



WHL • NEWSLETTER

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

No. 152, June, 2016

President's Column



Dr. Daniel Lackland

The second quarter of 2016 has been an exciting and productive time for the WHL. In May, we recognized Professor Paul Whelton with the 2016 Excellence in Hypertension Prevention and Control at the

Population Award with presentation at the American Society of Hypertension Scientific Meeting. The meeting in New York City provided an opportunity to establish a working group focused on high blood pressure control on Madagascar. Professor Campbell and I participated in the World Health Assembly in Geneva. WHL is the non-government organization (NGO) dedicated to hypertension control and prevention. The forum provided the opportunity to develop and enhance the relationships with the World Health Organization. The timing is perfect as we are at a pinnacle point for global hypertension needs focused on blood pressure awareness and measurement along with salt intake reduction. The momentum in Geneva followed to Mexico City and the 'World Congress of Cardiology and Cardiovascular Health' and World Heart Federation. And WHL was also present at the European Society of Hypertension. In addition to these scientific and policy forums, the population global awareness success of World Hypertension Day was truly amazing. Our thanks to all for being a part of these high impact actions on global hypertension and health.

Dr. Daniel Lackland
President, WHL



Note from the editor



Dr. Lawrie Beilin

This edition focusses on the continuing success of World Hypertension Day, a flagship event for the World Hypertension League and its partner organizations in terms of improving public awareness of high blood pressure and the need for more effective prevention and treatment. An article on the Portuguese strategy for population salt reduction is on a similar theme. Although nations differ widely in cultural eating habits, food preparation and the main sources of salt intake there are elements common to most societies, including the acquired nature of a taste for salt.

Seeking the "truth" in science is often an elusive objective but an article on the newly established 'True Consortium' aims to reduce ill-informed controversy on population salt targets that stem from bias or misinterpretation of data, often driven by vested interests.

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Editor's Note Continued

The role of the 'built environment' in cardiovascular disease and the potential role of urban planning in preventative health is highlighted in a vignette by Billie—Giles Corti from Melbourne University. With the growth of mega-cities urban sprawl and associated car use and pollution worldwide, this is an area that should be brought to the attention of all levels of society involved with town planning, including the major building developers for whom population health is not the main priority.

Other highlights include WHL recognition of the major contributors to hypertension prevention and control by special awards, and preparations for WHL activities during the forthcoming International Society for Hypertension Scientific Meeting in Seoul.

World Hypertension Day 2016

By: The WHL Global Office

This year, the World Hypertension League (WHL) celebration of World Hypertension Day (WHD) took place between May 17th and May 24th. For WHD 2016, the World Hypertension League (WHL) in close partnership with the International Society of Hypertension (ISH) and the American Heart Association (AHA) promoted the theme of 'Know Your Numbers' with the goal of increasing awareness of high blood pressure and the risk for hypertension-related non-communicable diseases (NCDs). The campaign included member outreach, social media, and member events (blood pressure screenings, media events, calls to action and community awareness campaigns). And the celebrations were some of the most successful to date!

Blood Pressure Screenings:

This year, in addition to raising awareness on NCDs, WHL set a goal of 3 million individual blood pressure screenings. While not all of our members and regional offices have reported yet, we are pleased to say that so far there have been 5,404,422 independent blood pressure screenings that took place between April 17th 2016 and May 24th 2016. We are thrilled that we were able to surpass our 3

million BP screenings goals! And we are happy to report that this is also higher than our 2,446,193 obtained during WHD 2015! This success is due solely to the support of our partners, members, and other supporting organizations. The reports so far include measurements and campaigns from 25 different countries including; Argentina, Australia, Barbados, Bulgaria, Cameroon, Canada, China, Croatia, Cuba, Ghana, India, Iran, Japan, Malaysia, Mexico, Nepal, Romania, Serbia, South Africa, Sudan, Thailand, the United States, the United Kingdom, and Vietnam. Thanks to all who participated and are making a difference! A list of teams/groups/organizations who have reported thus far can be found in the table below!

Country/Region	Organizations Involved	Screenings/Activities
Argentina	Instituto Cardiovascular Lezica, SAHA	10,477 Screens Conducted
Australia	Australia Stroke Foundation	56,193 Screenings Conducted
Bangladesh	KAMPS	Free Screenings and Discount Doctor Visits
Barbados	Heart & Stroke Foundation of Barbados, Inc.	263 Screenings conducted, bus rides to major attractions hosted with information about hypertension shared
Bulgaria		2,300 Screenings Conducted, Conducted registrations and events in major cities
Cameroon		6,424 Screenings Conducted
China	WHL Regional Office Beijing, and Partners	202,549 Screenings Conducted
Croatia	Pharmacies	101 Screenings Conducted
Cuba		Held Dances and Education
Ghana	Life from 30	626 Screenings conducted
India	Team Tazloc (A division of USV Private Limited, BSD Marg), Max Super Speciality Hospital, USV and WHL Collaboration BP Camps, Dr. Verma, Dr. Maheshwari, Dr. Singh	13,874 Screenings Conducted
Iran	Isfahan Cardiovascular Research Center	607 Screenings Conducted
Japan	Japanese Association of Hypertension	1,416 Screenings Conducted
Malaysia	The Malaysian Society of Hypertension	2,865
Mexico	Cardiovascular Research Institute, University of Guadalajara	90 Screenings conducted

North America	<u>In Canada:</u> Highland Crest home, Harbourstone Enhanced Care, Colchester East Hands Health Centre, Glen Hanover Manor, Nova Scotia Health Authority <u>In United States:</u> St. Louis Department of Public Health, Caseway NRA, Meijer, Kaiser Permanente, American Heart Association, Affina Health, Wayne State University <u>In Both Canada and the US:</u> Pharmasmart	5,102,875 Screenings conducted
Nepal	Hospital	493 Screenings conducted
Romania	Romanian Society of Hypertension	Press conferences in 4 major cities
Serbia	Institute for Cardiovascular disease "Dedinje"; HISPA	156 Screenings conducted
South Africa	Ganyese District Hospital, HART	1,313 Screenings conducted
Sudan	Sudanese Society of Hypertension	800 Screenings conducted
Thailand	Thai Hypertension Society	Media releases and health screenings conducted
United Kingdom	Bristol CardioNomics	177 Screenings Conducted
Vietnam	Vietnam Society of Hypertension	1,000 Screenings Conducted



Dances and Education Events Held in Cuba



Blood Pressure Screenings Held in Ghana



Blood Pressure Screenings Held in India



Blood Pressure Screenings Held in Japan



Blood Pressure Screenings Held at Meijer in the North America (United States)



Blood Pressure Screenings Held at Wayne State University in North America (United States)

For a view of how WHD 2016 was celebrated in specific areas throughout the world please visit:

<http://www.whleague.org/index.php/features/world-hypertension-day/world-hypertension-day-activities-2016>.

If any other members, partners, or organizations completed WHD 2016 celebrations, please e-mail us at CEO@whleague.org to report your activities. We would love to hear from you!

WHD 2016 in Pictures:



Blood Pressure Screenings Held in Argentina

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World Hypertension Day 2016 continued



Blood Pressure Screenings Held in Nepal



Blood Pressure Screenings and Education Conducted in Nepal



Blood Pressure Screenings and Outreach in Sudan

Media Campaign:

One thing that was different and exciting about WHD 2016 was the presence it developed on both social media and at news outlets worldwide. On social media, the WHL and others celebrated WHD 2016 with the hashtags #knowyournumbers and #World-HypertensionDay. And elsewhere WHD 2016 was found in several publications on or around May 17th 2016. To view these publications visit:

<http://www.whleague.org/index.php/features/world-hypertension-day/world-hypertension-day-in-the-news>

In honor of WHD 2016 Niagara Falls was lit up blue and red on May 16th from 10:00 pm to 10:15 pm ET (USA). This lighting was a collaboration between WHL and the American Heart Association (AHA). It was done in the

hopes of raising awareness for hypertension and other NCDs.



What's Next: WHD 2017:

Building on the success of WHD 2016, we are already starting to plan for WHD 2017.

We do not know the exact dates and have yet to set our next blood pressure screening goal. As we do we will keep you updated! But one thing is for sure, we will work to build on our momentum from this year and make WHD 2017 our best celebration yet!

NOTE: In our next Newsletter issue, we will include an update with additional screenings reported and more on planning 2017.



WHL 2016 Excellence and Notable Achievement Awards

By: The WHL Global Office

In alliance with World Hypertension Day 2016, the WHL proudly announces the recipients of this year's Distinguished Service, Excellence, and Notable Achievement Awards in the categories of: Hypertension Control at the Population level, Dietary Salt Reduction at the Population level, and inaugural Rising Star Award in Promotion of Public Health for Cardiovascular Disease Risk and Hypertension Prevention & Control. All of these awards were developed to provide recognition to individuals, organizations and interventions that make tangible progress towards WHL's Mission & Mandate on the prevention and control of hypertension at the population level. To this year's well-deserving awardees, **CONGRATULATIONS!!**

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WHL 2016 Awards Continued




Dr. Whelton Receives his Excellence Award from Dr. Lackland at the ASH Conference 2016

WHL Award Recipients – 2016	
Excellence in Dietary Salt Reduction at the Population Level	
<p>Professor Bruce Neal, MD Senior Director, Food Policy Division - The George Institute, Chair of the Australian Division of World Action on Salt and Health, Professor of Medicine - University of Sydney Sydney, Australia</p>	
Excellence in Hypertension Prevention and Control at the Population Level	
<p>Dr. Paul Whelton, MB, MD, MSc Show Chwan Professor of Global Public Health Tulane University School of Public Health and Tropical Medicine New Orleans, Louisiana, USA</p>	
Notable Achievement in Hypertension Prevention and Control at the Population Level	
<p>Professor Anuj Maheshwari The Indian Society of Hypertension Vikas Nagar, India</p>	
Notable Achievement in Dietary Salt Reduction at the Population Level	
<p>The Portuguese Society of Hypertension Lisboa, Portugal http://www.sphta.org.pt/pt/default.asp</p>	

Rising Star Award in Promotion of Public Health for Cardiovascular Disease Risk and Hypertension Prevention & Control

Professor Narsingh Verma
 The Indian Society of Hypertension
 Tamilnadu, India





Efforts of the Portuguese Society of Hypertension Towards Reducing Dietary Sodium Consumption in Portugal

By: Pedro Guimarães Cunha (MD, PhD) and José Mesquita Bastos (MD, PhD), on behalf of the Portuguese Society of Hypertension

The Portuguese Society of Hypertension (PSH) has been established not only as a scientific society on the field, but also as a League fighting against high blood pressure and its determinants at a population level.

Operating in a country with both one of the western European highest stroke incidence as well as highest salt consumption (10,7g/day in our last national survey published in the Journal of Hypertension in 2015), the PSH has dedicated a considerable amount of its work, since its foundation, in an effort to reduce salt consumption at a population level in one hand, and increased the awareness and treatment of hypertension in the other.

Over the last 10 years, several initiatives have been undertaken concerning salt reduction consumption:

The PSH has been working directly with some of the world’s leading experts on the field of salt reduction, public health, nutrition, epidemiology and many other related fields, in order to establish and periodically review a set of strategies best suitable to achieve these goals.

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Efforts of the Portuguese Society Continued

- a) The last meeting was promoted in November 2015 (the Salt Forum), and resulted in a document with a set of strategies to develop until 2020, reducing even further salt consumption. Several diplomatic meetings have been undertaken since then with key players in the manufacturing, processing and distribution of food, as well as with political and consumer defense institutions. As a result, more than 15 of these institutions have already signed an endorsement to the achievement of these goals in 2020 and to actively promote the policies contained in the document;
- b) On another playing field, the PSH has been working with the legislative and executive political institutions of the country, pushing for new compromises in this area and translating as much as possible the content of the Salt Forum into national policies; a recent document published by the Portuguese Ministry of Health dedicated exclusively to the establishment of policies to reduce salt consumption in the Portuguese population, contains many of the policies defended by the PSH – that participated as a scientific consultant during the elaboration of this document.
- c) One of the initial achievements of the PSH, in 2009, was to promote and secure the elaboration of a law (passed in the Portuguese parliament) that limited the content of salt in bread (one of the main sources of salt in the Portuguese diet at the time). Nowadays the PSH has already signed a new agreement in 2016 with the representatives of the bakery industry to voluntarily review the previous established maximum salt content in bread, and reduce it even further. This process is now underway with bakers, nutritionists, food distributors and of course PSH representatives.
- d) Education of younger generations has been another of the PSH concerns. We have been developing several animated and theatrical contents using known references and characters of the young children in Portugal to work as ambassadors of the message of healthy lifestyles, including salt reduction. We have promoted school programs and are currently pushing for a change in the compulsory curricula of elementary schools all over the country, in such a way that they would include information on salt substitution.
- e) At the same time, we also have been working in consumer education. Not only has the PSH been working with the largest and most influential private consumer's defense institution in the country, but it also has been moving forward the debate of including a more easy to understand label in terms of salt content in food goods – defending the inclusion of a 3-colored label in each sold item (green for low salt content – red for high salt content).

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Efforts of the Portuguese Society Continued

The efforts of the PSH have been showing some results during the last 10 years. We have objectively measured the evolution of salt consumption in the country over the last decade, only to realize that it had decreased on average 1,2g/day/individual. This reduction alongside with the increase in the percentage of treated and controlled hypertensives (another of the PSH intervention focus), has been responsible for the reduction in the incidence of fatal strokes by 46% (12% of which has been attributed to salt reduction consumption alone).

Much more has still to be done, and cardiovascular diseases (especially stroke) are still the most prevalent death causes in our country.

The World Hypertension League award on “Notable Achievement for Dietary Salt Reduction at a population level” attributed this year to the PSH has become, far more than a recognition of the work developed, an added responsibility to pursue better conditions of survival free of cardiovascular disease for our countrymen and countrywomen.



Designing More Active Cities: Integrated Thinking for Healthy Cities

**By: Prof. Billie Giles-Corti,
Director, McCaughey VicHealth Community
Wellbeing Unit, Centre for Health Equity,
Melbourne University**

Worldwide chronic disease are rising, accounting for over 34 million deaths.¹ High body-mass index has also increased in both developed and developing countries, with chronic disease anticipated to continue to rise if not curbed.² These alarming trends are prompting calls for an urgent ‘rethink’ of approaches to prevention.^{3,4} In September 2011, a high level meeting of the United Nations (UN) concluded that the global economic burden of preventable chronic disease was so large, that if uncurbed it would hamper social and economic development.⁵ The cost of treating preventable major chronic diseases - cardio-

vascular disease, diabetes II, cancer, obesity and increasingly dementia – in both the developed and developing world, is immense and growing. Many of these preventable diseases are caused by, and share common lifestyles risk factors: smoking, insufficient physical activity, unhealthy diet, and too much alcohol.

The UN acknowledged that keeping people out of the health system is beyond the health sector: many of the solutions to preventing chronic disease lie with the sectors that create unhealthy environments where people work, live, shop and play. While treasurers across the globe wring their hands in the face of burgeoning health budgets, it is ironic that conservative commentators still cry ‘nanny state’ when governments attempt to address a major root cause: i.e., businesses that profit from promoting products that are detrimental to health. Unhealthy lifestyles are trivialized as ‘individual choice’ while the externalized costs of market failure are absorbed by tax payers through growing health budgets.

City planning is a case in point: Despite over two decades of research showing that people living in more walkable environments are more likely to walk (and by definition, to reduce their risk of chronic disease), low density housing developments poorly served by public transport, social infrastructure, shops and services continue to be built on the urban fringe of Australian cities.⁶ Unsuspecting residents seeking ‘affordable’ housing, buy into these fringe developments, often waiting years (if not decades) for promised infrastructure to arrive.⁷ With limited public transport, no-where to walk to, and inadequate cycling infrastructure residents quickly realize their housing choice doesn’t necessarily provide affordable ‘living’: lengthy and costly commutes to employment are the norm, with driving the only reasonable option.⁸ Time spent driving increases the risk of mortgage vulnerability,⁹ as well as weight gain,¹⁰ obesity¹¹ and poorer mental health outcomes¹² due to decreasing opportunities to be physically and socially active. The way we design communities can therefore have a profound impact on physical and mental health.

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Designing Active Cities Continued

The development industry often argues in the media that the market ‘chooses’ these fringe developments, and the industry delivers what the ‘market wants’. However, on the contrary, for those with few choices, low density development poorly served by shops, services and public transport is what they are given.¹³ Even in car dependent Australian communities, ‘if we build, they *will* come’: put simply, people living in communities designed for walking, walk more. What’s more, there is a large unmet latent demand for better designed communities: 62% of people living in low walkable neighborhoods in Perth would prefer neighborhoods where they could walk to local shops and services.¹⁴

The evidence is clear walking is more likely in walkable communities with connected street networks, higher density housing, mixed land uses with a diversity of local destinations, footpaths and well managed traffic. Yet there is a huge gap between what we know, and what we deliver on the ground. While some may belittle the humble walk, the OECD argues that planning, transport and health ministers have a responsibility to put in place the ‘legal, administrative and technical frameworks’ to encourage walking.¹⁵ This could also be said for safe cycling.

In the 21st century, we wouldn’t dream of building communities without water and sanitation: for the sake of good health and the environment, we should not be building neighborhoods unless they walkable and accessible, with the basic local services required for daily living and a multi-modal transport system linking residents to regional and metropolitan employment and services.

What’s required? First, outer suburban development requires consistent urban design guidelines that mandates higher dwelling densities, the provision of local mixed use development and connected street networks; and that neighboring housing developments be connected to each other.

Second, key elements for successful accessible local communities, are the delivery of high quality public transport linking walkable communities with local destinations to

metropolitan and regional employment and service hubs, as well as the provision of safe connected cycling infrastructure linking local communities to regional public transport and activity hubs.

Third, to achieve high quality public transport and local shops and services requires higher dwelling density in fringe developments of cities. There is growing evidence that minimum dwelling densities of around 35 dwellings per hectare is required to deliver better public transport. At this level of density, more efficient public transport can be delivered, local shops and services become more viable and fixed infrastructure costs for utilities, footpaths, and roads are virtually halved as more people make use of the available infrastructure. This will require the provision of more diversified housing stock in outer suburban developments, and barriers to building new higher density housing stock must be overcome. This includes a review of the cost of building higher density housing, and the role of the finance industry in maintaining a ‘business as usual’ approach to housing development.

Four, the building of outer suburban development needs to be sequenced to ensure that the housing is built at the same time as the infrastructure is delivered. Disincentives are required for developments who build out of sequence. For example, developers could be required to build basic levels of social infrastructure to support residents to live locally if they choose to develop out of sequence.

Finally, yet importantly, to achieve this vision requires bi-partisan political leadership to deliver city plans, rather than government plans.¹⁶ All governments need to commit to, and overcome barriers to delivering cities with urban growth boundaries that protect agricultural land, and which deliver long-term integrated planning of housing, transportation, public facilities and services *and* diversified local economies, particularly in less advantaged areas. Political leadership must support (and require) senior bureaucratic leadership that breaks down siloes within government in order deliver appropriate infrastructure in Australian cities.

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Designing Active Cities Continued

These ideas are not new: in the 70s, the US state of Oregon adopted such an approach,¹⁷ now home to highly successful cities such as Portland with its genuine commitment to a 30 year city plan producing outcomes unheard of elsewhere in the US.

None of this is rocket science: Yet while we can put rockets into space, it appears that it is beyond us to build walkable communities with access to local services, connected by public transport and cycling to regional and metropolitan employment and services. As cities globally confronts the economic, social and environmental impacts of the burden of chronic disease, population growth, traffic congestion and climate change, we need to focus on the co-benefits of delivering integrated city planning that creates healthy, liveable, and more equitable, environmentally sustainable communities.

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WHL Arrives on the Social Media Scene

By: WHL Global Office

The WHL is happy to announce that the organization has joined Twitter. WHL can be found at @WorldHyperLeag on Twitter. We think this is a good way to connect to more people and get others more involved in activities such as World Hypertension Day. If your organization has Twitter please follow the WHL and the WHL will follow you in return.

And to have your WHD 2016 Activities included in our social media campaign use the hashtags #knowyournumbers and #BPcheck. We are excited as an organization to start using and connecting with social media.

The inTernational consorTium for qUality resEarch on Dietary So-dium/Salt (TRUE)

By: Dr. Norm Campbell

One of the greatest threats to science is the use of low quality methodology resulting in non-reproducible and controversial findings. Such research has strong potential not just to hinder forward advancement in scientific understanding but the controversy generated can also impede the implementation of science for societal benefit. The threat seems greatest where there is financial gain with commercial enterprises funding low quality research and promoting the controversial findings.

Research on dietary salt is one of the areas where low quality science has generated considerable controversy and it is also coupled with financial conflicts of interest from the salt and food industry (and their scientific consultants/advisors). In response, a consortium of health and scientific organizations has formed to develop minimum standards for the conduct of clinical research on dietary salt. Organizational members of the steering committee (with representatives) include the American Heart Association (Stephen Daniels), Chinese Regional Office of the World Hypertension League (Liu Lisheng), Hypertension Canada (Janusz Kaczorowski), *International Association of National Public Health Institutes* (Antti Jula), International Council of Cardiovascular Prevention and Rehabilitation (Alison Atrey), International Society of Hypertension (Rhian Touyz and Agustin Ramirez), International Society of Nephrology (Ricardo Correa-Rotter), Journal of Clinical Hypertension (Michael Weber), WHO Collaborating Centre for population salt reduction (Jacqui Webster), Pan American Health Organization/ World Health Organization Technical Advisory Group on cardiovascular diseases prevention through population wide dietary salt reduction (Branka Legetic), World Hypertension League (Norm Campbell (Chair)), World Stroke Organization (Graeme Hankey) with the World Health Organization (Temo Waqanivalu) as an observing organization.

The TRUE process plans to release a series of recommendations over the next few years to guide granting agencies, investigators and journals on minimum standards for the conduct of dietary sodium clinical research. It is hoped the process will promote high quality reproducible research as the basis for dietary salt and public health recommendations and reduce controversy generated by poor quality and biased material.



WHL Executive, Board, and Council Convening in Seoul, Korea at 2016 International Society of Hypertension Conference

By: WHL Global Office

Dear WHL members, colleagues, partners, and associates: We wanted to alert you on the important WHL events being planned for the 26th Scientific Meeting of the International Society of Hypertension (<http://ish2016.org/>) Sept 25 – 29, 2016 in Seoul, Korea. The WHL council meeting is open to all WHL members will be convening on Sunday Sept 25th from 1:00-4:00 pm at the Coex (tentatively scheduled for room R2, this will be confirmed as soon as possible via e-mail) and will follow the WHL Executive and Board meeting occurring that morning. The council meeting will include presentations on World Hypertension Day 2016, WHL awards, review of the by-laws, and more. Throughout the week, the WHL will also be displaying a booth in the vendor area which will be manned by our leadership in alliance with the Journal of Clinical Hypertension (JCH), the WHL home journal.

During the conference, amongst the invited speakers, there will be presentations by Dr. Norm Campbell, WHL Past-President, and Dr. Michael Weber, Head Editor of JCH. We look forward to seeing you there!



The WHL Welcomes Another Corporate Sponsor

By: The WHL Global Office

The WHL welcomes Omron (<http://www.omron.com/>) as our latest corporate sponsor in 2016. Omron is a global corporation specializing in automated sensing and control technologies as a leader in blood pressure screening and management solutions. We are truly excited to partner with Omron on hypertension screening, prevention, and control now and into the future.

As is the case with Omron and our other sponsors, we make every effort to ensure the sponsor funds are directed to the activity or population target of choice. Sponsorship applications may be viewed and downloaded at <http://www.whleague.org/index.php/features/corporate-sponsors>. We encourage any corporation or individual wishing to support the WHL Mission & Mandate to become a sponsor or supporter. Individuals may donate any monetary amount while corporate sponsorships run \$2500.00 USD per year. If you or know anyone willing to be a WHL sponsor, please e-mail Kimbree or Mark at CEO@whleague.org. Every bit helps.



Jim Li, PhD, MBA, Omron's Executive Director, Medical Affairs, with Dr. Dan Lackland, WHL President, at the May 2016 ASH conference

WHL Welcomes New Member

By: WHL Global Office

The World Hypertension League would like to welcome the Moore Institute as it's newest Associate Member. The Moore Institute is associated with Oregon Health & Science Uni-

versity. To learn more about The Moore Institute Visit their website at: www.ohsu.edu/mooreinstitute. WHL is happy to welcome the Moore Institute!

Links of Note

To see what activities the World Hypertension League has engaged in for World Hypertension Day 2016 visit: <http://www.whleague.org/index.php/features/world-hypertension-day/world-hypertension-day-activities-2016>

Cheshire and Merseyside take up the challenge of the WHL to develop hypertension control strategies and launch a state of the art effort, to view the strategy visit: http://www.champspublichealth.com/sites/default/files/FINAL%20BP%20Strategy%2017.5.16_0.pdf

WHL members and national hypertension societies may also be interested in another recent paper developed in alliance with the WHL and in keeping with our Mission & Mandate. "The Global Alliance for Chronic Diseases Supports 15 Major Studies in Hypertension Prevention and Control in Low- and Middle-Income Countries" is now available and may be downloaded at:

<http://onlinelibrary.wiley.com/doi/10.1111/jch.12835/abstract>

The WHL In conjunction with several other organizations has updated the Hypertension Fact Sheet. The new fact sheet can be found at:

<http://onlinelibrary.wiley.com/doi/10.1111/jch.12840/abstract>

Calendar

26th European Meeting on Hypertension and Cardiovascular Protection

The European Society of Hypertension

June 10-13, 2016

Paris, France

Information: <http://www.esh2016.org/>

E-mail: esh2016@aimgroup.eu

1st Congress of Cardiovascular Prevention in Pre-Elderly and Elderly Individuals

June 30-July 2, 2016

Bratislava, Slovakia

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

E-mail: lena.parfenova@gmail.com

4th Asia-Pacific Global Summit & Expo on Healthcare

July 18-20, 2016

Brisbane, Australia

Information: <http://healthcare.global-summit.com/asia-pacific/>

Pulse of Asia- Seoul 2016

September 24-26, 2016

Seoul, Korea

Information:

<http://www.pulseasia.org/2016/contents/main/>

E-mail: info@pulseasia.org

Hypertension Seoul 2016

The 26th Scientific Meeting of the International Society of Hypertension

September 24-29, 2016

Seoul, Korea

Information: <http://www.ish2016.org/>

E-mail: info@ish2016.org

The World Health Summit

October 9-11, 2016

Berlin, Germany

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

American Heart Association's Annual Scientific Sessions 2016

November 12-16

New Orleans, Louisiana

Information:

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

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).

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