

a doctor, with working hard to help the family's three children adapt and flourish in the UK.

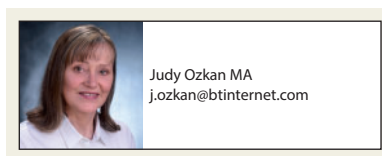
He draws a distinction between scientists and researchers on the move and clinicians seeking to work in overseas health care systems and suggests that academia may be more easily accessible. He observes that research is a global business with similar approaches, outlooks and topics almost everywhere, although there are distinct differences between Europe and the UK. 'Most universities in the UK are organised top down, except for Oxbridge, whereas most universities in Germany or indeed continental Europe are much more democratic. The professors elect the Dean and participate in the election of the President of the university, so the role of a professor is very different in the UK where professors are much more dependent on the management of the university'. The flip side of this is that continental universities can seem to be slower to react and adapt to change than in the USA or UK. The concentration of power in the hands of a single individual may also mean that the institution is tied to the calibre of the decisions made by the person at the top.

For migrating clinicians, the UK National Health Service (NHS) can be a challenging environment, especially for someone coming from a US- or European-style mixed system of public-private health care. He suggests that what the NHS gains in being state funded, it often loses in mind-numbing 'notorious bureaucracy'. He is more upbeat than some of his British contemporaries about the NHS and admires the way that the system treats long-term conditions such as heart failure, rheumatoid arthritis, and diabetes.

Being responsive and open to new opportunities and situations is an absolute necessity for anyone who wants to build a career abroad. Neyses says that opportunities favour those who are willing to engage and explore and points to his own experience in being offered a chair in

Manchester following his approach to Trinity College, Dublin. Actively looking for new openings combined with taking good opportunities when they arise is recommended as a strategy for success. He believes that relocation on a national or international level is simply a part and parcel of academic life. 'If you are not willing to move, your career opportunities will be severely hampered and although it can be complicated for families to move such complications are a small price to pay for expanding career and personal horizons. So, I would say that although you need to take the practicalities into consideration it can be very rewarding, not just from a career point of view, but also from a personal and cultural point of view in getting to know a different culture and working closely with people who know about it and can share it with you in a fascinating way'.

Since arriving in Luxembourg in 2013, Neyses has overseen growth and development at the university whose vision statement: multilingual-international-research orientated could almost be used to sum up his own career. In 2017, the University came number 11 in the Times Higher Education New University Rankings in little more than 14 years, and is on target to grow and develop further over the next decade.



**Conflict of interest:** none declared.

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## WHF Emerging Leaders Program

### The 2017 Update of the 4th seminar held in Cape Town hosted by Dr Karen Sliwa

#### Program overview

The World Heart Federation's (WHF) Emerging Leaders program ([whfel.org](http://whfel.org)) was initiated in 2014 with the goal of creating a cadre of committed, talented individuals who will contribute towards improving global cardiovascular health and reduced global cardiovascular disease.<sup>1</sup> The program is aligned with the World Health Organization's '25 × 25' target of reducing the risk of premature (<70 years) mortality from cardiovascular disease and other non-communicable diseases by 25% by 2025.<sup>2</sup>

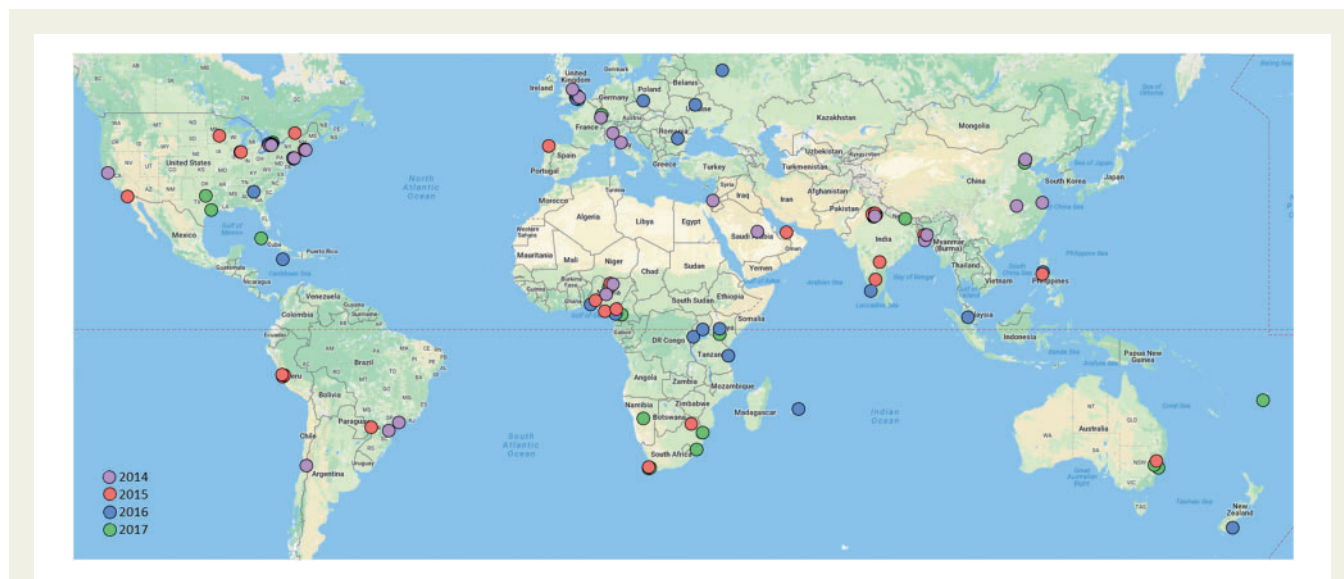
During the past 4 years, the program has trained 100 emerging leaders from 42 countries and 6 continents who have participated in online training, a 5-day think-tank seminar, and collaborative small group project proposals developed during the seminar to facilitate 'learning by doing' in the fields of implementation science, health systems strengthening, and health policy research, including articles outlined in the World Health Organization's Framework Convention for Tobacco Control (Figure 1).

Collaborative projects are supported by CHF 25 000 or more in seed funding provided by the World Heart Federation based on expert review of these proposals developed during think-tank seminars, a key feature of this training program. The program is currently supported by unrestricted educational grants from Boehringer Ingelheim and Novartis with previous support from AstraZeneca and BUPA.

#### 2014–2017 Emerging Leader Cohorts

Each previous Emerging Leader cohort has focused on a priority area for the World Heart Federation and aligned its work with the World Heart Federation Roadmaps. For example,

2014: *Secondary prevention*, hosted by Dr Salim Yusuf at the Population Health Research Institute at McMaster University and Hamilton Health Sciences in Hamilton, Canada.<sup>3</sup>



**Figure 1** Map of World Heart Federation Emerging Leaders (2014–2017).

**Table 1** World Heart Federation Emerging Leader themes, research streams, and project titles (2014–2017)

Year/Theme	Research stream	Project title
2014/2° Prevention	Implementation science	TAKEmeds Study: The Adherence and Knowledge Exchange heart and stroke medicines study
	Health systems strengthening	CARDiovascular Disease: Identification of Obstacles and facilitators to Maximize Secondary Prevention Policy and Strategies (CARDIOMAPPS)
	Health policy research	WikiMeds: Increasing Transparency to Promote use of Medicines for Secondary Prevention of Cardiovascular Disease
2015/Hypertension	Implementation science	Blood Pressure-Home Monitoring Intervention Trial and Outcomes Research (BP-HOME MONITOR)
	Health systems strengthening	EQUI-MEDS: Physico-chemical equivalence of generic antihypertensive medicines in Nigeria
	Health policy research	The PISCO Pilot: Policies in Sodium Collected Online
2016/Tobacco control	Article 6, World Health Organization Framework Convention on Tobacco Control	FACTc: Financial, resource Allocations, and Cost of Tobacco Control
	Article 8, World Health Organization Framework Convention on Tobacco Control	KOMPLY: An action research project to evaluate compliance with the smoke-free law in bars and restaurants in Kampala, Uganda
	Article 14, World Health Organization Framework Convention on Tobacco Control	IMPLEMENT CESSATION: Facilitators and Barriers to Delivery of Selected Tobacco Cessation Interventions by Healthcare Providers in Healthcare Facilities in India and Kenya
	Article 14, World Health Organization Framework Convention on Tobacco Control	IMPLEMENT CESSATION: Facilitators and Barriers to Delivery of Selected Tobacco Cessation Interventions by Healthcare Providers in Healthcare Facilities in India and Kenya
2017/Essential medicines	Implementation science	A CLUB-based MEDication delivery Strategy for patients with hypertension in Nigeria (CLUBMEDS): A feasibility study
	Health systems strengthening	Evaluating availability, price and affordability of essential CVD medicines and diagnostics in Mozambique and Fiji: The HAVE-CVD-MeDs (Highlighting Access to Vital and Essential CVD Medicines and Diagnostics) Study
	Health policy research	GLO-PRO: A GLOBal PROcess level view of access to priority WHO essential medicines for cardiovascular diseases: Towards a citizen science intervention

### World Heart Federation Emerging Leader Program publications (2014–2017)

#### 2014 Cohort

1. Chen S, Gong E, Kazi SD, Gates BA, Karaye KM, Girerd N, Bai R, AlHabib KF, Li C, Sun K, Hong L, Fu H, Peng W, Liu X, Chen L, Schwalm JD, Yan LL. Development of a mobile phone-based intervention to improve adherence to secondary prevention of coronary heart disease in China. *J Med Eng Technol* 2016;**40**:372–382.
2. Gandhi S, Chen S, Hong L, Sun K, Gong E, Li, C, Yan LL, Schwalm JD. Effect of mobile health interventions on the secondary prevention of cardiovascular disease: systematic review and meta-analysis. *Can J Cardiol* 2016;1–13.
3. Banerjee A, Khandelwal S, Nambiar L, Saxena M, Peck V, Moniruzzaman M, Faria Neto JR, Quinto KC, Smyth A, Leong D, Werba JP. Health system barriers and facilitators to medication adherence for the secondary prevention of cardiovascular disease: a systematic review. *Open Heart* 2016;**3**: e000438.

#### 2015 Cohort

4. Redfern J, Adedoyin RA, Ofori S, Anchala R, Ajay VS, De Andrade L, Zelaya J, Kaur H, Balabanova D, Sani MU. Physicochemical equivalence of generic antihypertensive medicines (EQUIMEDS): protocol for a quality of medicines assessment. *BMJ Glob Health* 2016;**1**:e000086.
5. Anderson CAM, Dadabhai S, Damasceno A, Dzudzie A, Islam MS, Kamath D, Kandula N, Kayange N, Quispe R, Roy A, Shah S, Vidal-Perez R. BPMONITOR: Blood Pressure Home MONitoring Intervention and Outcomes Research. *JMIR Res Protoc* 2017; in press.

#### 2016 Cohort

6. KOMPLY Team. Report on an evaluation of compliance, knowledge, and attitudes related to the 100% smoke-free law in bars and restaurants in Kampala, Uganda. Centre for Tobacco Control in Africa (CTCA). [http://www.ctc-africa.org/images/documents/reports/KOMPLY\\_report.pdf](http://www.ctc-africa.org/images/documents/reports/KOMPLY_report.pdf) (29 June 2017).
7. Kabwama SN, Kadobera D, Ndyabangi S, Nyamurungi KN, Gravely S, Robertson L, Guwatudde D. Practices related to tobacco sale, promotion and protection from tobacco smoke exposure in restaurants and bars in Kampala before implementation of the Uganda tobacco control Act 2015. *Tob Induc Dis* 2017;**15**:24.
8. Yadav A, Kontsevaya A, Shang C, Pana A, Lewis FB, Stoklosa M, Reyes I. Country-specific financing sources to support the full implementation of WHO-Framework Convention on Tobacco Control (FCTC). In *Conference of the Parties 2016, New Delhi, India*. Abstract.
9. Gravely S, Nyamurungi KN, Kabwama SN, Robertson L, Khow Chuan Heng K, Ndikum AE, Oginni A, Rusatira JC, Kakoulides S. An evaluation of compliance, knowledge, and attitudes related to the 100% smoke-free law in bars and restaurants in Kampala, Uganda. In *Society for Research on Nicotine and Tobacco 2017 Annual Meeting, Florence, Italy*. Abstract.
10. Gravely S, Nyamurungi K, Kabwama S, Robertson L, Khow K, Achiri N, Oginni A, Rusatira J, Kakoulides S. An evaluation of compliance, knowledge, and attitudes related to the 100% smoke-free law in bars and restaurants in Kampala, Uganda. In *Oral presentation at the 20th Conference of the Union Africa Region, Accra, Ghana, 10–13 July, 2017*. Abstract.
11. Robertson L, Nyamurungi K, Gravely S, Achiri N, Khow K, Kakoulides S, Oginni A, Rusatira J, Kabwama S. Compliance with Uganda's new smoke-free law in hospitality venues: challenges and opportunities from a Civil Society perspective. In *Oral presentation at the 20th Conference of the Union Africa Region, Accra, Ghana, 10–13 July, 2017*. Abstract.
12. Gravely S, Nyamurungi K, Kabwama S, Robertson L, Khow K, Achiri N, Oginni A, Rusatira J, Kakoulides S. An evaluation of compliance, knowledge, and attitudes related to the 100% smoke-free law in bars and restaurants in Kampala, Uganda. In *Poster Presentation at 48th World Union Conference on Lung Health, Guadalajara, Mexico, 11–14 October 2017*. Abstract.
13. Robertson L, Nyamurungi K, Gravely S, Achiri N, Khow K, Kakoulides S, Oginni A, Rusatira J, Kabwama S. Compliance with Uganda's new smoke-free law in hospitality venues: challenges and opportunities from a Civil Society perspective. In *Poster presentation at 48th World Union Conference, Guadalajara, Mexico, 11–14 October 2017*. Abstract.

2015: *Raised blood pressure*, hosted by Dr J. Jaime Miranda at the CRONICAS Research Institute at Universidad Peruana Cayetano Heredia in Lima, Peru.<sup>4</sup>

2016: *Tobacco prevention and control*, hosted by Dr Denis Xavier at the St. John's Research Institute and St. John's National Academy of Sciences in Bangalore, India.<sup>5</sup>

Project themes, research streams, and project titles are listed in the *Table 1*. More than 10 papers and abstracts have been published since the program's inception (*Box 1*). Some teams have already influenced national policy, by use of data collected from one project to support the Uganda government's legal defence of the national smoke-free law.

In *June 2017* and after recruiting its fourth cohort, the Emerging Leaders program held its 4th seminar on the cross-cutting theme of access to essential cardiovascular medicines. This seminar was hosted

by Dr Karen Sliwa at the Hatter Institute for Cardiovascular Research in Africa at the University of Cape Town in Cape Town, South Africa (*Figure 2*). The seminar featured a wide range of faculty from academia, government, industry, and non-governmental organizational sectors, as well as a wide range of topics related to penicillin supply for acute rheumatic fever and rheumatic heart disease, medication access frameworks, poverty and non-communicable diseases, adherence assessment, leadership, communications, ethics, evidence-based medicine, and polypills.

The emerging leaders also had the chance to explore the University of Cape Town and the city by visiting the Heart Transplant Museum at Groote Schuur Hospital, the Cape Town Aquarium, Table Mountain and other highlights. Like previous cohorts, the 2017 Emerging Leaders created collaborative research proposals to help achieve the ambitious World Health Organization '25 × 25' indicators of:



**Figure 2** 2017 World Heart Federation Emerging Leaders Conference and Faculty at the University of Cape Town in South Africa (photo courtesy Dr Karen Sliwa).

- (1) 80% availability of essential drugs and technologies in public and private outlets and
- (2) 50% of eligible, high-risk individuals receiving appropriate drugs and counselling.

Over the next 12–24 months, these teams will take advantage of the time and training that they received in Cape Town to pursue work that turns knowledge into action for better health.

## Conclusions

The World Heart Federation's Emerging Leaders program has demonstrated success in its first 4 years in training a new cadre of committed, talented individuals who are improving global cardiovascular health through implementation science, health systems strengthening, and health policy research. The program serves as a new model for action-oriented research training to develop the next generation

of leaders in global cardiovascular health. The growing number of emerging leaders will help achieve major global cardiovascular health goals, including '25 × 25' and beyond.

For more information about the Emerging Leaders program, including information related to the 2018 cohort application cycle, visit [www.whf.org](http://www.whf.org)



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## References

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