

Heart Beat

The World Heart Federation Newsletter

Advocacy and the role of NGOs in the Framework Convention on Tobacco Control

Elinor Wilson

Vice-President, World Heart Federation

Advocacy is a catch-all word for a set of skills used to create a shift in public opinion and mobilize the necessary resources and forces to support an issue, policy or constituency (1). Advocacy deals with the process of promoting certain positions or courses of action, usually referring to a more specific process of influencing political decisions as they are made.

The courses of action undertaken through advocacy are based on the reality of "what is". The actions seek to highlight critical issues that have been ignored and submerged, influence public attitudes and enact and implement laws and public policies so that the vision of "what should be" in a just and decent society can become a reality. Human rights create the overarching framework for this vision.

The Framework Convention on Tobacco Control (FCTC) is the world's first global agreement devoted entirely to public health and tobacco control. To ensure its success

in combating the global tobacco epidemic, nongovernmental organizations (NGOs) must play a key advocacy role. This may range from influencing outcomes on public policy and resource allocation to influencing decisions within political, economic and social systems and institutions – issues that directly affect people's lives.

Developing a strategy to communicate advocacy messages is a fundamental element to successful NGO advocacy efforts. The strategic planning process must include a clear understanding of the issue – i.e. exactly what the organization wants to achieve. Among other things, the Framework Convention will ban all tobacco advertising, sponsorship and promotion; require that 30% of tobacco packages display health warnings; and provide measures to control illicit tobacco smuggling. It is important to realize that every organization cannot tackle every issue at once. You must clearly identify exactly what your organization would like to achieve.

Advocacy organizations draw their strength from people: their members, constituents

and/or members of affected groups. They are also accountable to them. When developing a strategy, identify allies – who are on your side and with whom you can work –

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and opponents – individuals who will try to hinder your efforts. New opponents may emerge as the strategy gets under way, and some of your allies may change their position, but identification of allies and opponents before implementation is essential to strategic development.

Nongovernmental organizations fulfil many different functions: representation of groups and individuals who otherwise might not be heard by government, delivery of services not delivered by the government sector and citizen engagement, a way for citizens to work together at a community level for overarching goals. Nongovernmental organizations working in cooperation, bringing a unified message and voice, can be one of the most effective ways of delivering a message. The Framework Convention Alliance (FCA), an alliance of nongovernmental organizations from around the world working jointly and separately in favour of a strong Framework Convention on Tobacco Control and related protocols, is an important ally in advocacy efforts – whether local, national or international. The Alliance includes individual nongovernmental organizations and organizations working at the local or national level, as well as existing coalitions and alliances working at national, regional and international levels.

Creating a strategic plan is important, but a good plan is also a flexible plan. When new conditions or opponents emerge, the plan should be adaptable. An evaluation component in your strategy helps to identify tactics or activities that are successful, and others that perhaps may not be as effective. Evaluation forces the advocacy team to step back, rethink the strategy and imple-

Smoking increases the risk of:

- **Heavy smokers dying from a heart attack, 10-fold**
- **Heart attacks in women, 6-fold**
- **Stroke in heavy smokers, 4-fold**
- **Peripheral blood vessel disease, 16-fold**
- **Dilatation of the aorta, 8-fold**

source: WHO, NMH

ment change to achieve the most effective outcomes possible. Sharing experiences between nongovernmental organizations promotes the most successful strategies, identifies weaknesses and provides overall strength for the global efforts of tobacco control.

Tobacco use is the leading cause of preventable death, disease and disability in the world today. At present, 4.9 million people every year die from a tobacco-related disease. If current trends continue, 10 million people will die each year by the year 2030, with the majority of these deaths occurring in developing countries (2). If swift action is not taken, tobacco will soon become the leading cause of death worldwide, causing more deaths than HIV, tuberculosis, maternal mortality, automobile accidents, homicide and suicide combined. However, if appropriate action is taken, the benefits to be reaped in terms of death and disease prevented and enhanced quality of life for millions of people worldwide will be enormous. It is imperative that nongovernmental organizations, through face-to-face meetings and letter-writing, encourage their respective governments to adopt, sign and ratify the Framework Convention.

The Framework Convention is due to be adopted at the Fifty-sixth World Health Assembly (19-28 May 2003). If all goes well, it will be open for signature as of 16 June 2003. Countries will then be able to consider ratification, which is expected to take 1-2 years on average for most countries.

Nongovernmental organizations must play a key advocacy role to shift public opinion and mobilize the necessary resources and forces to support global tobacco control. The Framework Convention Alliance website (www.ftc.org) provides nongovernmental organizations with advocacy information and houses resources to assist them in their advocacy efforts.

There are a number of steps that nongovernmental organizations can take to support the Framework Convention: plan for small wins, keep it simple, be opportunistic and creative. In the words of Margaret Mead: "Never doubt the capacity of a few dedicated individuals to change the world: in fact, it is the only way it ever has".

References available from WHF headquarters.



The tobacco pandemic: a call to action

Judith Mackay

*Asian Consultancy on Tobacco Control,
Hong Kong*

The cigarette is a weapon of mass destruction of global proportions, killing over 13,000 people around the world every day. In spite of centuries of knowledge and decades of action, multiple World Health Assembly resolutions, 11 World Conferences and many regional, national and subnational meetings, the tobacco epidemic is expanding. Assuming current patterns of tobacco use and intervention efforts, the World Health Organization projects that, between 2000 and 2030, the number of smokers will rise from 1.2 billion to 1.6 billion (mostly as a result of population expansion), and the annual number of deaths will increase from 4.9 million to 10 million. Children around the world are still taking up smoking, and more than 40% are exposed to environmental tobacco smoke. The economic costs are escalating. In addition, the epidemic is spreading to developing countries, so that by 2030 only 15% of the world's smokers will live in developed countries. Tobacco use will soon become the leading cause of death in the develop-



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ing world, as it is already in developed countries (1).

Most of today's smokers are men, and most live in developing countries. Nearly one-third (300 million) live in China alone. Half of all men in developing countries currently smoke. In contrast, about 35% of men in developed countries are smokers, a proportion that has fallen in recent decades. Because anticipated population growth exceeds the slow rate of decline in male smoking prevalence, WHO projects that the number of male smokers will rise modestly from 1 billion to 1.1 billion by 2030.

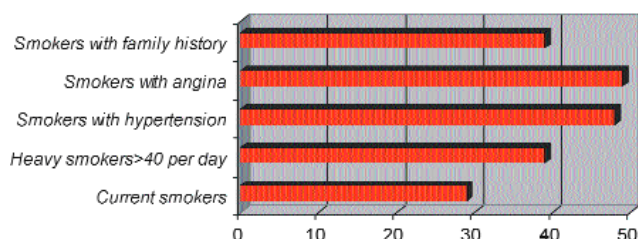
The epidemic started later in women. Currently, an estimated 22% of women in developed countries and 9% in developing countries smoke tobacco, totalling about 250 million women. Cigarette smoking among women is declining in some developed countries, but is still increasing or static in several southern, central and eastern European countries. As social traditions are eroded and incomes rise, the number of women smoking could double to 500 million by 2030. Arguably, the greatest public health challenge in primary prevention in the next 30 years will be to prevent a rise in smoking among girls and women in developing countries, especially Asia.

This immediately turns our focus to children: the Global Youth Tobacco Survey (GYTS) has found that nearly one-quarter of smokers smoked their first cigarette before the age of 10 years. The vast majority have started by age 18 (2).

As long ago as 1940, a relation between cigarettes and coronary heart disease was identified (3), and tobacco today causes about 20% of cardiovascular disease worldwide (4). While, in the public mind, cancer is the major risk connected with cigarettes, far more smokers develop cardiovascular disease. There is now a huge body of scientific literature linking tobacco use with cardiovascular disease even in young smokers. And the risks are much higher in smokers who started smoking before age 16 (5). Smokeless tobacco is a risk factor for cardiovascular disease (6), and passive smoking is also implicated (7).

Yet the majority of smokers, even in developed countries, seem unaware of the extent of these risks.

% Smokers who believe they have a higher-than-average risk of heart attack, USA, 1999 (8)



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This is out of touch with reality. Men who smoke 6-9 grammes of tobacco a day double their risk of a heart attack (9, 10). For women, the risk is even greater: women who smoke as little as 3-5 grammes of tobacco a day double their risk of a heart attack. Female smokers have a higher relative risk of myocardial infarction than male smokers, even after adjustment for other major cardiovascular risk factors (11).

The World Bank has analysed the economic hardship caused by tobacco, the offsetting of tax revenue against health and social costs, the productivity lost through illness or premature death, fires, litter collection and the cost-effectiveness of interventions (12). Indeed, many tobacco control meas-

ures, such as warnings on packaging or the creation of smoke-free areas, require nothing except political will. Tobacco also incurs huge costs to the smoker, ranging from the price of purchase of cigarettes to loss of income (13). Because of the debits to the global economy, particularly affecting developing countries, tobacco is now an issue for sustainable development.

The best news about tobacco and cardiovascular disease is **reversibility**. Smoking is a major **modifiable** risk factor and smoking cessation reduces mortality risk (although merely cutting down does not). The benefits start almost immediately and, one year after quitting, the excess risk of coronary heart disease is about half that of a continu-

ing smoker. Similar benefits of quitting are found for other diseases caused by tobacco use, including stroke.

The magnitude of the health risks and the economic factors can only lead to one conclusion. There needs to be a hard-hitting, well-funded campaign in all countries and at all levels to stop people taking up smoking, decrease consumption, assist with cessation, and protect nonsmokers. Our newest tool is the WHO Framework Convention on Tobacco Control, the first-ever attempt to utilize international law to promote public health.

References available from WHF headquarters.

World Health Organization Global NCD InfoBase



Kate Strong

Noncommunicable Disease Surveillance, WHO

Quality health information is essential for planning and implementing health policy in all countries. The goal of the World Health Organization's Global NCD InfoBase is to bring together current country-level data on important noncommunicable disease (NCD) risk factors for all 192 Member States of WHO. The project builds on the Global Cardiovascular Infobase built up by the WHO Collaborating Centre on Surveillance

of Cardiovascular Diseases, Ottawa, Canada (see *Heartbeat*, June 2002).

The *World Health Report 2002: Reducing risks, promoting healthy life*¹ identifies five important risk factors for noncommunicable diseases among the 10 leading risks to health:

- raised blood pressure
- raised cholesterol levels
- tobacco use
- alcohol consumption
- overweight.

The disease burden caused by these risk factors is distributed throughout the world. Even in the poorest regions, raised blood pressure and cholesterol levels and tobacco

use are causing serious disease and untimely deaths. The estimates in the *World Health Report* are regionally based, but emphasize the need for better information on levels and trends of these major risk factors for all countries.

The impact of noncommunicable disease risk factors is an indication of the increasing burden of chronic diseases in all country settings. Unfortunately, country-level data on common, measurable risk factors are sparse. Few countries have the resources or ongoing political commitment to collect this type of information in a sustainable manner. Some developed countries have national health surveys that include selected non-

¹ Geneva, World Health Organization, 2002.

communicable disease risk factors, but for many the information available – if any – comes from small, costly one-off surveys. The strong network of researchers and specialists in the area of cardiovascular health built up by the World Heart Federation can help to ensure that we have the most up-to-date country-level data on risk factors, especially those related to cardiovascular disease.

The WHO Global NCD InfoBase is a timely tool for collecting and displaying current country-level data on noncommunicable disease risk factors in a way that is useful for health policy. A great deal of time and effort has gone into deciding which type of information is most useful for surveillance of noncommunicable disease risk factors. We are interested primarily in national-level data, but also realize that the availability of this level of data is beyond the capacity of many countries. We have limited our collection to data that are strictly relevant to non-communicable disease outcomes, i.e. mor-

talidity and morbidity from noncommunicable diseases. To this end, we have chosen eight risk factors that relate mainly to cardiovascular disease:

- tobacco use
- obesity
- high alcohol consumption
- low fruit/vegetable intake
- raised blood pressure
- raised lipid levels
- physical inactivity
- diabetes.

Of major importance for data collection is the need to display prevalence data by multiple age groups and by gender, with some measure of the uncertainty of the estimate for each Member State.

In addition to population-based prevalence estimates for these risk factors, we are also interested in the distribution of mean risk-factor values for systolic blood pressure, total blood cholesterol and glucose. Our interest in the population distribution of these mean values echoes that in the *World*

Health Report 2002. Using population mean data supports the idea of promoting interventions that address the entire population (not just those considered to be "at risk"), thereby shifting the distribution of population means to the left of the distribution curve. This can be a powerful tool for reducing the risk of disease for the greatest possible number of people.

Finally, with the help of the World Heart Federation and its members, we aim to promote the sustainable collection of quality risk-factor data and promote the establishment of surveillance systems for noncommunicable diseases and their risk factors as an alternative to costly "one-time only" surveys.

If you have any data that you would like to contribute to the WHO Global NCD InfoBase, please contact Dr Kate Strong on (+41) 22 791 2497 (strongk@who.int) or Angela Newill on (+41) 22 791 4466 (newilla@who.int).

WHF survey of World Heart Day 2002



Danielle Grizeau-Clemens
Science Information Officer, WHF

To evaluate support for the third World Heart Day (29 September 2002), WHF carried out a survey among participants. Ninety organizations and/or individuals worldwide participated in the event, of which 52% replied to our questionnaire. Most respondents (83%) chose the global

theme "physical activity", with 72% adopting WHF's suggested slogan "A Heart for Life". One-third of countries chose other themes, including hypertension, nutrition, stress and depression.

The target group aimed at by most respondents was the general public (95.5% of respondents). Other major targets were the family (44.5%), elderly people (47%), patients (42.5%) and children (34%).

Almost half (47%) of respondents aimed their campaigns at physicians, and 40.5% at other health professionals.

Sixty-one per cent of participants used World Heart Day as a fundraising event, and over half (57.5%) received support from local sponsors, including direct funding, logistical support, publicity (press conferences, newspaper campaigns, etc.) and assistance with blood pressure checks. The

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goodwill ambassadors were used in only a few countries.

The majority of the respondents were very positive about the support they received from WHF. They were particularly enthusi-

astic about the World Heart Day website, which they judged "good" or "very good".

As in previous years, some participants stressed that they needed to receive the press documents and marketing materials

earlier. Many respondents felt that WHF should urge its international sponsors to instruct their representatives in individual countries to fund local activities. Several participants wanted to know more about the various global activities undertaken for World Heart Day and the logistics of organizing them.

The theme for World Heart Day 2003 will be "Women, Heart Disease and Stroke". The vast majority of respondents are interested in activities focusing on the relative importance of cardiovascular disease in women and the particular risks for women (smoking, the contraceptive pill, diabetes, obesity and hormone replacement therapy).

Conclusions

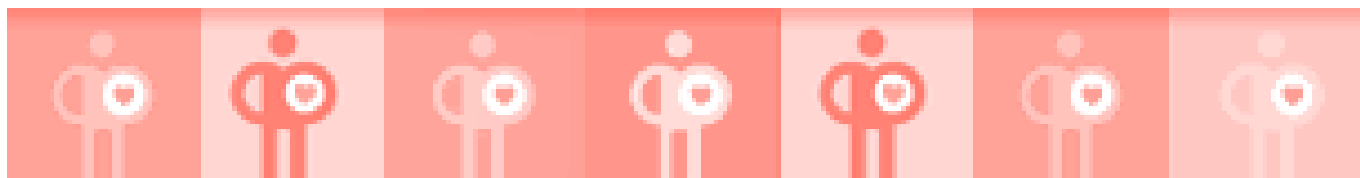
The 2002 World Heart Day was a great success: all world regions were involved and an enormous number of people were reached via press, radio and TV. The World Heart Day public relations agency estimated the total circulation (press, TV, radio and online contact) at 500 million. WHF support was fully appreciated and considered useful. The press resources and marketing materials were well used in the participating countries.

Following some of the comments from low-income and middle-income countries, we should improve our materials and website and develop a specific approach for less developed countries.

World Heart Day website:
www.worldheartday.com.

Use of WHF press resources

Percentage of respondents using at least one WHF resource (press release/fact sheet)	91.5%
Press release on physical activity	66%
Press release on nutrition	66%
Press release on love, stress and heart disease	36%
Global Embrace	25%
Press backgrounder on WHF	62%
Biographies	21%
Fact sheet on nutrition	70%
Fact sheet on physical activity	66%
Fact sheet on love and heart disease	47%
Prerecorded radio interviews	21%
Leaflets	60%
Posters	40%
T-shirts	25%
Baseball caps	11%
Stickers	11%



Smoking hurts more people than just smokers

The World Heart Federation launched a campaign against passive smoking at the last session of the Intergovernmental Negotiating Body of the Framework Convention on Tobacco Control (Geneva, 17-28 February 2003).

The campaign, entitled "*Smoking hurts more people than just smokers*", aims to encourage the world's population to introduce smoke-free environments.

The WHF press kit associated with the campaign comprises a poster about smoke-free environments, a press release, a document laying out WHF's position on smoking, heart

disease and stroke and a factsheet on passive smoking and cardiovascular disease.

Smoking is a major risk factor for cardiovascular disease in both men and women, and passive smoking has been proved to increase the coronary death rate among nonsmokers by up to 70 per cent and significantly increase the risk of stroke (1).

Approximately 1.1 billion people, or one-third of the world's adult population, are estimated to be smokers, so that a large part of the global population is exposed to passive smoking at home, in the office, while travelling and in public areas (2).

The press release stresses the link between passive smoking and cardiovascular disease, and calls upon the WHF network to help to implement the Framework Convention.

In a second phase, the campaign will include a joint statement on tobacco with other international nongovernmental organizations.

References available from WHF headquarters: admin@worldheart.org.



Smoking hurts more
people than just smokers

World Heart Federation supports smoke-free environments

- Promote smoke-free environments
- Protect your family and yourself from smoke
- Campaign for smoke-free environments
- For more information visit www.worldheart.org

a heart for life  WORLD HEART FEDERATION

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World Heart Day 2003

The theme for World Heart Day 2003, to be held on 28 September, is **women, heart disease and stroke**. The material for this year will consist of press releases, radio interviews (prerecorded in English, Chinese, French, Portuguese and Spanish), a leaflet, a poster and a CD-ROM.

Three press releases are scheduled for this year.

- On St Valentine's Day, a press release was issued about women and cardiovascular disease, stressing the need for women to choose a healthy lifestyle.

- In May, for World No Tobacco Day, a press release on passive smoking will be distributed. WHF with the International Union Against Cancer will call upon governments to do more to fight environmental tobacco smoke.
- In September, to mark World Heart Day, a press release on women and nutrition will stress the double role which women can play in the prevention of cardiovascular disease by ensuring healthy nutrition for both themselves and their families.

A World Heart Day meeting will be held in Vienna, Austria in August in conjunction with the Congress of the European Society of Cardiology, where members will be able to provide feedback on WHF press releases and materials.

For further information, contact Carola Adler (carola.adler@worldheart.org) or visit the World Heart Day website: www.world-heartday.com.



UICC and tobacco control

Yussuf Saloojee

International Union Against Cancer (UICC)
Union Internationale Contre le Cancer

In the early hours of the morning on Saturday 1 March, the world became a different, more hostile place for the cigarette-makers. After four years of negotiations, over 170 WHO Member States agreed on the text of the Framework Convention on Tobacco Control (FCTC). This international treaty represents the collective determination of the governments of the world to reduce deaths caused by tobacco use. The International Union Against Cancer (UICC) believes the Framework Convention and tobacco laws are as important a step in eliminating lung cancer in this century as the public health legislation of the nineteenth century was in ridding the world of the plague.

What the tobacco control movement has accomplished

Despite their wealth, the tobacco companies have suffered important defeats. They are far weaker today than they were just a decade ago.

Countries like Canada, Singapore, South Africa and Thailand, which have already implemented many of the measures proposed in the Framework Convention, have significantly reduced tobacco consumption in their populations. Per capita cigarette consumption in South Africa has fallen for 11 years in a row since 1991, at an average annual rate of 5.7 per cent.

The economic fears that tobacco control arouses have been shown to be quite

unfounded. Reducing tobacco use is not only good for health: it is also good for the economy.

The tobacco control movement has grown larger and stronger than many dreamed possible only a few years ago. Even in the smallest and poorest countries, a new generation of knowledgeable, media-savvy, well-networked and determined tobacco control leaders has emerged. Advocates from Uganda, Malaysia, Poland and St Lucia now lead the global movement.

The role of UICC

Over the years, UICC has been a strong and influential voice for tobacco control, and has identified and nurtured a generation of tobacco-control leaders from lower-income countries. The UICC strategic plan for 2002-06 includes tobacco control as one of its four key strategic directions. UICC's core current contribution is in networking and coordination, but it envisages a wider-ranging set of activities for the future, including those described below.

Networking GLOBALink, UICC's tobacco control network, is an independent online network for the exchange of ideas, information, analysis, expertise and tools for tobacco control professionals around the world. Now in its 10th year, GLOBALink has over 3500 members. UICC also hosts websites and lists for other tobacco control networks, such as the Framework Convention Alliance (FCA) and national organizations.

Training Later this year, UICC and the British Medical Association will launch the Tobacco Academy, an online distance-learning programme for advocates. The

course uses interactive learning modules to cover the health, economic and policy aspects of tobacco control.

Together with the Advocacy Institute in the USA and the American Cancer Society, UICC offers tailored advocacy training and leadership workshops at a country level – currently in India, Sri Lanka and Eastern Europe.

Information and policy guidance UICC organizes conferences and produces fact-sheets and strategic guidelines for best practice in promoting strong and comprehensive national tobacco control programmes.

With its member organizations the American Cancer Society and Cancer Research (UK), UICC is offering grants for the promotion of effective policies in low-income and middle-income countries.

Countering opposition UICC has advised its members against participating in the tobacco industry's social responsibility programmes and opposed industry-sponsored youth-smoking prevention campaigns. Such programmes are a public relations exercise intended to depict the industry in a positive light, instead of solving the real problems of youth smoking and irresponsible behaviour by the industry.

The future

The past decade has been a dizzying period of change, of victory and of setbacks for tobacco control. Much remains to be done, and UICC will seek to deepen the commitment to tobacco control of its 290 member organizations in 90 countries and develop partnerships to strengthen the movement for a world free of disease caused by tobacco.

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National Congresses of Societies of Cardiology

<i>Date - 2003</i>	<i>Country</i>	<i>Place</i>	<i>Fax number</i>
28-30 March	Japan	Fukuoka	+81 92 642 6994
24-25 April	Netherlands	Amsterdam	+31 30 234 5002
24-26 April	Germany	Manheim	+49 0211 6006 9210
26-30 April	Portugal	Madeira	+351 21 793 1095
28 April-1 May	UK	Glasgow	+44 171 388 0903
30 April-1 May	Israel	Tel Aviv	+972 3 61 2 2588
8-10 May	Switzerland	Lausanne	+41 31 388 80 98
9-10 May	Slovenia	Radenci	+386 1 522 4599
9-11 May	Taiwan	Taipei	+886 2 25976180
11-14 May	Czech Republic	Brno	+420 543 184 231
14-15 May	Denmark	Nyborg	+45 33 91 79 64
30 May-4 June	Italy (ANMCO)	Florence	+39 0382 525 834
6-8 June	Hong Kong	Hong Kong	+852 2899 2045
8-10 June	New Zealand	Wellington	+64 4 472 6718
12-14 June	Paraguay	Asunción	+595 21 228515
11-14 July	Puerto Rico	San Juan	+787 620 2227
13-20 July	Venezuela	Isla de Margarita	+212 976 0846
10-13 August	Australia	Adelaide	+61 2 9247 7916
15-18 September	Poland	Warsaw	+48 22 887 1858
25-28 September	Romania	Sinai	+40 1 240 2827
8-11 October	Syria	Damascus	+963 11 2129437
10-13 October	Argentina	Buenos Aires	+54 11 4961 027/29
11-14 October	Turkey	Antalya	+90 212 288 4433
15-18 October	Spain	Sevilla	+34 91 724 2371
23-25 October	Netherlands	Ermelo	+31 30 234 5002
26-30 October	Canada	Toronto	+1 613 569 65 74
6-10 December	Italy	Rome	+39 0382 525 834
9-12 December	Chile	Viña del Mar	+56 2 269 0207

Forthcoming meetings

2003

- Mar 12-14, London, UK: Cardiovascular Disease Prevention VI.
cvdp@hamptommedical.com
www.hamptonmedical.com
- Mar 19-22, Florence, Italy: Second International Symposium on PPARs: From Basic Science to Clinical Applications (Fondazione Giovanni Lorenzini - PPARs 2003; ppar@lorenzinifoundation.org)
- Mar 27-29, Lugano, Switzerland: Second International Course on "Diabetes and Macrovascular Disease".
www.lorenzinifoundation.org
- Mar 30-April 2, Chicago, IL, USA: 52nd Annual Scientific Sessions, American College of Cardiology. www.acc.org
- April 10-12, Taormina: Mediterranean Cardiology Meeting (hosted by ESC, ISHNE and SOLAECE)
www.adriacongrex/cardiologymeeting2003
- May 1-4, Buenos Aires, Argentina: International Concurrent Scientific Events (ICSE 2003) Joint Meeting of the International Society for Holter and Non Invasive Electrocardiology, Favaloro Foundation and the Interamerican Society of Cardiology (General Secretariat: Congresos Internacionales S.A., fax: +54-11/4382-5730)

icse2002@congresosint.com.ar

www.congresosint.com.ar/icse2002)

- May 7-10, Barcelona, Spain: 12th International Congress on Cardiovascular Pharmacotherapy. Grupo Pacífico, Marià Cubí 4, 08006 Barcelona, fax: +34 932 387 488.

iscp2003@pacifico-meetings.com

www.iscp2003Barcelona.org

- Jun 8-10, Honolulu, Hawaii: New Discoveries in Cardiovascular Disease and Stroke: Bench to Bedside Community (AHA, www.americanheart.org/asianpacific)

- Jun 11-14, Helsinki, Finland: Midnight Sun Symposium on Electrocardiology (ICE2003 secretariat:

soile.lonnqvist@tut.fi, www.ice2003.net)

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

- Jul 12-18, Washington, DC, USA: International Academy of Cardiology - 3rd World Congress on Heart Disease - New Trends in Research, Diagnosis and Treatment (www.CardiologyOnline.com)

- 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 16-18, Buenos Aires, Argentina: XXII National Congress of Cardiology of the Argentine Federation of Cardiology.

prensa@fac.org.ar

www.fac.org.ar/cong2003

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

webmaster@escardio.org

- Sep 28-Oct 1, Singapore: 3rd Asian-Pacific Congress of Hypertension (+65 6475 2077

/6475 6436

admin@acedaytons-direct.com

www.snha.org/hypertension

- Sep 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 5-8, Isle of San Giorgio Maggiore-Venice, Italy: 8th International Workshop on Cardiac Arrhythmias (fax: +39 0541 305849, info@venicearrhythmias.org, www.venicearrhythmias.org)

- Oct 8-11, Damascus, Syria: Sixth Biannual Meeting of the Syrian Cardiovascular Association (Prof. Sami Kabbani, fax: +963 94 27 27 55, scva@scs-net.org)

- Oct 10-12, Buenos Aires, Argentina: VII World Congress of Echocardiography and Vascular Ultrasound (Daniel Piñeiro, MD, fax: +54 11 4961 6020, secretariat.echo2003@sac.org.ar, www.sac.org.ar)

- Oct 13-16, Buenos Aires, Argentina: XVI Congreso Argentino de Cardiología (fax: +54 11 4961 6020, info@sac.org.ar, www.sac.org.ar)

- 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

- Oct 24-27, Toronto, Ontario, Canada: XIX Interamerican Congress of Cardiology (Canadian Cardiovascular Society, Stephanie Mutschler, fax: +1 613 569 6574, mutschler@ccs.ca)

- Nov 9-11, Orlando, FL, USA: 76th Scientific Session of the American Heart Association (AHA, fax: 214/706-5262). sessions@heart.org

www.americanheart.org

- Dec 13-14, Hong Kong: 8th Asian Pacific Congress of Cardiac Rehabilitation (APC

CR, Dr KKH Siddiqui, Calcutta, fax: +91 33 247 0859, siddiqui@cal.vsnl.net.in)

2004

- Jan 14-17, Singapore: 14th Asian-Pacific Congress of Cardiology (Singapore Cardiac Society, Level 3, Mount Elizabeth Hospital, Singapore 228510, fax: +65 735 3308).

admin@14apcc.com

www.14apcc.com

- Feb 15-19, Sao Paulo, Brazil: 20th Scientific Meeting of the International Society of Hypertension.

www.hypertension2004.com.br

- Apr 4-6, Singapore: Second Asian Pacific Congress of Heart Failure (Secretariat email: sandrakoh@mpgroupasia.com)

- May 7-10, Antalya, Turkey: VIII World Congress of Echocardiography and Vascular Ultrasound, venue to be confirmed (Navin C. Nanda, MD, President, International Society of Cardiovascular Ultrasound, P.O. Box 323, Gardendale, AL 35071, USA, fax: 205 934 6747).

iscu@iscu.org, www.iscu.org

- May 22-26, Rome, Italy: 21st World Congress of the International Union of Angiology (Dr Salvatore Novo, Via Sardegna 76, I-90144 Palermo, Italy, fax: +39 091 655 29 62)

- May 23-26, Dublin, Ireland: 8th World Congress of Cardiac Rehabilitation and Secondary Prevention (International Conference Consultants, 3 Kingram Place, Fitzwilliam Place, Dublin 2, fax: +353 1 676 90 88, icconf@iol.ie, www.icconf.ie)

- Jun 17-19, Venice, Italy: 50th Annual Meeting of the Scientific and Standardization Committee (fax: 1 919 929 3935)

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International Headquarters

5, avenue du Mail
CH-1205 Geneva
Switzerland

Telephone: 41 22 / 807 03 20

Telefax: 41 22 / 807 03 39

E-mail: admin@worldheart.org

Homepage: <http://www.worldheart.org>

<http://www.worldheartday.com>

Chief Executive Officer: Janet Voûte

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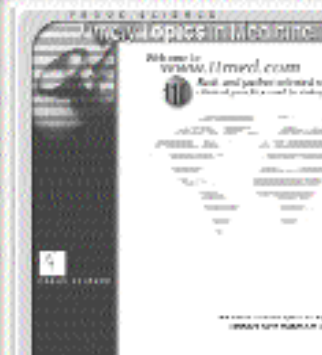
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Coming soon

■ Official webcast from the
**2003 Consensus on the Management
of Dyslipidemias**
Symposium of the International Task Force for Prevention
of Coronary Heart Disease
April 2003, Paris, France

■ Official webcasts from the **ESC Congress 2003**
September 2003, Vienna, Austria