World Heart Federation
Emerging Leaders
Program: Program and Seminar Overview

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Started in 2013 with the vision:

“To create a global cadre of emerging leaders who will contribute to improving global cardiovascular health and to reducing the burden of cardiovascular diseases.”

Generously supported by Boehringer Ingelheim and Novartis and previously supported by AstraZeneca and Bupa through unrestricted educational grants.
2014-2017 WHF Emerging Leaders Cohorts

100 Emerging Leaders representing 40 countries

2014 theme: secondary prevention
Host: Salim Yusuf
McMaster University, Canada

2015 theme: raised blood pressure
Host: Jaime Miranda
Univ. Peruana Cayetano Heredia, Peru

2016 theme: tobacco
Host: Denis Xavier
St. John’s Research Institute, India

2017 theme: essential medicines
Host: Karen Sliwa
University of Cape Town, South Africa
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Relevant WHO 25x25 indicators

- 50% of eligible individuals to receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.

- 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.
Cohort 1 Projects and Updates
2013-2014
Secondary Prevention

**TakeMEDS**, implementation science

**Project goal:** Create a provider- and patient-facing mobile phone based intervention to increase prescription of evidence-based medicines for patients with established coronary heart disease

**Status:** Patient-facing text/voice intervention pilot (n=98) completed in China, which increased rates of high medication adherence (55% to 75%); 2 papers; international RCT being planned

**WikiMeds**, health systems

**Project goal:** Create a crowdsourcing-based platform for patients to share information about availability, cost, and quality of generic medications used for cardiovascular disease secondary prevention.

**Status:** Qualitative interviews (70) with pharmacists completed; 1 abstract

**CardioMAPPs**, health policy

**Project goal:** Perform a systematic review of barriers and facilitators to drugs for secondary prevention in patients with cardiovascular disease and lead stakeholder interviews to identify major obstacles to and facilitators for the uptake of medications for CVD secondary prevention.

**Status:** Systematic review and qualitative interviews completed; 2 papers
Cohort 2 Projects and Updates
2014-2015
Raised Blood Pressure

**BP HOME MONITOR**, implementation science

**Project goal**: Mixed methods analysis of home blood pressure (BP) monitoring to inform randomized trial evaluating effectiveness of home BP monitoring to prevent CVD in LMICs.

**Status**: Qualitative studies completed in Peru and Malawi; 1 paper; 2 grant submissions

**EQUIMEDS**, health systems

**Project goal**: Understand health system and contextual factors contributing to and degree of substandard generic BP lowering medicines by physico-chemical testing in Nigeria.

**Status**: Analyzing drugs at LSHTM; 1 paper

**PISCO**, health policy

**Project goal**: Create an online database of global salt reduction policies and actions

**Status**: Few policies identified; broader database of NCD policies being developed
Cohort 3 Projects and Updates
2015-2016
Tobacco: Linking to Roadmaps

**IMPLEMENT**, cessation services (FCTC Article 14)

**Project goal:** Train and integrate FLHWs involved to deliver tobacco cessation interventions in Palakkad, India and Nairobi, Kenya.

**Status:** 100 interviews in India and Kenya completed; analysis ongoing

**KOMPLY**, smoke-free policies (FCTC Article 8)

**Project goal:** Ensure 100% compliance with the new 100% smoke-free law in bars and restaurants in Kampala, Uganda.

**Status:** Initial evaluation completed; PM$_{2.5}$ data used by Ugandan government to support law; 2 papers

**FACTc**, financial and technical resources (FCTC Article 6)

**Project goal:** To help policymakers establish sustainable mechanisms to fund and accelerate the comprehensive implementation of the FCTC.

**Status:** Modeling results presented at Conference of Parties 7; broader analyses ongoing
Collaborative proposal: overview

The proposals need to be:

• Aligned to World Heart Federation Roadmaps, World Health Organization Global HEARTS technical package, or both

• Aligned with the Ministry of Health or other key stakeholders’ strategies

• High impact and achievable in 1-2 years

• Focused on LMIC setting(s)

SMART targets: **Specific, Measurable, Achievable, Relevant, Time-bound** and action-oriented toward 25x25.

One administrative lead for WHF contact. **CHF 25,000/team!**
Collaborative proposal: process

Small group work throughout the week to develop collaborative proposal idea. Brainwriting later today.

Oral presentations with Q&A on Friday morning.

Email final proposal to Mark by 3 pm local time on Friday.

Faculty comments: June 30 (1 week)
Team response: July 14 (2 weeks)
Decision: July 21 (1 week)
Collaborative proposal: suggested themes

**Implementation science:** measuring and improving adherence to essential cardiovascular medicines

**Health systems:** procurement and distribution of essential cardiovascular medicines

**Health policy:** universal health coverage policies for improving payment for, and access to essential cardiovascular medicines

*Preferred framework (Evans/Bull WHO 2013) includes physical accessibility, financial affordability, and acceptability.*
Seminar Overview

Take advantage of 5 days of engaging discussion, support, and collaborative work toward a common purpose—improving access to essential medicines and care to achieve 25x25—with funding to pursue promising projects.

Listen and learn from one another to create a proposal that motivates you and your team—you were chosen because of your experience, commitment, and passion.

Have fun and change the world—you can do it!
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