Heart failure: preventing disease and death worldwide

Regional perspectives

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Heart failure: preventing disease and death worldwide

Middle Eastern perspective

Dr Khalid F AlHabib
Associate Professor of Medicine and President of the Saudi Heart Association
King Saud University
Riyadh, Saudi Arabia
Preventing heart failure in Saudi Arabia

Highest priority causes

- Acute coronary syndromes
- Hypertension

Organizations to involve

- Saudi Heart Association (Heart Failure Group)
- Different health care sectors

HEARTS registry (2014)\textsuperscript{a}

Gulf CARE and Inter-HF coming soon

\textsuperscript{a}AlHabib KF et al, Eur J Heart Fail 2014; doi: 10.1002/ejhf.57.
Improving equity of care in Saudi Arabia

Main driver of inequity

- Poor access to a proper heart failure care system
  - Non-Saudis
  - Northern and Southern regions

Potential policy collaborations

- Joint meetings to increase stakeholder awareness
- Public awareness campaigns
Providing long-term care, education and support for patients with heart failure

Current provision in Saudi Arabia

- Few heart failure clinics
- Disease management programmes not well developed

Potential policy interventions

- Primary healthcare infrastructure
- Universal health care system or health insurance
- Public awareness campaigns
- Support for comprehensive heart failure programs
Encouraging heart failure research in Saudi Arabia

Research priorities
• Join European heart failure surveys (as was done for percutaneous coronary intervention)\(^a\)?
• Study rates of safe discharge, re-admission and in-hospital mortality.

Potential funding bodies
• King Abdulaziz City for Science and Technology
• Prince Nayef Health Research Centre
• Saudi Council for Health Services
• Pharmaceutical companies

\(^a\)Kristensen SD et al, Eur Heart J 2014; doi: 10.1093/eurheartj/eht529.
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North American perspective

Professor Thomas L Force
Temple University School of Medicine
Philadelphia, PA, USA

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Preventing heart failure in the USA

**Highest priority causes**

- Obesity
- Diabetes

**Organizations to involve**

- Heart Failure Society of America
- American College of Cardiology
- American Heart Association
Improving equity of care in the USA

Drivers of inequity

- Poverty
- Lack of health insurance pre-‘Obamacare’

Potential policy collaborations

- Strong advocacy needed in Congress
- Politicians largely motivated by re-election
Providing long-term care, education and support for patients with heart failure

Current provision in USA

- Hit or miss
- Dependent on income and access
- Often not exploited by patients

Potential policy interventions

- Recommend minor role for government
- Identify ‘champions’ in Congress
- Reverse research cuts
Encouraging heart failure research in the USA

Research priority
- Heart failure with preserved ejection fraction

Potential funding bodies
- National Institutes of Health
- National Heart, Lung and Blood Institute
- Gates Foundation
- New charitable foundations
Heart failure: preventing disease and death worldwide

Australasian perspective

Professor Henry Krum
Monash University
Melbourne, Australia
Preventing heart failure in Australia

Single highest priority cause

Idiopathic dilated cardiomyopathy

Organizations to involve

National Heart Foundation of Australia
Improving equity of care in Australia

Key driver of inequity

- Aboriginal ethnic origin

Potential policy collaborations

- Education
- Training of indigenous healthcare workers
Providing long-term care, education and support for patients with heart failure

Current provision in Australia

Very little

Potential policy interventions

Ensure epidemiology is understood

Increase funding for educational and healthcare resources
Encouraging heart failure research in Australia

Research priority
• Epidemiology of chronic heart failure

Potential funding bodies
• Heart Foundation of Australia
• National Medical and Health Research Council
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Indian perspective

Dr Vishal Rastogi
Fortis Escorts Heart Institute
New Delhi, India
Preventing heart failure in India

Highest priority causes

- Diabetes
- Coronary artery disease
- Myocardial infarctions in young people

Organizations to involve

- Cardiological Society of India
- Heart Failure Association of India
Improving equity of care in India

Drivers of inequity

• High cost of healthcare
• No public health insurance
• Lack of medical expertise outside cities

Potential policy collaborations

• Public awareness campaigns
• Medical education
• Indian registries and research
Providing long-term care, education and support for patients with heart failure

**Current provision in India**
- Practically no long-term care
- Very few centres with heart failure clinics

**Potential policy interventions**
- Put heart failure on government priority list
- Develop common platform for healthcare professionals and policy-makers
Encouraging heart failure research in India

Research priorities
• Nutritional factors (e.g., iron deficiency)
• Early-onset coronary artery disease

Potential funding bodies
• Indian Council of Medical Research
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Latin American perspective

Professor Luis E Rohde
Hospital de Clínicas de Porto Alegre and Hospital Moinhos de Vento
Federal University of Rio Grande do Sul
Porto Alegre, Brazil

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Preventing heart failure in Brazil

Highest priority causes
- Ischaemia
- Hypertension
- Chagas disease

Organizations to involve
- Heart Failure Department, Brazilian Society of Cardiology
- Ministry of Health

BREATHE registry (2014)
Improving equity of care in Brazil

Drivers of inequity

• 65% of patients with acute heart failure are hospitalized in the public healthcare system
• Public system patients have inadequate access to medications and devices

Potential policy collaborations

• Public awareness campaigns
• Medical education
Providing long-term care, education and support for patients with heart failure

Current provision in Brazil

- Some heart failure clinics
- Not enough specialized multidisciplinary teams
- Few advanced heart failure centres

Potential policy interventions

- Brazilian constitution mandates universal access to healthcare
- Heart failure needs immediate prioritization
Encouraging heart failure research in Brazil

Research priority
• Heart failure epidemiology
• Heart failure prevention
• Chagas disease

Potential funding bodies
• Federal agencies
  • CNPQ (R$ 4.5 billion)
  • CAPES (R$ 5.3 billion)
Heart failure: preventing disease and death worldwide

Asia-Pacific perspective

Professor Bambang Budi Siswanto
University of Indonesia, National Cardiovascular Center Harapan Kita
Jakarta, Indonesia

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# Preventing heart failure in Indonesia

## Highest priority causes

<table>
<thead>
<tr>
<th>Cause</th>
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<tbody>
<tr>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>• Peripartum</td>
</tr>
<tr>
<td>• Ischaemic</td>
</tr>
<tr>
<td>• Idiopathic</td>
</tr>
<tr>
<td>Cardio-renal syndrome</td>
</tr>
<tr>
<td>Eisenmenger syndrome</td>
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<tr>
<td>Non-compliance behaviour</td>
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</tbody>
</table>

## Indonesian organizations to involve

<table>
<thead>
<tr>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Ministries of Health and Social Services</td>
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<tr>
<td>Food and Drug Administration</td>
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<tr>
<td>Indonesian Medical Association</td>
</tr>
<tr>
<td>Indonesian Heart Association</td>
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</tbody>
</table>

## Global organizations to involve

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>World Health Organization</td>
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<tr>
<td>World Heart Federation</td>
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<tr>
<td>UNICEF</td>
</tr>
<tr>
<td>Pharmaceutical, device and diagnostic companies</td>
</tr>
</tbody>
</table>
Improving equity of care in Indonesia

Drivers of inequity

- Socio-economic factors
- Different healthcare services in urban and rural areas

Potential policy collaborations

- Ministries of Health and Social Services
- Academia, government and business
Providing long-term care, education and support for patients with heart failure

Current provision in Indonesia
More heart failure nurses and social workers are needed

Potential policy interventions
Improved nursing and welfare provision

- Prevention campaign
- Promotion of healthy lifestyles
Encouraging heart failure research in Indonesia

Research priorities
- Peripartum cardiomyopathy
- Ischaemic cardiomyopathy
- Post-viral myocarditis
- Valvular rheumatic heart disease

Potential funding bodies
- Pharmaceutical companies
- Device and diagnostics companies
- Indonesian government
Heart failure: preventing disease and death worldwide

African perspective

Professor Karen Sliwa
Hatter Institute for Cardiovascular Research in Africa, University of Cape Town
Cape Town, South Africa
Preventing heart failure in South Africa

Highest priority causes

- Hypertensive heart failure
- Idiopathic dilated cardiomyopathy
- Peripartum cardiomyopathy

Organizations to involve

- South African Heart Association
- Heart Failure Society of South Africa
Improving equity of care in South Africa

Drivers of inequity

• Lack of awareness of heart failure
• Shortage of specialists
• Limited funding

Potential policy collaborations

• Invite policy-makers to meetings
• Supply publications and guidelines
Providing long-term care, education and support for patients with heart failure

Current provision in South Africa

Limited

Potential policy interventions

What should the role of government be?

African policy recommendations published last year

\textsuperscript{a}Sliwa K, Mayosi BM. *Heart* 2013; 99:1317–22.
Priorities for prevention, treatment and research in Africa

- Prevention
  - Adopt UN recommendations for preventing non-communicable diseases
  - Integrate control of high blood pressure and infectious diseases

- Treatment
  - Increase use of proven medications for heart failure
  - Follow-up patients with peripartum cardiomyopathy for >2 years
  - Screen the families of patients with peripartum/dilated cardiomyopathy

- Research
  - Trial novel, unproven and controversial heart failure therapies
  - Determine true prevalence of coronary artery disease
  - Study cost-effectiveness of genetic testing for inherited cardiomyopathies
  - Assess burden of disease and temporal trends after interventions

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*Sliwa K, Mayosi BM. *Heart* 2013; 99:1317–22.*
Encouraging heart failure research in South Africa

Research priorities
• Contributory factors in Africa
• Cost-effective management
• Use of technology and social media for health education
• Peripartum cardiomyopathy

Potential funding bodies
• South African research councils
• International partnership grants
• Universities
• Pharmaceutical companies
• Foundations