The Economist Events

EXECUTIVE SUMMARY

HEART HEALTH IN ASIA

September 21st 2017

Seoul

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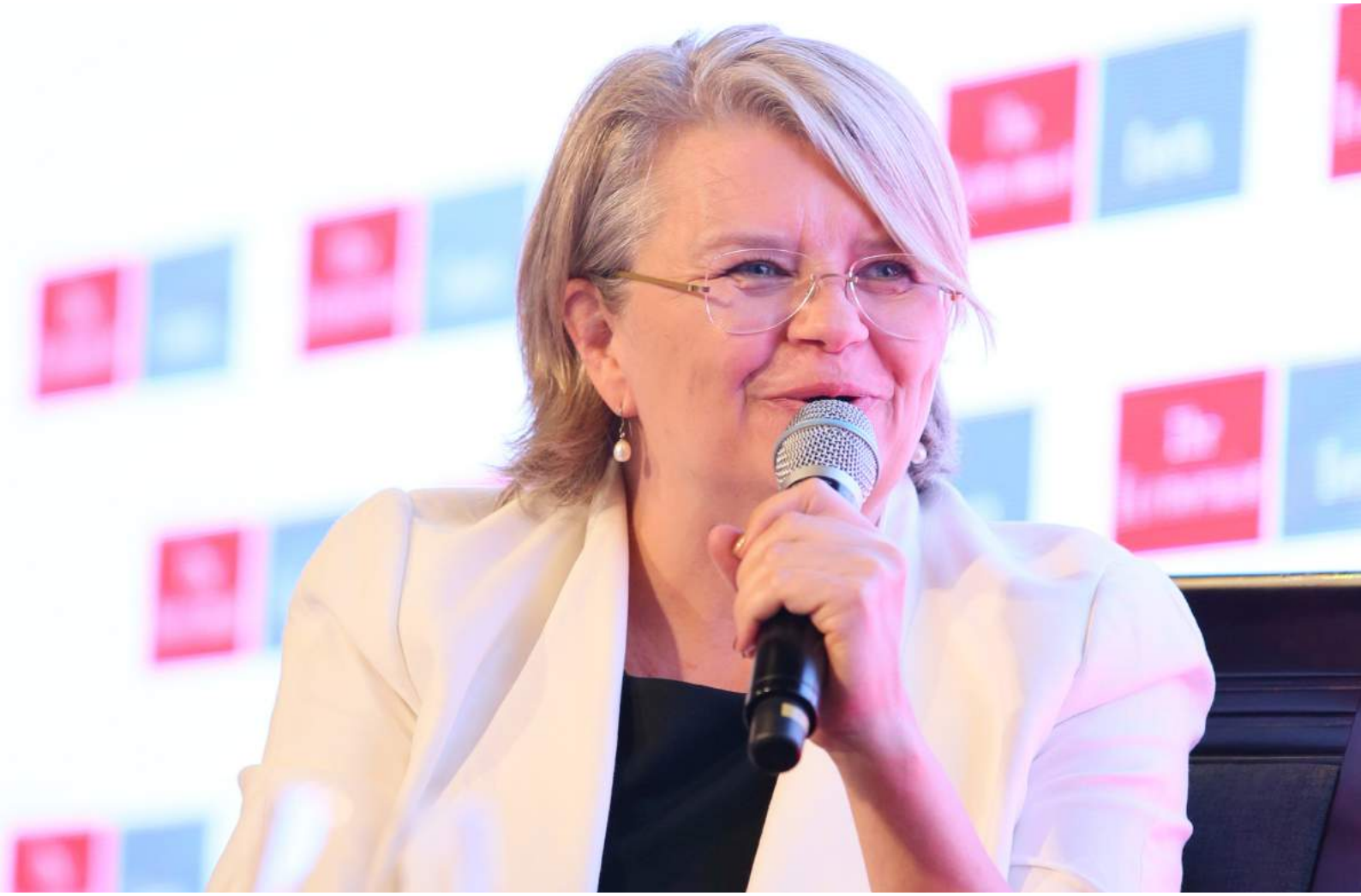
The indiscriminate killer

Cardiovascular disease is the world's leading cause of death. In 2014, 18m people around the globe died of heart disease; 9.3m of those deaths were in Asia, where it has become the top cause of mortality.

Asia is a complex region: each country has a unique history, socio-economic make-up, disease mix and policymaking process. No two health-care systems in the region are the same. Yet when experts gathered for *The Economist*'s Heart Health in Asia event in Seoul on September 21st, the logic of hosting a regional conference was evident. Despite their numerous differences, many Asian countries face the same challenges and can usefully share ideas about what constitutes best practice.



What the research says

"Global Heart Health", a report recently published by the Economist Intelligence Unit (EIU), centres on a scorecard to help assess the burden of heart disease in 28 countries, along with the policy approaches to dealing with it.

The EIU found that in many places, there is significant room for improvement in providing patient-centred care for heart disease, especially in areas of prevention. Numerous countries have established strategic plans for heart health, but they are often inadequately implemented and not sufficiently comprehensive. Strong public-health programmes and primary care are crucial for reducing mortality rates, but they frequently remain patchy. For example, 82% of countries have public-health campaigns covering the most important risk factors, such as smoking, but just 25% of these initiatives have targeted specific age groups or the health-care community. The full report can be found at hearthealth.economist.com. In conclusion, the EIU found that policymakers can pursue three cost-effective avenues to combat heart disease:

- **Better provision of and access to cardiac-rehabilitation programmes.** This cuts down on expensive hospital stays and helps people get back to work, which is especially important in those Asian countries that have poor social care.
- **Improved patient involvement,** especially in monitoring their own conditions. Using technology is particularly useful for rural and older people.
- **Integrated networks** for primary and secondary heart care.

Risk factors: The killer weed

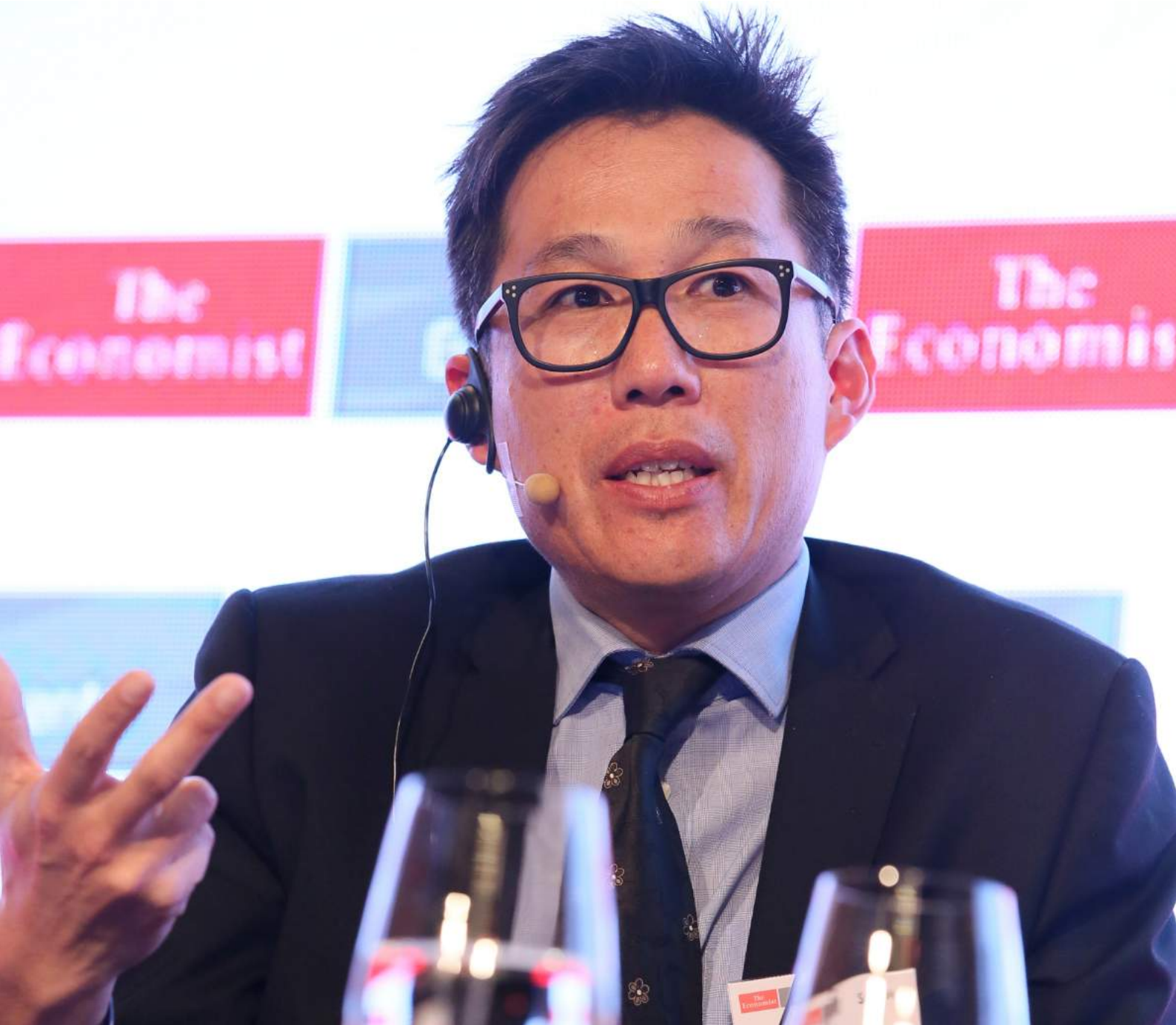
"Governments should proactively adopt policies that are 'pro-poor', that address socio-economic disadvantage."

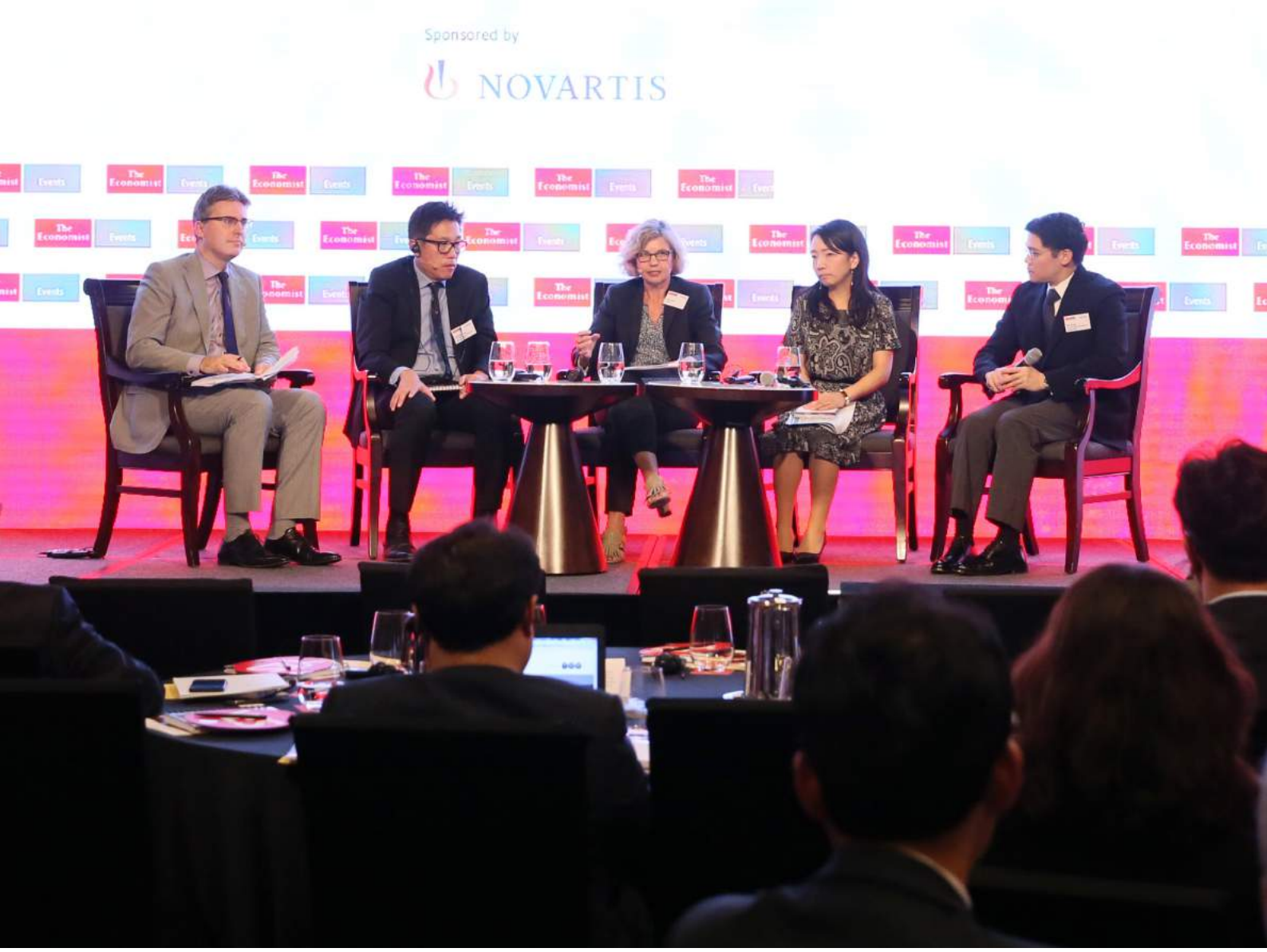
STEPHEN JAN
Head,
health-economics programme
The George Institute for Global Health

The causes of heart disease are widely known, and the World Health Organization recognises that avoiding premature deaths will require changes to lifestyle. Strong public-health programmes and primary care are crucial for reducing mortality rates, but they remain patchy in many places.

Smoking is the number-one risk factor for heart disease, and the sale of tobacco is still legal in nearly every country. A tobacco tax is the most cost-effective method of discouraging smoking, and here, Australia is one of the world leaders. Increasing the price of a packet of cigarettes to around US$20 has helped the country cut smoking rates, and the activity has become stigmatised so that young people avoid it.

Other countries have faced difficulties in following a similar path. Haruka Sakamoto, an assistant professor in the department of global health policy at the University of Tokyo, told how a government initiative to pass a law restricting indoor smoking, in anticipation of the 2020 Olympics, failed after Japan Tobacco flexed its political muscle. "Scientific evidence is not enough to promote non-smoking policies," she said. The Tokyo government is now trying to implement a local policy in time for the games.





The cost of a healthy heart

As societies age, governments are finding it increasingly difficult to finance treatments for non-communicable diseases associated with the elderly. The audience heard that the industry needs to improve the ways it measures achievement in the health system. There is a move to judge medicines on the value they provide to the patient and the system. "The future [of medicines] will be competing on outcomes and not trying to recoup development costs," said Petra Laux, head of global public and government affairs at Novartis.

"The more data we collect and the better we are in tracking the impact of our interventions, the easier it will be to identify what really makes a difference and provide sustainability of the health-care system."

PETRA LAUX
Head of global public and government affairs
Novartis

Two case studies: Developed and developing economies

Inequalities in access to primary and secondary prevention programmes, as well as to cardiac interventions, exist within countries. Societies at different stages of economic development face different challenges, as illustrated by the cases of India and the event's host country, South Korea.

"We have a long way to go ... but our effort will continue to provide a better service to the rural areas."

HYUN-YOUNG PARK
Director, division of cardiovascular disease
Korea National Institute of Health

South Korea

South Korea is a wealthy country that, like China and Japan, faces the major challenge of a rapidly ageing population. According to the EIU, it has a relatively comprehensive strategic plan for heart health, but deficits in implementation. The country promotes awareness of the need to stop smoking and the harmful effects of alcohol, and of the dangers to people at high risk, such as those with diabetes or high blood pressure. South Korea is also known as a pioneer in value-based health care. Yet, it lags in advocacy and e-health. Hyun-Young Park, director of the cardiovascular disease division at the Korea National Institute of Health, explained that the government is also trying to solve disparities in the level of care available to rural and urban populations.

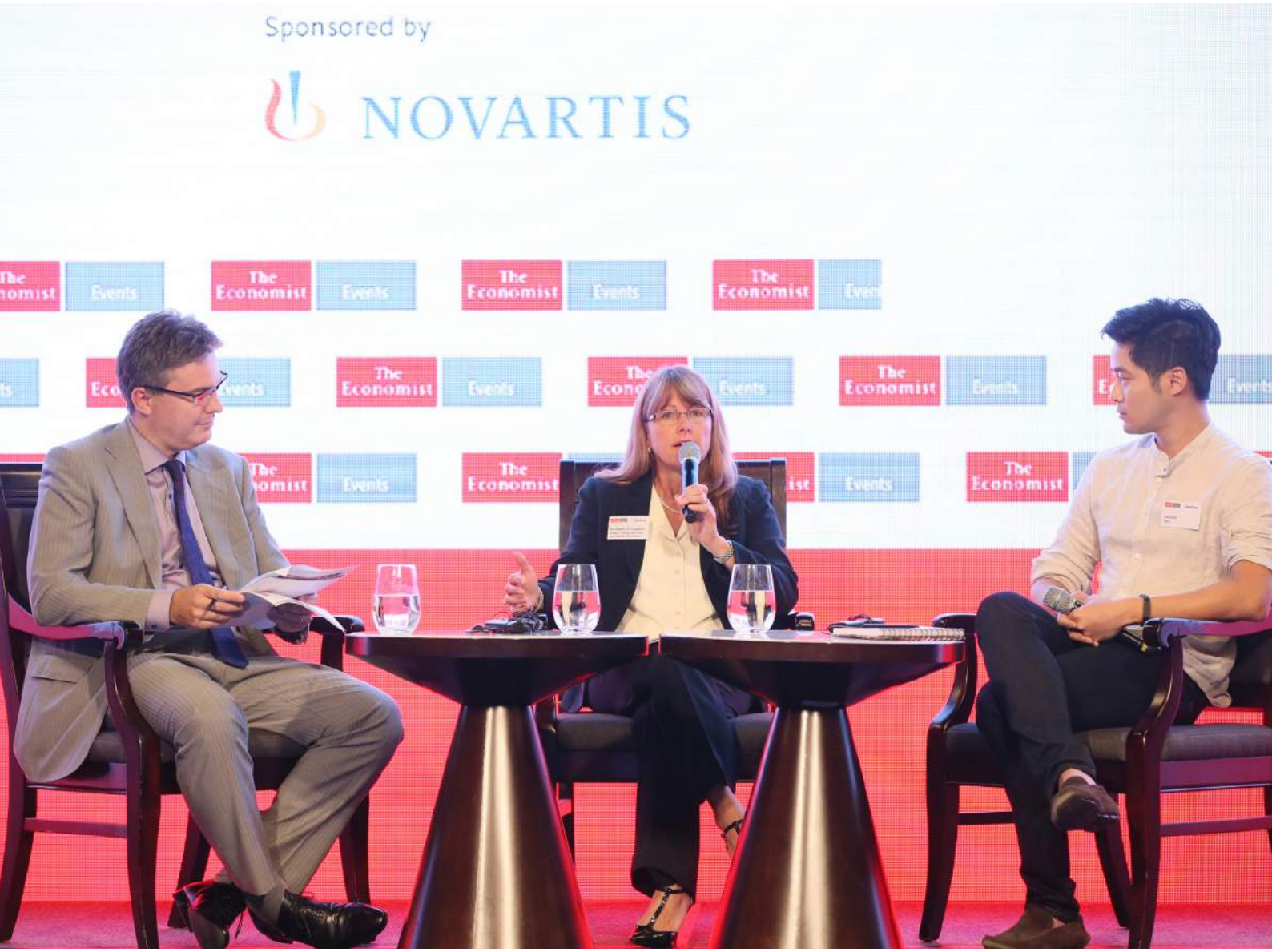
"When they say heart disease is a global disease, it truly is. It doesn't seem to discriminate between socio-economic strata as much as you would think."

SEVITH RAO
Founder and managing trustee
Indian Heart Association

India

Sevith Rao, founder and managing trustee of the Indian Heart Association, explained how his father's heart attack had encouraged him to look into the causes of heart disease in India. It turns out that South Asians are genetically predisposed to heart problems, and the average Indian diet is less healthy than people imagine. Rapid changes in the kinds of work people do have also had a huge impact on health. After finding this out, Mr Rao founded a charity that focuses on education on prevention, advocacy and testing in cities and, increasingly, rural areas, using social media to spread the message.

Heart disease is also becoming more of a priority for the Indian government. The country's ability to deliver heart surgery at very low costs has become well-known. The public-health system provides surgery for free and its private hospitals even attract overseas patients.



The next big thing

In providing health care, technology is both a blessing and a curse. Unlike in some other industries, it drives costs up, not down. Big data has enormous potential to improve the tracking of treatment: medical apps can help monitor diseases, plan visits to doctors and organise discharge processes. But most health-care systems are not ready to cope with masses of data.

Governments increasingly want to see academia and industry collaborate and learn from each other across borders, as in the case of the Japanese super-specialists who travel to other Asian countries to teach other doctors how to develop health-care programmes.

There is also a tendency to look towards new treatments and overlook lower-cost prevention techniques that could be big in impact but not cost. And learning to disinvest in technologies once they have been superseded, even when vested interests resist, is just as important as introducing new ones.

"To control this problem of heart failure, we have to move upstream, and I agree that lifestyle modification holds the key to this problem."

ERIK FUNG
Assistant professor, department of medicine and therapeutics
The Chinese University of Hong Kong