

Heart Beat

The World Heart Federation Newsletter

Goodbye to Marianne

Professor Bayes de Luna
WHF Past President

In more than 30 years with the World Heart Federation (WHF), Marianne Burle de Figueiredo has touched the hearts of many people. I may say this as the 1997-1998 President of WHF, but it is also true for all other presidents, other members of the boards, and the national and continental members of WHF who have had the pleasure of working with her. More importantly,



any cardiologist or person involved in heart health who has had contact with her will feel the same way. No one can help but be touched by her warmth and charm.

On her retirement, dozens of friends from around the world did not hesitate to submit their tributes for publication in a book commemorating Marianne's dedication to WHF. **There was a unanimous consensus about her capacity as Executive Secretary and, later, Executive Director.** The contributors reflected on her devotion to the International Society and Federation of Cardiology (now the World Heart Federation) and her tireless enthusiasm for helping people, solving problems and being kind to everyone. I wrote on that occasion that Marianne was intelligent in her advice, devoted to her job, courteous in her behaviour, friendly with everyone and loyal to her principles. I am sure that everyone who has worked with her will agree with me.

Three years ago, we launched the World Heart Day initiative to increase awareness of cardiovascular disease and thereby promote its prevention. The project is enormous in scope and is currently one of WHF's most important and high-profile

endeavours. **Marianne's key role in coordinating all the preliminary work for the event, informing members around the world and encouraging them to take part has been crucial to the success of World Heart Day.**



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During Marianne's 20 years as editor of *HeartBeat*, she did an outstanding job. I had the pleasure of working with her on this project in recent years. **Again, I was able to witness her enthusiasm and capacity for work.** She was always pursuing articles and edited the bulletin with care and efficiency. We are now beginning

a new era of *HeartBeat* under the responsibility of Marianne's successor, the very kind and efficient Janet Voûte. I am sure that the new *HeartBeat* will fulfil the needs and wishes of our organization, and will continue to offer new ideas and initiatives and provide a common link between all our members.

I should like to express, not only for myself but on behalf of all the board members and WHF members who have worked with Marianne, our deepest gratitude for all her help and our firm belief that her new interests will bring her and those close to her much joy and happiness.

Behaviour change and physical activity



Gaby Ronda, research associate, Patricia van Assema, assistant professor, Johannes Brug, professor, Department of Health Education and Promotion, Maastricht University, Netherlands

Regular physical activity is regarded as an important component of a healthy lifestyle: for example, it has been shown to decrease the risk of cardiovascular diseases, non-insulin-dependent diabetes mellitus, hypertension and obesity (1).

More and more health promotion efforts are therefore devoted to persuading people to exercise regularly. **Our study aims to contribute to the understanding of ways of motivating an adult population to increase its physical activity levels, in order to identify specific objectives for physical activity promotion among adults.**

The current recommendation is that all adults should accumulate 30 min. or more of moderate-intensity physical activity on at least five days per week, preferably daily (1, 2).

The "stages of change" concept from Prochaska and DiClemente's transtheoretic

cal model (3) has been used extensively to study different health-related behaviours, including exercise (4).

Awareness of personal risk behaviour is thought to be especially important if people are to proceed from precontemplation to contemplation of behaviour change. It can be expected that people will only proceed to contemplation when they become aware that they engage in too little physical activity.

The present study (5) was carried out among a cohort sample. The respondents were aged 18 and over (2,608 respondents). The response rate for this study population was 56%. It appears that 41.7% of the respondents met the recommended physical activity levels. Approximately half of the respondents (50.8%) who were not meeting the recommended target did not intend to increase their levels of physical activity (i.e. they were in precontemplation).

Attitudes towards increasing physical activity levels and perceived behaviour of "significant others" (e.g. spouse, family, friends, colleagues) were measured.

Respondents who met the recommended physical activity target, but who rated their activity levels as (rather) low were classified as under-estimators; they are a small minority (7.2%). Respondents who did not meet the recommendations and rated their physical activity level as intermediate or higher were classified as over-estimators; they represent a substantial proportion of the respondents (35.6%). The remaining respondents (57.1%) made a realistic self-assessment of their adequate (34.5%) or inadequate (22.6%) activity level.

Firstly, respondents were asked whether they intended to increase their physical activity level within the next six months and, if so, whether they planned to do so within the next 30 days. In addition, respondents were asked whether, and how, they had changed their level of physical activity in the past six months.

Respondents who over estimated their physical activity level were significantly less likely to intend to increase their activities than respondents who were aware of their inadequate level of physical activity.

Respondents were classified by stages of change:

Stages of change

- **Precontemplation** not considering increasing physical activity in the next six months (29.6% of respondents)
- **Contemplation** considering increasing physical activity level within six months (10.4%)
- **Preparation** intending to increase physical activity level within 30 days, and often making specific plans to do so (18.3%)
- **Action** already starting to exercise more (10.1%)
- **Maintenance** sustaining the desired level of physical activity (31.6%)

Generally, respondents in the precontemplation and maintenance stages had a less positive attitude, lower perceived social support and lower self-efficacy expectations towards increasing physical activity than those in the contemplation, preparation and action stages.

The present study suggests that awareness of the adequacy of personal activity levels is important for the motivation to increase activity levels. **Unrealistic self-assessment may be an important barrier** to moving forward in the behavioural change process (6). The differences in psychological factors found in subjects at different stages of change further imply that **health education aimed at physical activity should be stage-matched**.

These findings confirm the need for public health initiatives aimed at getting people to increase their physical activity. People who over estimate their level of physical activity may not be susceptible to these interventions because they feel that their activity levels are already adequate. For this reason, improving physical activity awareness may be an important first step in physical activity interventions. Information about the present recommendations, accompanied by a self-test to assess physical activity levels, seems a good strategy for increasing this awareness.

Health education programmes should further be aimed at more positive attitudes, at coping with an unsupportive social environment, and at increasing self-efficacy expectations. **Attitudes may be influenced by communicating the possible benefits of physical activity**, long-term health consequences and possible short-term benefits (meeting people, coping with work stress and increased well-being). In order to **overcome possible negative beliefs**, it may be important to emphasize that it is not necessary to engage in vigorous, continuous exercise to gain health benefits. A moderate amount of physical activity can be achieved in a variety of ways, and people may select activities that they enjoy, that fit into their daily routine and for which no specific skills are necessary.

Contact: Gaby Ronda, G.Ronda@GVO.uni-maa.nl.

(References to be requested from WHF headquarters.)

News in brief

ISH represented at WHF headquarters



Ms Susan Davenport began work at WHF headquarters in July 2001 as administrative assistant for the International Society of Hypertension. WHF had readily agreed to the Society's request to install its secretariat on our premises. The settling-in period went smoothly, and it now seems very natural to have Susan and the Society working with us as a team (susan.davenport@worldheart.org).

"Jump Rope for Heart" exercise campaign raises funds for heart research



Jump Rope for Heart was launched as a national programme in 1978 by the American Heart Association with its partner, the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). It has quickly evolved as a programme that develops rope-jumping skills that are fun for everyone. It promotes the value of physical activity and

teamwork, increases understanding of the seriousness of heart disease and stroke and the lifelong benefits of physical activity and a heart-healthy lifestyle, teaches students to set and achieve goals, shows them that they can make a difference and builds character through volunteering and community service.

The 2000-2001 campaign in the United States of America netted US\$43.9 million. About 4.4 million students from 23,696 schools participated. In March 2002, with four months remaining in the campaign,

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fundraising was about 2.6% ahead of the same time last year. So far, the programme has netted more than US\$380

million to help the American Heart Association fund research grants, public and professional education programmes

and advocacy activities.

(www.americanheart.org/jump)

Olympic Prize 2002 awarded to Professor Bengt Saltin



On 12 December 2001, Dr Jacques Rogge, president of the International Olympic Committee (IOC), announced that Professor Bengt Saltin had been selected as the 2002 winner of the IOC Olympic Prize on Sport Sciences, the highest honour in the field of movement, exercise and sport sciences (MES). The US\$500,000 prize, endowed by the pharmaceutical company Pfizer, was officially presented to Dr Saltin at the 2002 Olympic Winter Games in Salt Lake City, along with an Olympic medal. **The announcement noted Dr Saltin's outstanding contributions to exercise physiology, including his groundbreaking research proving the benefits of physical activity in health recovery.** His research explores the valuable question "exercise or not?" in prevention of and recovery from diseases.

"Dr Saltin's work epitomizes what this award is all about –helping people live active lives," said Prince Alexandre de Merode, chairman of the IOC Medical Commission. "The IOC Olympic Prize is a catalyst for scientific discoveries that will benefit athletes and recreational enthusiasts of all ages and abilities. Together, the IOC and Pfizer are committed to improving research and sharing scientific knowledge in this field."

The impact of Dr Saltin's research can be felt throughout society –in the medical field and in people's everyday lives, from the promotion of basic physical health to the enhancement of elite performance.

Through research studying the effects that inactivity has on the body, which was commissioned in part by the United States National Aeronautics and Space Agency (NASA), **Dr Saltin confirmed that exercise, not just bed rest, should be a part of recovery after illness or injury.** This marked a major shift from the way patients used to be treated.

"Years ago, it was thought that rest and relaxation were the best ways to recuperate from an injury or illness, but my research proved that, in fact, it's the opposite," said Dr Saltin. "People should work with their doctor to create an active recuperation plan following any injury or illness, cardiovascular or athletic."

Dr Saltin's findings also contributed to the concept that regular exercise is important for health and well-being. In addition, his study of elite athletes while exercising and training has led to a better understanding of the importance of oxygen flow to the muscles and availability of nutrients in exercise and overall health. He has used these find-

ings to study other areas such as anaemia and the overall positive effects of exercise, focusing on the use of exercise to maintain and regain health.

Dr Randall Kaye, Senior Director of Olympic Affairs for Pfizer, Inc., said: "Pfizer is committed to furthering scientific research that underscores the importance of exercise and physical activity in cardiovascular and other disease treatment. **This research is crucial to improving human movement, providing preventative care and better managing disease states for people who seek to live a healthy lifestyle.**"

The IOC Medical Commission and Pfizer believe the IOC Olympic Prize increases recognition of the existing research into movement and mobility and thus attracts brilliant scientific minds to study and further human performance.

Pfizer also endows three other major IOC Medical Commission initiatives –the IOC Olympic World Congress on Sport Sciences, the IOC Olympic Academy on Sports Sciences and the Pfizer/IOC Olympic Research on Sport Sciences. For further information about the IOC Olympic programmes, visit www.olympic.org or www.pfizer.com.

Evaluation of 2001 World Heart Day coverage

Danielle Grizeau-Clemens, WHF Scientific Coordinator

The World Heart Federation (WHF) carried out a survey among the 88 participating organizations and individuals involved in the second World Heart Day, held on 30 September 2001. It took the form of a questionnaire asking about the activities which took place and the media coverage they received. The response rate was 61.4%. The activities were mainly targeted at patients (a category cited by 66.5% of participants) and at the family as a whole (50% of participants).

Most of the respondents (79%) chose the global theme "A Heart for Life". Most countries concentrated their activities on CVD mortality, hypertension and risk factors such as tobacco, nutrition and physical activity. Only a few concentrated on stress and alcohol use.

Countries distributed a total of 1,129,364 leaflets, 84,100 posters, 28,400 tee-shirts, 10,320 stickers, 9,100 caps and 8,200 balloons, either their own items or those provided by WHF. The numbers of each item

distributed varied greatly from one country to another.

More than one-third of respondents received assistance from WHF global corporate supporters. Countries in South America, the Western Pacific and Europe were more likely to obtain such help (57%, 50% and 46%, respectively). Those who used the theme proposed by WHF were also more likely to receive help (45% vs. 18%).

Most members were very positive about WHF support. They found the materials sent very useful and deemed the work done to be very good, although some stressed the fact that they expected closer contact with WHF in organizing the event.

Participants asked to be informed well in advance of the topic and the type of material that will be available and to receive it sooner.

Many respondents asked WHF to urge international sponsors to support local activities or encourage their subsidiaries in member countries to give support.



Participants wished to know more about the various global activities undertaken for World Heart Day and the best way of organizing activities.

Difficulties due to the language of the materials were mentioned several times. For countries with a high prevalence of illiteracy, it seems to be important to produce documents with clear, detailed pictures.

Conclusions

The 2001 World Heart Day was a big success: 88 countries were involved from all regions of the world. The public relations agency estimated the **total reach of international media** (press, TV, radio and online contact) at **49 million people**. Many people joined in the different activities held on the day, and **a total of 1,266,484 items of marketing materials were distributed.**

The respondents proposed new ideas for the next World Heart Day, such as testimonials from celebrities, a World Heart artists' tour or heart-friendly recipes. Some participants suggested that international broadcasting companies should be approached to produce special programmes which could be adapted to suit national or regional objectives. These ideas will be discussed during the year.

WHF support was greatly appreciated and considered to be useful, despite some logistical problems in the distribution of marketing materials.

World Heart Day activities

- 68.5% of countries organized **medical activities** (e.g. blood pressure testing)
- 65% of countries organized **physical activities**
- 61% of countries organized **scientific activities** (e.g. conferences/workshops)
- Only 35% of countries organized **nutrition activities**
- 35% of countries organized **other activities** (charity gala, dance, concert, carnival)

Media coverage of World Heart Day

- 737 press articles were produced (an average of 26 articles per participating organization), 68.5% of them in the national press
- 216 radio programmes were produced (an average of eight per participating organization), 54% of them on national radio
- 416 TV programmes were broadcast, an average of 13.5 programmes per country, 89.5% of them on public TV channels
- 15% of respondents used the videotape provided by WHF

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The participants were very enthusiastic and optimistic about the next World Heart Day:

“These results motivate us to continue working with more ideas, looking for the best to do”.

(Contact for the next World Heart Day: m.figueiredo@worldheart.org.)

World Heart Day 2001 in Hong Kong



Jackson Tsang, Executive Officer, Hong Kong College of Cardiology

The Hong Kong College of Cardiology and the Tung Wah Group of Hospitals were the co-organizers of World Heart Day 2001 in Hong Kong. Major activities for the event, co-presented by Television Broadcasts Limited, Hong Kong’s leading TV station, included a launching ceremony on 23 September, the “Jump Rope for Heart” Extravaganza and the Heart Health Carnival on 30 September at Wanchai Southern Stadium and Playground.

Two celebrities were involved in these events: Mr Aaron Kwok, one of the most popular singers/actors in Hong Kong, was the Honorary Heart Health Ambassador; and Ms Fu Ming Xia, world diving champi-

on, was the Sports Ambassador. Both celebrities performed in the Carnival and joined forces to promote public awareness on heart health.

The “Jump Rope for Heart” competitions were overwhelmingly successful this year. Students from 39 school teams joined the competition, and their performances amazed the audience. Fourteen corporate teams participated in the corporate competition. They showed excellent skills and new ideas, although they had had only limited time to practise.

Virtuoso performances by three overseas teams from Australia, Canada and China enlivened the events and played a significant role in promoting heart health.

Over 3,000 visitors attended the Carnival, where they were entertained by rope skip-

ping performances and games booths.

They were also offered various health tests and free health checks by the supporting hospitals and medical associations. Educational health game booths were set up to entertain visitors. The event was considered successful in promoting heart health to the general public.

Guinness World Records presented a certificate to the “Jump Rope For Heart”, which officially stated their world record for most people skipping rope simultaneously: 1,060 primary and secondary students at the Tamar Site, Hong Kong, to commemorate World Heart Day on 24 September 2000.

(www.medicine.org.hk/hkcc)

World Health Day 2002: move for health



Pekka Puska, Director, Noncommunicable Diseases Prevention and Health Promotion World Health Organization, Geneva

World Health Day on 7 April is the day on which WHO traditionally celebrates its annual health theme although, of course, many other days are designated for other

health issues as well. The custom is that the Director-General of WHO announces at the World Health Assembly in May each year the theme for the following year.

In May 2001, Dr Gro Harlem Brundtland, the Director-General of WHO, announced that the topic of World Health Day 2002 would be **physical activity**. Dr Brundtland said:

“This can show in a visible way how individuals and communities can influence their own health and well-being”.

After this announcement, we began the preparations for the worldwide World Health Day campaign. Since the main target of WHO’s work is public health in the developing world, we also heard critical com-

ments: "Aren't there bigger health problems than physical activity in the developing world?" It was easy to respond to this with facts that surprised many.

The world health situation has changed

The world health situation has rapidly changed. Noncommunicable diseases now cause over 60% of all deaths in the world. Half of these are due to cardiovascular disease. About 79% of all deaths and approximately 85% of the disease burden caused by noncommunicable diseases occur in the developing world. And the proportion is growing –noncommunicable diseases are becoming more and more common, even among younger population groups.

There are several reasons for this new public health situation, e.g. control of infectious diseases and a changing demographic structure. However, one major reason is the change in lifestyle: physical activity has decreased, diets have changed and smoking has increased. As a consequence of these rapid and, in many ways, "global" changes in most developing countries, conditions such as obesity, hypertension and diabetes have rapidly increased. This, in turn, leads to increasing rates of cancer and cardiovascular and respiratory diseases.

The magnitude of the problem can be illustrated by the fact that in China or India alone there are more deaths from cardiovascular disease than in all the industrialized countries together (1). The chronic noncommunicable diseases are no longer "diseases of affluence". They have rapidly moved to poorer and poorer countries, and within countries to lower socioeconomic groups within the population.

Prevention is the key

Even the rich countries have problems with increasing health care costs: the resources

for clinical treatment of cardiovascular disease, cancer and other noncommunicable diseases are very scarce. Thus attention must be paid to primary prevention, for which there is a strong medical basis.

Chronic noncommunicable diseases are caused by a small number of factors linked with lifestyle. From a medical point of view, the vast majority of premature noncommunicable diseases could be prevented or postponed until an older and older age. According to WHO experts, there are three key factors: **physical activity, healthy diet and not smoking.**

There is overwhelming evidence about the potential of prevention: trials in Finland, the United States of America and China have all shown that, within a few years, approximately 60% of new cases of diabetes could be prevented by moderate physical activity and simple changes in diet. The example of the North Karelia Project in Finland is also convincing. In 25 years, the annual mortality rate for coronary heart disease was reduced by approximately 75%, mainly as a consequence of lifestyle changes in the population (2).

Importance of physical activity

Physical inactivity is not only a "vaguely unhealthy habit", but also a "hard medical risk factor". WHO estimates that physical inactivity causes two million deaths in the world every year (for smoking, the estimate is four million). Consequently, we can say that physical activity is, both for individuals and for peoples in all countries, an effective and affordable way to prevent serious disease and improve health.

The health benefits of physical activity are multiple, benefiting weight, blood lipids, blood pressure, blood sugar, musculoskeletal organs, cardiorespiratory function, men-

tal health and general well-being. Many of these benefits can be obtained by engaging in 30-60 minutes of moderate physical activity, such as walking, every day.

The global message of the WHO "Move For Health" campaign does not emphasize fitness facilities or elite sports –although these have their place. The aim is to include physical activity in everyday life. The message is not only for individuals, but also for policy-makers: it is important to increase the possibilities for citizens to engage in daily physical activity. Support for physical activity may include community planning, traffic arrangements and safety of streets and roads, as well as parks and recreational facilities. Particular emphasis is placed on physical activity by children. In most parts of the world, physical education has been reduced in school curricula and the possibilities for physical activity on school premises have been reduced. The World Health Day message also reminds us that physical activity is a good way of achieving other health aims, like smoking cessation, AIDS control and crime prevention.

Celebrating World Health Day

The main World Health Day event in 2002 took place in São Paulo, Brazil. In this relatively poor and rapidly-growing metropolitan city, a large physical activity campaign, "AGITA SAO PAULO", was started a few years ago as a collaboration between numerous organizations. The background was research showing that 70% of the inhabitants engage in practically no physical activity, the consequences of which can be seen in the health statistics of the city. The campaign is very large and has reached the masses. This great example was celebrated during World Health Day by Dr Brundtland and the President of Brazil.

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Other major events took place, e.g. in Madrid (with the topic of physical activity and aging), in Beijing (with the emphasis on children), in Cairo, in Geneva at WHO head-

quarters, etc. But in most parts of the world, smaller or bigger events took place. It is important that these events and celebrations should lead to permanent changes

to promote physical activity -for better health in the world.

(References to be requested from WHF headquarters.) (www.who.int)

CVD infobase describes epidemiology of cardiovascular disease in the developing world



Professor Andreas Wielgosz, Director, WHO Collaborating Centre on Surveillance of Cardiovascular Diseases, Ottawa, Canada

Traditionally, surveillance of disease states has focused on mortality. In the first half of the 20th century, many Western industrialized countries witnessed a significant rise in annual mortality from cardiovascular disease, which was then followed by a dramatic and persistent decline.

In developing countries, during the latter two or three decades of the 20th century, it was noted that mortality from noncommunicable diseases, particularly cardiovascular diseases, was increasing, while that from communicable diseases was declining.

While tracking and responding to mortality counts is an effective way of controlling infectious etiologies, owing to the relatively short time between onset and death, this approach is ineffective when dealing with cardiovascular disease. **Although the major modifiable and nonmodifiable risk factors for cardiovascular disease have been recognized for several decades, it is only in**

recent years that they have become the major focus for global surveillance.

Tobacco use is the first risk factor to be targeted for a concerted, global intervention in the form of the Framework Convention on Tobacco Control, an international instrument currently under negotiation.

The few data which have been available on the prevalence of risk factors in a population have come predominantly from the Western industrialized countries. In spite of various efforts to standardize the methodology, measurements have been difficult to compare over time and between different populations.

In 1990, the Global Burden of Disease project (1) generated estimates of the future burden of cardiovascular disease in various regions of the world, but these were based on scant information relating to the developing world. **New estimates are required, based on more recent and more complete data-sets.**

In 1997, the WHO Collaborating Centre on Surveillance of Cardiovascular Diseases in Developing Countries, based in Ottawa, Canada, launched a website describing the

epidemiology of cardiovascular diseases in each country of the developing world. Recently, this has been expanded to include other countries as well, and data-sets (risk factor data only) such as the WHO MONICA (Monitoring Cardiovascular Disease) project have been added, thus providing a global picture.

The objectives of this effort have been to provide a convenient and reliable "best reference" for global cardiovascular epidemiological data and to stimulate improvements in surveillance by identifying existing information gaps, as well as the variability of methodologies. At the same time, the expectation is that available and accruing data will stimulate action plans for disease prevention and control. WHO's World Health Report for 2002 will include a description of risk factors for all diseases.

In collaboration with the WHO noncommunicable diseases programme and the World Heart Federation, the Ottawa-based Collaborating Centre has been compiling data, country by country. **The first priority has been to obtain national-level data:** where these are

Major modifiable, lifestyle-related risk factors of noncommunicable diseases:

- smoking
- alcohol consumption
- physical inactivity
- nutrition (low daily consumption of fresh fruits and vegetables)
- obesity
- high blood pressure
- diabetes
- lipids.

lacking, provincial, state-level or even local-level data are utilized. Some minimal data-set criteria are applied in order to ensure the usefulness of the information. Each data entry has an identified source and a comment about the methodology. Furthermore, each data source is evaluated qualitatively to provide some guidance for the interpretation of the data.

Although the methodologies vary, which limits their comparability, the data will nevertheless be useful for generating new estimates for the prevalence of the eight major risk factors region by region.

Identifying the risk factor data available for each country is a daunting task, which cannot be achieved by literature searches alone. Appeals to heart foundations, other member organizations and individuals are an important part of the strategy, particularly in the case of survey reports written in a local language, which cannot be identified through literature searches.

Currently the data can be viewed on the website <http://cvdinfobase.ic.gc.ca>, and a new site that will feature the eight major noncommunicable disease risk factors is being created. This should be available in the summer of 2002.

Additional data beyond risk factors are also being collected. Data on health services and organizational contacts, some with Internet links, can be found for each country. There is more information about the scope of the project on the website.

Surveillance is not just a library function. Useful information must be derived from the vast amounts of data obtained. This interpretive role is essential to understanding disease processes and to the development and implementation of successful action plans. Analytical tools are being developed for the website as well.

Currently, it is possible to map out the availability (or lack of it) of any selected variable for each country. As data accumulate year by year, it is theoretically possible to draw trend lines; however, for most risk factors this cannot be done because of inconsistencies in the methodology over time.

The ability to provide comparable risk-factor data between countries and within countries over time is an imperative that is being addressed by the development of a standardized methodology for surveys, known as the STEPwise methodology. With developmental input from many individuals around the world, the World Health Organization is spearheading its use region by region.

National policies and programmes for disease prevention and control are critically dependent on reliable and timely information. The ability of each country to conduct surveillance activities cannot be taken for granted. Most countries in the world, including developed ones, do not have national cardiovascular disease surveillance systems to provide the required information. A recent WHO survey of each country's noncommunicable diseases surveillance capacity has been completed (2). The results are also featured in WHO's new NCD website, in the hope that such data will also help to stimulate improved surveillance capabilities in each country through training, infrastructure development and national planning.

A concerted effort is required to prevent and control the global epidemic of noncommunicable diseases, particularly cardiovascular disease, and the initial steps are now being taken. **Surveillance** is the backbone of this effort, as it **provides a measure of the problem, targets areas for priority intervention and monitors the progress that is being made.** The emphasis that is being placed on surveillance now is as welcome as it is overdue. Countries must make a significant investment in their surveillance capacity and activities. Nongovernmental organizations such as the World Heart Federation and its members have a crucial role to play in this regard.

Contact: Andreas Wielgosz, wielgosz@uottawa.ca
(References to be requested from WHF headquarters.)

Illustration by Michael Barmby/Corbis



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National Congresses of Societies of Cardiology

<i>Date - 2002</i>	<i>Country</i>	<i>Place</i>	<i>Fax number</i>
19-21 September	Poland	Poznan	+48 22 613 3806
25-28 September	Romania	Sinai	+40 1 240 2827
5-8 October	Turkey	Antalya	+90 212 288 4433
8-11 October	Russia	St Petersburg	+70 95 923 93 84
10-13 October	Slovakia	Kosice	+421 2 5932 0223
11-14 October	Lebanon	Beirut	+961 1 653 411
17-19 October	Germany (autumn meeting)	Magdeburg	+49 211 6006 9210
25-26 October	Netherlands	Ermelo	+31 30 234 5002
27-31 October	Canada	Edmonton	+1 613 569 65 74
31 Oct - 2 Nov.	Greece	Athens	+30 1 722 61 39
17-20 November	USA - AHA	Chicago, IL	+1 301 897 9745
5-7 December	Bulgaria	Sofia	+359 2 223 292
8-12 December	Italy (Italian Society)	Rome	+39 6 85356799
2003			
15-18 January	France	Paris	+33 1 4322 6361
28-30 March	Japan	Fukuoka	+81-11 706 7156
24-26 April	Germany	Mannheim	+49 211 6006 9210
26-30 October	Canada	Toronto	+1 613 569 65 74
13-16 May	UK	Harrogate	+44 171 388 0903
17-18 May	Slovenia	Radenci	+386 1 540 59 14
11-14 October	Turkey	Antalya	+90 212 288 4433
26-30 October	Canada	Edmonton	+1 613 569 65 74

Forthcoming meetings

2002

Jul 02-06, Montreal, Canada: XXIXth International Congress on Electrocardiology (Coplanor Congrès Inc. 511, Place d'Armes, Suite 600, Montréal, Québec, H2Y 2W7, heartandbrain@coplanor.qc.ca, www.heartandbrain.org)

Jul 03-06, Szeged, Hungary: Annual Meeting of the International Society for Heart Research – European Section (fax: +36 62 544 565; vegh@phcol.szote.u-szeged.hu)

Jul 07-10, Salzburg, Austria: 73rd Congress of the European Atherosclerosis Society (PO Box 50006, Tel Aviv 61500, Israel, Fax +972 3 517 5674 or +972 3 517 2484, 73eas@kenes.com, www.kenes.com/73eas)

Jul 13-16, Washington, DC, USA: 8th World Congress on Heart Failure – Mechanisms and Management (Secretariat: PO Box 17659, Beverly Hills, CA 90209, USA, fax: +1 310 275 8922, klimedco@ucla.edu, www.cardiologyonline.com)

Jul 17-21, Kuala Lumpur, Malaysia: 14th ASEAN Congress of Cardiology (Dr David K Quek, Chairman, Organizing Committee, fax: +60 3 757 8363)

Jul 22-26, Melbourne, Australia: CVD Rehabilitation and Prevention (Dr Marian Worcester, Heart Research Centre, fax +61 3 947 6964, heart@medicine.unimelb.edu.au)

Jul 31-Aug 3, Lima, Peru: VIII Congress of the Latin-American Society of Interventional Cardiology (SOLACI, www.solaci.org)

Aug 29-Sep 2, Taipei, Taiwan: Fifth International Congress on Essential Fatty Acids and Eicosanoids (Secretariat 9F, No 57, Yung-Ho Rd., Sec. 2, Yung-Ho City, Taipei County, Taiwan 234, Fax: +886-2-2924-5511, congress@5thicefae2002.org, www.5thicefae2002.org)

Aug 31-Sep 4, Berlin, Germany: XXIV Congress of the European Society of Cardiology (ESC, webmaster@escardio.org)

Aug 20-30, Exeter, Devon, UK: European Society for Microcirculation "The Microcirculation and Vascular Biology" (Hampton Medical Conferences Ltd, Teddington, UK, fax +44-208 9770055)

Sep 03-07, Monte Carlo, Monaco: 12th World Congress of the International Society of Cardio-Thoracic Surgeons (Centre Cardio-Thoracique de Monaco, fax: +377 92 16 8299)

Sep 13-17, Beijing, China: 13th Great Wall International Conference of Cardiology (GW-ICC Secretariat Office, Cardiology Dept. People's Hospital of Peking University #11 Xi Zhi Men Ave. S Beijing 100044, China, Tel/fax: +86 10 8838 1733 /+86 10 6879 2845, heart@public.fhnet.cn.net, www.gw-icc.org)

Sep 13-25, Kerala, India: 35th Ten-Day International Teaching Seminar on CVD Epidemiology and Prevention (Prof Kay-Tee Khaw, Cambridge, England, fax +44 1223 336928, email: kk101@med-schl.cam.ac.uk)

Sep 29-Oct 3, New Delhi, India: 2nd World Assembly on Tobacco Counters Health (Maj. Gen. A K Varma, fax: +91 11 694 4472 or 694 9573, cancerak@ndf.vsnl.net.in, www.watch-2000.org)

Oct 04-05, Monastir, Tunisia: Third Pan African Course on Interventional Cardiology (PAFCIC 2002) (Habib Gamra, MD, fax: +216 346 0678, email: hgamra@rns.tn)

Oct 10-12, Milan, Italy: Inflammatory Cardiomyopathies and Heart Failure (Dr A. Maseri, University of Milano, Dr A Frustaci, Catholic University of Rome fax: +39 02 26437398 and +39 06 3055535)

Oct 16-19, Freiburg, Germany: Update in Thrombosis, Arteriosclerosis and Cardiovascular Biology (CIS, Czernyring 22/10, 69115 Heidelberg, fax: +49 6221 9053522)

Oct 23-26, Caracas, Venezuela: Fourth Latin American Congress on Hypertension (Rafael Hernandez-Hernandez, MD, rher-nan@cantv.net)

Oct 24-25, Deir Zour, Syria: Symposium on Coronary Arteriosclerosis (Syrian Cardiovascular Association; fax: +963 11 2129437, scva@scs-net.org)

Oct 24-26, Frankfurt, Germany: 2nd International Course on Carotid Angioplasty ICCA-II and other cerebrovascular interventions (KelCon Keller Congress Organization, fax: +49 6106 844444; n.koebke@kelcon.de; www.iccaonline.org)

Nov 17-20, Chicago, IL, USA: 75th Scientific Sessions of the American Heart Association (AHA, www.americanheart.org)

Nov 23-25, Limasol, Cyprus: "Cardiology Today" (info@escardio.com)

Dec 01-03, Buenos Aires, Argentina, ICSE 2002 (Joint Meeting of the International Society for Noninvasive Electrocardiology, Favoloro Foundation and Interamerican Society of Cardiology), (Congresos Internacionales, fax +54 11 4331-0233, email: icse-2002@congresosint.com.ar/www.congresosint.com.ar/isce2002)

Dec 04-07, Munich, Germany: Euroecho 6 ECCE (ESC, congress@escardio.org)

2003

Feb 10-14, Davos, Switzerland: Cardiology Update 2003 (Thomas Lüscher, Prof. and Head of Cardiology, University Hospital Zurich, CH-8091 Zurich, fax: +41 1 255 42 51, ama@dplanet.ch)

Feb 19-22, Hong Kong, China: XII World Symposium on Cardiac Pacing and Electrophysiology (email: icpessym@hku.hk, or Dr Kathy Lee: klflee@hku.hk)

Mar 30-Apr 2, Chicago, IL, USA: 52nd Annual Scientific Sessions, American College of Cardiology (www.acc.org)

May 25-29, Barcelona, Spain: 12th International Congress on Cardiovascular Pharmacotherapy (Jose Milan, Grupo Pacífico, Marià Cubí 4, 08006 Barcelona, fax: +34 932 387 488, gp@pacifico-meetings.com)

Jun 21-24, Strasbourg, France: Heart Failure 2003 (ESC, fax: +33 4 9294 7601, congress@escardio.org)

Jun 26-30, Singapore: 14th Asian-Pacific Congress of Cardiology (Singapore Cardiac Society, Level 3, Mount Elizabeth Hospital, Singapore 228510, fax +65 735 3308, scosoc@singaporecardiac.org)

Jul 12-18, Birmingham, UK: XIX Congress of the International Society on Thrombosis and Haemostasis and 49th Annual Meeting of the Scientific Standardization Committee (ISTH, CB#7035, UNCD Medical School, Chapel Hill, NC 27599-7035, USA, fax: +1-919 929 3935)

Aug 01-03, Buenos Aires, Argentina: VII World Congress of Echocardiography and Vascular Ultrasound (Daniel Piñeiro, MD, secretariat.echo2003@sac.org.ar, www.sac.org.ar)

Aug 3-8, Helsinki, Finland: 12th World Conference on Tobacco or Health: Global Action for Tobacco Free Future (www.wctoh2003.org)

Aug 30-Sep 3, Vienna, Austria: XXV Congress of the European Society of Cardiology (ESC, webmaster@escardio.org)

Sept 29-Oct 2, Boston, MA, USA: Update in Clinical Cardiology, Harvard MED-CME (PO Box 825, Boston, USA, fax: +1 617 432 1562, hms-cme@hms.harvard.edu)

Oct 19-22, Florence, Italy: 5th International Congress on Coronary Artery Disease - from Prevention to Intervention (Kenes, PO Box 50006, Tel Aviv 61500, Israel, fax: +972 3 517 56 74, www.kenes.com|CAD5)

Heart Beat

The World Heart Federation Newsletter

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- **Global Burden of Heart Disease**
Priorities for Developing Countries
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Prabir Vasekattokil (Indonesia)
- **Hypertrophic Cardiomyopathy versus Hypertrophied Hearts: Clinical and Genetic Distinctions**
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