Global CVD Activities
Friday 19 April 2013 | EuroPRevent Rome

The United Nations and the World Health Organization (WHO) have agreed to take concerted action to reduce premature mortality from non-communicable diseases by 25% by 2025. The World Heart Federation is leading a Global Task Force on CVD Prevention together with the European Society of Cardiology, European Heart Network, American Heart Association and the American College of Cardiology to advocate for lifestyle and risk factor targets.

In this context the European Association for Cardiovascular Prevention and Rehabilitation (EACPR) facilitated the creation of a common platform with a private meeting of the elected leadership of professional societies and a Global Forum for Cardiovascular Disease Prevention in Clinical Practice - to unite the voices of regional and national professional societies for cardiovascular prevention for the benefit of all patients.

The EACPR Global CVD Activities are supported by Bristol-Myers Squibb & AstraZeneca Alliance; Novartis Pharma AG and Roche, in the form of an unrestricted educational grant.

Below is a report of the activities undertaken on Friday 19 April at the EuroPRevent Congress held in Rome:

- Global CVD Prevention Leadership Meeting
- Global Forum on CVD Prevention in Clinical Practice
Global CVD Prevention Leadership Meeting
09:00-12:00 Meeting Room D l EuroPRevent Rome

Objectives:
To discuss the creation of a Global Alliance for Cardiovascular Disease Prevention in Clinical Practice between regional and national organisations with an interest in prevention and rehabilitation and to define its mission, objectives and structure.

Participants: (by alphabetical order)
Representatives of regional and national organisations (or their sub-speciality sections) with a professional role in CVD prevention and rehabilitation:

Donna Arnett  American Heart Association
Isabel Bardinet  European Society of Cardiology
Nooshin Bazargani  Emirates Cardiac Society
Kathy Berra  PCNA - Preventive Cardiovascular Nurses Association
John Buckley  International Council of Cardiovascular Prevention and Rehabilitation
Donna Fitzsimons  Council on Cardiovascular Nursing and Allied Professions
Dan Gaita  Romanian Heart Foundation
Anne M. Gavic  American Association of Cardiovascular and Pulmonary Rehabilitation
Pantaleo Giannuzzi  European Association for Cardiovascular Prevention and Rehabilitation
Stephan Gielen  European Association for Cardiovascular Prevention and Rehabilitation
Sherry Grace  Canadian Association of Cardiac Rehabilitation
Ian Graham  European Association for Cardiovascular Prevention and Rehabilitation
Rick Grobbee  European Association for Cardiovascular Prevention and Rehabilitation
Rajeev Gupta  Prevention Council, Cardiological Society of India
Dayi Hu  Chinese Society of Cardiology
Haruki Itoh  Japanese Association of Cardiac Rehabilitation
Najeed Jaha  SHA - Saudi Group for Cardiovascular Prevention and Rehabilitation (SGCVPR)
Catriona Jennings  Council on Cardiovascular Nursing and Allied Professions
Michel Komajda  European Society of Cardiology (partly)
Susanne Logstrup  European Heart Network
Miguel Mendes  European Association for Cardiovascular Prevention and Rehabilitation
Shanthi Mendis  World Health Organization
Glaucia Moraes  Brazilian Society of Cardiology
Lis Neubeck  Australian Cardiovascular Health and Rehabilitation Association
Camille Pfaff  ESC / EACPR
Fausto Pinto  European Society of Cardiology
Nana Pogosova  Russian National Society for Cardiovascular Prevention and Rehabilitation
Johanna Ralston  World Heart Federation
Britta Reuter  ESC / EACPR
Eduardo Rivas-Estany  Cuban Association for Cardiovascular Prevention and Rehabilitation
Sidney C. Smith  World Heart Federation
Sophie Squarta  European Society of Cardiology
Hans Stam  European Heart Network
Panos Vardas  European Society of Cardiology
Nathan Wong  American Society for Preventive Cardiology
David Wood  European Association for Cardiovascular Prevention and Rehabilitation
Meeting Report:

Panos Vardas, ESC President, welcomed all participants and thanked them for joining this first Global CVD Leadership meeting organized by EACPR, highlighting the need for concerted action for CVD Prevention at an international level.

Stephan Gielen, EACPR President, underlined the role of professional societies in achieving the 25% by 2025 goal set by the United Nations: to unite forces and focus on a joint mission, and presented the agenda and objectives for this first meeting. I slides

Shanthi Mendis, Director, a.i, Department of Management of Non-communicable Diseases, World Health Organization (WHO), presented the new WHO mission for prevention of non-communicable diseases and introduced the WHO draft Action Plan for the prevention and control of NCDs for 2013–2020 comprising a set of actions which, when performed collectively by WHO in concert with Member States, UN agencies, international partners, will reduce the burden of preventable morbidity and disability and avoidable mortality due to NCDs. I slides

Johanna Ralston, CEO, World Heart Federation (WHF), presented the role of the World Heart Federation in achieving the goal of “25 by 25” detailing the WHF priorities in relation to the WHO NCD targets and its strategic goals towards global advocacy and leadership / risk factors / treatment and care; the achievements of the WHF; AHA, ACC, ESC and EHN Global CVD Task Force; World Heart Day and the upcoming World Cardiology Congress in Melbourne 2014 I slides

David Wood, Chair Reach Out Task Force, EACPR, presented the rationale for creating a Global Alliance for CVD Prevention in Clinical Practice highlighting that the epidemic of cardiovascular disease and related non-communicable diseases is global with common causes calling for global solutions. The focus of the Alliance will be on clinical practice and patient care; patients with established atherosclerotic vascular disease and people at high risk of developing this disease. EACPR assets will be shared and learning from other partners welcomed. The role of the proposed global alliance could be to stimulate the creation of harmonized guidelines and standards; provide education and training to physicians and allied professionals, promote effective models of care to strengthen health service provision in prevention and rehabilitation, facilitate research across regional and national boundaries and stimulate leadership for preventive cardiology at national level. I slides

All participants were invited to give their view on this proposal – a summary of the potential roles of a Global Alliance is provided below:

- The Global Alliance would provide an international forum to share the wealth of experiences of regional and national organisations in advocating for, delivering and evaluating cardiovascular prevention and rehabilitation programmes for secondary and primary prevention in different health care settings and economies around the world.
- Creating an inventory of all regional and national organisations focussed on prevention and rehabilitation in clinical practice, and a library of professional and patient resources, to be shared on a common electronic platform and freely accessible to all health professionals.
- Leading the development of international guidelines on CVD prevention for clinical practice tailored to the needs and resources of high, middle and low income countries.
- Creating advocacy tools for health professionals to influence politicians and policy makers to invest in preventive care services in hospital, primary care and the community.
- Sharing, developing and adapting clinical protocols for secondary and primary prevention services.
• Developing regional and national CVD risk estimation models for primary prevention of cardiovascular disease.
• Certification of programmes of excellence in preventive and rehabilitative care.
• Focus on children, young people and families as incubators of the epidemic of cardiovascular and other non-communicable diseases.
• Promoting the availability and use of essential medicines and technologies in all countries to reduce the risk of cardiovascular disease.
• Engaging the wider professional community – doctors, nurses, dieticians, physiotherapists, physical activity specialists, occupational therapists, psychologists, pharmacists and others – in the prevention and rehabilitation agenda.
• Build partnerships with international and national sports and leisure service industries to engage in preventive and rehabilitative care.
• Setting up education and training programmes in cardiovascular prevention and rehabilitation for physicians, nurses and allied professionals in both secondary and primary care.
• Influencing the curricular content for postgraduate and undergraduate medical education, and the education of other health professionals, to include CVD prevention at a population and individual level.
• Engaging patients as ambassadors for prevention and rehabilitation services.
• Undertaking international surveys of the delivery of preventive and rehabilitative care, in both secondary and primary prevention, using standardised methodology in different health care settings to provide comparisons between countries.
• Develop professional leadership in prevention and rehabilitation through the creation of specialist societies, or sub-speciality sections of national societies, in cardiovascular prevention and rehabilitation.
• Bring forward new leadership in CVD prevention among young physicians, nurses and allied health professionals.
• Collaborate with pharmaceutical, device and imaging companies as responsible partners in research and development in cardiovascular medicine and in delivering evidence based care to all patients
• Utilise health economic modelling in different health economies around the world to make the case for investing in CVD prevention.
• Create a media forum and media training of health professionals for dissemination of key messages on CVD prevention to politicians, policy makers and other key stakeholders responsible for the CVD prevention agenda at a regional and national level.

Stephan Gielen, EACPR President, presented the proposed structure for the Global Alliance for CVD prevention in Clinical Practice. The alliance will be open to any professional organisation, or sub-speciality section, focussed on prevention and rehabilitation in clinical practice. These organisations will each be represented by two nominated representatives in a Global Alliance. From this alliance of organisations a Leadership Forum will be created with 6 representatives nominated from each WHO region (36 representatives). This Forum will elect an Ambassadors Group (12 representatives), each person elected for 3 year terms, to execute the strategy on behalf of the Leadership Forum and the Global Alliance. I slides
David Wood, Chair Reach Out Task Force, EACPR, presented the Steps towards building a Global Alliance for CVD Prevention in Clinical Practice: 

1. Identify representatives within each WHO Region for a Leadership Forum
2. Organise a follow up meeting of the Global Alliance at ESC Congress (30 Aug – 4 Sept, Amsterdam, NL) to create the Leadership Forum
3. Organise a meeting of the Leadership Forum at the AHA Congress (16-20 November, Dallas, USA) to define a strategy for the Global Alliance and elect the Ambassadors Group.
4. Organise a meeting of the Ambassadors Group at the EACPR Winter Meeting (Jan 2014, Location TBC) to translate the strategy into practical projects with deliverables and timelines.
5. Organise a Global Alliance meeting at WHF World Congress of Cardiology (4-7 May 2014, Melbourne, AU) where the Ambassador Group would present a 3 year plan to Leadership Forum and Alliance representatives.

The complete slide set and forum protocol will be provided to all participants to be shared with their respective Leadership through a collaborative website which will only be open to participating organisations *.

Stephan Gielen, EACPR President and Panos Vardas, ESC President, thanked the participants for their attention and input, invited all participants to attend the Global Forum sessions held in the afternoon. The next Leadership Forum meeting will be held at ESC Congress in Amsterdam on Saturday [ ] and details will follow. There will also be a Global Forum session in the scientific programme of the ESC Congress which will be open to all Congress registrants. The meeting was closed at 12:15.

http://portal.escardio.org/Communities/ESCAssociations/EACPR/GlobalForumLeadership
Access restricted to the meeting participants - MyESC password required
Global Forum on CVD Prevention in Clinical Practice
14:00-18:00 | Room Florence | EuroPRevent Rome

Target audience:
- Elected leadership of professional societies with an interest in prevention and rehabilitation in clinical practice
- National Coordinators for CVD Prevention
- National Cardiac Societies
- National Heart Foundations
- EuroPRevent Delegates

Promotion & Communication:
- The Global Forum on CVD Prevention in Clinical Practice was announced in an ESC Media Alert - Preparing cardiovascular diseases required universal approach - sent in March
- The event was announced via regular e-campaigns to EACPR members and congress delegates and a web page was created on the ESC website and the Global Forum was promoted in the EuroPRevent Congress News.
- A Welcome Pack was distributed to all participants | PDF |

Session Attendance:
- The attendance was estimated to be 100-120 persons for both afternoon sessions.

Session Programme and Presentations
(click on the link to access the slides - webcasts will be available at www.escardio.org/europrevent)

Part 1 - International initiatives for prevention of cardiovascular disease
Chairpersons: Panos Vardas (Greece) - Stephan Gielen (Germany)

UN declaration on prevention of non-communicable diseases and the role of WHO
Shanthi Mendis (Switzerland)

The role of WHF in achieving the international targets for CVD prevention
Johanna Ralston (Switzerland)

Building a Global Alliance for CVD Prevention in Clinical Practice | slides |
David Wood (United Kingdom)

International Council of Cardiovascular Prevention and Rehabilitation | slides |
Sherry Grace (Canada)

Brazilian Society of Cardiology: The Rio Letter | slides |
Gláucia Moraes (Brazil)

A unified strategy to promote excellence in service delivery, teaching and research in cardiovascular prevention and rehabilitation in clinical practice to achieve the target of “25 by 25” | slides |
Stephan Gielen (Germany)
Part 2 - The national perspective on prevention of cardiovascular disease
Chairpersons: David Wood (United Kingdom) - Stephan Gielen (Germany)

Japanese Association of Cardiac Rehabilitation | slides |
Haruki Itoh (Japan)

American Association of Cardiovascular and Pulmonary Rehabilitation | slides |
Anne M. Gavic (USA)

Chinese Society of Cardiology | slides |
Dayi Hu (China)

Russian National Society for Cardiovascular Prevention and Rehabilitation | slides |
Nana Pogosova (Russia)

Australian Cardiovascular Health and Rehabilitation Association | slides |
Lis Neubeck (Australia)

Saudi Heart Association | slides |
Najeeb Jaha (Saudi Arabia)

Prevention Council, Cardiological Society of India | slides |
Rajeev Gupta (India)

American Heart Association | slides |
Donna Arnett (USA)

Creating a Global Alliance for CVD Prevention in Clinical Practice | slides |
David Wood (United Kingdom) – Stephan Gielen (Germany)

Next Global Forum on CVD Prevention in Clinical Practice
Sunday 1st September 2013 | 08:30 - 10:00
ESC Congress 2013 Amsterdam | Room Chisinau | Central Village

Contact us for more information
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