September 2002

Heart Beat

The World Heart Federation Newsletter

Obesity: the major threat to public health?

Neville Rigby
Director of Policy and Public Affairs,
International Obesity TaskForce

All over the world, people are becoming overweight or obese at an alarming rate. The epidemic has reached such grave proportions that it poses the major threat to public health in the 21st century.

Epidemic? The major threat? Surely that sounds extreme. Well, it *is* extreme. Medical experts are now recognizing that the vast array of health problems linked with diet and activity –or rather **bad diet and inactivity**– is as great as those associated with tobacco. Combined, obesity and tobacco use are significant determinants of heart disease, and as killer health issues they often overlap. How many women are enticed into smoking because they believe it helps them to control their weight? I have come across plenty of men who also use the excuse "I'm keeping weight off" to continue smoking. Even cigarette brand names (e.g. "Slims") convey the *double-entendre*.

Rough calculations at present suggest that at least 700 million people are overweight and a further 300-million-plus are obese, using the WHO definitions[1]. The way overweight is defined among Asian populations has been recently reviewed by a WHO expert group, suggesting that a body mass index (BMI) of 23 or more should be the threshold point for overweight. Professor Jaap Seidell, a leading epidemiologist and IOTF contributor, has suggested that at least 500 million people could be considered obese based on revised thresholds. We can begin to understand why the forecasts for diabetes, hypertension and heart disease in this part of the world are so horrifying.

To illustrate the worldwide nature of the obesity epidemic, I often use the examples of South Africa and the Russian Federation, where research suggests that the percentage of women who are obese may be higher than in the USA. The rate of obesity in Europe ranges up to 40% and is highest in Eastern Europe. When Germany was reunited, it was East Germany which increased West Germany's already high obesity rate. The figures in Europe have been rising consistently, but the most well-documented example is the United Kingdom, where obesity rates have soared. At the beginning of the 1980s, 6% of men and 8% of women were obese. At the beginning of the 21st century the figures have soared to 21% for both sexes. There are also worrying signs that obesity rates

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WORLD HEART FEDERATION

are accelerating among younger people, increasing their risk of developing diabetes and heart disease as they carry excess weight for longer.

Obesity and malnutrition – side by side

People are reluctant to accept that overweight and obesity are huge problems in developing countries, some of which are also affected by the double burden of malnutrition. The worst levels of obesity in the world are found in the Pacific Islands, where sometimes three out of four adults are obese. In the Caribbean, adult obesity rates reach up to 40% and diabetes and heart disease are a major burden on ailing economies. Barbados has the unfortunate reputation of being the amputation capital of the world because of its high diabetes rate.

In Latin America, too, obesity rates are high. Mexico is in the buffer zone most exposed to the cultural and commercial influences which bring the "diseases of globalization" to vulnerable peoples. But throughout Latin America the problem of obesity lurks, alongside deprivation, stunted growth and sometimes outright malnutrition. This situation was well documented by one of the region's great health champions, Dr Manuel Peña and his co-author Jorge Bacallão, in the PAHO publication *Obesity and Poverty*[1].

So if we can recognize that obesity is not restricted to affluent societies, what is causing the problem? **In some countries obesity may be related in part to a legacy of malnutrition, and there is a growing concern that failure to breastfeed may compound the problem**. However the "globalization" factor cannot be ignored –the so-called nutrition transition, which removes people from their traditional diets and serves them a new mass-produced, pre-packaged, frozen and microwaved "heart attack on a plate". **Patterns of world trade set the patterns for world health**. Along with imported lifestyles come imported health problems, the result of a "toxic environment" that combines restricted opportunities for active living with diets containing an excess of energy-dense foods.

International Obesity TaskForce

The International Obesity TaskForce is a public health policy "think tank" which aims to put research into action. IOTF is working on research and analysis to help governments and others to introduce better health policies on obesity and overweight. It works to raise awareness and support for action among related health and medical organizations from a broad platform involving members of the International Association for the Study of Obesity, with its scientific associations in 41 countries, and many other organizations willing to present the case for public health action.

IOTF operates alongside the World Health Organization, the Pan American Health Organization, the Commonwealth and a range of individual countries and governments, with a growing emphasis on the developing world.

IOTF's key objectives are to:

- increase awareness among governments and health professionals
- highlight the fact that obesity is a serious medical condition with substantial economic costs
- take a lead in finding better prevention and management strategies
- secure decision-makers' commitment to action
- help create national and international structures supporting action on overweight and obesity.

IOTF is working with organizations worldwide to help countries look for solutions to the challenge of the obesity epidemic and is delighted to be laying the foundations for further collaboration with the World Heart Federation. The global health challenge of obesity is too big to tackle alone. We must take up the challenge together.

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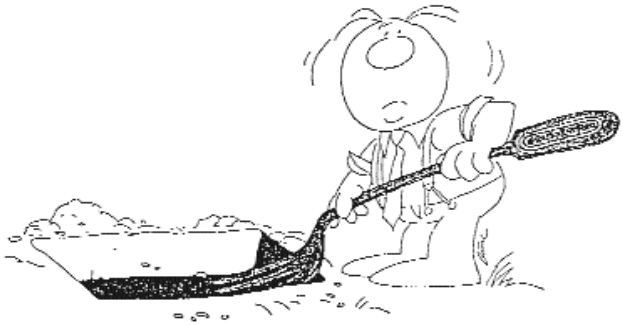

Digging your grave with your fork (Belgian Heart Foundation)

[1]. References available on request from WHF headquarters.

Nutrition challenges for the new millennium

Susanne Logstrup
European Heart Network

In Europe, cardiovascular disease is responsible for over four million deaths each year, of which over 1.5 million occur in the European Union. It is already universally recognized that a diet high in salt and fat (particularly saturated fat) and low in fruit and vegetables increases the risk of cardiovascular disease. It is estimated that poor diet and inactive lifestyles are responsible for about one-third of the cardiovascular disease in Europe. In other words, almost half a million people die of cardiovascular disease every year as a result of an unhealthy diet. Small changes in diet and lifestyle would bring huge health benefits.

The European Heart Network (EHN) has always placed a special emphasis on nutrition[1]. Its latest nutrition paper, published in May 2002, is entitled *Food, nutrition and cardiovascular prevention in the European Region: challenges for the new millennium.* The paper describes the current consensus of scientific thinking on diet and the prevention of cardiovascular disease. The paper highlights five goals which are supported by the strongest scientific evidence and would yield the largest public health gains:

- reduced intake of saturated fat and trans fats
- increased consumption of fruit and vegetables
- reduced salt intake
- increased physical activity levels
- reduced body mass index.

The paper identifies policies which might influence the attainment of these goals. North Karelia (Finland) and Norway are cited as examples of interventions and policies that have brought about major health gains. The prerequisites for change are:

- a comprehensive food and nutrition policy involving all relevant sectors
- structures involving senior policy-makers
- a political commitment to improving nutrition, sustained by regular reports on people's nutritional health status.

The paper includes practical examples for identifying sources of saturated fats, etc., and a framework for analysing how modification of various aspects of the environment can help to improve people's diet. Written in accessible language, especially the summary of core findings, the paper is intended to inform policy-makers. It is thus an excellent tool for heart foundations in their contacts with politicians and other decision-makers, as well as providing a concise overview of science and policy.

A framework for policy-makers:

- Information and education about food, nutrition and physical activity
- Reorienting production incentives and subsidies
- Formulating standards for food composition and catering
- Regulating food labelling, advertising and promotion; price and retail strategies

The paper will reinforce EHN's lobbying at the European Union level. For years, EHN has advocated that the European Union should develop a food and nutrition policy integrated with its agriculture, economic and other policies to ensure that the activities of the EU operate to the benefit rather than the detriment of European public health. And things are moving. In 1999, the European Commission adopted a white paper on food safety, which provided for the development of an action plan on nutrition and "a comprehensive and cohesive nutritional policy", as well as the development of European Council recommendations for dietary guidelines.

In 2001, EHN was invited by the European Commission to attend a meeting with stake-

WHF comments:

How can WHF members work with policy-makers:

- By conducting information and education campaigns aiming at the general population and patients
- By building national coalitions with other organizations to exert pressure at the political level for example to reorient production incentives and subsidies and to implement price policies
- By formulating standards for food composition, catering, advertising and promotion with the governments and food industry representatives
- By encouraging the food and catering industries to develop health labelling.

[1]. References available on request from WHF headquarters.

holders to discuss the Commission's action plan on nutrition. However, progress is slow: currently, the European Commission is limiting work on its nutrition policy to preparing a communication on the actions that have already taken place at European Union level.

One of these actions is the *EURODIET* project, which was funded by the Commission. EHN was actively involved in this project and helped shape its policy recommendations. The *EURODIET* project also set population goals, which were intended to provide the Commission with the material it needs for a proposal for population-based dietary guidelines.

EHN gave its full support to a resolution[2] adopted by the World Health Organization Regional Committee for Europe in September 2000, proposing a food and nutrition plan for the European Region. At the global level, EHN has submitted comments on a proposed WHO paper on diet, nutrition and the prevention of chronic diseases.

EHN's other activities in this area include a position paper on nutrition and health claims which was finalized in spring 2001, just in time to form the basis of EHN's response to a European Commission discussion paper on nutrition and functional nutrition claims. EHN's continuing work on nutrition as an independent not-for-profit organization representing heart foundations throughout Europe has earned it a place as a "critical friend" of the Commission in the area of nutrition and, indeed, on public health issues as a whole. EHN sees itself as a "watchdog", reminding the EU decision-makers of their duty to health, not least heart health.

Document available at: www.ehnheart.org

For more information on how to develop nutrition policy, contact:
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[2] Resolution EUR/RC50/R8.

WHO's new global strategy on diet

Amalia Waxman
Noncommunicable Diseases and Mental Health, World Health Organization, Geneva

In May 2002, the Fifty-fifth World Health Assembly approved a resolution[1] calling on WHO to prepare a global strategy on diet, physical activity and health. Countries all over the world are now recognizing the urgency of addressing the growing burden of chronic diseases, such as heart disease, diabetes and cancer.

In most developing countries, social and economic changes have rapidly –and often adversely– affected dietary and physical activity patterns, which have contributed to the current rise in non-communicable diseases. Growing urbanization and globalization of food supplies contribute to the rapid transition from traditional diets and healthy levels of physical activity towards physical inactivity and an unbalanced diet.

In her address to the delegates of the Fifty-fifth World Health Assembly, Dr Gro Harlem Brundtland, the Director-General of WHO, said: "High blood pressure and high blood cholesterol, strongly linked to cardiovascular and cerebrovascular diseases, are also closely related to excessive consumption of fatty, sugary and salty foods". These changes in diets are occurring faster than at any point in history, especially among low- and middle-income countries. Underweight children who suffer from malnutrition and disease live in the same neighbourhoods as people who suffer from obesity.

According to WHO data, of the 7.3 million deaths from heart attacks in the world, 5.4 million occur in low- and middle-income countries, and of 5.1 million strokes, 4.2 million occur in low- and middle-income countries. Up to 80% of coronary heart disease and up to 90% of type 2 diabetes could be prevented by changes in lifestyle, particularly improvements in diet and physical activity. Also, the prevalence of obesity has rapidly increased in all parts of the world, standing at 10-25% among adults in most countries, and over 50% in some island nations in the Western Pacific. WHO aims to prevent the epidemic of chronic diseases wherever possible, and to manage and reverse it where it has begun. **The challenge is to address not just lifestyles, but the many forces which**

[1] WHA55.23.

determine them. While individual behaviour is of obvious importance for issues such as diet and physical activity, we must also look at the determinants of these behaviours, that is, the factors that reinforce or discourage healthy behaviour. Only by addressing both individual health behaviours and their underlying determinants will true and sustained progress be achieved. Particular attention should be paid to those countries which are facing a double burden of disease –continuing to deal with the long-standing problems of infectious disease as well as the emerging epidemic of chronic conditions.

WHO is planning a wide-ranging and inclusive consultation process over an 18-month period, which aims to produce a clear articulation of the global strategy on diet, physical activity and health. The overall goal of the strategy is to improve public health through healthy eating and physical activity. The strategy will draw on clear scientific evidence and will be developed through broad consultation with stakeholders: governments, UN organizations, civil society, health professional organizations and the private sector. The process will bring together existing knowledge on the relationship between diet, physical activity and chronic diseases; it will inform decision-makers and stakeholders of the problem and its determinants, possible interventions and policy needs; and will attempt to identify roles for all sectors in improving diet and healthy living in the population. The process is expected to be completed by the Fifty-seventh World Health Assembly in May 2004.

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Heart health in Finland

pieni päätös päivässä

Suomen Sydänliitto ry
Finnish Heart Association

Mika Pyykkö
Finnish Heart Association

Heart health in Finland has improved remarkably over the last 20-30 years. During that time, mortality from cardiovascular disease among the working-age population has been reduced by over 60%. Nevertheless, the mortality rate from coronary heart disease among men of working age is still 2-2.5 times higher than in southern Europe.

A small decision a day

Following on from two major national programmes (the Action Plan for Promoting Finnish Heart Health of 1997 and the Development Programme for the Prevention and Care of Diabetes in Finland 2000-2010), the Finnish Heart Association and the Finnish Diabetes Association launched the "A small decision a day" project in 2001. The project is designed to promote heart health in Finland and prevent type 2 diabetes. The main target group of the programme is the working-age population.

An important background factor is the growing problem of overweight in Finland. According to recent research, over half of all Finns have a body mass index (BMI) of over 25.

A population-level information campaign is due to start in October 2002. Every adult should stop, at least for a moment every day, to consider matters important to his/her own health and well-being. **People will be made aware of small everyday choices they can make to benefit their own health.** Key issues in the campaign are nutrition, physical activity and non-smoking. Part of the media campaign is an information package on the importance and possibilities of health promotion for municipal decision-makers. A "Healthy Media" seminar will also be organized, in which heads of editorial and news policy in the media and leading specialists from health organizations will be invited to discuss the power and responsibility of the media in relation to health information.

The KKI (Fit for Life) programme, the Finnish Sport for All Association, the Finnish Rheumatism Association and the Cancer Society of Finland are working together with the Finnish Heart Association and the Finnish Diabetes Association on this information campaign. This kind of cooperation increases public attention and the impact of the themes and helps people to locate physical activities, etc., in their own area to support their decisions. The campaign is intended actively to promote the activities of the organizations involved.

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A SMALL DECISION A DAY

1. **Losing weight and weight control; group activity model for health care professionals:** In this activity, the Research and Development Centre of the Social Insurance Institution of Finland is an official cooperation partner. Between the autumn of 2001 and the spring of 2002, the Finnish Heart Association and the Finnish Diabetes Association organized five pilot training courses for group instructors (3+2 days) and five more are planned for the autumn of 2002. The latest knowledge about metabolic syndrome prevention, obesity treatment, modification of eating and physical activity habits and group guidance is utilized in the training and related materials.
2. **Self-help activity (ITE):** The goal is to develop a peer-group working method based on the experience of the Finnish Heart Association, intended to support lifestyle changes. People should help themselves to reach their goal with the help of a peer group. The first new ITE instructors' training course was organized in the autumn of 2001. At least 18 similar training courses are planned throughout 2002. The Finnish Heart Association and the Finnish Diabetes Association plan to create a working method which can be used not only by their own local societies, but by other organizations and actors as well. The two associations organize training and provide resources for instructors and clients, some of it available online. Education packages and related materials will be finalized in the early autumn of 2002.

XIVth World Congress of Cardiology

Sydney, Australia, 5-9 May 2002

David Kelly
Congress President

The XIVth World Congress of Cardiology was officially opened on 5 May by the Governor of New South Wales, Professor Marie Bashir. This was a joint meeting with the Cardiac Society of Australia and New Zealand, which is celebrating its 50th anniversary. The meeting was attended by over 9000 registrants from 115 countries.

The scientific programme organized by Dr Ben Freedman and his committee, as well as discussing developments in scientific understanding and technology, focused on the global disease burden of cardiovascular disease and its likely increase in the future, particularly in developing countries. Many scientific sessions were held in conjunction with Heart Foundations and dealt with topics such as smoking-related disorders, risk-factor control, lifestyle interventions and coronary disease in women.

The initial plenary session took as its subject the global burden of heart disease, with the opening Ignacio Chavez Lecture given by Dr Salim Yusuf on "Epidemiological Transitions". Joint sessions were held with numerous cardiac societies from around the world.

Over 200 invited speakers from 53 countries contributed to plenary sessions, symposiums and state-of-the-art lectures. Approximately 1880 abstracts were accepted and presented by delegates from 82 different countries. There were many industry-supported symposiums before and during the Congress, which were well attended. Industry support makes the Congress possible and was much appreciated.

There were pre-Congress symposiums on interventional cardiology, echocardiology and nuclear cardiology, and official pre-Congress and post-Congress satellites in Hong Kong and Auckland, New Zealand.

Meetings of the World Heart Federation Executive Board, Foundations Advisory Board, Scientific Advisory Board and Forum for Cardiovascular Prevention as well as a Foundations' Program were held before the Congress. The General Assembly took place on 6 May.

News in brief

WHF Presidential Address

The President of WHF, Dr Mario F.C. Maranhão, opened WHF Seventh General Assembly on 6 May and welcomed delegates on behalf of the Executive Board. He expressed his particular gratitude to the organizers of the XIVth World Congress of Cardiology, led by Dr David T. Kelly, Chairman of the Organizing Committee, and Dr Ben Freedman, Chairman of the Scientific Committee, for the huge task they had undertaken in organizing such an important event.

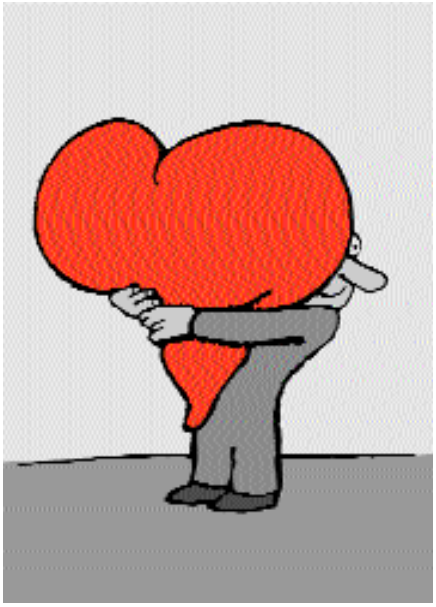
Dr Maranhão said that WHF must work in close collaboration with its members to tackle the enormous task of reducing death and disability from cardiovascular disease around the globe. He emphasized that WHF **helps people to achieve a longer and better life through prevention and control of heart disease and stroke, with the focus on low- and middle-income countries**.

Dr Maranhão pointed out that **cardiovascular disease is the leading cause of death around the world in every region except sub-Saharan Africa. Eighty per cent of the 17 million cardiovascular deaths every year occur in low- and middle-income countries**. He urged cardiologists to focus on prevention as well as treatment and concluded by stressing the importance of working in partnership with heart foundations to adopt a range of different approaches and increase awareness of cardiovascular disease.

WHF Awards

During the WHF General Assembly in Sydney, Dr J.L. Lopez-Sendon, Chairman of the Scientific Advisory Board and Co-Chairman of the Awards' Committee, presented the following awards on the behalf of WHF:

World Heart Federation Award for Cardiology to Dr Elinor Wilson, PhD, RN and the Heart and Stroke Foundation of Canada for outstanding work and dedication to WHF in the field of tobacco control and advocacy in general.

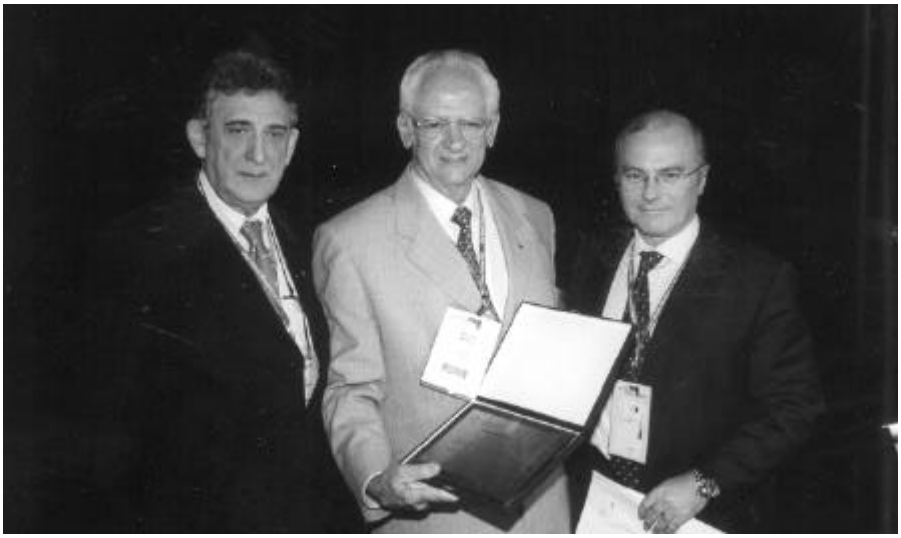


Gifted Teacher Award to Dr Robert A. O'Rourke, for his outstanding contribution to continuous teaching of cardiovascular disease and his dedicated service to WHF.

Dr Mario Maranhão, President of WHF, presented the following awards:

The **Presidential Citation** to Dr Antonio Bayés de Luna, President of WHF in 1997-98, for his vision, his outstanding work and his enthusiastic faith in WHF's mission.

Award for Cardiology, accompanied by a cheque, to Dr Aloyzio Achutti, professor and cardiologist, who has worked for WHF for more than 30 years: his work has been dedicated to epidemiology and prevention, and specifically to rheumatic fever/rheumatic heart disease.



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Prestigious cardiology prize worth 100,000 € announces call for nominations

During the 2002 European Society of Cardiology Annual Congress, the Arrigo Recordati International Prize for Scientific Research announced the call for nominations for the second edition of the award. The 100,000 Euro prize is awarded every two years to a distinguished scientist for accomplishments in cardiology. In 2003, the Prize will recognize an investigator achieving distinction in the field of heart failure.

The international award was established in 2000 in memory of the Italian pharmaceutical entrepreneur Arrigo Recordati of Recordati Industria Chimica e Farmaceutica and aims to promote cardiovascular disease research. Arrigo Recordati led his company through a period of intense development for 48 years until his death in February 1999.

More than 50 international cardiology and internal medicine societies have been invited to nominate candidates they feel merit the *Lifetime Achievement Award in Heart Failure*. The Prize is open to scientists of all nationalities who work in institutional settings and are not affiliated with a pharmaceutical company. Nominations may only be submitted on-line at www.recordati.com/prize by the societies and self-nominations are not accepted. Nominations are due December 31st, 2002, with the winner announced in Spring 2003.

Nominations will be evaluated by a jury chaired by Douglas P. Zipes, M.D., Distinguished Professor of Medicine, Pharmacology and Toxicology and Director of the Cardiology Division and Krannert Institute of Cardiology at Indiana University in Indianapolis, Indiana. Other jury members include Peter Libby, M.D., Mallinckrodt Professor of Medicine at Harvard Medical School, in Boston, Massachusetts and Karl Swedberg, M.D., Professor of Medicine at The Cardiovascular Institute at Goteborg University, Goteborg, Sweden.

"This Prize is an opportunity for a distinguished scientist to gain recognition for his or her lifetime achievements and contributions to the field of cardiology and in particular for his/her achievement in heart failure," stated Dr. Zipes.

World Heart Day - 29 September 2002

Marianne Burle de Figueiredo
Project Executive Officer, WHD

From Abu Dhabi to Zimbabwe, more than 89 countries from all corners of the globe are joining in on the World Heart Day celebrations. This yearly event was launched in 1999 by the then WHF President, Dr Antoni Bayés de Luna, who had the vision that all World Heart Federation members should, with one voice, spread the word about heart health and a **heart for life**. His dream has become a reality: World Heart Day is

celebrated on the last Sunday in September.

This year's theme focused on obesity, physical activity and nutrition –three interrelated areas in cardiovascular disease prevention. To assist our members in their campaigns, we prepared press releases for their use, developed artwork for leaflets, posters, stickers, designs for a T-shirt and a baseball cap– all included on a CD-ROM for easy reproduction. Another CD-ROM contained a generic radio programme with short interviews with WHF spokespeople on CVD prevention.

The newly designed web site (www.worldheartday.com) has also proved to be a very effective tool for tying together the Day's

activities and making the relevant information and materials more accessible to everyone from one year to the next. With sections for countries' activities, the latest news on heart health, general information on the theme areas, and more, it acts as a common reference for members and a useful resource for non-members as well. It is a place where members can come for ideas, share ideas and see what is going on around the world: many members submitted their activity plans directly through the web site. But most of all, it helps give the Day more exposure, which is just one more step toward our aim of increasing awareness of CVD prevention.

We were privileged this year to have the support of the actor Chow Yun Fat, best known for his starring roles in "Crouching Tiger Hidden Dragon" as well as "Anna and the King". Ronaldo, the Brazilian football star, also lent his name and support to our World Heart Day programme.

We extend our thanks to the companies that offered their support, to Cohn & Wolfe for producing press releases and marketing material, and to Prous Science for so skillfully managing the World Heart Day web site.


Picture from WHD 2002 leaflet

WHF recommendations on how to improve your diet without going on a diet

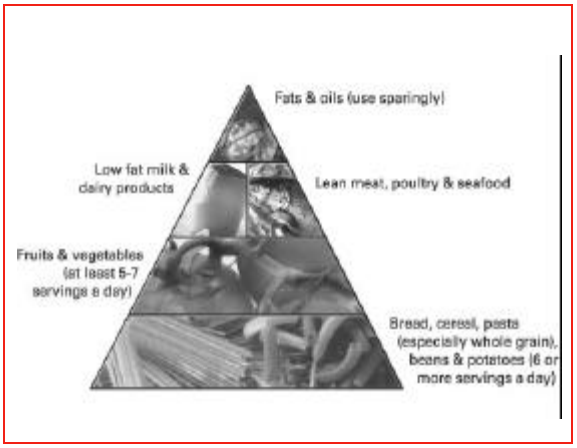
Eating is one of life's great pleasures. A healthy balanced diet will make you feel much better and can help you reduce the risk of heart disease and stroke. It's better to start eating nutritious food you enjoy than to go on a fad diet. Sad but true: the only diet that really works is positively changing the way you eat for the rest of your life.

What to eat?

- Eat lots of fruit and vegetables (at least 5-7 servings a day)
- Eat a variety of grain products especially whole grains
- Choose low-fat and fat-free products
- Use soft margarine, sunflower, corn, rape-seed and olive oils instead of butter and other animal fats
- Eat more fish, beans and pulses, and lean meat

What to avoid?

- Foods that are high in calories and low in nutritional value like soft drinks, sweets, pastries and cakes
- Foods that are high in animal fats and cholesterol like full fat milk, fatty meats, butter, tropical oils (palm and coconut), and hard margarine
- Fat on meat and skin from poultry is better removed
- Avoid frying. Cook foods in a way that helps to remove fat like boiling, baking, broiling, roasting and stewing
- Reduce the salt in your diet, especially if you have high blood pressure
- Alcohol - it's high in calories and so: no more than one drink a day for women, and two for men



Global Embrace 2002

Sunday 29 September - "Active Ageing: Moving Hearts for Health"

The Global Embrace is the annual advocacy event of the Global Movement for Active Ageing. It consists of a chain of locally organized walks and celebrations encircling the globe during a 24-hour period. It draws attention to the health benefits of walking and other forms of physical activity while providing enjoyment for all generations. It is organized each year on or around the International Day of Older Persons (1 October).

The first Global Embrace took place in 1999, marking the International Year of Older Persons. Since then, the Global Embrace has been a successful annual event in more than 80 countries, in which over 1 million people have walked each year on a designated day. This year we are happy to share the walks with the World Heart Federation, which celebrates World Heart Day on 29 September. Our slogan "Active Ageing: Moving Hearts for Health" also recalls the World Health Organization's message for World Health Day 2002 - "Move for health".

Traditionally, old age has been associated with sickness, dependence and lack of productivity. This outdated notion does not reflect the reality. Indeed, most people adapt to change with age and remain independent well into old age. Especially in developing countries, they continue to work in both paid and unpaid activities. In all countries, older people make an important contribution to society.

Living longer is both an achievement and a perpetual challenge. To maintain a good quality of life, older people must be able to keep their independence, maintain social relationships, get involved in community life and obtain affordable health care. Communities need to perceive ageing not as a problem, but as a natural process. The disease and functional decline that are often associated with growing older can be prevented or slowed down at any age. For example, modest increases in physical activity or quitting smoking even at a later age can significantly reduce a person's risk of heart disease.

The Second World Assembly on Ageing, which was held in Madrid on 8-12 April 2002, led to the adoption of the International Plan of Action on Ageing. During the World Assembly, WHO launched a new policy framework on "active ageing", defined as the process of optimizing opportunities for health, participation and security in order to enhance people's quality of life as they age.

Please join us in the Global Embrace 2002: Organizers of local events receive advocacy materials, including a handbook with practical advice on planning the walk, contacting the media and compiling press releases.

Register at: www.who.int/hpr/globalmovement/embrace2002/registration.htm or send an email to: activeageing@who.int. More information available at: www.who.int/hpr/ageing.

Sli na Slainte - Walking for health

Paddy Murphy

Executive Director, Sli na Slainte

Sli na Slainte (Irish meaning "Path to Health") is one of the most successful health promotion programmes in Ireland, and is now being implemented in other countries. This walking incentive project is a simple idea that was launched in Dublin in 1996. Distinctive, brightly coloured signs are placed on blue poles at 1-kilometre intervals along popular walking routes. The signs are not numbered, so walkers can start at any point and measure the time and distance they walk.

At present, there are over 100 Sli (pronounced "shlee") routes in Ireland. The local authorities pay for all the Sli route

King Carl Gustav XVI of Sweden, with Paddy Murphy, launching Sli - Hälsans Stig, 10 May 1998

signs and installation. One of the challenges facing the Irish Heart Foundation is to keep up with the ever-increasing demand for new routes.

Sli International

The Sli, as it is called internationally, has captured the imagination of heart foundations around the world. At present, Sli routes can be found in the following countries: Canada, Denmark, Finland, Germany, Italy, Norway, Sweden, United Kingdom (including Northern Ireland) and the United States of America. On 22 September 2002, the first Swiss Sli will be launched in Geneva.

The next Sli International meeting will be held in Dublin in October 2002, in conjunction with a national Sli conference. Heart foundations who would like to introduce Sli are welcome to send a representative to the conference.

The Sli moves indoors

The Sli is moving into an exciting new phase called Sli 2. The Sli branding will appear on motivational signs in a wide variety of settings: offices, train stations, shopping centres, doctor's clinics, hospitals, government buildings, public transport, prisons, schools, universities, radio and TV stations, etc. This is a very simple and inexpensive way for heart foundations to work with companies, from small businesses to large public transport companies, to promote the importance of physical activity as part of people's everyday lifestyle. People will be encouraged to walk to meetings, shopping, to work, etc., and to use stairs instead of lifts or escalators. Companies pay for the sign package and pay a fee to the Irish Heart Foundation to cover location survey, design and ongoing advice about how to motivate the workforce and public to be more physically active.

Sli presents unlimited opportunities for heart foundations to collaborate with a wide variety of organizations in the community, including government, voluntary and corporate sectors.

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Framework Convention Alliance: join the campaign against tobacco use

Belinda Hughes
Alliance Coordinator

Death and disability

By 2020, tobacco-related diseases are predicted to become the world's largest single health problem, causing an estimated 8.4 million deaths annually. However, the burden will not be shared equally around the world: deaths in the developed world are expected to rise from 1.6 to 2.4 million annually, while those in Asia are expected almost to quadruple, from 1.1 million in 1990 to an estimated 4.2 million in 2020.[1]

The aggressive marketing tactics of the multinational tobacco companies have contributed to the tremendous increase in smoking in developing countries. Tobacco companies use their enormous political and financial power to influence governments and promote their products in every corner of the globe.

For decades, the tobacco industry has denied the truth about the harmful effects of tobacco addiction in order to protect its profits. Although it has been challenged in the courts and parliaments of some countries, most countries have felt powerless to impose effective legislation and enforce it through the courts. Indeed, many continue

1. References available on request from WHF headquarters.

to offer the tobacco industry tax breaks and other incentives.

Framework convention on tobacco control

The proposed framework convention on tobacco control offers new hope in what appeared, a few years back, to be a desperate situation. **The framework convention is the world's first public health treaty to be negotiated by governments. It will address transnational and cross-border issues, such as global advertising, smuggling and trade**. It is already acting as an important catalyst to strengthen national tobacco legislation and control programmes. The negotiation and implementation process will also help to mobilize technical and financial support for tobacco control and raise awareness about tobacco issues in many government ministries.

The framework convention could help to turn the tide against the tobacco industry by weakening its political power and helping to put an end to its reckless behaviour through regulation and legislation. But it must be properly negotiated and it must reflect people's real opinions.

Framework Convention Alliance

The Framework Convention Alliance (FCA) is a coalition of over 160 organizations and networks from over 60 countries which serves as an umbrella organization for activities connected with the framework convention. The Alliance facilitates communication between non-governmental organizations which are already engaged in the convention process, and others (especially in developing countries) which could both benefit from and contribute to a strong framework convention.

The Alliance has issued a document[1] entitled "10 Key Issues for Global Tobacco Control and the FCTC", laying down its position on the negotiations (for the latest information see http://tobacco.who.int/).

How you can get involved

Here are some of the things that heart foundations can do to support the framework convention:

- learn more about the framework convention and share your knowledge with colleagues and constituents (you can find the information you need at www.fctc.org)
- join the Framework Convention Alliance (email Belinda Hughes at the address below)
- identify your country's delegates to the negotiations and assure them of your support for an evidence-based framework convention
- cooperate with other non-governmental organizations
- increase political and public awareness of the framework convention
- send your representative to the framework convention negotiations.

The fifth round of negotiations is scheduled to take place on 14-25 October, 2002 in Geneva, Switzerland. The framework convention is an extremely important public health initiative which needs your support. If this important momentum is not to be lost, we need your organization to become more active in the negotiation and implementation campaign.

Contact: Belinda Hughes
hughesb@globalink.org

Comments on the INB Chairman's text: What could be improved?

The Chair of the fifth round of negotiations has simplified and clarified the issues now facing the negotiators - and therefore has greatly advanced the negotiating momentum. Many clauses of the Chair's text are clear and correct, and we are confident these will form part of the treaty that is finally agreed upon in May 2003. **However, the text still does not reflect the ambition of many of the Member States or of the WHO's Director General** when she launched the treaty process in 1999. The text contains a number of weaknesses and omissions that, if not addressed, would significantly undermine the effectiveness of the FCTC in advancing international tobacco control.

Member States must bear in mind that a poorly drafted FCTC will be used by the tobacco industry as a powerful argument against stronger domestic legislation.

Therefore **it is important that the FCTC promote strong minimum standards that cannot be misconstrued as maximum or "ideal" standards.** Obligations within the Convention should not be framed in such a way that they could become barriers to the enactment or implementation of more effective tobacco control measures.

The World Heart Federation, as with other members of the Framework Convention Alliance (FCA) overall assessment is as follows:

- There are many instances in the Chair's text where clear obligations are lacking. For issues that should be resolved at the international level, there are a number of clauses in the text that fail to create precise, unequivocal rules with concrete timetables for implementation.
- Though some of the text forms a policy guide for national measures, there are places where the text does not offer support for best practice in national legislation. These areas include its excessive focus on youth-only measures, weak language on passive smoking and the absence of a clear ban on tobacco advertising.
- In terms of capacity building much of the text is clear and useful. However, there is a disappointing absence of language that would specify a financial mechanism or a subsidiary body for scientific technical and legal advice, and there should be more precision in the means by which parties will meet their obligations – for example through multilateral agencies like the WHO and World Bank.
- The text has little that builds in further development of the treaty. We hope that INB-5 will be used to build on the momentum for a protocol on smuggling that was established at the International Conference on Illicit Tobacco Trade (ICITT).
- There are clauses in the text that *will do harm* if agreed in the final treaty. Foremost among these are clauses that would make the FCTC subordinate to all other international agreements.

We draw attention to problems in the text in four specific areas: conflicts between international trade and public health, packaging and labelling, advertising and illicit trade in tobacco products.

The Chair's text goes to some length to subordinate the FCTC to trade agreements. Many country delegations have expressed the view that **the FCTC should elevate concern for public health above trade concerns**, but their views have been ignored in the current text.

It is essential for the FCTC to acknowledge that tobacco products are uniquely harmful and that concern for public health should be of paramount importance in considering potential conflicts between the FCTC and other international agreements.

Packaging and labelling is important for public health because it underpins a fundamental right of consumers to know what they are buying, to be warned of its dangers, and not be misled by the manufacturer. The packaging and labelling requirements must be imposed on products that are internationally traded, and may involve conflicts with tobacco manufacturers' assertions of intellectual property rights, trademarks and other claimed rights. The FCTC should therefore establish and guarantee to uphold a high level of health and consumer protection.

Tobacco advertising is a prime 'vector' of tobacco related disease, and its elimination could reduce tobacco consumption substantially – saving millions of lives in the 21st Century. In May 1990, the World Health Assembly unanimously adopted a resolution on tobacco issues, urging "progressive restrictions and concerted action to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco" (WHA43.16). Unfortunately, the Chair's text does not do much to take that consensus forward.

The illicit trade in tobacco products costs governments in excess of $25 billion annually and contributes to ill-health by reducing the price of tobacco products and undermining tobacco tax policies. The problem is almost entirely trans-boundary, but the Chair's text does not offer an adequate response either in terms of overall ambition or precisely specified text.[1]

At the July 2002 *International Conference on Illicit Tobacco Trade* (ICITT) sponsored by the United States government, many ideas were tabled that could, in aggregate, form the basis of a proper response to tobacco smuggling. Three main changes are needed: a protocol on tobacco smuggling should be developed in parallel with the Convention, the text should be amended to establish a tracking and tracing regime, There should be more emphasis on securing the distribution chain.

One of the most important and encouraging features of the new Chair's text is the proposed entry into force rule. This requires a relatively small number of parties (30) to ratify the FCTC before the treaty enters into force.

If you want to comment this text, you can send an email to Belinda Hughes, the FCA's coordinator (hughesb@globalink.org).

[1]The FCA has set out a detailed package of measures in a paper: *The FCTC and Tobacco Smuggling.* See http://www.fctc. org/ISM_smuggling_briefing.pdf

National Congresses of Societies of Cardiology

Date - 2002	*Country*	*Place*	*Fax number*
5-8 October	**Turkey**	Antalya	+90 212 288 4433
8-11 October	**Russia**	St Petersburg	+70 95 923 93 84
10-13 October	**Slovakia**	Kosice	+421 2 5932 0223
11-14 October	**Lebanon**	Beirut	+961 1 653 411
17-19 October	**Germany** (autumn meeting)	Magdeburg	+49 211 6006 9210
25-26 October	**Netherlands**	Ermelo	+31 30 234 5002
26-30 October	**Canada**	Edmonton	+1 613 569 65 74
31 Oct - 2 Nov.	**Greece**	Athens	+30 1 722 61 39
17-20 November	**USA - AHA**	Chicago, IL	+1 301 897 9745
5-7 December	**Bulgaria**	Sofia	+359 2 223 292
8-12 December	**Italy** (Italian Society)	Rome	+39 6 85356799
2003			
15-18 January	**France**	Paris	+33 1 4322 6361
28-30 March	**Japan**	Fukuoka	+81 11 706 7156
24-26 April	**Germany**	Mannheim	+49 211 6006 9210
13-16 May	**UK**	Harrogate	+44 171 388 0903
17-18 May	**Slovenia**	Radenci	+386 1 540 59 14
11-14 October	**Turkey**	Antalya	+90 212 288 4433
26-29 October	**Canada**	Toronto	+1 613 5696574

Forthcoming meetings

2002

Oct 04-05, Monastir, Tunisia: Third Pan African Course on Interventional Cardiology (fax: +216 346 0678, or hgamra@rns.tn)

Oct 05-09, Puebla, Mexico: 1st Congress of the InterAmerican Society of Heart Failure (fax: +525 207 0117)

Oct 07-09, Egypt: International Course of Revascularization (moustafaelsayed2002@hotmail.com)

Oct 10-12, Milan, Italy: Inflammatory Cardiomyopathies and Heart Failure (fax: +39 02 26437398)

Oct 10-12, Zagreb, Croatia: "Advanced Topics in Cardiology" (www.mayo-zagreb-advancedmedicaleducation.org)

Oct 16-19, Freiburg, Germany: Update in Thrombosis, Arteriosclerosis and Cardiovascular Biology (fax: +49 6221 9053522)

Oct 24-25, Deir Zour, Syria: Symposium on Coronary Arteriosclerosis (fax: +963 11 2129437, or scva@scs-net.org)

Oct 24-26, Frankfurt, Germany: 2nd International Course on Carotid Angioplasty ICCA-II and other cerebrovas-

cular interventions (fax: +49 6106 844444; or n.koebke@kelcon.de)

Nov 17-20, Chicago, IL, USA: 75th Scientific Sessions of the American Heart Association (www.americanheart.org)

Nov 23-25, Limas sol, Cyprus: "Cardiology Today" (info@escardio.com)

Dec 01-03, Buenos Aires, Argentina, ICSE 2002 (Joint Meeting of the International Society for Noninvasive Electrocardiology, Favoloro Foundation and Interamerican Society of Cardiology) (fax: 54 11 4331 0233, or icse-2002@congresosint.com.ar)

Dec 04-07, Munich, Germany: Euroecho 6 ECCE (congress@escardio.org)

2003

10-14 Feb, Davos, Switzerland, Cardiology Update 2003 (fax: +41 1 255 42 51, or ama@dplanet.ch)

Feb 19-22, Hong Kong: XII World Symposium on Cardiac Pacing and Electrophysiology (email: 2003@icpes.com)

Feb 25-28, Margarita Island, Venezuela: Fourth Latin American Congress on Hypertension (rhernan@cantv.net or www.congreca.com/evitem.cfm?ID=181)

Mar 30-Apr 02, Chicago, IL, USA: 52nd Annual Scientific Sessions, American College of Cardiology (www.acc.org)

Apr 10-12, Taormina, Italy: Mediterranean Cardiology Meeting (http://www.adriacongrex.com/cardiologymeeting2003)

May 01-04, Buenos Aires, Argentina: International Concurrent Scientific Events (ICSE 2003) Joint Meeting of the International Society for Holter and Non Invasive Electrocardiology, Favaloro Foundation and the Interamerican Society of Cardiology (fax: +54-11/4382-5730, or icse2002@congresosint.com.ar)

May 25-29, Barcelona, Spain: 12th International Congress on Cardiovascular Pharmacotherapy (fax: +34 932 387 488, or gp@pacifico-meetings.com)

Jun 21-24, Strasbourg, France: Heart Failure 2003 (fax: +33 4 9294 7601, or congress@escardio.org)

Jun 26-30, Singapore: 14th Asian-Pacific Congress of Cardiology (fax +65 735 3308, or scosoc@singaporecardiac.org)

Jul 12-18, Birmingham, UK: XIX Congress of the International Society on Thrombosis and Haemostasis and 49th Annual Meeting of the Scientific Standardization Committee (fax: +1-919 929 3935)

Aug 01-03, Buenos Aires, Argentina: VII World Congress of Echocardiography and Vascular Ultrasound (secretariat.echo2003@sac.org.ar)

Aug. 30-Sept 03, Vienna, Austria: XXV Congress of the European Society of Cardiology (webmaster@escardio.org)

Sep 29-Oct 02, Boston, MA, USA: Update in Clinical Cardiology, Harvard MED-CME (fax: +1 617 432 1562, or hms-cme@hms.harvard.edu)

Oct 05-08, Isle of San Giorgio Maggiore-Venice, Italy: 8th International Workshop on Cardiac Arrhythmias (fax +39 0541 741439-305849, or info@venicearrythmias.org)

Oct 13-16, Buenos Aires, Argentina: XVI Congreso Argentino de Cardiología (fax: +54 11 4961 6020, or info@sac.org.ar)

Oct 19-22, Florence, Italy: 5th International Congress on Coronary Artery Disease - from Prevention to Intervention (fax: +972 3 517 56 74, or www.kenes.com/CAD5)

Oct 24-27, Toronto, Ontario, Canada: XIX Interamerican Congress of Cardiology (fax +1 613 569 6574, or mutschler@ccs.ca)

Nov 09-11, Orlando, FL, USA: 76th Scientific Session of the American Heart Association (fax: +1 214/706-5262, or sessions@heart.org)

Dec 13-14, Hong Kong: 8th Asian Pacific Congress of Cardiac Rehabilitation (fax +91-33-247 0859, or siddiqui@cal.vsnl.net.in)

2004

May 07-10, Antalya, Turkey: VIII World Congress of Echocardiography and Vascular Ultrasound, Venue to be confirmed. (fax: 205-934-6747, or iscu@iscu.org)

May 22-26, Rome, Italy: 21st World Congress of the International Union of Angiology (fax: +39-091 655 29 62)

May 23-26, Dublin, Ireland: 8th World Congress of Cardiac Rehabilitation and Secondary Prevention (fax: +353 1 676 90 88, iccconf@iol.ie)

2005

Dec 1-4, Mumbai, India: 15th Asian Pacific Congress of Cardiology (fax: +91 33 2470859, or siddiqui@cal.vsnl.net.in)

Heart Beat

The World Heart Federation Newsletter

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