

World Heart Day

A World Heart Federation Enterprise Promoting the Prevention of Heart Disease and Stroke Across the World

The World Heart Foundation had its origins in the International Society of Cardiology, founded in 1946. In 1978, the International Society of Cardiology and the International Federation of Cardiology merged to form the International Society and Federation of Cardiology.

World Heart Federation: The Background

In 1998, during the World Congress of Cardiology in Rio de Janeiro, the International Society and Federation of Cardiology became the World Heart Federation (WHF). This was not merely a change of name, but the realization of a global vision in cardiovascular health with new goals that are reflected in our mission statement, launched in 2001: "The World Heart Federation helps people achieve a longer and better life through prevention and control of heart disease and stroke, with a focus on low and middle income countries."

These new objectives led to fresh initiatives with a potential for global impact and established the WHF's role as a leading international non-governmental organization, striving to reduce the burden of cardiovascular disease worldwide. One early initiative involved collating information from member organizations in an attempt to highlight the global trends in cardiovascular disease, as well as assessing country capacity to respond to these challenges; this work was subsequently published as the "White Book".¹ The global importance of heart disease and stroke was further emphasized in publications by other authors, such as *The Global Burden of Disease*² and the World Health Organization's *World Health Report 2002*, subtitled *Reducing Risks, Promoting Healthy Life*.³ The WHF works closely with the World Health Organization (WHO); the key contribution of the WHF is to bring scientific developments and practical recommendations to the attention of physicians, health workers, patients, and the public. The WHF is well placed to achieve this objective, with a membership made up of professional societies and foundations. There are 90 national societies of cardiology, 4 continental societies of cardiology, 54 heart foundations, and 4 continental heart networks. Foundations are charitable bodies or groups of committed persons within countries who represent patients and the public. There is an increasing realization across the world that success in advocacy and preventive programs requires support not just from governments and health authorities, but also from patients and the public. Failure to convince the

public dooms any preventive initiative. Patient action groups are increasingly motivated to make their views known to politicians.

The WHF is also structured to promote advocacy, education and training, and research. The Scientific Advisory Board promotes global collaboration by bringing together international societies that have an important interest in the prevention of cardiovascular disease. Examples include societies or organizations concerned with hypertension, atherosclerosis, basic science, pharmacology, and pediatrics; it is intended that additional societies will participate in the future. Some topics, such as epidemiology, rheumatic fever, and clinical cardiology, are dealt with by the councils of the WHF. The World Heart and Stroke Forum, currently chaired by Sidney Smith, is a "parliament" that brings together the leaders of both health-related organizations and the many bodies in civil society who have a right to speak on the prevention of heart disease and stroke. This allows the participation of the World Bank, industry, charities, grant-giving bodies, and the representatives of other groups with different skills, such as expertise in nutrition, behavioral science, health economics, and health service delivery.

World Heart Day: The Beginning

The most widely known initiative of the WHF is World Heart Day. This initiative is arguably the most successful campaign against cardiovascular disease ever undertaken in the world. It has been instrumental in advocacy and in implementation of preventive measures for cardiovascular disease on a global scale. The concept was the brainchild of Antoni Bayés de Luna, who was president of the WHF from 1997 to 1999.

The need to designate a special day for activities to prevent heart disease and stroke grew from the challenge posed by the escalating burden of cardiovascular disease and its implications, particularly in the setting of developing countries. The *World Health Report 2002*³ identified 6 risk factors that are relevant for cardiovascular disease in developing countries: High blood pressure, high blood cholesterol, tobacco use, alcohol use, low fruit and vegetable intake, and obesity. The magnitude of the benefits that can be achieved by reducing these risks makes intervention cost-effective. The risk factors for health for all diseases combined were similar to the risk factors for heart disease and stroke alone.

From the World Heart Federation.

The Steering Committee Members from 1999 to 2004 are listed in the Appendix.

Correspondence to Sania Nishtar or World Heart Federation, 5 Avenue du Mail, 1205 Geneva, Switzerland. E-mail sania@heartfile.org or admin@worldheart.org

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Increase in World Heart Day Participation, 2000 to 2002

	2000	2001	2002
Country participation	63	88	90
Participating organizations	103	120	147
International press releases	1	4	6
Media reach	No data	50 million	500 million
Goodwill ambassadors	None	None	Chow Yun Fat and Ronaldo
Leaflets distributed	NA	+1 129 350	NA*
Potential target population	3 321 309 000	3 816 071 000	3 924 758 000
Web site hits	300 000	450 000	1 000 000

NA indicates not available.

*In 2002, in Brazil; 1 000 000 leaflets.

Despite such evidence, however, cardiovascular diseases do not feature prominently on the health agenda of most developing countries, and many international organizations continue to focus on communicable diseases. This fact highlights the need to broaden the health focus of developing countries to incorporate the prevention and control of non-communicable diseases, primarily heart disease, stroke, and cancer. Investment in cardiovascular disease prevention and control through population interventions is known to be effective in reducing cardiovascular mortality and morbidity in the setting of developed countries; similar trends can be expected for the developing world.

In this context, World Heart Day can be seen as an ideal opportunity to scale up efforts at the country level within a globally led initiative. A whole day dedicated to cardiovascular disease prevention is an effective way of engaging the media, the public, policy-makers, and health professionals in information dissemination, awareness creation, and advocacy. The WHF saw itself as the ideal organization to spearhead such an initiative because of its well-established network of foundations and national societies all over the world.

World Heart Day: The Launch

The World Heart Day concept was given shape at the end of 1998, after consultations with members of foundations and societies. It was decided to mark the day on the last Sunday of every September, and the official launch was scheduled for the year 2000. During 1999, the WHF membership was made aware of the forthcoming campaign, and partnership agreements were concluded with WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO). The first year's slogan was "Let it Beat," emphasizing the benefits of physical activity in the prevention of cardiovascular disease.

An ideal opportunity arose for the official launch. The last Sunday of September, 2000, coincided with the Olympic Games in Sydney, Australia. The World Heart Federation was offered the opportunity to launch the World Heart Day campaign under the patronage of Her Majesty Queen Sophia of Spain and the President of the International Olympic Committee, Juan Antonio Samaranch. In addition, Barcelona hosted a special musical and dance event to mark the day, with the soprano Montserrat Caballe and the flamenco dancer Joaquim Cortes. The media response was immediate and enormous.

World Heart Day: Impact

The second and third campaigns were built on a solid foundation. The theme for 2001 and 2002 was "A Heart for Life," stressing the importance not only of cardiovascular disease prevention, but also of health promotion in general for all ages and in all settings. This broader focus also gave the WHF the flexibility to incorporate other dimensions of its message, as appropriate. For the year 2003, the theme is "Women and Heart Disease," and for 2004, it is "Youth."

World Heart Day activities have shown remarkable growth over the first 3 years (Table). The campaign is a successful example of collaboration between international health organizations to achieve common goals. The most significant achievement is the growing and active country participation over the last 3 years and, in particular, the increasing involvement of developing countries. Activities in 2002 took place in 18 countries in the Asia-Pacific region, 37 in Europe, 22 in the Americas, 11 in Africa, and 2 in the Middle East.

World Heart Day is observed in many different ways across the world. Foundations and professional societies have devised innovative ways of marking the event. In many countries, there has been close collaboration between national societies and foundations. These include runs, sports events, theater, street events, dancing, and cycling in public spaces, schools, and hospitals.

The WHF provides a package of supporting materials in a format that gives countries the flexibility to pick and choose those that fit their own activities; countries are encouraged to adapt the support materials to suit their own culture and society. The support materials include a CD-ROM of artwork for the reproduction of the World Heart Day leaflet and poster, as well as other publicity materials. Press releases are issued at regular, predetermined intervals well ahead of the event to help countries to attract media interest; in addition, clips from interviews and statements by key World Heart Federation board members are made available as video and radio recordings for countries to use as they think fit. There has been a major redesign of the World Heart Day web site (<http://www.worldheartday.com>); the site now posts easily accessible publicity materials and information and provides a major resource for members and non-members alike. In addition, country activities are accessible through the homepage. In 2002, the web site attracted more than 1 million visitors, a 30% increase over the previous year.

Governments have long tried to influence the public to change its habits and increase its awareness of the risk factors for heart disease and stroke. These campaigns have been expensive and not always effective. World Heart Day is different. It has caught the imagination of our members and the public, is inexpensive by comparison with previous initiatives, and has reached vast numbers of people in the parts of the world where heart disease and stroke cause the most deaths, namely the developing countries. Many physicians are surprised to learn that one-third of deaths in the world are attributable to cardiovascular disease and that 80% of those deaths are in developing countries.

World Heart Day: The Future

The World Heart Day campaign has been initiated at a pivotal moment in the epidemiological health transition. The developing countries, and particularly those in transition, are shouldering a double burden of disease—the persistence of infectious diseases and the major public health challenge of heart disease and stroke. The economic success of a country, its culture and its health are inextricably intertwined. This consideration warrants an immediate and appropriate response. The role of the WHF as one of the leading international health agencies in this sector cannot be overemphasized. Within that framework, World Heart Day offers the ideal opportunity to step up advocacy efforts that aim to put cardiovascular disease high on the health agenda of developing countries.

World Heart Day has enjoyed enormous success in building partnerships to advance a common cause. However, this has been achieved predominantly by obtaining support from the private sector, charities, societies and foundations. The next step is to engage the public sector and foster collaboration with the Ministries of Health. A crucial link in this area has already been established, as reflected in the active participation of WHO in the World Heart Day campaign. WHF will continue to work with WHO and tap into its links with governments all over the world in an attempt to pursue this objective.

The WHF will promote World Heart Day as an annual activity. The focus will change each year within the framework of the primary objective. WHF hopes to continue to assist professional societies and heart foundations to step up health promotion, disease prevention, and control activities at the population level; eventually, these activities should be incorporated into the formal health sector to guarantee their sustainability. The environment for community interventions must be expanded and a major reorientation of health services encouraged to respond to the emerging cardiovascular disease burden at a global level, particularly in developing countries. The WHF is committed to supporting such interventions through validated public health approaches, using modern principles of health promotion, including social marketing and the appropriate use of lessons from best business practice.

The WHF hopes that, in time, it will be able to expand its current focus from atherosclerotic disease, which clearly is the priority, to include the prevention and control of other preventable cardiovascular diseases, such as Chagas' disease and rheumatic heart disease, which constitute epidemics in their own right in certain populations. In addition, lessons learned from the World Heart Day campaign can be used to scale up prevention

and control activities in the broader context of noncommunicable diseases and chronic disease in general.

As WHF continues on this mission, our focus is on the vast population of the developing countries, where the greatest number of deaths from heart disease and stroke occur. We aim to support and promote practices that would be relevant to all segments of the population. Within the overarching objective of influencing governments and helping countries to prioritize their health agendas, we remain cognizant of the critical human component—individual behavior—which influences choices and ultimately determines the course a person's life will take.

World Heart Day article Contributors:

Antoni Bayés de Luna, MD

Chair of the World Heart Day Committee of the WHF, 2000 to 2002
President of WHF, 1997 to 1998

Tak-Fu Tse, MD

President of the WHF, 1999 to 2000

Marianne Burle de Figueiredo

Executive Director of the WHF, 1969 to 2001

Mario Maranhão, MD

President of the WHF, 2001 to 2002

Janet Voûte, MA

Chief Executive Officer of the WHF, 2001 to present

Sania Nishtar, MD

Chair of the World Heart Day Committee of the WHF, 2003 to 2004

Valentin Fuster, MD

President-Elect of the WHF, 2003 to 2004

Philip Poole-Wilson, MD

President of the WHF, 2003 to 2004

Appendix

World Heart Day Steering Committee Members (1999–2000)

Antoni Bayés de Luna, Marianne Burle de Figueiredo, Xavier Gras, Marilyn Hunn, Paddy Murphy, Julius Papp, Tak-Fu Tse, Jan van Deth.

World Heart Day Steering Committee Members (2001–2002)

Antoni Bayés de Luna, Marianne Burle de Figueiredo, Xavier Gras, Mario Maranhão, John Napier, Lyn A. Smaha, Jan van Deth, Janet Voûte.

Current World Heart Day Committee Members (2003–2004)

Major General Leslie Busk, Mia Hanafiah, Mario Maranhão, Sania Nishtar.

References

1. Chockalingam A, Balaguer-Vintrò I, eds. *Impending Global Pandemic of Cardiovascular Diseases: Challenges and Opportunities for the Prevention and Control of Cardiovascular Diseases in Developing Countries and Economies in Transition*. Geneva, Switzerland: World Heart Federation; 1999.
2. Murray CJL, Lopez AD, eds. *The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability From Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020*. Cambridge, Mass: Harvard University Press; 1996.
3. World Health Organization. *World Health Report 2002: Reducing Risks, Promoting Healthy Life*. Geneva, Switzerland: World Health Organization; 2002.