a doctor, with working hard to help the family’s three children adapt and flourish in the UK.

He draws a distinction between scientists and researchers on the move and clinicians seeking to work in overseas health care systems and suggests that academia may be more easily accessible. He observes that research is a global business with similar approaches, outlooks and topics almost everywhere, although there are distinct differences between Europe and the UK. 'Most universities in the UK are organised top down, except for Oxbridge, whereas most universities in Germany or indeed continental Europe are much more democratic. The professors elect the Dean and participate in the election of the President of the university, so the role of a professor is very different in the UK where professors are much more dependent on the management of the university'. The flip side of this is that continental universities can seem to be slower to react and adapt to change than in the USA or UK. The concentration of power in the hands of a single individual may also mean that the institution is tied to the calibre of the decisions made by the person at the top.

For migrating clinicians, the UK National Health Service (NHS) can be a challenging environment, especially for someone coming from a US- or European-style mixed system of public–private health care. He suggests that what the NHS gains in being state funded, it often loses in mind-numbing ‘notorious bureaucracy’. He is more upbeat than some of his British contemporaries about the NHS and admires the way that the system treats long-term conditions such as heart failure, rheumatoid arthritis, and diabetes.

Being responsive and open to new opportunities and situations is an absolute necessity for anyone who wants to build a career abroad. Neyes says that opportunities favour those who are willing to engage and explore and points to his own experience in being offered a chair in Manchester following his approach to Trinity College, Dublin. Actively looking for new openings combined with taking good opportunities when they arise is recommended as a strategy for success. He believes that relocation on a national or international level is simply a part and parcel of academic life. ‘If you are not willing to move, your career opportunities will be severely hampered and although it can be complicated for families to move such complications are a small price to pay for expanding career and personal horizons. So, I would say that although you need to take the practicalities into consideration it can be very rewarding, not just from a career point of view, but also from a personal and cultural point of view in getting to know a different culture and working closely with people who know about it and can share it with you in a fascinating way’.

Since arriving in Luxembourg in 2013, Neyes has overseen growth and development at the university whose vision statement: multilingual-international-research orientated could almost be used to sum up his own career. In 2017, the University came number 11 in the Times Higher Education New University Rankings in little more than 14 years, and is on target to grow and develop further over the next decade.

Conflict of interest: none declared.
**Figure 1** Map of World Heart Federation Emerging Leaders (2014–2017).

**Table 1** World Heart Federation Emerging Leader themes, research streams, and project titles (2014–2017)

<table>
<thead>
<tr>
<th>Year/Theme</th>
<th>Research stream</th>
<th>Project title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014/Prevention</strong></td>
<td>Implementation science</td>
<td>TAKEmeds Study: The Adherence and Knowledge Exchange heart and stroke medicines study</td>
</tr>
<tr>
<td></td>
<td>Health systems strengthening</td>
<td>CARdiovascular Disease: Identification of Obstacles and facilitators to Maximize Secondary Prevention Policy and Strategies (CARDIOMAPPS)</td>
</tr>
<tr>
<td></td>
<td>Health policy research</td>
<td>WikiMeds: Increasing Transparency to Promote use of Medicines for Secondary Prevention of Cardiovascular Disease</td>
</tr>
<tr>
<td><strong>2015/Hypertension</strong></td>
<td>Implementation science</td>
<td>Blood Pressure-Home Monitoring Intervention Trial and Outcomes Research (BP-HOME MONITOR)</td>
</tr>
<tr>
<td></td>
<td>Health systems strengthening</td>
<td>EQUI-MEDS: Physico-chemical equivalence of generic antihypertensive medicines in Nigeria</td>
</tr>
<tr>
<td></td>
<td>Health policy research</td>
<td>The PISCO Pilot: Policies in Sodium Collected Online</td>
</tr>
<tr>
<td><strong>2016/Tobacco control</strong></td>
<td>Article 6, World Health Organization</td>
<td>FACTc: Financial, resource Allocations, and Cost of Tobacco Control</td>
</tr>
<tr>
<td></td>
<td>Framework Convention on Tobacco Control</td>
<td>KOMPLY: An action research project to evaluate compliance with the smoke-free law in bars and restaurants in Kampala, Uganda</td>
</tr>
<tr>
<td></td>
<td>Article 8, World Health Organization</td>
<td>IMPLEMENT CESSATION: Facilitators and Barriers to Delivery of Selected Tobacco Cessation Interventions by Healthcare Providers in Healthcare Facilities in India and Kenya</td>
</tr>
<tr>
<td></td>
<td>Framework Convention on Tobacco Control</td>
<td>Article 14, World Health Organization</td>
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<td></td>
<td>Framework Convention on Tobacco Control</td>
<td>Framework Convention on Tobacco Control</td>
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<tr>
<td><strong>2017/Essential medicines</strong></td>
<td>Implementation science</td>
<td>A CLUB-based MEDication delivery Strategy for patients with hypertension in Nigeria (CLUBMEDS): A feasibility study</td>
</tr>
<tr>
<td></td>
<td>Health systems strengthening</td>
<td>Evaluating availability, price and affordability of essential CVD medicines and diagnostics in Mozambique and Fiji: The HAVE-CVD-MeDs (Highlighting Access to Vital and Essential CVD Medicines and Diagnostics) Study</td>
</tr>
<tr>
<td></td>
<td>Health policy research</td>
<td>GLO-PRO: A GLObal PROcess level view of access to priority WHO essential medicines for cardiovascular diseases: Towards a citizen science intervention</td>
</tr>
</tbody>
</table>
World Heart Federation Emerging Leader Program publications (2014–2017)

2014 Cohort


2015 Cohort


2016 Cohort


2015: Raised blood pressure, hosted by Dr. J. Jaime Miranda at the CRONICAS Research Institute at Universidad Peruana Cayetano Heredia in Lima, Peru.4

2016: Tobacco prevention and control, hosted by Dr Denis Xavier at the St. John’s Research Institute and St. John’s National Academy of Sciences in Bangalore, India.5

Project themes, research streams, and project titles are listed in the Table 1. More than 10 papers and abstracts have been published since the program’s inception (Box 1). Some teams have already influenced national policy, by use of data collected from one project to support the Uganda government’s legal defence of the national smoke-free law.

In June 2017 and after recruiting its fourth cohort, the Emerging Leaders program held its 4th seminar on the cross-cutting theme of access to essential cardiovascular medicines. This seminar was hosted by Dr Karen Sliwa at the Hatter Institute for Cardiovascular Research in Africa at the University of Cape Town in Cape Town, South Africa (Figure 2). The seminar featured a wide range of faculty from academia, government, industry, and non-governmental organizational sectors, as well as a wide range of topics related to penicillin supply for acute rheumatic fever and rheumatic heart disease, medication access frameworks, poverty and non-communicable diseases, adherence assessment, leadership, communications, ethics, evidence-based medicine, and polyphills.

The emerging leaders also had the chance to explore the University of Cape Town and the city by visiting the Heart Transplant Museum at Groote Schuur Hospital, the Cape Town Aquarium, Table Mountain and other highlights. Like previous cohorts, the 2017 Emerging Leaders created collaborative research proposals to help achieve the ambitious World Health Organization ‘25 × 25’ indicators of:
of leaders in global cardiovascular health. The growing number of emerging leaders will help achieve major global cardiovascular health goals, including ‘25 × 25’ and beyond.

For more information about the Emerging Leaders program, including information related to the 2018 cohort application cycle, visit www.whfel.org

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References
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