



# WHL • NEWSLETTER

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

No. 158, December, 2017

## Note from the Editor



Dr. Lawrie Beilin

This celebratory seasonal issue of the Newsletter includes reports on the WHL meeting with the World Hypertension Congress in Shanghai, and updates on the expanding

collaborations between WHL and other international organisations. There is a special welcome to new members of the WHL Board and to Marc Jaffe as the WHL envoy for RESOLVE and Jacqui Webster as WHL coordinator of communications with the South Pacific on Hypertension and salt reduction. Detlev Ganten offers an historical perspective on the early days of WHL while Steve Daniels brings us up to date on Pediatric Guidelines for screening for hypertension. Michael Weber selects an intriguing article from the Journal of Clinical Hypertension warning of the risks for hypertension for cohabiting spouses. This editor notes that despite this, for those who stay the pace being married is associated with better cardiovascular outcome and, at least for Japanese men, super longevity!

Seasons greetings every one.

Lawrie Beilin  
Editor, WHL Newsletter

## President's Column



Dr. Daniel Lackland

Clearly the year 2017 will be long recognized for its impact on global hypertension prevention and control. The development and release of hypertension treatment guidelines and protocols provide evidence-based recommendations that should enhance global high blood pressure control. And for hypertension awareness, we are pleased to collaborate with President Poulter and the International Society of Hypertension in the May Measurement Month global efforts. It is with high enthusiasm that WHL recognizes excellence and Champions for hypertension, and also the development of future leaders in global high blood pressure prevention and control. The World Hypertension Congress was a tremendous success accomplishing the objectives of providing the newest research and clinical finding for hypertension. We are highly enthused to work with our partners with the implementation of Global Hearts and RESOLVE initiatives and strategies throughout the world. And finally, as we bring a close to 2017 with high anticipations for 2018, all good wishes for peace and prosperity.

Dan Lackland, President, WHL

Contents	Page
President's Column & Note from the Editor	1
World Hypertension Congress Shanghai	2
May Measurement Month Update	4
AHA/ACC Clinical Hypertension Guidelines	5
Regional Corner – Latin America & Africa	5
Upcoming Meetings of Note	7
Past Meetings of Note	8
AHA Global Hearts Initiative	12
Journal of Hypertension Report	12
WHL History Series	13
Welcome New WHL Board Members	15

## World Hypertension Congress 2017

WHL 2017

4<sup>th</sup>

World Hypertension Congress & 19<sup>th</sup> International Symposium on Hypertension and Related Diseases  
第四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



By Prof. Xin-Hua Zhang  
Secretary General of WHL

The World Hypertension Congress 2017 (WHC2017) held in Shanghai from 21 to 24 September 2017 was jointly organized by the World Hypertension League, the Chinese Hypertension League, the Chinese Society of Cardiology, the Beijing Hypertension League Institute, the Shanghai Hypertension Institute and other medical societies in China, and supported by the Division of Disease Control and Prevention of the National Health and Family Planning Committee and the National Center for Disease Control and Prevention.

The theme of the WHC2017 was “from evidence based policy to the best practice for blood pressure control”. The conference provided the platform for health policy makers, clinicians, researchers and community health care workers worldwide to share their knowledge and experience in policy making and practice for prevention and control of hypertension and related complications in communities and in health care settings.

There were 2 plenary sessions and 63 simultaneous sessions with 319 invited lectures and oral presentations and 121 poster presentations. The World Hypertension League co-organized 4 special symposia with the WHO, the USCDC and Chinese national hypertension and cardiovascular societies to discuss the significance of and practical issues in the implementation of the HEARTS technical packages for salt reduction and management of hypertension and other cardiovascular risk factors. WHL board members and officers from the WHO, the USCDC, Resolve, the Chinese government, China-CDC, and experts from Chinese national societies of hypertension and cardiology participated in the panel discussion.

Dr. Thomas Frieden, the President of Resolve and the former Director of the USCDC, delivered the keynote speech on “Scaling up

Prevention of Cardiovascular Disease: from Calls to Action to Action”. He also received the Excellence Award from the World Hypertension League for his great contribution in leading and supporting global hypertension control at the opening ceremony.

Daniel Lackland, the president of the World Hypertension League gave the keynote speech on “Global Hypertension Prevention and Control: Impact on Stroke” in the plenary session. The WHL mentoring sessions led by Professor Beilin were very welcomed by the researchers and young investigators.

WHL board and council meetings were held before the opening of the Congress.

Thanks to all colleagues and friends from around the world for your kind support and contributions to this successful congress.

### Tom Frieden Receives WHL Excellence in Hypertension Award



Dr. Tom Frieden (center) receiving the WHL Excellence in Hypertension Award, with Dr. Daniel T. Lackland (left) and Prof. Liu Lisheng (right)



Dr. Tom Frieden speaks at the Plenary Session

Every year, 10 million people die from hypertension, more than all infectious disease deaths combined. These deaths are particularly tragic because they could have been prevented

with safe, successful, low-cost strategies, including:

**Implementing practical treatment protocols** – with specific medications, dosages, and steps to take if blood pressure is not controlled.

**Community-based care and task sharing** – so that health workers who are accessible to patients in their communities can provide, adjust and intensify medication regimens per physician orders and protocols.

**Regular and uninterrupted supply of medications** – getting effective medications to the right place at the right time to reach the patients who need them.

**Patient-centered services that reduce the barriers to adherence** – such as easy-to-take medicine regimens, free medications and follow up visits, and readily available blood pressure monitoring.

**Information systems** – that allow continuous, real-time program improvement to determine how patients and providers are doing and catalyze rapid improvements.

The World Hypertension League has the unique ability to turn calls to action into action by taking steps to implement these strategies worldwide. It's time we make the patient the VIP and give them the tools they need to prevent heart attacks, strokes and other avoidable complications of hypertension.

## WHL Scientific Session Photos



Opening Ceremony, WHL Congress



WHL 2017 Opening Plenary Session



Left to Right: Scientific Session speakers Prof. Liu Lisheng, Dr. Norman Campbell and Dr. Temo Waqanivalu



Scientific session during the WHC



Left to Right: Dr. Dan Lackland, Prof. Liu Lisheng, Dr. Norman Campbell

## WHL Research Mentor Workshops

By Lawrie Beilin, MD



Dr. Lawrie Beilin with Research Mentoring group

Two one hour breakfast research mentoring workshops for early career investigators were organised by WHL (Lawrie Beilin and Marcelo Orias) and the Chinese Hypertension Society. Over two days these involved a series of parallel small round table presentations and discussions of their projects by 17 postgraduates, each mentored by one international WHL and one Chinese Society of Hypertension established researcher.



Research mentorship session

The mentors and onlookers were impressed by the high standard of the presentations and the ability of the younger researcher to engage in penetrating discussions of their projects. Overall the sessions were very well received and opened opportunities for ongoing mentoring and collaborations. Special thanks to Xin Hua Zhang for engaging the local researchers and mentors and to WHL and Chinese colleagues for encouraging mentoring.



Dr. Peter Nilsson and local student researchers



Mentorship Session judges panel

## May Measurement Month Update

### May Measurement Month Gets Set To Build On Its 2017 Success

By Neil Poulter, MBBS, MSc



2017 saw the worldwide launch of May Measurement Month, a huge global public blood pressure screening campaign that took place over the complete month of May. Managed by the International Society of Hypertension, it built and extended on the World Hypertension League's initiative, World Hypertension Day.

Its aims were twofold: 1) to raise awareness of the issues surrounding high blood pressure, and 2) to create scientific evidence to inform and influence health policy to provide better access to screening.

Neil Poulter, President of the International Society of Hypertension, said "Raised blood pressure is the biggest single contributing risk factor to global death and the worldwide burden of disease, and May Measurement Month has already begun to lay strong foundations for significantly increasing public understanding."



May Measurement Month activities - South Africa

Over 100 countries took part in MMM's launch year. National screening activities were

coordinated by at least one dedicated volunteer Country Leader, who in turn managed local efforts to measure as many people as possible aged over 18 years who ideally had not had their BPs measured for at least 12 months prior.

Thanks to these incredible volunteers, blood pressure measurements from over 1 million participants have been collected - making this the world's largest synchronised public screening exercise conducted over one month.

Now the results are being analysed with a view to being presented in January. The analysis will include (but not be limited to):

- Age- and sex- stratified levels of systolic and diastolic BP generated at a national, regional, ethnic and global level.
- The association between the same BP parameters and time of day, day of week, room temperature, altitude, previous CV disease, diabetes, smoking, alcohol intake and anthropometric variables.

Looking ahead to May 2018, MMM is aiming to reach even more countries and people, and to further improve the quality of data for our scientific analysis. President of WHL, Dan Lackland, said "It is with great pleasure that the World Hypertension League partner with the International Society of Hypertension in the MMM effort, and we are confident of a significant impact on global hypertension awareness in 2018".

If you'd like to be part of MMM and have not already signed up, then please get in touch:

[manager@maymeasure.com](mailto:manager@maymeasure.com)

A Simple Measure to Save Lives - be part of it!  
[#checkyourpressure](#)



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## **NEW AHA/ACC CLINICAL HYPERTENSION GUIDELINES**

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To view the new AHA/ACC Hypertension Guidelines presented at the American Heart Association Scientific Sessions 2017, November 11–15, in Anaheim, California, and published in "Hypertension", please click on the following links:

[2017 Hypertension Clinical Practice Guidelines, Full Text](#)

[2017 Hypertension Clinical Practice Guidelines, Executive Summary](#)

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### **Regional Corner**

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#### **Activities in Latin America and the Caribbean to Promote Cardiovascular Risk Reduction and Blood Pressure Control**

By Donald J. Dipette, MD

The summer of 2017 continued to be a time of significant activities with the goal of tackling the role of hypertension and other cardiovascular risk factors in the increasing disease burden of cardiovascular disease in Latin America and the Caribbean. These activities strengthen the relationships with the Pan American Health Organization (PAHO), as part of the World Health Organization, and the Centers for Disease Control of the United States.

The Cardiovascular Risk Reduction through Hypertension Control and Secondary Prevention Program sponsored by the PAHO continues to move forward and expand. The tremendous success of the initial demonstration site of the forerunner to the Cardiovascular Risk Reduction Program, the Standardized Hypertension Treatment Program, led by the Principal Investigator, Kenneth Connell, at the University of West Indies, Cave Hill campus, Barbados, supported by local project managers, the Healthy Caribbean Coalition, led recently to the formal hand-off of the program to the Barbados Ministry of Health for expansion and implementation country-wide.

The demonstration sites that followed, Chile, Colombia, and Cuba are also reporting outstanding success. More importantly, the leadership of each site is reporting "lessons learned" that will undoubtedly aid the expansion that is currently planned and underway in each country, as well as in other emerging countries, hopefully to follow shortly. For information regarding the process of implementing standardized performance

indicators to improve hypertension control, I refer interested individuals to the recently published paper in our journal as follows: Campbell, N., et al. J Clin Hypertens. 2017; 19: 456-461.



PAHO and CDC meeting, Chile, Cuba, Columbia, Canada and US contingents. Individuals (Left to Right): Gonzalo Grandes Odriozola (Primary Care Research Unit of Bizkaia, Spain) Lauren Billick (CDC, USA) Yamile Valdes Gonzalez (Ministry of Health, Cuba) Melanie Paccot (Ministry of Health, Chile) Gloria Giraldo (PAHO/WHO, Washington, DC) Kayla Osterhoff (CDC, USA) Vivian Perez Jimenez (PAHO/WHO, Cuba) Donald J. DiPette (University of South Carolina, USA) Norman Campbell (University of Calgary, Canada) Javier Maldonado (Ministry of Health and Social Protection, Colombia)



Panel discussion at Cardiovascular Risk Reduction Program



WHL 2017 Excellence Award presented to Dr. Pedro Ordunez by Dr. Norman Campbell



Dr. Ordunez congratulated by his family

Other activities this quarter included an important meeting organized by PAHO Department of Noncommunicable Diseases and Mental Health leadership and facilitated by Gloria Giraldo MPH, entitled “Evaluation of the Cardiovascular Risk Reduction through Hypertension Control Project” held in Washington, D.C. this August. The major purpose of the meeting was to review and finalize the “Evaluation Framework” for the Cardiovascular Risk Reduction Program and to ensure coordinated processes on-going in conjunction with the CDC and World Health Organization (WHO) efforts in these areas. In addition to PAHO leadership, Norman Campbell and I were invited, as external advisors, to attend as well as leadership from the CDC, along with Gonzalo Grandes Odriozola, from the Primary Care Research Unit of Bizkaia in Spain and representatives from the Ministries of Health of Chile, Colombia, and Cuba (see group picture for individuals). The meeting successfully reviewed the evaluation framework tool set and potential manuscript (Norm Campbell chairs the evaluation framework writing committee), developed a roadmap for potential publications of the experiences of the present demonstration sites to disseminate their results and experiences, and interestingly, initiated a substantive discussion regarding structuring the work through the lens of implementation science, a new field which promotes methods for the adoption and integration of evidenced based practices, interventions and policies into routine clinical care and public health programs. From the interest of the members of the group and the formative discussion, I believe we will be hearing more about the utility of this new area.

The activities clearly demonstrate that the CDC and PAHO are partnering to promote evidence-

based approaches to improving primary care; standardize clinical reporting, and build the evidence base for using hypertension as an entry point to improving cardiovascular health. Collaborative work is being done through the projects in Barbados, Chile, Colombia, and Cuba, described above. This approach has informed the development of the HEARTS technical package, part of the Global Hearts Initiative to improve heart attacks and stroke (more information available at [http://www.who.int/cardiovascular\\_diseases/global-hearts/en/](http://www.who.int/cardiovascular_diseases/global-hearts/en/)).

Our organization continues to be actively involved in the expanding efforts in Latin American and the Caribbean, to address the disease burden of hypertension.

## Hypertension in Sub-Saharan Africa and the African Diaspora

### A collaborative opportunity for the World Hypertension League (WHL) & International Society on Hypertension in Blacks (ISHIB)

By Dr. Brent M. Egan, MD, President, ISHIB Board of Trustees

Individuals of African descent have higher blood pressures, more hypertension, and an excess of hypertension-related clinical cardiovascular disease than other race-ethnicity groups in Sub-Saharan African, the Caribbean, Europe and the United States. Since its inception in 1983, the WHL, has been committed to and successful in partnerships for the prevention and control of hypertension globally. The WHL and its partners are passionate about impacting healthcare-related policy, research, and clinical care globally to improve cardiovascular health by minimizing the prevalence and optimizing the detection, treatment and control of hypertension. From its inaugural international meeting in 1984 to the present, the WHL continues on the collaborative mission to ameliorate the adverse effects of hypertension in populations globally.

ISHIB was established in 1986 to address the excess prevalence and adverse cardiovascular impact of hypertension among individuals of African descent compared with other race-

ethnicity groups globally. ISHIBs founders and subsequent leaders and members share a deep commitment to advancing and broadly disseminating the best scientific knowledge and clinical practices to reduce the prevalence of hypertension and its consequences among African populations in the U.S., the Caribbean, and Africa. To this end, ISHIB has held annual meetings in Africa, the Caribbean and U.S., and produced consensus statements on hypertension in blacks, which highlight and address public health and clinical challenges unique to this population. Through its journal, Ethnicity and Disease, ISHIB has endeavored to raise awareness and improve health equity across the spectrum of non-communicable diseases.

Given alignment of mission and values as well as complementary activities, the time has come for WHL and ISHIB to explore collaboration for greater collective impact in reducing persisting disparities in hypertension and its adverse health consequences among individuals of African descent globally.

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## UPCOMING MEETINGS OF NOTE

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### International Congress of Hypertension in Children and Adolescents (ICHCA)



**Valencia Spain  
February 9-11, 2018**

As an added value ad to WHL members, ICHCA is offering a 10% discount off the current published registration rates.

The discount code: **Rayner-ICHCA** needs to be submitted at the **ENTER PROMO CODE**, then press apply and the regular registration rate will be changed to discounted rate.

### For more information click here:

<http://htpaediatrics.com/endorsing-partners/>

## 2018 International Society of Hypertension (ISH)



**WELCOME TO BEIJING**

ish2018.org

**Beijing, China**

**September 20-23, 2018**

**For more information click here:**

[www.ish2018.org](http://www.ish2018.org)

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### PAST MEETINGS OF NOTE

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#### American Heart Association/ Hypertension Council - Joint WHL

#### Session September 13-17, 2017

By Karen A. Griffin, MD, FAHA, FASH, FACP, FASN, Chair, Program Committee AHA Council on Hypertension

The recent Joint Hypertension Scientific Sessions meeting in San Francisco marked a new alliance between the American Heart Association's Council on Hypertension and Council on the Kidney in Cardiovascular Disease with the American Society of Hypertension. More than 1200 attendees gathered for this three-and-a-half-day meeting and represented a record breaking attendance for this world class global conference. In addition, the clinical programming of this meeting was expanded with a fourth concurrent session consisting of a Primary Care track that provided practical advice for the primary care physician interested in clinical hypertension and a Clinical Science/Clinical Practice track focusing on applying clinical science to clinical practice.

This meeting and the new alignment with the American Society of Hypertension will not only focus on basic, clinical, and population research but also encompass the evaluation, detection and treatment of this global health

concern. This Joint Hypertension Scientific Sessions meeting was perfectly poised to address issues related to hypertension from the lab to clinical trials and clinical practice and will undoubtedly play an important role in the battle against hypertension that is front and center for the American Heart Association and critical for reducing death from cardiovascular disease and stroke.



Karen Griffin, Daniel Lackland and Joey Granger at the AHA/ASH Joint Hypertension Council Meeting

#### WHO Geneva, November 2017



Global Hearts discussion regarding the implementation of global strategies for high blood pressure prevention, treatment and control with Drs. Peter Singer, Cherian Varghese, Daniel Lackland, Samira Asma, and Taskeen Khan, in Geneva, Switzerland

## American Heart Association Scientific Sessions

November 11-15, 2017



Global Impact of Hypertension Sessions held on Nov. 14, 2017, moderated by Dr. Daniel T Lackland; Dr. Neil Poulter, *Hypertension Awareness and Million Hearts*; Dr. Janet Wright, *The Global Impact of Hypertension Awareness*; Dr. Paul K Whelton, *The Global Impact of Hypertension on Cardiovascular Disease*; Dr. George Mensah, *Global Impact of Hypertension on Stroke & Cerebrovascular Disease*; Bruce Ovbiagele, *The Global Impact of Hypertension: Can We Turn the Tide?*; Alta E. Schutte

## World Stroke Day October 29, 2017



World Stroke Day took place on October 29, 2017, providing an annual opportunity for stroke stakeholders to coordinate awareness and advocacy campaigns and build commitment to reducing the burden of stroke at global, regional and local level.

**The 11th World Stroke Congress** promises to attract acclaimed experts in stroke from around the world. The congress will showcase a cutting-edge educational and scientific experience, focusing on the latest developments in stroke prevention, acute management and restorative care after stroke.

**Please join the WSC 2018** for four days of debates, discussions and collaborations in the historic city of Montreal, Canada, along with the World Stroke Organization and Canadian Stroke Consortium, in our mission to reduce the global

and regional burden of stroke. Find out more information [here](#).



## World Heart Federation



### A Global Coalition for the Fight Against Heart Disease and Stroke

Published Online in *The Lancet*, October 16, 2017 <http://dx.doi.org/10.1016/> PII Panel:

As political leaders prepare for the third UN High-level Meeting on non-communicable diseases (NCDs) in 2018, the World Heart Federation (WHF) is bringing together a global coalition of international, regional, and national stakeholders in cardiovascular diseases (CVD) to drive the urgent action needed to combat heart disease and stroke. CVDs are the leading cause of mortality worldwide, with more than 75% of these deaths occurring in low-income and middle-income countries. Yet the huge burden of heart attacks and strokes is not being addressed with the priority required to achieve the 25% reduction in premature mortality from NCDs by 2025 (25 by 25), an ambition only achievable through a substantial reduction in heart attacks and stroke. Nor are the implementation of the WHO Global Action Plan and national action plans on NCDs being driven by politicians and policy makers with sufficient vigour. Given this slow progress, WHF convened the 1st Global Summit for Circulatory Health in June, 2016, that resulted in the Mexico Declaration.

Adopted by 29 global, regional, and national civil society organisations, the signatories pledged to advocate for policies for cardiovascular health, develop a common implementation strategy based on evidence, and develop a common language for policy makers. Since then, we have seen the launch of

Resolve, an initiative to prevent an additional 100 million deaths from CVD globally, led by Tom Frieden, and the Global Hearts Initiative,<sup>6</sup> led by WHO in partnership with WHF, the World Stroke Organization, and the International Society of Hypertension, among others. The success of these initiatives will depend on political will and investment. Inspiring a greater sense of urgency was the theme of WHF's 2nd Global Summit in Singapore in July, 2017, that was attended by the leaders of 88 organisations. In his opening address at the summit, Michael Bloomberg, the WHO Global Ambassador for NCDs, called for "bold action" to achieve 25 by 25. Richard Horton, the Editor-in-Chief of *The Lancet*, posed the question "Why are we failing to prevent the preventable given that we know the causes?", and Salim Yusuf challenged organisations to act now to translate scientific evidence into policy and action. The plenary and workshop discussions included topics on national CVD action plans, the WHO Global Hearts Initiative,<sup>6</sup> and WHF Roadmaps to 25 by 25,<sup>7</sup> access to essential and affordable medicines and technologies, moving towards healthier cities, political advocacy, and building a civil society movement. The need to coordinate international advocacy efforts became self-evident during discussions at the summit and a decision was made to form a global coalition of international, regional, and national stakeholders to work together for circulatory health. This Global Coalition for Circulatory Health is open to any professional organisation with a role in circulatory health.

The Coalition will leverage the expertise and reach of its international partners to advocate for increased prevention, control, and treatment of all circulatory diseases (panel). As leaders in global health gather in Montevideo, Uruguay, on Oct 18–20, 2017, for the WHO Global Conference on Noncommunicable Diseases, we should remember that all organisations dedicated to tackling heart disease and stroke have their part to play. We can ensure our collective voice is heard more clearly by politicians and policy makers and, working together, accelerate the fight against heart disease and stroke.

Professor David Wood, Cardiologist and President of the World Heart Federation, explains:

*"CVD, including heart disease and stroke, is the leading cause of mortality worldwide with more than 75% of these deaths occurring in low- and middle-income countries.<sup>1</sup> Yet this huge burden is not being addressed with the priority required to achieve the target 25% reduction in premature mortality from NCDs by 2025 (25by25).<sup>2</sup> In addition, the implementation of the WHO Global Action Plan<sup>3</sup> for the Prevention and Control of NCDs, along with national action plans on NCDs, has been slow."*

Given this situation, WHF convened the 1st Global Summit on Circulatory Health in June 2016. The result was the Mexico Declaration, adopted by 29 global, regional and national civil society organizations. The signatories pledged to advocate for policies for cardiovascular health, develop a common implementation strategy based on evidence and develop a common language for policy makers. This resulted in initiatives such as Resolve and WHO Global Hearts.

Subsequently, in July 2017, WHF held the 2nd Global Summit in Singapore with the aim of inspiring a greater sense of urgency to address CVD. Here, the need to coordinate international advocacy efforts became self-evident and a decision was made to form a global coalition of international, regional and national stakeholders to work together for circulatory health. This Global Coalition for Circulatory Health is open to any professional organization with a role in circulatory health.

The pledged Coalition members include: European Heart Network, European Primary Care Cardiovascular Society, Framework Convention Alliance for Tobacco Control, Health Related Information Dissemination Amongst Youth (HRIDAY), Heart & Stroke Foundation of Canada, Heart Friends Around the World, InterAmerican Heart Foundation, International Alliance of Patients' Organizations, International Atherosclerosis Society, International Council of Cardiovascular Prevention and Rehabilitation, International Council of Nurses, International Diabetes Federation, International Primary Care Cardiovascular Society, International Society of Behavioral Medicine (ISBM), International Society of Hypertension, International Society of

*Continued on page 11*

Nephrology, Preventive Cardiovascular Nurses Association, South African Heart Assoc., World Federation of Public Health Associations, World Hypertension League, World Organization of Family Doctors, World Stroke Organization & WHF.

The Global Coalition will leverage the expertise and reach of its international partners to advocate for increased prevention, control and treatment of all circulatory diseases.



Dr. David Wood (World Heart Federation), Dr. Daniel Lackland (World Hypertension League) and Dr. Neil Poulter (International Society of Hypertension) in Geneva for discussions with the World Health Organization (WHO)

### **Objectives of Global Coalition for Circulatory Health**

- Achieve the global target of a 25% reduction by 2025 in premature mortality from heart disease and stroke, as an essential component to the 25 by 25 NCD target and a key milestone to achieving the Sustainable Development Goal 3.4 of a one-third reduction in premature NCD deaths by 2030.
- Unite the diverse voices of the circulatory health community to become more powerful advocates to policy makers and politicians.
- Align all organisations to support the WHO Global Hearts Initiative<sup>6</sup> to improve the prevention, control, and treatment of heart disease and stroke through primary health care.
- Promote common international messaging by partnering organisations and leveraging their extensive networks to cascade messages to regional and national levels.

- Strengthen the voice of people living with heart disease and stroke by including patients, their families, and communities in decision-making processes and in national, regional, and global advocacy.

- Convene an annual Global Summit on Circulatory Health for professional leaders from the public and private sectors to drive the international, regional, and national agendas for circulatory health.



## **2nd Global NCD Alliance Forum**

**December 9-11, 2017**

By Helen McQuire, PATH

The 2nd Global NCD Alliance Forum held 9th - 11th December 2017 in Sharjah UAE was a very successful event. This year's Forum was organized under the banner theme of **"Stepping up the pace on NCDs: making 2018 count"** with a view of facilitating advocacy planning for the 2018 UN High Level Meeting and focused on three key areas of Advocating for NCD prevention and control; Breaking down siloes and building synergies in the SDG era; and Sharing tools and strategies for NCD advocacy and mobilization.

The Coalition organized a workshop on Access to Medicines co-moderated by David Wood, President of World Heart Federation and Roshini George, PATH. Panel members included: Amy Israel, Global Health Thought Leadership & Policy Director, Eli Lilly, Dr. Eva Njenga, Acting Chair, Kenya NCD Alliance, Kenya, and Dr. Andrew Twineamatsiko, Youth advocate, Caring & Living As Neighbour (CLAN) and Uganda NCD Alliance.

Panel members highlighted the barriers to access to medicines and essential products. Dr. Njenga, who was part of the No Empty Shelves project with PATH and Novo Nordisk, highlighted the issues in Kenya regarding access including the lack of availability in primary facilities, mark-ups along the supply chain leading to unaffordable pricing, the WHO EML list not reflected on the National EML list, and the lack of good data.

Dr. Twineamatsiko highlighted the barriers to access and care that he has seen from a patient perspective and as a youth advocate noting the

significant challenges experienced by patients and the critical role that youth can play in advocating for change and placing pressure from a policy perspective to address barriers. Civil society has to advocate for real change to occur. Amy Israel shared some of the work Lilly is doing to bring care closer to the community through Lilly's Global Health Partnership and integrated care models to address health system barriers. The Lilly Global Health Partnership works with local health stakeholders to develop and evaluate patient-centered models of care in primary care settings. The partnership is targeting its efforts on establishing effective interventions for diabetes, cancer and tuberculosis in eight high-burden countries.




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## American Heart Association – Global Hearts Initiative

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By Jennifer Keltz



From left to right, Jennifer Keltz (CDC), Kathryn Taubert (AHA), Lawrence Appel (Johns Hopkins), Dan Lackland (WHL), Neil Poulter (ISH), Eduardo Sanchez (AHA), Kuni Matsushita (Johns Hopkins), Diana Vaca McGhie (AHA), Gloria Giraldo (PAHO), and Marc Jaffe (Resolve to Save Lives).

On November 14th, the Global Hearts Initiative hypertension protocol meeting was convened during the American Heart Association's Scientific Sessions 2017 conference in Anaheim, California. The purpose of the meeting was to review and discuss the proposed standard hypertension protocols in the HEARTS Technical Package. HEARTS provides protocols to help countries standardize and simplify hypertension treatment and management. Participants engaged in a robust discussion of how to implement best practices in low-resource settings. Comments from the meeting have been incorporated into the final protocols, which will be available on the WHO website in

February 2018. Many thanks to all participants for their expert insights!




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## The Journal of Clinical Hypertension

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### A Report on Environmental Factors in Hypertension

By Michael A. Weber, MD, Editor

*The Journal of Clinical Hypertension* is the official Journal of the World Hypertension League and publishes a high volume of articles every year representing the work of committed authors who have conceived, carried out and described important aspects of clinical science related to hypertension.

One recent article focused on an interesting and innovative way of determining whether the home environment contributes to hypertension. The authors asked a key question: Do spouses of patients known to have hypertension – and who presumably are exposed to similar environmental factors – have an increased prevalence of hypertension compared with the general population?

Based on a careful exploration of the literature, these authors – Zhancheng Wang and colleagues (*J Clin Hypertens* 2017;19:1088-1097) – performed a meta-analysis with random-effects models of eight studies with a cumulative cohort of 81,928 spouse pairs. They reported that when the odds ratios of these studies were pooled the spouses of individuals known to be hypertensive had 1.41 (95%CI: 1.21-1.64) odds of having hypertension. This finding was consistent regardless of whether a man or a woman was the original hypertensive partner.

This finding could not be explained by the obvious possibility of shared increased body weights because the odds remained significantly elevated even when the calculations were adjusted statistically for body weight.

Interestingly, spousal concordance is not unique to hypertension, and has been shown previously to exist for diabetes, other cardiovascular risk factors and mental health (see original article for references). Still, the authors note that the social

support of marriage and the sharing of financial and other resources is associated with reduced mortality and improved psychological well-being. The article is well worth reading for its thoughtful discussion of how non-genetic factors can influence important health outcomes.



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## The WHL History Series

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### World Hypertension League: History and Personal Reflections

By Detlev Ganten, Past President & Jörg Pötsch



The establishment of the International Society of Hypertension (ISH) in 1964, and shortly thereafter the creation of the European Society of Hypertension (ESH), and their successful and popular scientific meetings in Milan and across Europe, showed the importance and need for more international cooperation, after the world had partially recovered from World War II. The many benefits of such international organizations and their annual meetings in catalyzing exchange of research information and facilitating personal contacts, friendship, exchange and worldwide collaborations were and still are the basis for their success. Hypertension research and treatment made great progress in these years.

Data showed that Hypertension is a worldwide problem. This was clear from epidemiological studies in the 1950's and 60's. The concept of hypertension control in populations by the World Health Organization (WHO) was successfully implemented by the United States National High Blood Pressure Program which was inspired by Claude Lenfant, Ed Rocella and many others. These were examples to follow.

It was logical that new Hypertension Associations and Leagues developed in various

countries in order to promote translation of the scientific progress from bench to bedside but importantly also to entire populations. This Public and Global Health aspect and better information of the practicing physicians as well as education of patients and the public in general was the main mission of the various national Hypertension Leagues which blossomed around the world.

In a historic and inspired meeting in 1975 in the famous Hotel Villa d'Este on Lake Como in Italy, in which I had the privilege to participate, the idea was born that in addition to laboratory and clinical research, international collaboration was similarly important to promote and support the educational and public health activities of the national Hypertension Leagues around the world with very different regional cultures and facilities for treatment and prevention. The idea of a Hypertension League was proposed and spearheaded by the famous hypertension researchers Franz Gross (Germany), Cesare Bartorelli (Italy) and Tom Strasser (WHO). Their ideas fell on fertile grounds and finally resulted in the formation of the World Hypertension League (WHL) in 1984.

The objectives of the WHL were from the very beginnings to promote the detection, control and prevention of arterial hypertension in populations. WHL was and still is conceived as a federation of leagues, societies and other national bodies devoted to this goal. Individual membership in the WHL is thus not possible. The WHL is closely collaborating and a division of, but distinct from, the International Society of Hypertension (ISH) made up of the individual membership of scientists. Logically the WHL established official relations also with the WHO.



Dr. Detlev Ganten

#### Detlev Ganten, WHL Past President

During my presidency from 1990 - 1995, supported by the wonderful friend Pat Mulrow from Toledo, USA as the secretary general, WHL had taken a very successful development. Membership increased very

rapidly and now covered more than two-thirds of the world population. Importantly China under the presidency of Liu Lisheng had joined the WHL. We initiated some interesting programs and organized meetings on specific issues of hypertension control in populations around the world, in general as guests of a national Hypertension league. These meetings and the regular Council Conferences offered the important opportunity of new friendships and direct exchange of experiences between our national Hypertension Leagues.

The WHL Newsletter was established as an important means of communication within and outside our League - with the language editions in Portuguese, Italian, and Chinese, it was circulated to about 50,000 opinion leaders and health care professionals worldwide. The International Art Competition mobilized entirely new and different groups of people, art schools, universities, primary schools and grew into a popular multifaceted international project. The first World Conference on Hypertension Control, jointly organized with our Canadian friends, was one of the most successful WHL meetings I have participated in and resulting in the "Ottawa Declaration".

#### **Personal Reflections:**

WHL is not a research organization, but science has always to be the basis of community programs. Hypertension can be considered a model disease in several aspects: a) there is an enormous need for further research on the causes of primary hypertension; b) as a result of this research the possibilities of hypertension treatment are more efficient and better tolerated than for many other diseases; c) the influence of high blood pressure on co-morbidities provide new dimensions as to the importance of hypertension other cardiovascular diseases but also on the occurrence of degenerative brain diseases, Alzheimer, Parkinson in addition to e.g. kidney, heart diseases. This holistic aspect provides a new dimension in the aging societies of today; d) hypertension is a model for holistic approaches to prevention since in many instances it can be easily diagnosed in a very early stage and frequently prevented by healthy lifestyle, physical exercise and nutrition. Thereby comorbidities can be prevented effectively. e) Reality is far away

from what is scientifically possible. Practical implementation of what is feasible is the name of the game!

The application of such research findings to public health action at a global level is increasingly important and needs to be fostered especially in view of the new possibilities and expectations emerging from molecular medicine and personalized precision therapies. Hypertension can serve as a successful model. The WHL thus gains even greater importance as an educational, public health oriented organization in close collaboration with learned societies in all related disciplines across sectors and disciplines.

I am particularly happy, that WHL is actively participating in the annual World Health Summit which takes an even more holistic approach to health. At the next World Health Summit on October 14 to 16 in Berlin ([www.worldhealthsummit.org](http://www.worldhealthsummit.org)) the main topics will be "Health in all Policies" and the "Sustainable Development Goals" of the United Nations. I would be very happy if the hypertension community would be present in large numbers.

Health is a political choice. Health is a Human right. Let's work together to make hypertension a model to achieve the noble goal of better health and affordable healthcare for all a reality. The World Hypertension League has much to contribute. You are all cordially invited.



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## **WHL Welcomes New Special Envoy Marc G. Jaffe, MD**

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### **Resolve to Save 100 Million Lives – A New Global Cardiovascular Health Initiative**

By Marc G. Jaffe, Senior Vice President, Resolve to Save 100 Million Lives, New York, New York



Cardiovascular disease kills more people than any other disease, even though effective treatment strategies exist. To address this gap, in September

2017 the Resolve to Save 100 Million Lives Cardiovascular Health Initiative was created, housed at Vital Strategies. This New York-based program is led and founded by former director of the US Centers for Disease Control and Prevention Tom Frieden, MD, MPH, and funded by Bloomberg Philanthropies, the Bill & Melinda Gates Foundation, and the Chan-Zuckerberg Initiative. We plan to prevent death from heart attack and stroke for 100 million people by eliminating artificial trans-fat from the global food supply, reducing sodium consumption by 30%, and controlling hypertension in an additional 50 million people.

To address trans-fat elimination, we will help governments identify sources of trans fats, develop legislative policy, identify alternatives, establish industry relations, and provide technical assistance for surveillance. For salt reduction, we will help governments quantify salt sources, explore alternatives such as salt substitutes, work with industry to decrease sodium content, produce community education, and help establish community monitoring. For hypertension control, we will help countries implement the WHO Hearts package by selecting a simplified drug protocol, addressing medication supply, facilitating task sharing, providing patient centered care, and developing evaluation systems.

We have established global partnerships with the United States Centers for Disease Control Foundation, the World Health Organization, the Johns Hopkins Bloomberg School of Public Health, the Campaign for Tobacco Free Kids, and the World Bank. We plan to provide technical assistance to several low and middle-income countries, and have already begun to develop our programs in India, China, and Thailand.

On behalf of the Resolve to Save Lives team, I want to express my gratitude to the World Hypertension League for your support and encouragement. We look forward to working together to reduce cardiovascular disease in our global community.



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## Welcome New WHL Board Members!

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Gianfranco Parati, MD, FESC  
C.Venkata Ram, MD, Treasurer  
Jacob Plange Rhule, MD  
Christopher Reid, MD  
Paul Whelton, MB, MD, MSc  
Wu Zhaosu, MD

### Gianfranco Parati, MD, FESC



*Head, Department of Cardiology St Luke Hospital, Professor of Cardiovascular Medicine, University of Milano-Bicocca, Milan, Italy; Pres., Italian Society of Hypertension.*

Dr. Gianfranco Parati was the Past President of ESH working groups on Blood pressure monitoring and blood pressure variability, a Fellow of the European Society of Cardiology and a Nucleus Member of the Council on Hypertension of the European Society of Cardiology, and received the Bjorn Folkow 2015 Award as Top European Investigator in hypertension pathophysiology. Additionally, Dr. Parati is the Executive Editor of the *Journal of Hypertension*, the Associate Editor of *Hypertension Research*, as well as the Coordinator of a number of international research projects dealing with: masked hypertension worldwide (MASTER Study); cardiovascular effects of altitude exposure (HIGHCARE PROJECTS on Europe Alps, Himalaya and Peruvian Andes); Space research on microgravity (NASA, ESA); blood pressure measurement and education on non-communicable diseases in Africa (Uganda, Zambia); digital Health and mobile Health through development of a validated application for smartphones. Publications: >750 papers, IF 1.415,6; H.Index 74; Total citations 28268)

## **C. Venkata S. Ram, MD, MACP, FACC, FASH**



*Senior consultant, Apollo Hospitals; Director, Apollo Institute of Blood Pressure Management; Director, Blood Pressure Clinics, Apollo Group of Hospitals; Director, Texas Blood Pressure Institute,*

*Dallas, Texas, USA; Vice-president, American Society of Hypertension and past chairman, board of governors, American Society of Hypertension*

C. Venkata S. Ram, MD, MACP, FACC, FASH is a graduate of Osmania Medical College, Hyderabad. He attended St. Paul High School and Nizam College, Hyderabad and completed his residency in medicine at Brown University in Providence, Rhode Island and a fellowship at the Hospital of the University of Pennsylvania. Dr. Ram's professional career has centered on the management of hypertension and he is one of the very few individuals who have combined clinical practice with an academic career.

The author of more than 325 articles and 4 books on the treatment of hypertension, he is also a renowned speaker in the field. Dr. Ram has made numerous contributions to our understanding of both the physiology and the management of hypertension. For more than two decades, Dr. Ram's work has explored the mechanisms of action of various antihypertensive drugs. In addition to expertise in clinical research and medical practice, Dr. Ram is considered a uniquely skilled communicator of scientific advances. Dr. Ram was the youngest person ever to become the Master of American College of Physicians. Dr. Ram is on the editorial boards of numerous national and international medical journals. He is rated as one of the topmost doctors in the world for high blood pressure treatment.

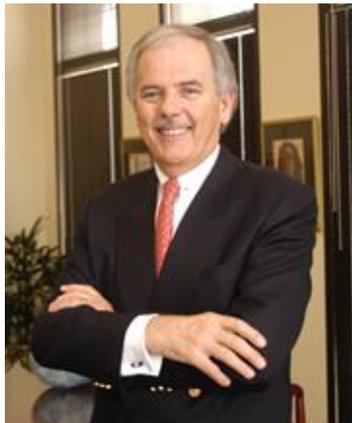
## **Christopher Reid, MD**



*Professor, Curtin University School of Public Health; Monash University School of Public Health and Preventive Medicine*

Christopher Reid is a cardiovascular epidemiologist with appointments as Research Professor in both the School of Public Health at Curtin University and the School of Public Health and Preventive Medicine, Monash University. He is Director of the Monash Centre of Cardiovascular Research and Education in Therapeutics and the NHMRC Centre of Research Excellence in Cardiovascular Outcomes Improvement (2016-2020). He holds a National Health and Medical Research Council Principal Research Fellowship in addition to being the Chief Investigator on an NHMRC Program Grant (2016-2020) focusing on cardiovascular disease prevention. His major research interests include hypertension control, clinical outcome registries, randomized controlled trials, and epidemiological cohort studies. He has over 350 peer-reviewed publications, many of which are in leading journals including the New England Journal of Medicine, Lancet, JACC and the BMJ. He has been Study Director for the 2nd Australian National Blood Pressure (ANBP2) Study and currently a Chief Investigator for the Aspirin in Reducing Events in the Elderly (ASPREE) Study, the Statins in Reducing Events in the elderly Trial and the Australian arms of the HOPE-3, REACH and CLARIFY Registries. He is a Principal Investigator for the Victorian Cardiac Procedures Registry Project, the Melbourne Interventional Group (MIG) registry, and the ANZSCTS National Cardiac Surgical Registry. He participates as a WHO consultant for prevention of cardiovascular disease in Mongolia, Vietnam and the West Pacific region.

## Paul Whelton, MB, MD, MSc



*Show Chwan  
Professor of  
Global Public  
Health;  
Tulane Univ.  
School of  
Public Health  
and Tropical  
Medicine and  
Tulane Univ.  
School of  
Medicine*

Born in Cork, Ireland, Dr. Whelton is a medical school graduate (M.B., B.Ch., B.A.O.) of University College Cork, and earned graduate degrees from the University of London (M.Sc.) and National University of Ireland (M.D.). He trained in internal medicine and nephrology at the Johns Hopkins Medical Institutions, and in clinical epidemiology at the MRC Epidemiology and Medical Care Unit in London.

Dr. Whelton spent 26 years at Johns Hopkins, where he was Director of the Outpatient General Clinical Research Center, and founding Director of the Welch Center for Prevention, Epidemiology, and Clinical Research. Subsequently, he was Dean of the Tulane University School of Public Health and Tropical Medicine, Dean of the Tulane School of Medicine, and Senior Vice President for Health Sciences. Later, he was President/CEO of the Loyola University Health System and Medical Center before returning to Tulane University as the Show Chwan Health System Endowed Chair in Global Public Health.

Dr. Whelton has chaired many NIH funded studies, including the Trials of Hypertension Prevention (TOHP), the Trial of Nonpharmacologic Interventions in the Elderly (TONE), the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) and the Systolic Blood Pressure Intervention Trial (SPRINT). He also chaired the 2017 American College of Cardiology/American Heart Association BP Guideline Writing Committee. He is a recipient of the American Heart Association Population Research Prize, the Distinguished Alumnus Award from University College Cork, a member of the Johns Hopkins Society of Scholars, and a past member of the National Heart, Lung, and Blood

Institute Advisory Council. He has published more than 500 peer reviewed manuscripts.

**Note:** Drs. Wu Zhaosu and Jacob Plange-Rhule will be featured in the next issue of the WHL Newsletter.

### **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. C. Venkata Ram (India), Treasurer

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Dr. Jacob Plange-Rhule (Africa)  
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Dr. Christopher M. Reid (Australia)  
Dr. Paul Whelton, MD (USA)  
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Dr. Darwin Labarthe (Chicago, USA)  
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### **ISH Representation:**

Dr. Neil Poulter (London, UK)  
Dr. Rhian Touyz (Glasgow, UK)

### **WHO Representation:**

Dr. Cherian Varghese MD., Ph.D. (Geneva, Switzerland)

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### **Associate Editors:**

Dr. Norman Campbell  
Dr. Detlev Ganten

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## Calendar of Events

### **International Stroke Conference**

Los Angeles California  
January 24-26, 2018

[http://professional.heart.org/professional/Education-Meetings/MeetingsLiveCME/InternationalStrokeConference/UCM\\_316901\\_International-Stroke-Conference.jsp](http://professional.heart.org/professional/Education-Meetings/MeetingsLiveCME/InternationalStrokeConference/UCM_316901_International-Stroke-Conference.jsp)

### **International Congress of Hypertension in Children and Adolescents**

Valencia Spain  
February 9-11, 2018

<http://htpaediatrics.com/registration/>

### **5<sup>th</sup> International Congress on PreHypertension, Hypertension, Cardio Metabolic Syndrome**

Venice Italy  
February 22-25, 2018

<http://2018.prehypertension.org/>

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

Kosice, Slovakia  
June 1-3, 2018

<http://www.iccsk.com>

### **18th International Symposium on Atherosclerosis**

Toronto Canada  
June 9-12, 2018

<http://www.isa2018.org/>

### **34th World Congress of Internal Medicine**

Capetown, South Africa  
October 18-21, 2018

[www.wcim2018.com](http://www.wcim2018.com)

### **International Society of Hypertension (ISH)**

Beijing China  
September 20-23, 2018

[www.ish2018.org](http://www.ish2018.org)

### **World Health Summit**

Berlin, Germany  
October 14-16, 2018

<https://www.worldhealthsummit.org/>

### **11th World Stroke Congress**

17-20 October 2018  
Montreal, Canada

<http://www.worldstrokecongress.org/2018/Pages/default.aspx#.WjWyEVWnHIU>

### **ARTERY 18**

18-20 October 2018  
Guimarães, Portugal

[arterysociety.org](http://arterysociety.org)