged but essential to our shared impact and future successes.



The WHL Executive in Seoul, Korea (Photo courtesy of Dr. Lawrie Beilin)

WHL Honors Past President

By: WHL Global Office

For his distinguished service to the World Hypertension League, hypertension control, and dietary salt reduction the World Hypertension League honored Past President Dr. Norman Campbell in Seoul, Korea. Dr. Campbell received the “Distinguished Service & Excellence in Hypertension Prevention & Control at the Population Level” award. The WHL is honored to have Dr. Campbell continue to serve as Past President and be active within the organization! Thank you for all that you have done, and

continue to do in an effort to reduce hypertension and raise awareness!



Dr. Lackland—President, presents Dr. Campbell—Past President with his award (Photo courtesy of Dr. Lawrie Beilin)

Cochrane Review on the Impact of Salt Reduction Programs

A recent Cochrane review has just been published that shows national sodium reduction initiatives have the potential to show population-wide reductions in salt intake, particularly if they are multi-component (more than one intervention activity) and incorporate intervention activities at a structural level (e.g., food product reformulation) (1). This information may be useful in developing or improving national sodium reduction strategies. A key message for Canada (the origin of the review) is that the current approach has been ineffective related to a failure to implement Canada’s Sodium Working Group multi-component strategy. A large number of national sodium reduction strategies were excluded from the review because of a lack of evaluation (e.g., no pre- and/or post data point with which to examine the impact of the intervention) emphasizing the importance of assessing the impact of programs.

1) McLaren L, Sumar N, Barberio AM, Trieu K, Lorenzetti DL, Tarasuk V, Webster J, Campbell NRC. Population-level interventions in government jurisdictions for dietary sodium reduction. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD010166. DOI: 10.1002/14651858.CD010166.pub2

Regional and National Burdens Related to Increased Blood Pressure

By: Britney Wong and Dr. Norm Campbell

Increased blood pressure is now recognized by the Global Burden of Disease Study as one of the leading risks for both death and disability¹. The high disease burden related to hypertension has resulted in the World Health Organization and World Health Assembly to call for a 25% reduction in uncontrolled hypertension by 2025². As part of the effort to control hypertension, the World Hypertension League is developing resources to assist in increasing awareness of hypertension and to aid advocacy efforts to improve hypertension control

(<http://www.worldhypertensionleague.org/>, accessed Aug 8, 2016). In this commentary we highlight the highest and lowest national disease burdens related increased blood pressure and as supplementary files provide a slide set and comprehensive table to aid advocacy and dissemination of the information.

The Global Burden of Disease Study was examined to assess variation in disease burden. National and regional level data was obtained from the 2013 Global Burden of Disease Study data (Institute for Health Metrics and Evaluation, 2016 University of Washington, <http://www.healthdata.org/gbd/data-visualizations>, accessed Aug 8 2016). Numbers of deaths and disability-adjusted life years (DALYs) were obtained as well as figures of the burden of disease. The areas explored in this study consisted of the major continental regions of the world. These regions comprise North America, South America, Africa, Europe, Asia, the Middle East and Australia. Regions with large numbers of countries, such as Asia and Europe, are divided to allow for easier visualization of the data. Each region has listed national data alphabetically. The website is missing data for certain countries, therefore they are not featured in this publication. The Project was commissioned by the World Hypertension League.

At a global level, the number of DALYs in 2013 attributed to hypertension was 208,128,784 while the number of deaths was 10,363,552.

The percentage of DALYs attributed to hypertension was 8.5% while the percentage of deaths was 18.9%. Georgia had the highest national percentage of deaths attributed to hypertension (40.5%). The Ukraine and Bulgaria were also associated with high percentages of deaths attributed to hypertension (40% and 37.9%, respectfully). Chad had the lowest national percentage of deaths (3.8%) attributed to hypertension while both Kenya and Mali also experienced low percentages of deaths (4.0% and 4.7%, respectfully). At a global level, Chad experienced the least percentage of DALYs attributed to hypertension (1.3%) while Georgia experienced the greatest percentage of DALYs (23.8%). Kenya, Mali, and Nigeria also experienced low percentages of DALYs (1.5%, 1.7% and 1.7%, respectfully). Bulgaria and Belarus also experienced substantially higher percentages of DALYs (23.6% and 23.2%, respectfully). The data at a continental and national level is in the supplementary table and a supplementary slide set.

In North America, Canada had the lowest percentage of deaths attributed to hypertension (13.1%) while the United States was slightly higher (15.7%). Canada also experienced the lowest percentage of DALYs attributed to hypertension (6.5%) while the United States was slightly higher (8.1%).

In South America, Peru had the lowest percentage of deaths attributed to hypertension (10.2%) while Suriname had the highest percentage of deaths (22.7%). Peru faced the lowest percentage of DALYs attributed to hypertension (4.2%) while Suriname was highest (11.0%).

In Africa, Chad suffered the lowest percentage of deaths attributed to hypertension (3.8%). Libya suffered the highest percentage of deaths (29.2%). Chad experienced the lowest percentage of DALYs attributed to hypertension (1.3%). Mauritius faced the highest percentage of DALYs (15.9%).

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Regional/National Burdens continued

In Europe, the United Kingdom had the lowest percentage of deaths attributed to hypertension (13.9%). Ukraine experienced the a substantially greater percentage of deaths (40.0%). Switzerland experienced the lowest percentage of DALYs attributed to hypertension (7.2%) while Bulgaria attained the highest percentage of DALYs (23.6%).

In the Middle East, Qatar suffered the lowest percentage of deaths attributed to hypertension (12.9%). Lebanon suffered the greatest percentage of deaths (25.9%). Qatar had the lowest percentage of DALYs attributed to hypertension (3.5%) while Lebanon experienced the highest (10.9%).

In Asia, Thailand experienced the lowest percentage of deaths associated with hypertension (14.0%). Georgia suffered the greatest percentage of deaths (40.5%). Timor-Leste experienced the lowest percentage of DALYs attributed to hypertension (5.8%). Georgia experienced the highest percentage of DALYs, (23.8%).

In Australasia, Australia experienced the lowest percentage of deaths attributed to hypertension (17.3%). New Zealand suffered the greatest percentage of deaths (18.4%). Australia experienced the lowest percentage of DALYs attributed to hypertension (7.0%) while New Zealand attained the highest (8.3%).

Hypertension is one of the most important attributable risks for death and disability. Although there are a few countries where the burden of hypertension is relatively low, in nearly all countries hypertension is a major risk factor and even is attributed to 40% or more deaths in several countries. Clearly substantive improvements in prevention and control of hypertension need to occur if the disease burden is to be reduced. Improving awareness of hypertension as a health risk is an important first step to advocate for resources to prevent and control hypertension. A slide set is the primary resource from this project and is available at

<http://www.worldhypertensionleague.org/index.php/j-stuff/the-global-burden-of-hypertension>.

This commentary also highlights great variability in national disease burden related to hypertension. Although many lifestyle factors that cause hypertension are established, we are not aware of analyses that assess how much of the variability in hypertension nationally is based on variation in the known lifestyle causes of hypertension or an interaction of lifestyle and genetic factors. Clearly such analysis would be of great value in aiding countries develop programs to prevent hypertension.

NOTE: Find the Powerpoint Presentation at: <http://www.whleague.org/index.php/j-stuff/the-global-burden-of-hypertension>

Reference List

- (1) GBD 2013 Risk Factors Collaborators, Forouzanfar MH, Alexander L et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2015 September 10.
- (2) United Nations General Assembly. Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on the prevention and control of non-communicable diseases. New York, USA: Department for General Assembly and Conference Management; 2013 Dec 10.



WHO Global Ambassador Announced

By: The WHL Global Office

Recently Michael R. Bloomberg was named the World Health Organization's (WHO) Global Ambassador for Noncommunicable Diseases (NCDs).

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WHO Global Ambassador Announced continued

Bloomberg is a philanthropist and former three-term Mayor of New York City, USA. For the past ten years Bloomberg has been working with the WHO on tobacco control and injury prevention. In his new role as Global Ambassador for NCDs, he will work with national and local political leaders around the globe to highlight the burden of NCDs and injuries. He will also help in the mobilization of both city and national political leaders and donors in the private sector to treat NCDs and combat injuries.

As we are in official relations with the WHO, WHL is very excited that they are highlighting both NCDs and the injuries that they cause. For the full news release on Mr. Bloomberg's appointment visit: <http://www.who.int/mediacentre/news/releases/2016/bloomberg-WHO-Ambassador-Noncommunicable-Diseases/en/>.

WHL Welcomes New Members

By: WHL Global Office

The World Hypertension League would like to welcome Onom as its Member. The Onom Foundation. The Onom Foundation is working to promote "sustainable progress in Mongolia". For more information, visit: <http://onomfoundation.org/>. Welcome Onom!

The World Hypertension League would like to welcome the International Pediatric Hypertension Association as its Member. IPHA works to improve the care of children and young adults affected by hypertension. For more information, visit <http://www.iphapediatrichypertension.org>. Welcome IPHA!

The World Hypertension League would like to welcome Colleagues in Care (CIC) as an Associate Member. CIC is working to empower healthcare providers in developing countries to increase productivity given limited resources.

For more information visit:
<http://colleaguesincare.org/>
Welcome CIC!

All of WHL extends our Sincere Thank You to Kimbree A. Redburn, MA, WHL's Population Health & Economics Specialist for her dedication, daily contributions, and enthusiasm as she pursues new Life and career goals and adventures! Kimbree was a key contributor to our operations, promotional efforts (e.g. World Hypertension Day) and communications as evidenced by this Newsletter and so much more. You will be missed!

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
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Calendar

The World Health Summit

Berlin, Germany

October 9-11, 2016

Information: <http://www.worldhealthsummit.org/>

Artery 16

Copenhagen, Denmark

October 13-15, 2016

Information: <http://www.arterysociety.org/our-activities/our-conference/>

E-mail: artery@conferencecollective.co.uk

WHO Global Dialogue Meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development

Balaclava, Mauritius

October 19-21, 2016

American Heart Association's Annual Scientific Conference

New Orleans, Louisiana

November 12-16, 2016

Information: http://professional.heart.org/professional/EducationMeetings/Meetings/ScientificSessions/UCM_316900_Scientific-Sessions.jsp