



WORLD HEART
FEDERATION®

African Summit

Best Practices in Policy
and Access to Care

World Heart Federation African Summit

10-11 October 2017

Khartoum, Sudan

In collaboration and supported by:



AFRICAN
HEART
NETWORK



World Heart Federation African Summit

“Heart disease and stroke remain the world’s foremost causes of premature death, despite being largely preventable through the mitigation of known risk factors. Diseases of the circulatory system are concentrated in low- and middle-income countries, where over 80% of premature deaths due to heart and stroke occur and where rheumatic heart disease continues to exact a vast health burden on the people and settings that can least afford it. Without swift adoption of prevention and intervention strategies, current worldwide trends indicate increased global death and disability from preventable non-communicable diseases (NCDs).”

—
David Wood, President, World Heart Federation

CONTEXT

From a global perspective, the large and diverse African population is very much affected by CVD. Despite marked improvement in the socio-demographic index (SDI), CVD mortality continues to be high in much of Sub-Saharan Africa^{1,2}. According to the Global Burden of Disease (GBD) estimates, in 2015 deaths due to CVD and its prevalence in populous African countries with more reliable figures - as are Nigeria, Ghana and South Africa - were the following:

(Source: GBD, 2015)	Deaths from CVD	Prevalence rate per 100K people
Nigeria	100,000	55
Ghana	40,000	135
South Africa	110,000	200

The risk of CVD, predominantly driven by increased rates of hypertension, smoking and obesity due to changing lifestyle habits, is a growing public health concern, given that care is not always accessible, affordable or available. The incidence of historically prevalent forms of disease, such as rheumatic heart disease will increase as they are yet to be optimally prevented or treated. Data recently presented in NEJM reports that Central Sub-Saharan Africa has among the highest age standardized prevalence of RHD in the world³. The figures for the same countries as above of people currently living with RHD and its prevalence is as below for 2015:

(Source: GBD, 2015)	People living with RHD	Prevalence rate per 100K people
Nigeria	650,000	360
Ghana	115,000	415
South Africa	120,000	220

Thus a model of integrated care including the use of existing facilities, investment in primary health care and the engagement of families and communities is vital.

With this in mind, the themes of policy implementation, access to essential medicine and integrative care in Africa will be discussed at the WHF African Summit, which will be held in Khartoum, Sudan on the 10 & 11 October in conjunction with the Pan African Society of Cardiology, African Heart Network and Sudan Heart Society.

¹ Roth et al. (2017), Global Burden of Cardiovascular Diseases 2015. JACC, 70 (1): 10-11.

² Murray CJ, et al. GBD 2013 DALYs and HALE Collaborators, Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990-2013: quantifying the epidemiological transition. Lancet. 2015 Nov 28; 386(10009): 2145-91. doi: 10.1016/S0140-6736(15)61340-X.

³ Watkins D et al. Global, regional and national burden of Rheumatic Heart Disease, New Eng J Med 2017;377:317-22

OBJECTIVES, OUTCOMES AND THEMES

The **objectives** of the Summit are to:

- 1 Convene** and mobilize advocates in CVD
- 2 Coordinate** stakeholders and policymakers around shared goals
- 3 Campaign** for CVD with a collective voice and a clear message
- 4 Catalyze** action for CVD through the medical community and policy engagement

These objectives lead directly to the intended **outcomes** of the Summit, namely, to:

- Foster greater connectedness among African ministries of health, policy makers, representatives of African national societies and the WHF
- Promote better patient care resulting from the exchange of local African experiences and discussions amongst stakeholders
- Publish a report with the discussions
- Create the Khartoum Action Plan

To accomplish these outcomes, the Summit will be organized around three key **themes**:

- 1 Policy implementation**
- 2 Access to Essential Cardiovascular Medicine & Care**
- 3 Integrative Care**

FORMAT

Through an interactive programme with focused workshops and open discussions, the Summit aims to pinpoint both the 'what' and the 'how' of action needed to improve heart health.

Workshop sessions will be thematically focused and highly interactive. The programme will include three workshop sessions aligning with the Summit themes.

WHY ATTEND?

The Summit will provide an ideal forum to mobilize the medical community and where politicians, policy-makers, and organizational leaders can engage on topics at the forefront of CVD in Africa.

The programme of the Summit will allow participants to:

- Interact both within and outside of sessions with participants from organizations that are working towards the same goals
- Learn about new developments in heart health policy while exchanging knowledge and experience
- Showcase their work while also highlighting areas that need continued and collective action
- Identify areas for potential partnerships by meeting organizations that are working towards similar goals
- Develop strategies to advocate for national CVD plans and discuss successful policies to tackle risk factors for CVD
- Contribute in shaping the priorities and common messages going into the Khartoum Action Plan to improve cardiovascular health and care in Africa

ANNEX: BACKGROUND

Recognizing the heavy toll of NCDs, including circulatory diseases, all 194 Member States of the WHO agreed in 2013 on global mechanisms to reduce the avoidable NCD burden and the number of premature deaths from NCDs by 25% by 2025 (25 by 25). With circulatory diseases accounting for more than half of NCD deaths, concerted action from key actors in circulatory and global health is urgently needed.

The World Heart Federation (WHF) is dedicated to leading the global fight against CVD, including heart disease, stroke and rheumatic heart disease. With a focus on low- and middle-income countries, we are the only global advocacy and leadership organization bringing together the CVD community to help people lead heart healthy lives. The WHF has a unique convening capacity to align our members and partners dedicated to the treatment, prevention and control of CVD.

Building on the first Global Summit on Circulatory Health, held on the occasion of the 2016 World Congress of Cardiology and Cardiovascular Health in Mexico City, the second Summit sought to advocate for National Action Plans for prevention and control of circulatory diseases and build a civil society movement for circulatory health in order to maximize the impact the CVD community will have on key milestones in global health in 2018.

Programme | Day 1 | Tuesday 10 October, 13.00-18.00

Workshop 1 Policy Implementation

what can we learn from each other in Africa and globally?

Panel: WHF representatives, African ministers present,
representatives of regional societies & foundations

Chair: Prof. Karen Sliwa, Dr. Jean-Marie Dangou, Dr. Gerald Yonga

13.00	OPENING: GENERAL INTRODUCTION Dr. Jean-Marie Dangou, WHO AFRO Regional Adviser
13.15	OBJECTIVES FOR THE SUMMIT -SPEAKING WITH ONE VOICE FOR '25 BY 25' – IS THAT ACHIEVABLE FOR AFRICA? Prof. Karen Sliwa, President Elect World Heart Federation
13.30	IMPLEMENTING ANTI-SMOKING POLICIES IN AFRICA - LOCAL EXPERIENCE CHALLENGES AND SUCCESSES IN ONE OR SEVERAL AFRICAN COUNTRIES Prof. Gerald Yonga, Kenya
14.00	STOP RHEUMATIC HEART DISEASE UPDATE ON POLICY AND IMPLEMENTATION Prof. Bongani Mayosi, President PASCAR
14.30	POLICIES ON CARDIAC INTERVENTION - HEALTHY HEART AFRICA Dr. Harun Otieno, Kenya
15.00	QUESTIONS AND DISCUSSION
15.30	REFRESHMENT BREAK
16.00-17.00	WORKSHOP: HOW POLICIES CAN BE BETTER IMPLEMENTED IN AFRICA THE AIM IS TO COME UP WITH THREE RECOMMENDATIONS OF POLITICAL ADVOCACY LEADING TO BETTER IMPLEMENTATION OF OUR GOALS: 1. 2. 3. Topics to include: How to improve accountability How to make a better case How to build coalitions for more effective advocacy
17.00	GROUP PHOTO
17.30	SUMMARY Prof. Karen Sliwa
19.00	OFFICIAL SUMMIT DINNER

Programme | Day 2 | Wednesday 11 October, 9.00-15.00

Workshop 2 Access to Essential Cardiovascular Medicine & Care

what can we learn from each other in Africa and globally?

Panel: WHF representatives, African ministers present, representatives of regional societies & foundations

Chair: Prof. David Wood, Dr. Ana Mocumbi, Dr. Amam Mbakwem

9.00	OPENING: WHAT IS ESSENTIAL CARDIOVASCULAR CARE GLOBALLY? Prof. Salim Yusuf, Past President, World Heart Federation
9.20	WHAT DO WE KNOW ABOUT ACCESS TO CARDIOVASCULAR MEDICINE IN SOUTHERN SUB-SAHARAN AFRICA? Prof. Albertino Damasceno, Mozambique
9.40	WHAT DO WE KNOW ABOUT ACCESS TO CARDIOVASCULAR CARE IN SUDAN? WHAT IS THE ACCESS TO CARDIOVASCULAR CARE SUCH AS E.G. CATH LAB, PACING, CARDIOTHORACIC SURGERY IN SUDAN? Dr. Ahmed Suliman, Sudan
10.00	IS THERE A NEED TO ACCESS CARDIOVASCULAR CARE IN NIGER? Prof. Ibrahim Ali Toure
10.20	CONTRIBUTION OF AHN IN POLICY IMPLEMENTATION FOR THE CONTROL OF CVD IN AFRICA Dr. Habib Gamra, President of The African Heart Network
10.40	REFRESHMENT BREAK

Workshop 3 Integrative Care

what can we learn from each other in Africa and globally?

Panel: WHF representatives, African ministers present,
representatives of regional societies & foundations

Chair: Prof. David Wood, Dr. Ana Mocumbi, Dr. Amam Mbakwem

11.00	MODELS OF NURSE-LED INTEGRATIVE CARE GLOBALLY AIMS TO PROVIDE INFORMATION ON THE MEANING OF INTEGRATIVE CARE AND THE ROLE OF NURSES AND OTHER MEDICAL PROFESSIONALS Dr. Catriona Jennings, UK
11.20	EXAMPLES OF INTEGRATIVE CARE IN MOZAMBIQUE AIMS TO PROVIDE INFORMATION ON TASK SHIFTING REDUCING THE BURDEN OF HEART FAILURE Prof. Ana Mocumbi, Mozambique
11.40	EXAMPLES OF INTEGRATIVE CARE IN TUNISIA AIMS TO COVER INTEGRATIVE CARE OF TACKLING RHEUMATIC HEART DISEASE - FROM CHILDHOOD PREVENTION TO MANAGING CARE IN PREGNANT WOMEN WITH RHD Prof. Habib Gamra, President of The African Heart Network
12.00	INTEGRATION OF RHD INTO MOH PROGRAMMES Dr. Sulafa Ali, Sudan
12.20	LUNCH BREAK
13.00-13.30	WORKSHOP ON HOW ACCESS TO CARDIOVASCULAR MEDICINE AND INTEGRATIVE CARE COULD BE IMPROVED IN AFRICA THE AIM IS TO COME UP WITH THREE PRACTICAL RECOMMENDATIONS WHICH MIGHT INCLUDE RECOMMENDATIONS ON AN AFRICAN GENERIC DRUG NETWORK ETC Prof. Salim Yusuf and Prof. David Wood
13.00-14.00	THE KHARTOUM ACTION PLAN TO IMPROVE CARDIOVASCULAR HEALTH AND CARE IN AFRICA DISCUSSION OF THE NINE PRACTICAL RECOMMENDATION AND INTEGRATION INTO THE KHARTOUM ACTION PLAN. THIS DOCUMENT WILL BE PREPARED PRIOR TO THE CONGRESS WITH WHO AFRO, WHO EMRO, PASCAR, AHN, AU AND ALL POLICY MAKERS PLANNING TO ATTEND THE MEETING Prof. David Wood and Prof. Karen Sliwa



**WORLD HEART
FEDERATION®**

5-8 December 2018

**World Congress of Cardiology
& Cardiovascular Health**

Dubai, United Arab Emirates

