



Kampala Statement from the Global South-North Collaboration Scientific Meeting on Cardiovascular Disease Prevention

Kampala, Uganda

9th March 2022

Introduction

Globally, approximately one-third of all deaths are attributed to cardiovascular disease (CVD)¹. In Europe, CVDs are estimated to be responsible for half of all mortality causing more deaths than any other condition². Approximately, 75% of all estimated global deaths due to CVD take place in low- and middle-income countries (LMICs)³. Moreover, it is projected that by 2030, CVD alone will be responsible for more deaths than infectious diseases (including HIV/AIDS, tuberculosis, and malaria), maternal and perinatal conditions, and nutritional disorders combined in LMICs⁴.

The Global South-North Collaboration Scientific Meeting on Cardiovascular Disease Prevention has been held today on the 9th day of March, 2022 at the Golf Course Hotel, Kampala, Uganda under the theme “Cardiovascular Disease Prevention in Europe and Sub-Saharan Africa: Lessons and Experiences. The meeting has attracted over 120 participants physically and about 300 online attendants who shared the knowledge, evidence and best practices from the implementation and evaluation of CVD interventions and strategies for CVD prevention in Europe and Sub-Saharan Africa. This Scientific meeting has been organized by Makerere University School of Public Health, Ministry of Health - Uganda, and Mukono and Buikwe districts in collaboration with University of Antwerp, Belgium; Nottingham Trent University, United Kingdom; Brighton and Sussex University, United Kingdom; Centre Hospitalier Regional et Universitaire De Brest, France; and University of Limpopo, South Africa. The meeting has shared evidence and lessons learnt with academics, researchers, practitioners, policymakers and other stakeholders.

Background

SPICES (Scaling-up Packages of Interventions for CVDs prevention in selected sites in Europe and SSA) project with funding from the European Commission has since 2017 implemented and evaluated a comprehensive set of proven interventions and strategies for CVD prevention in Uganda, South Africa, Belgium, France, and the United Kingdom. The multi-country project stretching the global north and south has generated evidence over the years on prevention of CVDs across low-, middle-, and high-income contexts.

Key Learnings





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During the meeting, over 19 oral presentations, 4 poster presentations, and 2 high level panel discussions have been held and the following key learnings have emerged:

- Modifiable risk factors such as physical inactivity, unhealthy diet, smoking and excessive alcohol consumption contribute the greatest risk for CVD development and progression and in some cases override the effect of non-modifiable factors such as age and sex.
- Similarly, the prevalence of stress and depression was high among study communities both in the global south and north
- Interventions for prevention and control of cardiovascular diseases should be tailored to meet specific contextual needs.
- The North-South collaboration has come a long way with great learning experiences such as adopting the community health workers system to enhance primary care that is being widely utilized in the global south. Similarly, the organized healthcare structures in the global north can set precedence for enhancing the struggling systems in the global south.
- Innovations to increase screening and management for CVDs, such as mhealth platforms and the neck circumference as a screening tool for CVD risk have been initiated and therefore, resources ought to be allocated to test the efficacy of such innovations and later scale up good practices.
- The integration of CVD prevention and screening into other health programs can significantly reduce the number of CVD events and can help to achieve control for hypertension and diabetes. The HIV/AIDS model provides an ideal integration model for CVD prevention and control. However, there is a need to further understand opportunities, barriers and facilitators for this integration.
- There is a strong linkage between HIV/AIDS and CVDs which has exposed more research questions in regards to the possibilities of biological associations and other causal relationships.
- Task shifting through enhancement of the capacity of lower cadres including nurses and community health workers to screen and manage CVD risk factors can help to address the gap of shortage of health worker personnel and/or General Practitioners.
- Community setting is a good way to reach vulnerable people with health promotion messages.
- Achieving behavior change requires sustained efforts over a longer period of time.
- Time and resources remain a barrier for access of adequate health care for CVD management especially within the global south but also the in the vulnerable populations within the global north.
- Access to medication for CVDs remains a huge gap especially in the global south and there is a growing need to address this gap. Some suggested strategies include promotion of patient clubs where patients pool resources to buy medicines, and partnerships with pharmaceutical companies to implement medical access programs for CVDs and other NCDs.





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Actions

1. Government and Policy makers

Governments and policy makers should prioritise prevention of avoidable CVD by addressing societal determinants and risk factors.

The efforts of CVD prevention should be sustained by governments and other stakeholders.

Government and Policy makers should spearhead the translation of evidence in to policy and practice. In order to achieve this, researchers need to link with policy makers early on in time.

Governments should support the diagnosis and management of CVDs by ensuring sufficient supply of vital diagnostic equipment and drugs.

2. Donors and Research Funders

Donors should prioritise financial and structural resources for prevention-oriented primary care for NCD and integration of NCD prevention services into other healthcare services like HIV clinics and other infectious diseases.

Research funders should invest in robust studies investigating the contribution of community-based interventions in CVD prevention and predictability of CVD in communities.

Funders should also target research and analysis to understand the long-term effects of COVID-19 to CVD prevalence, mortality, and care.

3. Researchers and Academia

Researchers and academia should establish structured collaborations between academia, patients, regulators, and industry to modernise practices, standards and make them fit for the digital era.

Researchers and academia should support the actors mentioned earlier in translating evidence into practice, outlining the development and tailoring of an evidence-based CVD prevention program designed in co-creation with multi-level stakeholders.

Researchers should sustain the CVD research agenda to include robust studies on the impact of community-based interventions, predictability of CVD, as well as clarifying the contextual factors which restrict individual agency in adoption of recommended lifestyle behaviours.

4. Practitioners and Civil Society

Practitioners and civil society should work together to support governments in strengthening leadership of health facilities to promote CVD detection. Practitioners should provide in-depth CVD awareness and education programs for patients at risk as well as equipping patients with coping-skills.





Practitioners and civil society should carry out meaningful involvement of people living with CVDs and the civil society organisations that represent and engage with them. This should result in guided and documented processes that understand their needs, unique cultural contexts, opportunities, and barriers to improve care and service delivery for prevention, management, and ultimately, the effective control of NCDs.

5. All Stakeholders

All Stakeholders should realise their unique contribution in CVD prevention and should continue to make efforts to improve the general health of people through improved lifestyles. All stakeholders should equip and empower communities with sufficient information for CVD prevention especially promoting physical activity, diet rich in fruits and vegetables and CVD screening. And most importantly, we need to walk the talk.

Conclusions

CVD risk factors are synergistic and call for the action of multiple stakeholders. Preventable, modifiable risk factors contribute the greatest risk for CVD development and progression both within the global South and North. Therefore, focusing on the “HOWs” of reversing the tide of CVDs

References

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