



WHL • NEWSLETTER

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

No. 157, June, 2017

Note from the Editor



Dr. Lawrie Beilin

This busy issue includes detailed reports on some of the extensive regional activities undertaken for this year's World Hypertension Day and MMM.

Special announcements include the WHL excellence awards and the new Special Envoy for Diabetes and Hypertension, two items by past Presidents of historical interest and several articles on collaborations and future meetings. The Lancet Commission on Hypertension Group calls for submissions for best practices on improving blood pressure in low resource settings.

Please note particularly further information on the forthcoming September World Hypertension Congress in Shanghai with encouragement for earlier career researchers to submit one page draft projects for discussion at 'Research on a Shoe-String' interactive breakfast workshops run by WHL.

Lawrie Beilin
Editor, WHL Newsletter

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President's Column



Dr. Daniel Lackland

As we head into the Fall, it is with great pleasure to see the major accomplishments demonstrated and the high expectations of the upcoming events that all contribute to our global missions. Increasing high blood pressure awareness in the populations is a major effort of the WHL and it is quite heartening to see the accomplishments of the member societies in response to this call. The magnitude of the blood pressure measurement and campaigns for World Hypertension Day and May Measurement Month were remarkable and high impact. The WHL recognition of excellence was greatly enhanced with the awardees:

- **Thomas Frieden, MD, MPH:** Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control
- **Pedro Ordunez, MD, PhD:** Norman Campbell Excellence Award in Population Hypertension Prevention and Control
- **Edward J. Rocella, PhD, MPH:** Claude Lenfant Excellence Award in Population Hypertension Control
- **Jacqui Webster, PhD, RPH Nutri:** Excellence Award in Dietary Salt Reduction at the Population Level

The WHL envoys have facilitated many efforts with our global partners and we are pleased to have Peter M. Nilsson, MD, PhD in the role of envoy for diabetes advocacy and activities. The past WHL leadership has been very impressive and represents the global thought leaders with

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President's Column continued

regards to high blood pressure. In this issue of the Newsletter, the experiences of past president, Dr Claude Lenfant, are described in a special interview and discussion. WHL was an active participant in the European Society of Hypertension conference in Milan. The organizers are congratulated on another outstanding meeting. And we certainly look forward to reporting on the World Hypertension Congress in Shanghai and the World Health Summit in Berlin.

The greatest impacts on global health are achieved with collaborative team efforts, and WHL is so very pleased to work closely with our outstanding partners including the International Society of Hypertension, World Heart Federation, World Stroke Organization along with the World Health Organization, Centers for Disease Control and American Heart Association in the formation of strong alliances.

Dan Lackland, President, WHL

World Hypertension Day Reports

ARGENTINA

The Argentinian Society of Hypertension (SAHA) participated successfully in the 2017 global campaign, "May Measurement Month" and "World Hypertension Day" through its local campaign "Conoce y controle tu presión arterial (Know and control your blood pressure). We are happy to report that more than 55 centers actively participated in our campaign, and that a total of 34,862 blood pressure measurements were recorded.



Moreover, we held a massive related campaign to inform the public of the importance of knowing one's blood pressure numbers and controlling blood pressure. To promote this awareness, we posted daily announcements through our social networks, which created

important repercussions for our Society. For more information and photos from our campaign, please visit our facebook page: <https://facebook.com/conoceycontrola/>



"Know and Control Your Blood Pressure"

AUSTRALIA

World Hypertension Day and May Measurement Month 2017

By Prof. Markus Schlaich and Prof. Jay Chindusting

Since its inception in 2005, activities on World Hypertension Day in Australia have mostly been organised on a local basis with support from relevant stakeholders such as Hypertension Societies, patient interest groups, pharmaceutical industry, and others. In 2017, the World Hypertension League (WHL) teamed up with the International Society of Hypertension (ISH) to make an even bigger impact and organise activities on a broader level through the May Measurement Month (MMM2017), a global awareness campaign designed to highlight the importance of screening for raised blood pressure. Various national societies such as the High Blood Pressure Research Council of Australia (HBPRCA), the National Heart Foundation (NHF) and the Stroke Foundation supported the initiative.

Australian Members of the ISH Scientific Council and the HBPRCA organised activities across the states of New South Wales, Tasmania, Victoria, and Western Australia. MMM17 was launched at 10 academic

Continued on page 3

centres/universities, 5 hospitals and in several community centres after ethics approval had been obtained. Screening booths were set up at these centres at various times throughout May and staffed by volunteers including nurses, students (medicine, pharmacy, nursing, physiotherapy), doctors, and others. Automated BP devices were generously donated by Omron and A&D Australia and distributed to participating centres. An App designed by ISH was available to enter data from participants for central analysis. ISH and NHF provided brochures and other information material to increase the awareness of elevated blood pressure and its risk. Most importantly though seemed the direct interaction between participants and volunteers to engage in brief discussions around the measured blood pressure levels and its meaning. Overall, more than 5000 people had their blood pressure measured and additional data collected.

Furthermore, the National Stroke Foundation through collaboration with Priceline Pharmacy delivered over 60,000 free health checks between May 17 and June 14 across 320 locations in Australia which included automated measurement of blood pressure.

Media Coverage of the event included interviews on television, radio, and in print media. Furthermore, several public presentations were held on the topic of blood pressure as part of the National Heart Week organized by the NHF.

With the updated NHF Australian Hypertension Guidelines having been released at the end of 2016, presentations to general practitioners and specialists were organized by the NHF across the country.

CANADA

Hypertension Canada Promotes World Hypertension Day 2017

By Crystal Ceres

Hypertension Canada supported the global World Hypertension Day effort with a two-pronged approach: a national, public blood pressure screening and awareness campaign, with informational receptions for elected government officials, and educational

initiatives for health care professionals who treat hypertension.



Minister of Health Dr. Eric Hoskins among the Hypertension Canada team at their Queen's Park Lobby Day, for World Hypertension Day 2017

National Public Blood Pressure Screening Public Campaign

Sponsored by Canadian company Thermor Limited (BIOS Medical), and entitled "What's Your Number?", the blood pressure screening campaign took place in over 1,000 community pharmacies across Canada. Using Thermor Limited (BIOS Medical) home blood pressure monitors, pharmacists took readings from their patients to demonstrate the ease of using the monitors and to reinforce the importance of monitoring blood pressure and the benefits of pharmacist management.

For the fifth successive year, Canadian grocer Loblaw Companies Limited participated in the World Hypertension Day blood pressure screening campaign. Previously recognized by Hypertension Canada for their efforts to raise awareness and to reduce sodium in their private-label food brands, Loblaw participated using their blood pressure kiosks installed in more than 430 wellness centres within their grocery stores across the country. Approximately 278,000 readings were taken throughout the month of May, with 7,700 taken on May 14th alone. Loblaw pharmacists and dietitians, most of whom received training from Hypertension Canada in hypertension management the prior year, identified patients at risk or with hypertension, and provided information and resources about blood pressure control strategies.

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May Measurement Month was launched at four academic centres that received ethics approval across Canada and was run collaboratively by students in pharmacy, medicine and nursing with plans for annual screenings.

In three provincial capitals -- Edmonton, Alberta; Winnipeg, Manitoba; and Toronto, Ontario -- lunchtime receptions were held for elected officials and their staff on the dates leading to World Hypertension Day. Clinical teams were on-site to take blood pressure readings, and Hypertension Canada's CEO and key researchers made presentations to educate elected officials on hypertension prevalence, complications, and challenges within the provincial health care system.

Across Canada, several monuments were lit up in red to mark World Hypertension Day including the well-known Niagara Falls, Toronto's CN Tower and TORONTO sign, Calgary Tower, Edmonton's High Level Bridge, and BC Place.

Professional Education

One-day educational sessions were held in two of Canada's provincial capitals, Edmonton, Alberta, and Winnipeg, Manitoba. Over 100 family physicians and pharmacists attended to hear the highlights of the 2017 Hypertension Canada clinical practice guidelines, and in-depth information on new thresholds and targets for blood pressure management, and hypertension in children.

Hypertension Canada also conducted live online learning sessions accessible in English and French across the nation to highlight the 2017 Hypertension Canada Guidelines, attended by more than 400 family physicians, pharmacists, nurses, and nurse practitioners. The recorded sessions are viewable [here](#).

EGYPT

Egyptian Hypertension Society (EHS)

Preparations for WHD in Egypt started in January 2017. An organizing committee with representatives from the Egyptian Hypertension Society (EHS) and 4 governorates was formed. The participating governorates were Giza, Damietta, Sohag, and Assiut. Several preparatory meetings were held. An industry

sponsor was found to support the activities, and a plan of action, continuous feedback and evaluation of the developed activities and materials were made.

The target audience for the different activities was grouped into two categories. A public awareness programme was developed for the general public, and a physician education program was developed to specifically address physicians. The public awareness program included:

- Media
- Community meetings
- Posters
- Booklets

The WHD was held in the different governorates as follows:

- Damietta & Sohag: May 4th
- Assiut: May 9th (Marathon), May 10th: Seminars
- Giza (The Egyptian Refinery Company - Hawamdia)

The media coverage was remarkable including a number of TV programs. A National Press Conference, on May 15, 2017, attended by representatives of the press and TV channels was organized. The EHS Facebook page reported an impressive activity on posts related to the WHD.

Overall, four community meetings were held, which were attended by approximately 500 guests. The program of these meetings featured:

- Lectures
- BP measurements
- Marathon- sports activities
- Distribution of booklets

The physician education program included the following topics:

- Hypertension management
- BP measurement
- Pitfalls in BP measurement

Overall, WHD was a great success in Egypt!

INDIA

WHL South Asia Chapter

By C. Venkata S. Ram, MD

WHL South Asia Chapter is a vibrant constituent of WHL. Under the governance of South Asia regional office/Dr. C. Venkata S.

Ram, BP screening camps were conducted in India, Nepal, Myanmar, and Sri Lanka in connection with WHD 2017. All the camps conducted in the region were in conjunction with USV Ltd and its numerous volunteers who coordinated the entire logistics and arrangements. The observations from the camps are given below. We congratulate the USV volunteers and so many doctors in south Asia who participated in the BP screening camps, with more than 10,000 people screened. Statistics are indicated in the table below:

PARTICULAR	TEAM TAZLOC - INDIA	NEPAL, MYANMAR, SRI LANKA	TOTAL
NO. OF CAMPS CONDUCTED	284	69	353
NO. OF PEOPLE SCREENED	7930	2406	10336
NO. OF PEOPLE ABOVE BP 140/90	1386	516	1902
ADVICE GIVEN FOR FOLLOW-UP	YES	YES	YES

INDIA

Ahmedabad, India

By Maulik Pandya, COO, Aprica Healthcare



Banner showing the AHA theme “Salty Six” in the local (Punjabi) language

Aprica Healthcare organized a public awareness program during World Hypertension Day with a

week-long mega-event promoting hypertension awareness to the public.

The prevalence of hypertension in India is around 33.2%, and the chances of having hypertension are directly proportional to age, with the peak between 50-59 years of age. The prevalence among males and females is 32.4% and 34% respectively. Hypertension found to be highest in respondents with body mass index (BMI >30) i.e. 53.43%. The prevalence of hypertension is slightly higher among smokers than non-smokers and among vegetarians than non-vegetarians.

Our campaign adopted the theme from AHA’s “Salty Six” message, which targets the common six food having high sodium content.

Modus Operandi:

Organizers hung posters in clinical waiting area showing that excess sodium is dangerous and explaining the Salty Six to help patients avoid these foods in their daily diets.

Patient pamphlets were distributed in regional languages about hypertension and foods to avoid. Theme-based print materials were given to healthcare providers across India to increase hypertension awareness. We targeted approximately 10 million of India’s population through this activity.



Sodium/Salt poster: Excess Salt is poison



Participating clinician offers a “Salty Six” cap and literature to a patient

IRAN

Isfahan Hypertension Research Center

By Alireza Khosravi, Associate Professor



Hypertension Research Centre team members demonstrating proper blood pressure measurement practices

The Hypertension Research Centre related to Isfahan Cardiovascular Research Institute of Isfahan, University of Medical Sciences Iran, measured blood pressures of 1001 individuals referring to clinics related to this research Centre. These measurements were achieved from people over 18 years old during one month, using their right arm. None of these people had their blood pressure measured for at least a year.

Individuals with blood pressure of $\geq 140/90$ mmHg or people with known hypertension (240 people), received a training book about healthy lifestyle. In addition, people with blood pressure of $\geq 160/100$ mmHg (44 people) had a free physician visit. 98 persons, 9.8% of the total number of people, stated that they have had known hypertension, but they have not measured their blood pressure in the last year. This means that they have low compliance. Moreover, only 65.3% of these hypertensive patients used their medicines regularly.



Physician offers hypertension information to a patient during the World Hypertension Day awareness campaign

We would like to thank and acknowledge all the officials and personnel of the Hypertension

Research Centre and people who contributed, especially our Executive team: Maryam Eghbali Babadi, PhD candidate; Sayed Abdullah Ahmadi; Hassan Alikhasi; Hosein Heidari, GP; Mahnaz Jozan; Noushin Mohammadifard, PhD.

IRAN

Tehran, Iran



Team with educational materials mobilized for World Hypertension Day 2017

Elham Khatami of the Abidi pharmaceutical company in Iran reported that they participated in World Hypertension Day 2017 in order to promote hypertension awareness in Iran. They monitored and recorded blood pressures of their 200 worksite employees, provided them with brochures containing information about Hypertension, its risk factors, and a healthy lifestyle to prevent hypertension and promoted World Hypertension Day with posters distributed to local hospitals and medical centers.



Physician checking a patient's blood pressure during World Hypertension Day 2017

THAILAND

The Thai Hypertension Society

By Weranuj Roubanthisuk, MD, Div. of Hypertension, Dept. of Medicine, Siriraj Hospital, Bangkok



On behalf of the Thai Hypertension Society, I would like to report on our activities for World Hypertension Day 2017 in

Thailand as follows:

We collected information between April 17 – May 17 through four participating healthcare centers situated in the different regions in Thailand as requested by WHL, mainly from the subjects and their relatives who attended healthcare centers during the screening period.

Overall, we screened a total of 21,379 cases:

- 6,204 cases (29%) reported that they were never diagnosed as HT before
- 1,019 cases (16.4%) had BP \geq 140 /90 mmHg
- 15,175 cases (71%) were already diagnosed as HT before

Only 145 cases (1%) stayed on lifestyle modification only, without any anti-hypertensive lowering medication, while 15,030 cases (99%) received BP-lowering drugs and 8,688 (57.8%) of these cases had their BP under control (BP < 140/90 mmHg).



WORLD HYPERTENSION CONGRESS 2017

WHC 2017

4th World Hypertension Congress & 19th 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



“Global Hearts Initiative” in Shanghai, CHINA SEPTEMBER 21-24, 2017

The 4th World Hypertension Congress (WHC2017) will be held on 21-24 September 2017 in Shanghai, China, in collaboration with the 19th International Symposium on Hypertension and Related Diseases and the 2017 Chinese Hypertension Meeting.

The theme of WHC2017 is ‘from evidence based policy to best practice for blood pressure control’. The meetings will provide the platform for health policy makers, clinicians, researchers and community health care workers to share their knowledge and experience in policy making and practice for prevention and control of hypertension and related diseases in communities and in health care settings.

In addition to plenary sessions and abstract presentations, the WHL will co-organize special symposia with WHO, WHF, CDC, ISH and other international societies on salt reduction and implementation of WHO HEARTS package to improve management of cardiovascular diseases globally.

WHL would like to invite all colleagues to participate at this important event and is happy to waive the registration fee for representatives from WHL member organizations worldwide and their colleagues with abstracts being accepted for oral or poster presentation.

Research on a Shoe-String Breakfast workshops

As a new initiative WHL has organised breakfast workshop sessions entitled ‘Research on a Shoe-String’. These will commence with

short keynote talks followed by informal round table discussions between attendees and mentor/facilitators. For these sessions, researchers in clinical and public health are encouraged to submit one page draft projects by September 17. Further details can be obtained from the Congress Scientific Chair and will be posted on the conference website.

The WHC2017 will be jointly organized by the World Hypertension League, Chinese Hypertension League, Chinese Society of Cardiology, National Center for Cardiovascular Disease China, Beijing Hypertension Association, Shanghai Hypertension Institute, Beijing Hypertension League Institute and other medical societies in China.

To register please go to this link:

<http://www.medmeeting.org/4896?lang=en>



WHL Excellence in Hypertension 2017 Awardees—Congratulations!

For their lifelong contributions to the field of Hypertension, the following individuals were awarded the WHL 2017 Excellence in Hypertension:

Thomas Frieden, MD, MPH: Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control

Pedro Ordunez, MD, PhD: Norman Campbell Excellence Award in Population Hypertension Prevention and Control

Edward J. Roccella, PhD, MPH: Claude Lenfant Excellence Award in Population Hypertension Control

Jacqui Webster, PhD, RPHNutri: Excellence Award in Dietary Salt Reduction at the Population Level

BIO - Thomas Frieden, MD, MPH



Dr. Tom Frieden is one of the world's leading public health expert. Director of the Centers for Disease Control and Prevention (CDC) from

2009 to 2017, Frieden led the CDC's work that helped end the Ebola epidemic. Over the course of his career, he controlled the largest outbreak of multi-drug resistant tuberculosis ever to occur in the United States, established the largest effective tuberculosis control program in the world in India, and directed efforts that led to a rapid increase in life expectancy in New York City. Because of his leadership at CDC, Americans are safer from antibiotic resistance, foodborne and healthcare-associated infections, heart attacks, strokes, cancer, and exposure to dangerous pathogens from other countries. A physician trained in internal medicine, infectious diseases, public health, and epidemiology, Frieden has published cutting-edge, widely cited research on a broad range of topics. He has transformed the organizations he has led, creating global models of increased employee morale, engaged communities, rigorous accountability, and health impact.

As New York City Health Commissioner from 2002-2009, Dr. Frieden helped reduce smoking, eliminate artificial trans fats from restaurants, eliminate colon cancer screening disparities, and initiate the country's largest community-based electronic health records project.

From 1992-1996, he led New York City's tuberculosis control program that reduced multidrug-resistant cases by 80 percent. Dr. Frieden then worked in India helping build a tuberculosis control program that has saved more than three million lives.

Follow Dr. Frieden on Twitter (@DrFrieden).

Note from WHL:

Illustrating how truly deserving Dr. Frieden is of this award, in September 2017 it was announced that he would be CEO & President of Resolve, a new US \$225 million initiative that will save more than 100 million lives by preventing heart attacks and strokes and will help countries close life-threatening gaps in epidemic preparedness and response. Under Dr. Frieden's leadership, the Resolve public health initiative will be housed at Vital Strategies with funding commitments from Bloomberg Philanthropies, Chan Zuckerberg Initiative, and the Bill & Melinda Gates Foundation. More information and details may

be viewed at: <https://www.vitalstrategies.org/vital-stories/vital-strategies-launches-resolve-new-225-million-global-health-initiative/>

BIO - Pedro Ordunez, MD, PhD



Pedro Ordunez, M.D., Ph.D is a nationally and internationally recognized specialist in Internal Medicine and Public Health. Dr. Ordunez obtained his medical degree from the University of Medicine of Cienfuegos, Cuba in 1990. In 1993 he received the

highest national honor of Cuba by being awarded the Grand Prize Annual Award for Health Research for his pioneering work in multiple risk markers for hypertension and cardiovascular disease in Cuba.

Dr. Ordunez obtained his Ph.D degree in Public Health at the School of Public Health, University of Medical Sciences of Havana, Cuba. His doctoral thesis was titled: "Hypertension from a public health perspective: Prevalence, awareness, treatment and control by ethnicity in Cienfuegos, Cuba." In addition, Dr. Ordunez completed his Post-doctoral fellowship in epidemiology from the Johns Hopkin's Bloomberg School of Public Health where he focused on hypertension and cardiovascular diseases (CVD).

Dr. Ordunez has been a professor of medicine in internal medicine and public health, clinician, researcher, educator, and medical administrator with more than 20 years of practice dedicated to the study of hypertension and CVD and the application of innovative health system designs to improve health care delivery. Dr. Ordunez was the director of the University hospital Gustavo Aldereguia Lima (HGAL) in Cienfuegos for 13 years. HGAL was recognized as the most prominent Cuban Hospital during the 2000's and it was selected as the World Health Organization Collaborative Center for its work in the field of hospital management for innovative work to improve the quality of care, specifically for

comprehensive care of acute coronary syndromes and stroke.

In 2009, Dr. Ordunez joined the Pan American Health Organization as regional advisor for non-communicable diseases; during his tenure, he has led the hypertension and cardiovascular health areas of the department of Noncommunicable Diseases and Mental Health. In his current position, Dr. Ordunez provides strategic and technical support to the Member States of the region, to scale up their efforts to increase the prevention and control of CVD, in addition to other tasks, with a focus on the integration of NCD in the primary healthcare setting. More recently, Dr. Ordunez was technical lead in a major effort to reduce cardiovascular risk through the control of hypertension and secondary prevention in the Americas.

Dr. Ordunez has been a leader in the field of cardiovascular health and its associated public health disease burden. His work has been a pioneer in understanding the role of race and ethnicity on hypertension control in Cuba, in addition to furthering the understanding of population dynamics and its implications to cardiovascular health. His personal contributions and leadership have played a major role in moving the needle in population hypertension control and reducing cardiovascular morbidity and mortality in the Americas and beyond.

BIO - Edward J. Roccella, PhD, MPH



In 1978 Dr. Roccella joined the National Institutes of Health in Bethesda, Maryland as Coordinator of the National High Blood Pressure Education Program (NHBPEP). There

he directed the NHBPEP public, patient and professional activities, which have been cited to improve the United States hypertension profile and contributed to the nation's large and continuing decline in cardiovascular disease. As NHBPEP Coordinator, he organized 45 professional, voluntary and official organizations into one body, which developed

national clinical guidelines for prevention and treatment of hypertension, the Joint National Committee (JNC) reports. In addition, he directed programs to raise BP awareness in community settings such as barber shops, churches, synagogues, mosques, athletic events, worksites, fire stations and civic events.

Dr. Roccella is a past president of the Society for Public Health Education, served on the American Public Health Association Governing Council, the Medical and Advisory Boards of the Sister to Sister Heart Disease Prevention in Women Foundation, the Consortium for Southeast Hypertension Control Advisory Board, and Chairs the American Society of Hypertension Public Policy Committee. Dr. Roccella has been awarded the National Institutes of Health Directors Award, the HealthTrac Foundation Prize, the University of Michigan John Romani Prize for lifetime achievement in public health administration, the American Society of Hypertension Presidents Award, the International Society of Hypertension in Blacks Presidential Award, the Society for Public Health Education Distinguished Fellow Award, the Senator Frank Laughtenberg Award and the Consortium for Southeast Hypertension Control Presidential and Lifetime Achievement Award. He retired from the National Institutes of Health in 2007 and remains active in the cardiovascular disease prevention and control field.

BIO - Jacqui Webster, PhD, RPHNutri



A/Prof Jacqui Webster (BA Sociology, MA Development, PhD Public Health, RPHNut) is Head of Advocacy and Policy Impact and Director of the World Health Organization Collaborating Centre on Population Salt

Reduction at the George Institute for Global Health. She is Associate Professor at the University of New South Wales with an honorary conjoint position at the University of Sydney. Her primary research interests are advocacy, food policy and implementation science and for the last 13 years her main focus has been on increasing the evidence relating to successful implementation of salt reduction interventions. Since 2017, Jacqui has chaired

the World Hypertension League's Science of Salt Advisory Group and contributed to regular systematic reviews to update the evidence to support salt reduction interventions. She is currently supported by a four year co-funded Australian National Health and Medical Research Council/National Heart Foundation Career Development Fellowship and receives additional funding from the World Health Organization and the Victorian Health Promotion Foundation. Jacqui has previously worked for a range of NGO, government and international organizations on food policy, including implementing the UK government's salt reduction strategy from 2003-2006. She grew up on a farm in Yorkshire, England and moved to Australia in 2007.



WHL Welcomes New Special Envoy - CONGRATULATIONS!



Peter M. Nilsson, MD, PhD, Professor of Clinical Cardiovascular Research, Lund University Dept of Clinical Sciences, Skane University Hospital, Malmo Sweden, in recognition of his contribution to the WHL mission to control hypertension at the population level through diabetes prevention, has been designated as **WHL Special Envoy for Global Diabetes Prevention and Control**.

Global Diabetes Management – A Challenge for Public Health

By Peter M. Nilsson, MD, PhD

Type 2 diabetes (DM2) is on the increase on a global scale, as well described in numerous epidemiological reports. This is a challenge not only to public health but also to the World Hypertension League (WHL) as DM2 and hypertension often co-exist, and also share some common roots in unhealthy lifestyle, adverse social influences and even early life programming (impaired fetal growth). My

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personal role in this is that I, besides academic work on the epidemiology and treatment of DM2 and hypertension, i.e. in the National Diabetes Register (NDR) of Sweden, have engaged myself in scientific organizations dealing with the problem. These organizations include the European Society of Hypertension, ESH (Study group on Obesity, Diabetes and the High Risk Patient), the International Society of Hypertension, ISH (Regional Activity Group for Eastern Europe and the Middle East), as well as the European Association for the Study of Diabetes, EASD (Study group on Hypertension in Diabetes). In 2011, I was engaged in the DIAMAP Project – a roadmap for diabetes research in Europe, available in the form of a report and searchable databases. The DIAMAP road maps provide strategic guidance for diabetes research activity and investment in Europe, with the person with diabetes and a broad approach to research being integral to the process. On a global scale, I have lectured on DM2, hypertension and cardiovascular complications in most major countries, such as India, China, Russia, Japan, and the USA, but also in Africa, for example in Egypt, Tunisia, Cameroon, Nigeria, Mozambique and South Africa. In addition I have contributed a chapter on hypertension in the most recent “Textbook of Diabetes” [1].

With this background I would like to promote activities organized by the WHL to link public efforts directed against hypertension, for increased screening, awareness and control, with similar activities to curb the tidal wave of DM2, affecting >450 million people worldwide according to the International Diabetes Federation (IDF).

1. Nilsson PM. Hypertension in Diabetes. In: Textbook of Diabetes, 5th Edition (Eds. Holt RIG, Cockram C, Flyvbjerg A, Goldstein BJ). Wiley-Blackwell, February 2017 (ISBN: 978-1-118-91202-7).



THE LANCET COMMISSION ON HYPERTENSION GROUP

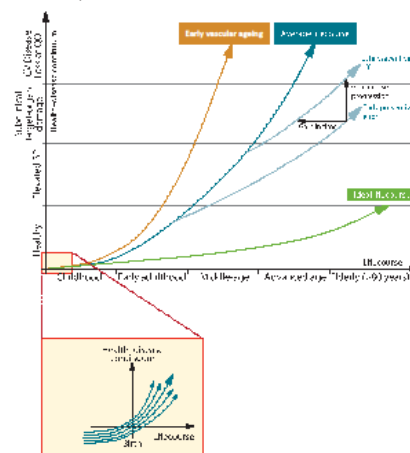
Call to submit best practices on improving blood pressure in low-resource settings

About 10 million people die every year from causes relating to hypertension. Elevated blood

pressure is the strongest modifiable risk factor for cardiovascular disease worldwide. The Lancet Commission on Hypertension Group is a worldwide collaboration with two main goals:

- Identify key actions to improve the management of blood pressure, both at the population and the individual level.
- Initiate a campaign promoting the adoption of key actions at national levels to reduce the impact of elevated blood pressure globally.

Early life effects and impact of preventive efforts in the management of elevated blood pressure



Impact of foetal life
Depending upon genetic disposition and/or epigenetic imprinting during foetal life, individuals can start their lifecourse higher or lower on the health-disease continuum reflecting the so-called cohort effect.

Lifecourse Chart (see above)

In an effort to create a library of success stories as a foundation for impactful work in this field, the Lancet Commission on Hypertension Group is calling on international partners and experts to share best practices to improve blood pressure control in low-resource settings. This is a call to investigators in the field of cardiovascular disease and hypertension to submit published work that highlights successful strategies for blood pressure control in low-resource settings.

You can contribute by submitting information about your own or others’ blood pressure control work at:

<http://bpstudyform.hypertensioncommission.org>.

Visit <http://ish-world.com/news/a/LCOHG/> for more information about the call to action and lifecourse strategy to address the global burden of raised blood pressure. The Lancet Commission on Hypertension report is available online to subscribers at [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31134-5/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(16)31134-5/fulltext).

To download the pamphlet, please visit the WHL website at www.whleague.org, Resources

HEARTS TECHNICAL PACKAGE FAQs

1. What is the HEARTS Technical Package?

The HEARTS technical package is a set of effective, practical interventions for strengthening the management of cardiovascular disease risk factors in primary health care. HEARTS builds on WHO's PEN (Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings) for strengthening NCD management, and it complements WHO strategies and packages for population-based primary prevention of CVD, including tobacco control and salt reduction. HEARTS includes specific tools for:

- Healthy lifestyle:** Counsel on tobacco cessation, diet, physical activity and self-care
- Evidence-based treatment protocols:** Simple and standardized protocols
- Access to essential medicines and technologies:** Access to a core set of affordable medicine and technology
- Risk based management:** Total cardiovascular risk assessment, treatment and referral
- Team-based care and task sharing:** Patient centered care through a team approach and community participation
- Systems for monitoring:** Patient registries and program evaluation

2. Who is HEARTS for?

HEARTS is for national and subnational programme managers to improve their CVD prevention and management programmes. It can also be used by physicians and workers at all levels of the health-care system where primary care is provided in the private and public sectors. The package is also relevant for academics and the donor and development

community as a blueprint for CVD management programmes.

3. Why is HEARTS needed?

Many countries face several challenges that increase their populations' risk of CVD. These include: weak health systems with limited resources for CVD management; competing health priorities from infectious diseases; lack of standardized, protocol-based management; inadequate access to affordable medicines and technology; and a lack of data for patient monitoring. HEARTS provides a set of tools that can be used to address these challenges and scale-up evidence-based interventions for CVD prevention and control in a standardized and coordinated manner.

4. How does HEARTS relate to the WHO PEN Protocol?

The HEARTS Technical Package takes guidance from WHO's Package of Essential Noncommunicable (PEN) Disease Intervention protocols. The PEN package is specifically designed to guide countries in the prevention and treatment of NCDs. It outlines minimum standards of care for people with NCDs including diabetes, CVD, cancer, asthma, and COPD. It also includes protocols for providing care for people with more than one of these conditions. HEARTS will help countries implement the PEN protocols by providing the technical and operational outline and tools for integrating CVD management in primary health care and evaluating impact. It builds on the resources available in the PEN package, and provides additional tools for training, patient and program monitoring, and implementation.

5. Where is HEARTS being implemented?

The first stage of implementation will include eight countries: Barbados, Colombia, Ethiopia, Iran, Nepal, the Philippines, Tajikistan, and Uganda.

6. What assistance is available for countries to implement HEARTS?

Implementing countries will receive the HEARTS Technical Package. Partners will provide technical assistance for service delivery, medication procurement, information systems, and patient registries. Each country will determine the best entry point to integrate HEARTS into their primary healthcare system,

and decide which components they want to adopt based on local needs.

7. Where can I get more information about the HEARTS Technical Package?

http://www.who.int/cardiovascular_diseases/global-hearts/en/



Interview with Claude Lenfant, MD



Dr. Claude Lenfant – former Director of National Heart Lung and Blood Institute (NHBLI) and former president of World Hypertension League (WHL) – gives an interview to Dr. Daniel T. Lackland, current WHL President, regarding his role as in the origins of the National Blood Pressure Education Program (NBPEP).

To view the video, please click [here](#).



Dr. Claude Lenfant and Dr. Daniel Lackland at the Medical University of South Carolina (MUSC)

Click here to view [Dr. Lenfant's Biography](#)



WHL HISTORY SERIES

Reflections from a Past WHL President

By Liu Lisheng, Professor of Medicine, Fu Wai Hospital CAMS, Director, Beijing Hypertension League Institute, Deputy Chief, NCCD

The establishment of WHL originated from the concept of a population oriented approach to hypertension control, a concept suggested by WHO and the US National High Blood Pressure Education Program (NHBPEP). It was also called for by the practical need to apply the results of research to benefit populations around the world. Inspired by the role played by the International Society of Hypertension (ISH), Doctors Franz Gross, Cesare Bartorelli and Tom Strasser jointly proposed the idea of a European League in 1975. which finally led to the establishment of the World Hypertension League as a ‘partner’ with ISH in 1984. Many thanks to the vision of the founding members and to the dedication and hard work of all the presidents!

Through a variety of activities, such as World Hypertension Day, WHL Newsletter, international art competitions, symposiums and seminars, and various multi-national large scale clinical trials, our Organization has achieved outstanding successes in promoting population hypertension control and research, in facilitating exchange of state-of-the-art scientific and clinical information, down to the grass-roots levels. We can say with pride and confidence that we have successfully attained the objectives we set down for ourselves in our Statutes.

As we look forward to the future, we cannot but realize that we are still faced with great challenges and arduous tasks ahead.

The importance of the WHL mission is emphasized by the recent United Nations (UN) Global Health Summit on non-communicable diseases (NCDs) which agreed to nine health targets to be achieved by 2025 and 2030.

Throughout my presidency (2006-2013), I worked in close cooperation with Vice-President Dr. Lawrie Beilin and Secretary General Dr. Arun Chockalingam in leading the Organization to realize faithfully its aims and objectives as set down by the founding fathers. As representatives of the Board, we participated, together and separately, in various meetings around the world, including Council meetings, Board meetings and meetings held by national league members in

Continued on page 14

all continents, giving talks, offering advice and spreading advanced experience.

Besides, in the past twenty odd years of service in the Chinese Hypertension League, I know quite well that China is facing a rapidly growing burden of NCDs. With fast economic development and relatively strong public health infrastructure China should be able to address these issues. Last year China released the “Healthy China 2030 Call for Action” and the “Shanghai Declaration” in response to the 2016 9th International Health Promotion Conference in Shanghai.

The 13th 5-year Plan for the Health and Well Being of China and China National NCD Prevention and Control Mid-long Term Guidelines (2017-2025) are ongoing. These policies clearly indicate that the prevention and control of NCDs should be responsibility of the whole of both government and society.

Along with a deeper understanding of hypertension through basic research, we now have the opportunity to predict individual risk of hypertension, tailor the treatments to protect end organ damage and prevent complications in the near future.

I firmly believe that with the joint efforts of all of us in WHL and with the support and collaboration of WHO, ISH and other relevant bodies, we certainly shall achieve greater success against hypertension.



MEETINGS OF NOTE

World Heart Federation 2nd Global Summit Meeting in Singapore



Panel Session at the WHF 2nd Global Summit on Circulatory Health in Singapore, July 12-13, 2017

Cardiovascular and circulatory disease community to create a Global Coalition to end needless deaths from the world's number one killer:

A global coalition will be created to address urgent actions needed to fight the global heart disease and stroke pandemic following the **World Heart Federation (WHF) 2nd Global Summit on Circulatory Health**, held in Singapore from 12-13 July 2017.

Building on the United Nations goal of a 25% reduction in premature non-communicable disease mortality by 2025, Goal 3 of the Sustainable Development Goals (SDGs), and in anticipation of the forthcoming United Nations High-Level Meeting on Noncommunicable Diseases (UN HLM on NCDs) in September 2018, over 100 leaders of global, regional and national organisations convened to discuss how to create the case for urgent action in the fight against circulatory diseases.

David Wood, President, World Heart Federation stated: "Without swift adoption of prevention and intervention strategies, current worldwide trends indicate increased global death and disability from preventable circulatory diseases. The global health community must act now with a greater sense of urgency if we are to contend with the world's number one killer".

Through a series of workshops, panel discussions, and plenary sessions moderated by Richard Horton (*The Lancet*), a consensus was rapidly reached on the need to collectively support the implementation of the 25 by 25 agenda at both the national and global level through the following actions:

1. All professional organisations, in collaboration with people living with and affected by circulatory diseases, to mobilise together in a Global Coalition to advocate for international and national actions to prevent and control circulatory diseases in preparation for the UN HLM on NCDs in 2018.
2. Partners of the Global Coalition to advocate collectively at the national level through their members to strengthen NCD Action Plans, by prioritising investment in access to treatment and services for the prevention and control of

Continued on page 15

circulatory diseases at the primary healthcare level; and to achieve this through the immediate implementation of the WHO Global HEARTS technical package in every region with a focus on secondary prevention, hypertension detection and control, and tobacco control.

3. Governments to support and promote policy decisions that have a positive impact on the prevention of CVD and stroke by adopting a 'health in all policies' approach, as recommended in the WHF Roadmaps.

4. Ministries of Health to develop systems to collect national data on CVD mortality and morbidity and the use of essential medicines and technologies for prevention and control of heart attacks and strokes, in order to detect and effectively manage hypertension, dyslipidaemia and diabetes over the lifetime of the patient.

For more information please contact: Rachel Shaw: rachel.shaw@worldheart.org / 00 44 (0) 7986 575834

Further details on the Summit can also be found online at: <https://www.world-heart-federation.org/2nd-global-summit-circulatory-health/>



WORLD HEALTH SUMMIT

CALL FOR REGISTRANTS



WORLD
HEALTH
SUMMIT

World Health Summit: 3 Days – 40 Sessions – 250 Speakers

The determined fight against Hypertension and other cardiovascular diseases provides an often overlooked blueprint for global health approaches, which is why both areas can only benefit from increased exchange and cooperation. All members of the Hypertension Community are therefore cordially invited to participate in the World Health Summit 2017,

held from October 15-17 in Berlin, Germany, at a specially reduced price. Simply enter the code below to order your tickets with a 25% discount:

Registration: <https://www.registration-whs.com/>
Code: WHS2017_SR249

Please note that this is a non-transferable code!

For more information and discounted registration for WHL newsletter subscribers, please [click here](#)

The World Health Summit (WHS) is one of the world's most prominent strategic forums for global health. The interdisciplinary event takes place within an atmosphere of academic freedom is the premiere international platform for exploring strategic developments and decisions in the area of healthcare.

Every October, internationally renowned leaders and representatives from the sciences, politics, business, and civil society travel to Berlin for the WHS to discuss the latest challenges facing medical research and healthcare. The World Health Summit enjoys the high patronage of German Chancellor Angela Merkel and European Commission President Jean-Claude Juncker and was founded by Prof. Dr. Detlev Ganten in 2009.

The World Health Summit's academic think tank is provided by the M8 Alliance of Academic Health Centers, a unique collaborative network made up of leading international medical universities, research institutions and all National Academies of medicine and science. Set up under the leadership of Charité – Universitätsmedizin Berlin and along the lines of the G8 political forum, the M8 Alliance was founded on the occasion of the first World Health Summit and currently counts 25 members from 18 countries. To work in tandem with founding WHS President Detlev Ganten, the M8 Alliance selects the World Health Summit's rotating annual President and organizes the World Health Summit Regional Meeting that takes place each spring.

The Three Pillars of the World Health Summit

- **Global challenges:** At the WHS, participants discuss and debate topics such as chronic disease, the application of modern technologies, vaccination and immunization, the promotion of innovation and interdisciplinary cooperation in healthcare research.
- **Global responsibilities:** Advances in medicine have to reach people faster and more effectively. Sustainable approaches must play a central role in this process, and the means for doing so are a major focus at the World Health Summit.
- **Global networking:** International figures and bodies from the fields of science, politics, business, and civil society come together to promote and strengthen cooperative efforts.

Initiatives/Projects

- Startup Track • New Voices in Global Health • IAP Young Physician Leaders • “Next Generation of Science Journalists” Award



European Society of Hypertension (ESH 2017) meeting in Milan, Italy

By Giuseppe Mancia, MD, on behalf of the ESH scientific and organizing Committees

The 27th Meeting of the European Society of Hypertension (ESH) was held in Milan from 16 to 19 June 2017. The meeting received 1484 abstracts that came from all European countries, although with a substantial representation of many extra-European countries as well. Among European countries the highest number of abstracts came from Russia (n=174) followed by Italy (n=158) and Greece (n=96). Among extra-European countries the highest contributors were China, Korea, Japan and the Latin American continent, with more than 50 abstracts each. Based on the score provided by 4 European Reviewers, 244 abstracts were selected for oral presentation whereas 1021 were accepted as posters. The programme included a large number of structured events, subdivided into Workshops on specific topics suggested by ESH members of the Scientific Meeting Committee (n=8), Sessions co-organized with other international scientific Societies (n=12, one of which with

WHL), Lectures delivered on the plenary or oral presentation sessions (n=11), Debates (n=6) and Breakfast Workshops (n=15). Three sessions were devoted to interpretation of therapeutic trial data, (“Meet the expert”) and two to practical aspects of hypertension management, i.e. “how to” detect organ damage in untreated and treated patients and measure and improve patients’ adherence to treatment. There were also three sessions on clinical cases (organized by Hypertension) for which a proper interactive format was used. As always in the European meetings, the programme included three large Teaching Seminars (one per day) focused on diagnostic and therapeutic problems posed by clinical practice at general practitioner as well as at a more specialized management level. There were also Industry-sponsored events (n=17), which were run within the main meeting, and investigator-generated Satellites (n=9) on specific topics that were held in Italy (in or outside Milan) or in other European countries.

This allowed most, if not all, aspects of basic and clinical hypertension research, as well as practical issues of current interest and controversy, to be addressed and suitably discussed between experts and with the audience. The meeting enjoyed the presence of many young investigators whose active participation was favored by an additional number of oral presentation sessions specifically reserved to young speakers and held in the evening hours (i.e. after the end of the main program) during the first two days of



Dr. Neil Poulter and Dr. Dan Lackland at ESH

the meeting. As usual, an effort was made to help young scientists to come to Milan by reducing their subscription fee, providing accommodation grants and in some instances

offering free registration. As in the past meetings, ESH recognized outstanding contributions to research and progression of knowledge in hypertension by awarding a few prestigious scientists in a dedicated plenary session.

It is a long standing tradition of the European meetings to include in each event some novel aspects. This time one novelty was a series of training courses on some instrumental techniques (cardiac bioimaging, vascular bioimaging and ambulatory blood pressure monitoring) to use in hypertension, which were held in the morning and afternoon prior to the opening ceremony of the meeting: registration was free and limited to 50 people per technique, a number that was quickly reached. The other was the positioning of the poster sessions at the end of the day program (5:00 pm to 6:30 pm), with no other overlapping scientific sessions. Refreshments were served, guided tours were organized and a final short oral presentation of some posters was allowed, based on the chairmen's selection. This had a very positive impact on the attendance, the quality of the scientific exchange and the satisfaction of the participants, which pleased the ESH scientific and organizing Committees because posters are unquestionably a fundamental component of the science presented at a meeting.

The 27th ESH meeting gathered about three thousand participants. A highly positive element has been that the event enjoyed a strikingly high attendance to the scientific sessions. Throughout the meeting, virtually all lecture rooms were full, often well beyond their sitting capacity. This was true also in the final hours of the last day, which is a well known critical time in all meetings. Participants in the European hypertension meetings thus represent clinicians and scientists with a high interest in and dedication to hypertension and related diseases, which is reassuring for the future of this fundamentally important area of medicine.



Dr. Dan Lackland, Prof. Lisheng Liu, and Dr. Xin-Hua Zhang at ESH in Milan



Daniel Lackland, WHL President; Kazuomi Kario [chairman, Div. of Cardiovascular Medicine, Jichi Medical University, Japan]; *Journal of Clinical Hypertension* EIC Michael Weber, ESH 2017



Professors D. Lackland, A. Zanchetti, E. Lurbe, J Chalmers, and J Wang as part of the WHL cooperative Topical Workshop on Hot Issues at ESH 2017. Session topics included: Systolic hypertension in the youth; Long-term effects of antihypertension treatment; Blood pressure targets and adverse effects in randomized outcome trials; Diastolic hypertension

WELCOME TO NEW WHL MEMBERS

Two groups recently joined the World Hypertension League as full members.



George Institute for Global Health



Hypertension Cardiovascular Outcome Prevention and Evidence in Asia (HOPE Asia) Network – Tochigi Japan

HOPE Asia Network

LINK OF NOTE

International Society of Hypertension (ISH) June 2017 Newsletter:

<http://ish-world.com/news/a/hypertensionnews/>

2018 International Society of Hypertension (ISH) Conference in Beijing

For more information click here:
www.ish2018.org

CDC BP Kiosk Statement

The Centers for Disease Control and Prevention recently called on pharmacists to use only clinically validated and interoperable blood pressure, or BP, kiosks. The CDC published a resource guide in December 2016 titled “Using the Pharmacists’ Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists,” developed by the CDC in collaboration with the American Medical Association and the American Pharmacists Association. In it, pharmacists are urged to ensure that they are measuring BP accurately, noting “inaccurate blood pressure measurements have significant public health implications because minor errors can result in the misdiagnosis of millions of people.” The guide also states that even minor measurement errors of 5 mm Hg can result in the misdiagnosis and mismanagement of over 20 million people in the US.

The CDC guide includes a resource section on pharmacy BP kiosks, stating that pharmacists should “only use clinically validated blood pressure kiosks,” and “implement technology to automatically transmit data from kiosk to pharmacy computer system.” If these criteria are met, the guide instructs pharmacists to encourage patient use of the kiosk, evaluate BP levels, assess medication adherence, and “take action as appropriate.”

“In this guide, the CDC, the AMA, and the APhA encourage pharmacists to assert their role in team care, and intervene in cases where BP is uncontrolled—this is great news for pharmacists,” said Josh Sarkis, GM and SVP strategic business development at PharmaSmart International. Sarkis added, “We are happy to see these leading healthcare organizations promote the inclusion of trustworthy, proven, and integrated BP kiosks into the Pharmacist’s Patient Care Process.”

[Click here](#) to see the full article.

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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Calendar of Events

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

San Francisco, California
 September 14 – 17, 2017
 Information: [Click here](#)

World Hypertension Congress 2017

Shanghai, China
 September 21-25, 2017 information [Click here](#)
<http://ishrd2017.medmeeting.org/4896?lang=en>

World Health Summit 2017

Berlin, Germany
 October 15–17, 2017
 Information: [Click here](#)

WHO Global Conference on NCDs

Montevideo, Uruguay
 October 18-20, 2017
 Information: [Click here](#)

German Hypertension Congress
 Mannheim, Germany
 November 10-11, 2017

Information: <http://www.herbsttagung-ddg.de/home.html>

American Heart Association Scientific Sessions

Anaheim, California
 November 11–15, 2017
 Information: [Click here](#)

**3rd International Hypertension Conference
 New Trends and Challenges**

Khartoum, Sudan
 November 24- 26, 2017
 Information: <http://ssh-sd.org/>

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

Kosice, Slovakia
 June 1-3, 2018
 Information: <http://www.iccsk.com>