

Executive summary

Aiming to increase cardiologists' and cardiology societies' commitment and capacity to both treat tobacco dependence and support tobacco control policy, the project exceeded its targets by:

- Training more than 2,300 cardiologists from 7 countries (6 Middle Eastern Countries and more than 10 provinces in China) in tobacco cessation within cardiology events and by cardiologists in their countries.
- Engaging cardiology/CVD leaders from 15 regional or national member organizations in dialogues on increasing their organizations' and members' commitment to tobacco control and treatment of tobacco dependence.
- Mobilizing member support for global tobacco control advocacy (FCTC COP, Endgame Conference).
- Anchoring tobacco control at the heart of the WHF's new three-year strategy and developing a CVD roadmap on tobacco.
- Stimulating the Egyptian Cardiology Society to adopt a smokefree policy at CardioEgypt (one of the region's largest cardiology congresses) for the first time.

In parallel, the development of the World Heart Federation's new 3-year strategy has strengthened the overall goal of the project by anchoring tobacco control at the center of its activities. The new "CVD Roadmap for reducing cardiovascular mortality through tobacco control" will be launched at the World Conference on Tobacco or Health in Abu Dhabi in March, and will be used as a tool to guide policy dialogues aiming to strengthen policies to improve cardiovascular health.

Background

World Heart Federation unites nearly 200 organizations around the world committed to improving cardiovascular health; most are cardiology societies or heart foundations. It works through a multisectoral network of member and partner organizations (WHO, NCD Alliance, NGOs, research and training institutes), governments and the private sector to achieve the goal reducing premature CVD mortality by 25% by 2025. Tobacco use and exposure are important causes of premature CVD mortality and key among the "best-buy" interventions for reducing it around the world. There are cost-effective interventions to reduce tobacco's impact on CVD health both at individual level (through clinical practice) and at population level (through health policy), but cardiology and other heart health networks have seldom given them a level of priority that corresponds to their impact on heart health.

A WHF project funded by a Pfizer Medical Education grant in 2011-2012 mapped the tobacco control activity within the global heart health community, developed regional networks (Asia, the Middle East) of member organizations and cardiologists interested in tobacco cessation and control; organized workshops to link global experts in tobacco cessation and control with member organizations; and conducted key informant interviews to identify the

added value of the global CVD community to tobacco control. It identified the need to “mainstream” treatment of tobacco dependence into cardiology practice as one of the main priorities for improving CVD health. This project was developed for that purpose, with the purpose of building World Heart Federation (WHF) member and network capacity to reduce CVD mortality by increasing attention to tobacco use and second hand smoke (SHS) exposure in cardiology training and clinical practice and building commitment to advocacy for broader policy interventions in tobacco control.

Partners

- Implementing: Chinese Cardiology Society; Lebanese Cardiology Society
- Supporting: World Health Organization; Global Bridges;
- Participating: InterAmerican Society of Cardiology (IASC); Asia-Pacific Society of Cardiology; Asia Pacific Heart Network; European Society of Cardiology- and European Association of Cardiovascular Prevention and Rehabilitation); WHF national members (Cardiology Societies in Egypt, Saudi Arabia, Tunisia, UAE and Iran).

Geographical scope and timeframe

- China and the Middle East, with reach to Latin America, India and other areas of Asia.
- Pfizer Meded Grants agreed to give the 18-month project (1 Jan 2013 to 30 June 2014) a nearly 6-month no-cost extension until late November on account of delays in implementation in the Middle East (due to political instability in the region).

Objectives/Outcomes

Objective	Outcome
<i>Increase 5 cardiology societies' commitment to and capacity in cessation training</i>	<i>Trained trainers from 7 societies in events organized by 8 societies</i>
<i>Establish a network of 20 trainers in 5 countries</i>	<i>More than 136 trainers in 7 countries.</i>
<i>Engage leaders of 10 cardiology societies</i>	<i>Leaders of 15 cardiology societies</i>
<i>Identify barriers to addressing tobacco use</i>	<i>Identified barriers: time, lack of monetary compensation, lack of availability of medicines, cardiologists smoking, cardiologists lack knowledge about cessation,, weak capacity of health systems, cardiologists not oriented to prevention, not rewarded professionally for interest in tobacco</i>
<i>Keep tobacco high on NCD agenda</i>	<i>FCTC implementation recognized as top priority by Global Action Plan on NCDs; of nine targets, one is exclusively on tobacco and two others are related (treatment of heart attack and stroke and availability of essential medicines). Tobacco recognized as one of WHF's top three priorities for achieving 25X25 (reducing premature CVD mortality by 25% by 2025 WHF delegation at FCTC COP introduces Asian member organizations (Singapore and Sri Lanka) to FCTC process and makes first official WHF intervention at COP.</i>

Activities

Curriculum development: The Rx for Change curriculum was reviewed by top leaders in cardiology and in tobacco cessationⁱ and Drs. Judith Prochaska and Sarah Hitchman adapted it for international use based on their input. The curriculum was discussed in a planning meeting hosted by SCLC and attended by supporting partners from Global Bridges and attended by implementing partners from China and Lebanon.

Curriculum adaptation, pilot, trainer training: Partners in China and the Middle East convened meetings with leaders from different provinces in China and different countries in the Middle East to discuss both curriculum content. Partners adapted and piloted the curriculum on a small group of cardiologists. There were 6 trainer training courses for Middle Eastern cardiologists held in different countries of the region and at the European Society of Cardiology Congress in Amsterdam, and

KOL meetings: Cardiology leaders were convened at regional or international cardiology events to discuss the need for engaging more cardiologists in cessation and means to do it, and to get their support for the project. ⁱ The Chinese KOL meetings brought in leaders from 19 provinces and obtained additional funding from Pfizer Foundation; they generated a consensus paper on cessation treatment that was presented in major cardiology journals and events. Two webinars sharing project results and challenges with cardiology leaders in the region were followups to these face-to-face KOL meetings.

Monitoring, evaluation and communication: Monitoring was conducted via phone calls and event reports submitted by implementing partners. WHF attended trainer-training events in Cairo, Tunisia and Amsterdam. Two regional webinars, participation in a session and a final 2-hour workshop dedicated to the project at the World Congress of Cardiology permitted partners to evaluate progress and share experience, and WCC content and media coverage on tobacco control reinforced the association between heart health and tobacco cessation and control.

Deliverables

<i>Curriculum development</i>	
Planning meeting (UCSF)	Done
Generic international training pack draft Click here to view Champion Pack	Done
Regional curricula drafts (see dropbox)	Done
<i>Curriculum pilot and trainer training</i>	
20 people trained (China)	>2000 trained
20 people trained (Middle East)	>80 trained
Evaluation of pilot results	In progress (China an ME)
Revised training packs (ME and China)	Done
10 trainers trained (China)	35
10 trainers trained (Middle East)	7

Evaluation of pilot trainer training	Partly completed (qualitative)
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KOL meetings/final workshop	
ACC San Francisco (Latin America, China)	March
ESC Amsterdam (Middle East)	Done
UAE (Cardio-Arab)	April 201
Beijing (2)	July/August 2013
Endgame conference (Global)	Done (not planned initially)
WCC Melbourne (final workshop)	May 2014
Monitoring and Communication	
Develop database of champions	Done
Network email updates, q2 months	Delayed
Session/workshop at WCC	May 2014
Press event at WCC (tobacco was one topic of several)	May 2014
Maintain and update WHF tobacco webpage	Done
Webinar (Middle East)	March 2014
Webinar (Asia)	March 2014
Monitoring and coordination calls	Bi-Monthly
Quarterly financial reports	Final reports submitted
Reports on each event	Completed
6-monthly internal report	Done
Donor reports (midway and final)	Both done
Publication of findings (TBC)	Decided against

Indicators

Quantitative indicators	Number			
	ME	China	Other	Total
Cardiologists engaged in activities	>340	2022	40	>2340
Cardiology societies engaged in activities*	6	2	7	15
Cardiologist trainers trained	88	48	0	136
Cardiologists/cardiology trainees trained	263	2000	**	>2300
New champions added to champion network	10	10	2	22
Qualitative indicators	Assessment			
Quality of Content	<i>The Rx for Change: Cardiology International</i> curriculum was reviewed and accepted by top experts, and adapted to the reality of different regions by cardiology leaders.			
Quality of participation	Leaders of cardiology societies (Middle East)/Heads of Cardiology departments (China) have been engaged and active in the project.			

*National Cardiology Societies in the US (ACC), China, Lebanon, Tunisia, Egypt, Iran, UAE as well as regional cardiology societies, European Association of Cardiovascular Prevention and Rehabilitation (EACPR), European Society of Cardiology (ESC), Asia Pacific Society of Cardiology (APSC), Asia Pacific Heart Network (APHN), InterAmerican Society of Cardiology (IASC).

**Internet Society of Cardiology offered the course in Spanish, but we have been unable to find out how many people took it.

Complementary activities: (synergizing with the project but not funded by it) which contributed to the project goal of engaging cardiologists and the heart health community in tobacco control:

- Translation of the curriculum into Spanish; included in the Argentinian Federation of Cardiology's 8th International Congress of Cardiology on the Internet
- Global Bridges webinar in Spanish on CVD and tobacco to cessation champions in Latin America
- "Endgame In Tobacco Conference": World Heart Federation Board meeting parallel to the conference (probably the only time a major heart organization board has met at a tobacco control event), with board members participating in the congress.
- WHF announcement of tobacco control as one of three top global priorities for reducing premature CVD mortality and development of CVD roadmap on tobacco control.
- World Congress of Cardiology, with help of a Pfizer Meded Grant, had a strong content on tobacco control, with a number of sessions dedicated to tobacco, a full day pre-conference workshop on tobacco control for youth, organized with the World Health Organization, the International Federation of Medical Students' Associations. The workshop featured top tobacco control leaders including Nicola Roxon, the former Australian Minister of Health and then Attorney General who drove through plain packaging in New Zealand, Tariana Turia, Associate Minister of Health in New Zealand and Maori Party leader who was a key supporter of New Zealand's tobacco-free by 2025 policy.
- As a direct outcome of previous Pfizer project in tobacco cessation, the Asia Pacific Heart Network developed and launched a toolkit for its members on supporting tobacco taxation, and working with the Asia Pacific Society of Cardiology, wrote letters to support Indonesian, Malaysian, Chinese, Filipino and Japanese tobacco control campaigns.
- World No Tobacco Day 2014: as followup to activities at WCC, WHF member organizations Asia Pacific Heart Network and HRIDAY participated in WHO Webinar (presenting tobacco tax toolkit and youth campaign "No More Tobacco in the 21st Century (NMT21C)" campaign).
- World Congress on Tobacco or Health 2015 will be hosted by the Emirates Cardiac Society, the first time that this leading global event in tobacco control is hosted by an organization focusing on CVD.
- World Heart Federation participated in the 6th Conference of the Parties of the FCTC in Moscow and its delegation included representatives from two Asian (Singapore and Sri Lanka) and one African (Zambia) member Organization.

Communication

- <http://in-training.org/25x25-global-perspectives-heart-health-tobacco-use-7288>

- <http://tetaihauauru.maori.nz/index.php?pag=nw&id=545&p=speech-minister-turia-tobacco-trade-and-advertising-current-challenges-world-congress-of-cardiology-sunday-4-may-2014.html>
- <http://www.pharmacytoday.co.nz/news/2014/may-2014/09/health-inequalities-unacceptable,-says-turia.aspx>
- <http://www.scoop.co.nz/stories/PA1405/S00080/tariana-turia-at-world-congress-of-cardiology-in-melbourne.htm>
- <http://www.trbusiness.com/index.php/regional/asia/15204-new-zealands-turia-smoke-free-oceania-by-2025.html>
- <http://beehive.govt.nz/release/minister-address-major-international-cardiology-conference-rheumatic-fever-and-tobacco-refor>
- <http://www.tetaihauauru.maori.nz/index.php?pag=nws&o=11>
- http://www.waateanews.com/Waatea+News.html?story_id=NjkwOQ==&v=131
- <http://www.samoobserver.ws/opinions/10199-lessons-from-world-congress-of-cardiology-for-samoa>
- <https://www.facebook.com/media/set/?set=a.664435446958233.1073741828.159444377457345&type=1> (Pictures of pre-conference workshop “Youth Take Action on NCDs: Focus on Tobacco)
- <http://www.massey.ac.nz/massey/about-massey/news/article.cfm?mnarticle=kiwi-students-take-smokefree-campaign-global-08-05-2014>

Other press

- <http://www.forbes.com/sites/rahimkanani/2014/07/07/making-heart-health-a-global-priority/2/>
- <http://content.onlinejacc.org/article.aspx?articleID=2042978> ACC and tobacco

Successes

- Have identified at least one leader from each country in the Middle East who is supportive of cessation training and tobacco control advocacy.
- Consolidated commitment of Chinese CVD leaders (heads of cardiology departments in provincial hospitals) developed over several years, and integrated training curriculum into China’s first cardiac rehab program.
- Trainees appreciate curriculum and find it useful
- Egyptian Society of Cardiology declared a smokefree policy for its flagship conference for the first time.
- WHF board met for the first time at a tobacco-control meeting.
- Leadership of World Heart Federation anchored tobacco cessation and control as one of its top three priorities in its new three-year strategy and has developed a roadmap for tobacco control to help countries develop multisectoral support for FCTC implementation

Challenges

Political unrest in the Middle East: 12 cardiologists expected at the Trainer Training workshop at the ESC in Amsterdam were unable to come to the congress because of the security situation in Egypt; instability in Lebanon delayed implementation of several TOT sessions, leading us to prolong the project period.

Language, culture and logistics: Time zones and language barriers are a big challenge to planning, reporting and exchange. Projects are run by cardiologists, whose professional culture of reporting or planning is not the same from place to place (and nowhere is the same as Swiss project managers'). In the Middle East, a last-minute style of organizing events (sometimes with only a few weeks of lead time) made it especially challenging to gather data.

Professional culture: Changing professional culture is not a low-hanging fruit. The strategy of making activities inside of cardiology congresses is essential for building sustainability and ownership, but had drawbacks as participants were distracted by packed agendas. Standalone events that would capture concentration better could not achieve the "mainstreaming" that we sought, so we had to accept a tradeoff.

Gathering data: Few trainees filled out pre- or post-training surveys as requested and they certainly did not respond to emails three months later. This made it difficult to evaluate what had been learned or whether it changes practice. To note that this was already anticipated from the beginning: we were not expecting that a single training course, even if it changes knowledge, would change practice in a situation where medications are not available, cardiologists have an average of less than 3 minutes per patient and up to 60% still smoke. Our purpose was to begin a dialogue (based on action, not just talking) on the barriers and form networks of people committed to overcoming them as a basis for sustained work in the area.

ⁱ including Andrew Pipe (Canada), Robert West (UK), Martin Raw (UK, Brasil: coordinator of FCTC Article 14 guidelines), Raj Panda (India), Judith MacKay (Scotland and Hong Kong), Sohel Chaudhury (Bangladesh), Stanton Glantz (USA), Richard Hurt (USA), Tom Glynn (USA), and project partners.