Reducing premature death from cardiovascular disease is a priority goal for the World Heart Federation. President Dr Srinath Reddy discusses the organisation’s global prevention and promotion efforts to combat heart attack, stroke and related health problems.
Could you discuss your background and responsibilities as President of the World Heart Federation?

I work with a global team to design and deliver a wide range of activities that advance our mission of protecting and promoting cardiovascular health across the world. This work is led by our Secretariat, located at our headquarters in Geneva, as well as through our large membership which consists of national and regional cardiac societies and heart foundations across the world.

Our efforts are also focused on developing partnerships with a variety of international organisations, professional associations, civil society organisations and the private sector. We are creating platforms for collaborative activities aimed at reducing the global burden of cardiovascular and other noncommunicable diseases (NCDs) at a global level.

For over 30 years, I have been engaged in cardiovascular disease (CVD) prevention at national and global levels, through research, capacity, advocacy and policy development. I have been heavily involved in bringing about greater awareness of the expanding global CVD epidemic and tobacco-controlled workplaces and school-based interventions for CVD prevention and am proud to be associated with the World Heart Federation. I have served on its Board since 2008 and feel privileged to have been involved in so many important causes and campaigns.

What are the main activities and goals of the World Heart Federation? How has the emphasis changed since it was formed in 1978?

The World Heart Federation aims to improve cardiovascular health for all, working with global partner organisations on campaigns and activities that address the health needs of individuals, wherever they are in the world. We accomplish this goal in a variety of ways; for example, through evidence-based interventions for health promotion and primary and secondary prevention, as well as supporting timely clinical care.

Presently, our work focuses on tobacco control, prevention and treatment of hypertension and the effective provision of lifesaving medication for secondary prevention of CVD in individuals who already have the disease. These three areas have been prioritised because of their high impact on global CVD mortality and morbidity in a relatively short time frame, and are part of the World Health Organization (WHO)’s ‘25x25’ target to reduce premature deaths caused by CVD by 25 per cent by 2025.

The key risk factors of cardiovascular disease and stroke are known to be smoking, unhealthy diet and physical inactivity. Could you provide a few examples of some of the major advocacy drives that are making a difference in these areas?

The reason that WHO targets smoking, unhealthy diet and physical inactivity is that there is very real proof that modifying these risk factors has a positive impact on cardiovascular health. One area in which we have been very successful is tobacco control and there are many examples of how changes in policy at national levels have caused a significant reduction in the number of heart attacks and strokes. Some areas are better addressed than others at the moment, but a lot of the work we are conducting involves ensuring that visibility is given to all the targets, including access to medication and essential treatment of CVD.

Can you shed light on the 25x25 initiative and the World Heart Federation’s strategy for helping to achieve this goal? What is the Champion Advocates Programme (CAP) and how does it work?

25x25 is an overarching strategy implemented by WHO and adopted and championed by the World Heart Federation to demonstrate the importance of keeping all aspects of CVD high on global and national agendas. CAP was designed to respond to the 2025 goals and focuses on the importance of secondary prevention in relation to hitting the 25x25 targets.

The programme involves a number of activities, including producing a report (launched in August 2014) on the guidelines and policies in a number of countries with a specific focus on secondary prevention, generating briefings to raise awareness at the media and physician level and developing an Emerging Leader Program of advocates working across the globe to improve heart health. 25 leaders were competitively selected and this included representatives from 16 countries, who are striving to improve CVD targets both in their own countries and at a collective level.

Does the World Heart Federation play a role at the policy level? What action should policy makers take to prevent and control NCDs?

One of our key roles is to advocate for change at the policy level, working with and through our members but also closely with the UN and WHO. As a founding member of the NCD Alliance, we strongly believe collective action on CVD risk factors is essential, since so many risk factors are common in NCDs.

Similarly, successful prevention and treatment of CVD requires strong healthcare systems in primary, secondary and tertiary care. While effective prevention and early diagnosis with a focus on primary care will significantly reduce the burden of CVD, policy makers must ensure that access to emergency care without financial risk is available for those in need.

World Heart Day was established in 2000 to create awareness about heart disease and stroke. This event takes place annually on 29 September and this year it focuses on creating heart-healthy environments. What prompted you to highlight this theme and what are the key messages you wish to promote?

World Heart Day continues to develop and grow on a global basis and we are both proud of and grateful for this initiative. We are extremely thankful to our members and partners; without them, the day wouldn’t be possible.

Heart-healthy environments are important for everyone no matter where they live, even if they don’t consciously think about it. These cover a range of basic needs, from having safe places to walk and exercise, to smoke-free spaces and access to affordable, nutritious food instead of unhealthy fast food. As countries concentrate on their own priorities, they are excited by this year’s theme, as the overarching focus of heart-healthy environments enables them to be part of a global campaign while still addressing local issues.
How can policy makers, councils, health institutes, schools, businesses and other stakeholders ensure that people have the best opportunities to make heart-healthy choices?

Policy makers need to consider how they can use legislation to encourage behavioural change. We’ve seen real success with tobacco control, but at a more local level, it can be as simple as a community advocating for better street lighting so people can walk safely at night, or cycle paths so children can cycle to school. I see change from two angles – the top-down and the bottom-up – people can be as effective, if not more so, than politicians sometimes!

The World Heart Federation collaborates with health ministries, members, bodies such as WHO, among others, on a variety of different applied research projects. Could you discuss some of your recent or ongoing research activities and their outcomes?

World Heart Federation and its members are actively working on a diverse programme of research areas, from the prevention of rheumatic fever and rheumatic heart disease in Sub-Saharan Africa to the evaluation of mobile phone applications for hypertension control in India. World Heart Federation has also contributed to the development of WHO’s Global Action Plan for the Prevention and Control of NCDs and is now actively engaged in UN level discussions on the post-2015 Sustainable Development Goals to ensure CVD is included as a key priority within these.

What are your aspirations for the World Heart Federation in the years to come? How might it need to develop to meet the needs of a changing world?

World Heart Federation is very much an instigator of collaboration and change, but it cannot act alone or exist in isolation. As times change, we need to meet the challenges and adapt to the times; for example, by addressing heart-healthy environments in a fast-paced and technology hungry world. The world of health and reform are bigger now than just the scientific and medical professions – economics, education, technology, commerce and politics all have important parts to play in shaping the future of our health. We recognise this, and through governance and dialogue with our members, strive to move with the times and look to the future to continue improving CVD for all.

Prevalence of cardiovascular disease and stroke

17.3 million people die each year as a result of CVD, and without action, this figure looks set to increase to 23 million by 2025.

The infographic shows the targets that link to the global 25x25 target and the primary risk factors that must be addressed to reach this goal. Of course, as industrialisation takes place the emphasis changes from country to country with some having a higher prevalence of obesity or hypertension than others. This shows us that action and ownership must be focused at a local level to meet the target needs of each population.