Report on AHN’s presence at the World Congress of Cardiology and Cardiovascular Health, 4 – 7 June 2016, Mexico City

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Executive Secretary
1 July 2016
WORLD HEART FEDERATION®
4-7 June 2016
Mexico City, Mexico

World Congress of Cardiology & Cardiovascular Health
Introduction

AHN, a member of the World Heart Federation (WHF) had a strong presence at the World Congress of Cardiology and Cardiovascular Health (WCC) in 2016.

Our aim was to ensure that AHN was visible as a key organisation working towards CVD reduction in Africa with valuable experience and knowledge to share on a global platform.
A picture paints a thousand words......
AHN Activities Included:

- AHN Booth
- Presentations in the WHF arena
- Poster Presentation
- Joint PASCAR/AHN session
- AHN AGM
- Presence and voting at WHF General Assembly
- Presence at WHF Global Summit and signing Mexico Declaration
- Presentation at the WHF member session
AHN Booth

- We were present with a highly visible booth
- Networking and capturing details of delegates interested in our work
- Handing out newly developed AHN brochures
- Handing out poster presentation of Essential Meds Survey
We invite you to become a member of our network!
New AHN Brochure

African Heart Network

The African Heart Network (AHN) is a coalition of heart foundations, cardiac societies and individuals working in the field of cardiovascular disease (CVD) in Africa.

The AHN was founded in 2001 by African heart health professionals to provide a platform and a voice for civil society on CVD issues in Africa. We form a part of the global CVD community through membership of the World Heart Federation. We work towards the improvement of public health through CVD prevention and treatment.

Why do we exist?

The global burden of CVD continues to grow as it remains the number one cause of death. Tackling CVD in Africa is one of the major challenges for development as it is affecting already poor and disadvantaged populations. The World Health Organization projects that non-communicable diseases (NCDs) in Africa will overtake all other causes of death by 2030. Globally, deaths due to NCDs are expected to increase by 17% over the next ten years, with the greatest increase (27%) in the African region, principally due to hypertension, stroke, cardiomyopathy, and rheumatic heart disease.

Our vision

The AHN's vision is to play a leading role in the prevention and reduction of CVD, so that it will no longer be the major cause of premature death and disability throughout Africa.

Our mission is to:

- Increase networking among African countries.
- Have a clear public image relating specifically to CVD health.
- Ensure that both policy and legislation promote cardiovascular health.
- Disseminate and promote research into CVD.
- Promote heart healthy lifestyles among children, young people and families.

Our activities

The AHN provides assistance to establish heart foundations in African countries and advocates on a range of CVD topics. We endeavor to work with governments and civil society to mobilize action in support of the prevention and treatment of CVD in Africa. We aim to work towards the development of a collaborative and integrated approach to tackling NCDs in Africa.

Some of the activities that we are involved in include:

- Organizing workshops and meetings where experts report on heart health promotion campaigns and the results of recent research.
- Monitoring policy discussions on the African Continent which may have an impact on CVD.
- Raising awareness through events such as World Heart Day and other Health days.
- Sharing learnings and best practice in CVD prevention and reduction.
- Attending and speaking at conferences and meetings regarding CVD prevention and treatment in Africa.
- Raising funds for and implementing pertinent CVD research or programmes in chosen African countries.

Secretariat

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www.ahnetwork.org

We invite foundations, societies and individuals interested in joining AHN to contact us for further information.

Bringing together Heart Foundations across Africa
Two of our members presented in the WHF arena:

- Christelle Crickmore – Salt Watch campaign example of South Africa
- Joseph Mucumbitsi – World Heart Day in Rwanda

Presentations can be found at:

- Elizabeth Gatumia’s presentations on World Heart Day and Make a healthy heart your goal were presented on her behalf and can also be found on the website
AHN Poster Presentation

• The AHN’s essential medicines survey with lead author Pascal Bovet was proudly presented during the relevant poster session.
• For the duration of the congress the poster was also put up in the AHN booth.
Survey on the availability of essential equipment, guidelines and medications for cardiovascular disease in primary health care facilities in nine African countries

Pascal Bovet, Ministry of Health, Victoria; Republic of Seychelles & University Hospital, Lausanne, Switzerland; Habib Gama, Tunisian Heart Foundation & F. Bourguiba University Hospital & University of Monastir, Tunisia; Elizabeth Gatuma, Kenyan National Heart Foundation, Nairobi, Kenya; Dismand Houinato, University Hospital of Abomey Calavi, Cotonou, Benin; Charles Mondo, Mulago National Hospital, Kampala, Uganda; Awad Mohamed, University Hospital, Kartoum, Sudan; Vash Mungal Singh, Heart and Stroke Foundation of South Africa, Cape Town, South Africa; François Nkikumwenoyo, University Hospital, Bujumbura, Burundi; Ibrahim Ali Touré, University Hospital Abdou Moumouni, Niamey, Niger; Bola Ojo, African Heart Network, Lagos, Nigeria; Christelle Crickmore, African Heart Network, Cape Town, South Africa.

AIM

• To assess the availability of equipment for diagnosis of CVD at PHC level.
• To assess the availability of guidelines for management of CVD at PHC level.
• To assess the availability of medicines for CVD and diabetes at PHC level.

METHODS

• The survey was coordinated and funded by the African Heart Network (a WHF affiliate).
• The survey was conducted in 9 countries.
• Random selection of government health centers at primary health care level (i.e. not hospitals) with at least 3 health centers in urban areas & 3 in smaller cities/rural areas.
• Approval was obtained from appropriate health authorities in each city.
• Data were collected between 2014-2016.
• Assessment was conducted in each of the selected health centers.
• Information on the equipment and guidelines available at the health centers was based on a structured questionnaire administered to 2 senior managers of the health center.
• Health centers were informed of the visits by survey officers.
• 2 survey officers administered a structured questionnaire to 2 senior staff members in each health center (i.e. no contact with patients).
• Information on medications available in the health center was based on counting all CVD medications available in the dispensary of the health center during the survey visit.

RESULTS

Table 1. Characteristics of health centers (HC)

- Countries are ranked along GDP/capita (int $): Burundi (BUR), Niger (NIG), Uganda (UGA), Benin (BEN), Kenya (KEN), Sudan (SUD), Tunisia (TUN), South Africa (RSA) and Seychelles (SEY).
- In each country, HC were staffed with at least 1 doctor on average.
- HC reported 13-233 patients/day.
- All countries reported to provide care to hypertensive or DM patients.

Table 2. Proportion of health centers (HC) with guidelines

- A list of essential meds. was found in nearly all HC in all countries.
- Guidelines for hypertension and diabetes were found in a majority of HC in most countries except in countries with lowest GDP.
- Guidelines for other CVD conditions (MI, cholesterol) were found mostly in the few countries with the highest GDP.
- WHO PEN Guidelines were found only a few HC in few countries.

Table 3. Proportion of health centers with basic equipment

- A device for BP measurement was found in nearly all HC in all countries.
- A large cuff was found in only a few HC in few countries of higher GDP.
- A glucometer was found in a majority of HC in most countries.

Table 4. Proportion of health centers with CVD medications

- Furosemide was found in most HC in most countries (of note furosemide is not suitable for hypertension treatment in most patients).
- The availability of other classes of antihypertension medications was low in low GDP countries and high in higher GDP countries.
- The availability of glucose lowering medications in HC, including insulin, increased largely with a country’s GDP.
- A same strong GDP gradient was found for aspirin and statins.

CONCLUSION

- Basic equipment, guidelines and medications for CVD were largely inadequate at primary health care level in a majority of countries in the African region, but the situation was adequate in a few countries with higher GDP in the region.
PASCAR/AHN session

• AHN and PASCAR hosted a joint session entitled: “Combating Cardiovascular Disease in Africa”

• Presentations and presenters can be viewed on the next slide
<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>08:30 - 08:45</td>
<td>Availability and use of essential CVD medications in public primary health care centers in several African countries: Results of a prospective survey</td>
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<td>Speaker: Joseph Mucumbitsi (Rwanda)</td>
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<td>08:45 - 09:00</td>
<td>Salt reduction and CVD prevention: Experience of South Africa</td>
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<td></td>
<td>Speaker: Vash Mungal-Singh (South Africa)</td>
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<td>09:00 - 09:15</td>
<td>Tobacco control in Africa: Are we making any progress?</td>
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<td>Speaker: Kingsley Akinroye (Nigeria)</td>
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<tr>
<td>09:15 - 09:30</td>
<td>The case for a pacemaker and implantable cardioverter defibrillators re-use programme in Africa</td>
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<td>Speaker: Mahmoud Sani (Nigeria)</td>
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<tr>
<td>09:30 - 09:45</td>
<td>Lessons from studies of heart failure in Africa: aetiology, management and outcome</td>
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<td>Speaker: Albertino Damasceno (Mozambique)</td>
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<td>09:45 - 10:00</td>
<td>10 years of the Stop Rheumatic Heart Disease A.S.A.P. programme: progress and prospects</td>
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<td>Speaker: Bongani Mayosi (South Africa)</td>
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AHN AGM

• The AHN AGM was held on 5 June 2016.
• Minutes of the AGM can be accessed on the AHN website.
WHF General Assembly

• Many of our members were present at the WHF General Assembly.
• Member countries and AHN cast its vote for the new President-elect 2017-19
• Prof Karen Sliwa-Hahnle was elected – the first female President and first from the African continent.
WHF Summit & Member Session

• AHN and member countries were present at the WHF Global Summit on Circulatory Health 2016

• All presentations available at: worldheart.org/globalsummit/

• One of the outcomes was the signing of the Mexico Declaration on Circulatory Health

• Joseph Mucumbitsi also presented at the WHF member session on AHN’s activities especially around World Heart Day
Signing of the Mexico Declaration by AHN President Prof Habib Gamra
Summary and Learnings

• AHN’s participation at WCC 2016 was a success
• Refreshed look and feel and new booth design strengthened the AHN brand and brought interested parties to the booth for interaction
• The congress allowed for face-2-face interaction with members which was very valuable
• AHN had an overall strong presence with visibility and participation at various parallel and WHF sessions
Summary and Learnings

• Participation was expensive, additional funding can ensure continued and stronger participation
• Planning by all members need to start earlier to minimize complications
• Courier cost and complexity of getting material to stand needs to be revisited for an easier more cost-effective approach
• Broader participation at AGM needs to be sought
• WHF Global Summit 2017 can provide opportunity for AHN for AGM and elections.
www.ahnetwork.org
https://www.facebook.com/groups/africanhnetwork/