Global Heart Failure Awareness Programme

Objective: To make prevention and management of heart failure a global health priority

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Project lead by the Heart Failure Association of the ESC
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Heart failure is a serious health threat that is poorly recognized by the public and healthcare professionals.

The Global Heart Failure Awareness Programme aims to “build a common approach across and beyond Europe to raising heart failure awareness amongst targeted audiences”.

The White Paper, published in May 2014, demonstrated the burden of the disease and included a clear Call to Action in the form of ten policy recommendations.

We call for a co-ordinated effort to make heart failure a health priority in every country across the globe.
White Paper
Heart Failure: Preventing Disease and death Worldwide

• Available since May 2014

• Endorsement meeting HFA Annual Congress Athens, May 2014

• Endorsed by 49 HF National Societies or HF WGs of ESC National Society of Cardiology (to be continued)
Ten core messages demand action

1. Heart failure destroys life
2. Heart failure is common
3. Heart failure is becoming more prevalent
4. Heart failure afflicts the elderly disproportionately
5. Poor recognition leads to preventable premature deaths
6. Living with heart failure is exhausting
7. Heart failure is costly to healthcare services
8. Heart failure care can be improved
9. Heart failure is preventable
10. Co-ordinated action is needed

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A Call to action: five areas need policy change

1. Promote heart failure prevention
2. Improve heart failure awareness among healthcare professionals
3. Ensure equity of care for all patients with heart failure
4. Support and empower patients and their caregivers
5. Promote heart failure research

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To ensure that the core messages of the white paper are delivered consistently worldwide, by country ambassadors who have been engaged, educated and equipped for effective communication with local policy makers and media.

Objectives and deliverables

• engage and motivate ambassadors from 12 countries

• encourage ambassadors to take ownership of the white paper and embrace its core messages and policy recommendations

• educate ambassadors in how to influence policy and work with the media

• equip ambassadors to identify and approach policy makers and local media
List of Ambassadors

• Richard Isnard - France
• Andrew Clark – United Kingdom
• Jose Luis Lambert- Spain
• Stefan Stoerk – Germany
• Yury Lopatin - Russia
• Rudolf de Boer – The Netherlands
• Christina Chrysohoou - Greece
• Brenda Moura - Portugal
• Andrzej Gackowski – Poland
• Gerthard Wikström - Sweeden
• Petar Seferovic – Republic of Serbia
• Mitja Lainscak- Slovenia
HFA Mandate for Phase 2

Objective

• Make prevention and management of heart failure a global health priority
• Ensure that all heart failure campaign initiatives are rolled-out at a national level
Phase 2 – Core Strategy for GHFA Programme

Strategy

• **Use White Paper** as the basis for an urgent Call to Action to advance thinking about heart failure management

• **Create new content** and fresh discussion topics to invite debate and reinvigorate interest in heart failure

• **Create and host high-impact meetings** to attract new stakeholders (including policy makers, government representatives, thinkers, societal thought leaders, etc.)

• **Create a patient-centered management** approach to HF (as a chronic disease) and **change clinical practice (Guidelines)**

• Generate new **scientific publications and media outreach** to maintain awareness
Challenges and Opportunities
Creating global awareness for Heart Failure

Challenges
• Lack of urgency amongst all stakeholders about HF compared with other chronic diseases
• Hampered by the word “failure”
• Elderly patients not seen as exciting or deserving of interest
• Public and patients not aware that positive actions can prevent and/or manage HF
• HF multi-morbid condition, so lack of clear ownership/leadership at HCP level

Opportunities
• White Paper – scientific rationale for renewed focus on HF
• New drugs/technologies – potential for change in HF treatment approach
• Public/policy focus on greater patient engagement in all disease management
• HFA + member organizations / ESC can use our network to elevate the disease
  • Create new content
  • Deliver to wider audiences
  • Speak out and lead debates
  • Be visible
  • Participate
  • Support countries and work locally

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Overview of Phase 2

- Build on the foundations from Phase 1
- In 2015
  - Organize and develop content for the 5 work streams
    - HFA Core Programme – international leadership initiatives
    - Ambassador campaign – national adoption and activation
    - World HF Alliance – patient advocacy & community creation
    - Media Outreach – social and traditional media channels
    - Publication Plan- international and national
- In 2016
  - Increase momentum with all 5 work streams
  - Push activities from global into regional and local country level
- 2017
  - The momentum is now a “movement” at national level

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We want to change how target audiences think

|------------------|---------------------|---------------------------|
| PAYORS           | • All treatment is costly  
                  • CVD and HF potentially massive patient population | A new “best practice” in HF management will lead to earlier detection + optimized use of treatments, therefore cost savings |
| POLICY MAKERS    | • Prioritization of diseases  
                  • Cancer, diabetes, depression: more front of mind | HF matters a great deal, and I am aware of it and we must address this as a priority |
| PATIENTS         | • What is it? | I need to work with HCP to manage my health and manage HF if it develops |
| 1° HCP (GPs, Nurses) | • Co-morbid  
                        • Old patient | I have a contract with the patient, so shared responsibility, therefore not all on me |
| 2° HCP (Specialists, cardiologists) | • Dull / undifferentiated in CVD  
                                          • Multi-disciplinary – not clearly “in charge” of management | New therapies in my portfolio + patient-centered management approach gives me control and allows me to set new possibilities and priorities for care |
| PUBLIC (Patients, carers) | • Unaware / boring / frightening | Awareness that I can prevent it and manage it |
Communication Stages of the GHFAP

2015/2016
- **EDUCATION**
  - Content Creation
  - **Target Audience:** Peer, Media

2016/2017
- **ADVOCACY**
  - Coalition Building
  - **Target Audience:** Peers, Advocates, Patients

2017/2018
- **ACTIVATION**
  - National and Local Implementation
  - **Target Audience:** All

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Delivery of the 2015-2017 plan is achieved through 5 clearly defined work packages

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<tr>
<th>Work Packages</th>
<th>Education</th>
<th>Advocacy</th>
<th>Activation</th>
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</thead>
</table>
| **Work Package 1: HFA Core Programme** | • Policy Colloquium  
• HF Guidelines Forum  
• 2nd Scientific Forum on HF  
• HF Patient Care Plan | • 3rd Scientific Forum on HF  
• ESC HF Guidelines | • HF Patient Engagement Programme Roll-out |
| **Work Package 2: Ambassadors Programme** | • Ambassadors Convention (HFA October Summit)  
• Ambassador Activation | • Ambassador Toolkits  
• Ambassador-led national publications | • National Policy Roundtables x2 |
| **Work Package 3: Advocacy Programme** | • Foundation of Heart Failure Alliance – Global Patient Group | • Heart Failure Alliance Website  
• Heart Failure Alliance Patient/Carer Community | • Heart Failure Alliance Community Engagement at National level |
| **Work Package 4: Media relations Programme** | • ESC 2015 Press Event – Launch of GHFAP | • HF Day Media Event – Heart Failure Alliance Launch  
• HF2016 Congress Media Event – Patient Care Plan Launch  
• ESC 2016 Press Event – Launch of ESC HF Guidelines | • National Media outreach programmes |
| **Work Package 5: Publications Plan** | • White Paper EHJ Editorial  
• White Paper Microsite  
• European Survey re-run | • National WP Editorials  
• EHJ Publication of EU Survey  
• Editorials on Patient Care Plan | • ESC HF Guidelines Pub  
• Scientific Reviews  
• Nat’l publications |
How will the GHFAP be delivered

- HFA will seek funding commitment for 3-4 year GHFAP Phase 2
- HFA Executive, Board and ESC will need to ratify final GHFAP Plan
- ESC Administrative team will work with HFA’s communications team (new team) to develop detailed programme delivery plans against each work stream/activity with detailed budget and timelines
- ESC to tender and select global communications agency partner to work with HFA to deliver global and national tactical plans
- ESC to tender and select specialist partners to deliver Patient Activation Programme
- HFA/ESC to activate and work closely with national Ambassadors and National Societies to implement plans at local Country level
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<th>Educate</th>
<th>Advocate</th>
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<tbody>
<tr>
<td><strong>Work Package 1</strong></td>
<td><strong>Work Package 2</strong></td>
<td><strong>Work Package 3</strong></td>
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<td>HFA, Programme</td>
<td>EMA-ESC Policy Summit</td>
<td>WHFA Foundation</td>
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<td>HeartPlan Patient Care Plan</td>
<td>HF Guideline</td>
<td>4th World Heart Failure Day (May)</td>
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<td>World Heart Failure Alliance – public website development</td>
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<td>5th World Heart Failure Day (May)</td>
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<td>WHFA Launch (May)</td>
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<td>ESC 2015 Press Conference (London)</td>
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<td>3rd World Congress – Media Launch of Patient Tool (May)</td>
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<td>Nat'l Editorials/Reviews</td>
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<td>Nat'l Policy Roundtables</td>
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**2015/2016**

**2016/2017**

**2017/2018**

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THANK YOU !