MINUTES OF AN ISH INTERNATIONAL FORUM MEETING
HELD ON TUESDAY 27TH SEPTEMBER 2016 FROM 12:30-14:15 HRS
Coex Convention Centre, Seoul, South Korea

Present:
(Affiliated Society titles are given where known).

Ernesto Schiffrin (Canada) ISH Forum Chair, ISH Immediate Past President, Chair, President, Hypertension Canada
Ibtisam Ali (Sudan) President, Sudanese Society of Hypertension
Lyaisan Andreeva (Russia) Regional Advisory Group member, Eastern Europe & Middle East
Mustafa Arici (Turkey) Sudanese Society of Hypertension
Hind Mamoun Beheiry (Sudan) Sudanese Society of Hypertension
Rajendra Bhatt (Nepal) President, British Hypertension Society
Jürgen Bohlender (Switzerland) President, Brazilian Society of Hypertension
Luiz Bortolotto (Brazil) ISH Council member
Louise Burrell (Australia) WHL Immediate Past President
Norm Campbell (Canada) Vice President, British Hypertension Society
Francesco Cappuccio (UK) President, ISH Council member
Rafael Castillo (Philippines) President, Philippines Society of Hypertension
Fadi Charchar (Australia) Pakistan Hypertension League
Maha Elamin (Sudan) President, Sudanese Society of Hypertension
Jan Filipovsky (Czech Republic) ISH New Investigator Committee
Roberto Franco (Brazil) President, Brazilian Society of Hypertension
Lynne Gomez (Philippines) President, Filipinos Society of Hypertension
Rafael Hernandez (Venezuela) President, Philippine Hypertension Society
Masatsugu Horiuchi (Japan) Japanese Society of Hypertension / ISH Council member
Dina Ibrahim (Egypt) Sudanese Society of Hypertension
Muhammad Ismail Qureshi (Pakistan) Pakistan Hypertension League
Sanjay Jain (India) President, World Hypertension League
Solomon Kadiri (Nigeria) ISH Council member
Ruan Kruger (South Africa) President, World Hypertension League
Daniel Lackland (USA) ISH Council member
Lars H. Lindholm (Sweden) President, World Hypertension League
Dragan Lovic (Serbia) ISH Council member
Muhammad Malik (Pakistan) President, World Hypertension League
Safiaa Medani (Sudan) President, World Hypertension League
Trefor Morgan (Australia) General Secretary, Asian Pacific Society of Hypertension
Basden Onwubere (Nigeria) President, Nigerian Hypertension Society
Ludmila Panchenkova (Russia) ISH Council member
Jeong Bae Park (Korea) President, World Hypertension League
Neil Poulter (UK) ISH Council member
Raj Kumar Shrestha (Nepal) ISH Council member
Naftali Stern (Israel) President, World Hypertension League
Yuda Turana (Indonesia) President, Indonesian Society of Hypertension
Rhian Touyz (UK) ISH Council member
Richard Wainford (USA) ISH Council member
Michael Weber (Australia) ISH Council member
Xiaoxiao Zhao (China) ISH Council member

In attendance: Charlotte Hegarty, Helen Horsfield and Jacinta Scannell (ISH Secretariat)

1. WELCOME AND APOLOGIES:
E. Schiffrin extended a warm welcome to all attendees of the meeting.

The Forum Meeting, held at every ISH Biennial Scientific Meeting, gives an opportunity for regional and national society partners (the constituents of the ISH International Forum) to come together. The number of Forum members currently stands at approximately 100. The key aim of the Society (via the Forum) is to keep in touch with these organisations in between these meetings. Recent activities have been targeted around World Hypertension Day.

E. Schiffrin extended a special welcome to D. Lackland (President of the World Hypertension League) who had been asked to contribute to the meeting. Harmonisation between the WHL and the ISH via the International Forum provides useful opportunities to achieve efficiencies on both sides and enrich the activities for Forum members.

The ISH is seeing the next generation of scientists becoming very involved with the Society via the New Investigator Network and younger members are also starting to appear as Council members. The Society would be interested in working with its constituents (Forum members) to further develop and extend the reach of the New Investigator Network globally and involve younger members of Affiliated Societies in ISH NIC activities.

2. MINUTES OF PREVIOUS MEETING
The minutes of the previous meeting held on 14th June 2014 in Athens were approved.

3. REPORT FROM THE ISH PRESIDENT: Global activities
R. Touyz presented her President’s report. Her vision as President for 2014-2016 was to:

1. Expand the global educational activities
2. Develop regionally appropriate teaching aids, slide sets and to encourage ISH-related peer-reviewed publications
3. Collaborate with global leaders & national associations on educational programmes
4. Utilise ISH funds to meet charitable objectives - Fellowship Scheme
5. Support outreach programmes to educate the public on hypertension and to work closely with the WHL and WHF
6. Develop a new programme to support women in hypertension research

R. Touyz summarised key educational activities that have taken place from July 2015 to September 2016 - as follows. She indicated the global spread of these initiatives by presenting their location on a map. ISH requests proposals each year for the Society to support activities in the regions. Requests are to be channelled via the 5 Regional Advisory Groups (RAGs) for (1) Africa (2) Asia and Australasia (3) Central and South America (4) Eastern Europe and Middle East and (5) Western Europe and North America.

- August 2015: Asia & Australasia Summer School, Beijing, China
- August 2015: Congress of the Brazilian Society, Rio de Janeiro, Brazil
- August 2015: Indonesian Society of Hypertension - InaSh - 2016 Meeting, Jakarta, Indonesia
- Sept. 2015: American Heart Association (AHA) Scientific Sessions, NIC collaboration, Washington D. C., USA
- Oct. 2015: ISH Symposium (at the Pan African Society of Cardiology - PASCAR meeting), Mauritius
- Nov. 2015: 2nd International Conference of the Sudanese Society of Hypertension
- Jan. 2016: Bangalore Integrated Medicine Conference
- Feb. 2016: Gordon Research Seminar (GRS) on Angiotensin
- April 2016: Africa Hypertension Summer School, Maputo, Mozambique
- April 2016: Argentina Arterial Hypertension Society - NIC Collaboration
- May 2016: World Congress of Cardiology, Mexico - Mexico Declaration
- June 2016: Japanese Society of Hypertension (JSH) Kyoto Hypertension Summit - Kyoto Declaration
- August 2016: ISH & Asian Pacific Society of Hypertension (APSH) Summer School, Lucknow, India
- August 2016: ISH symposium – ESC Congress, Rome
- Sept. 2016: AHA- NIC collaboration, Orlando, USA

Workshops and activities will additionally take place in 2016 as listed below.

- October 2016: Latin American Society of Hypertension (LASH) / SCCH Congress, Guatemala City
- Ongoing: Certificate Course in Management of Hypertension, India – to be launched in Seoul and with global expansion plans being made currently
- Ongoing: ISH Funding for Mentors and Organisations to Train Research Scholars in Hypertension
Work that has been carried out with global leaders and hypertension societies was summarised.

- AstraZeneca (AZ) - The AZ Healthy Heart Africa Initiative supported the ISH Maputo Teaching Seminar in May
- European Society of Cardiology - A joint ISH-ESC session took place at the ESC 2016 in Rome
- International Federation for Pharmaceutical Manufacturers & Associations (IFPMA) – ISH produced an infographic with this organisation at the time of World Hypertension Day in May 2016
- Japanese Society of Hypertension - The ISH was a co-signatory on the Kyoto Declaration indicating that the Societies are committed to reducing the world burden of hypertension
- Journals - Several Journals have supported the ISH 2016 New Investigator Poster Awards
- The Lancet - The Lancet Commission on Hypertension is supported financially by the ISH
- Novartis Foundation - Discussions have taken place with this organisation in relation to collaboration with educational activities in low and middle income countries.

As concerns interacting with global leaders, the Society has been involved as follows.

- World Heart Federation (WHF): representation at the World Congress of Cardiology (WCC 2016 Congress), endorsement of the WHF Roadmap, Mexico Summit Attendance and signing of the Declaration for Circulatory Health (committing to the WHF 25:25 mission), as well as involvement with their White Paper on Salt and CVD committee
- World Health Organization (WHO): Attendance at the WHO Meeting on Cardiovascular Prevention on a Global Scale and involvement with their Global Hearts Initiative
- World Hypertension League: Salt Steering Committee participation / World Hypertension Day

The ISH has been involved with a number of peer-reviewed publications in 2016.


Part of R. Touyz’s vision was to invest in the next generation of hypertension researchers, grow the Mentorship Scheme, nurture our future ISH leadership and introduce the Emerging Leaders category of membership. These points were covered in the meeting in more detail by A. Schutte and M. Tomaszewski. However, she applauded the NIC on carrying out another very successful Mentorship and Networking event the day previously.

R. Touyz has developed a programme to support and mentor women in hypertension research. The Mission of this programme is:

- To promote women scientists and clinicians so that they can fulfil their career aspirations in the field of hypertension and related cardiovascular diseases.
- To provide a platform for networking and mentoring to enable women hypertension researchers to maximise career opportunities. In particular to reach out to those who do not have formal mentoring support.
- To recognise and promote successes of women in the hypertension community.
- Aim to involve all ISH members in promoting equal opportunities for women in science and medicine based on merit.

R. Touyz detailed further exciting new activities carried out by the Society.

- Research Foundation – Scholarship to support young investigators in low-income countries and develop expertise and skills in the region / location of the mentor who will be in receipt of the award. 21 applications have been received of which 9 have been shortlisted. The winner will be announced in the next few months.
- Engaging in research activities with other Hypertension Organisations e.g. with the ESH in projects related to Hypertension apps.
- Optimising healthy financial status.
- Creating an Accreditation Education (Sub) Committee to assist with the numerous requests received by the Society.

4. REPORT FROM THE WHL PRESIDENT

The ISH was delighted that D. Lackland was able to attend the meeting to give an update on behalf of The World Hypertension League (WHL). WHL membership is currently comprised of 60 national hypertension societies who comprise their council. Regional offices have been established as follows: WHL China (Beijing), Regional WHL India (Hyderabad), Regional WHL Sub-Saharan Africa (Cameroon), and Regional WHL South America (Cordoba, Argentina) with South Pacific proposed this year.

The Major activities of WHL are:
- Global awareness - via World Hypertension Day - annually in May
- Global provider education
  - WHL newsletter (Editor, L. Beilin)
  - The official Journal of WHL (Journal of Clinical Hypertension)
  - Educational programme to address the knowledge gap in the treatment of high blood pressure.

D. Lackland indicated that the 1st step to addressing the issues of inadequate knowledge of appropriate hypertension treatment is identifying the current state. Specified knowledge gaps have been identified by WHL and used to develop online CME programme modules / lectures addressing each gap.

Phase 1:
- Web-based CME one hour modules addressing each identified knowledge gap. 25 modules are available so far. Each of the modules have their own objectives and are free for anyone in the world to access. D. Lackland highlighted one of the modules on - Home Blood Pressure Monitoring: When, How, and Why presented by Donald J. DiPette MD, FACP, FAHA.
- Enduring lecture by nationally recognized experts in the field - Provided their own material to cover specific gaps
- Post test - Questions derived from new information presented in each module / Multiple choice format / Used to obtain CME credit

Plans are in place in relation to future analyses / studies:
- Gap analysis for behaviour gaps on appropriate treatment of hypertension - Development of CME program and Assessment of behaviour change
- Gap analysis for outcome gaps on appropriate treatment of hypertension - Development of CME program and assessment of outcome change

- Global hypertension and risk factor control: WHL works with local societies and ministries of health for establishing protocols and policies
- Recognition and awards: WHL supports awards. D. Lackland highlighted the winner of the 2016 Excellence in Hypertension Prevention and Control at the Population Level as Dr Paul Whelton from New Orleans, Louisiana, USA.

5. REPORT FROM THE NIC

A report was presented by F. Charchar as member of the New Investigator Committee (NIC). He presented the current structure of the NIC, including a list of the talented NIC members - 24 people from 15 countries all belonging to one of the three working groups (1) Media (2) Networking and Mentorship or (3) Recruitment. 42% of the current members (10) are female.

He highlighted the work of the Media Working Group. The NIC has a very strong presence on the ISH website and on social media platforms including Facebook, Twitter, YouTube (via the videos - ISHCasts) and LinkedIn. Committee members very actively contribute to the ISH New Investigator Network Facebook page which was established in March 2011. There are 2,068 followers currently. 53% men, 47% women. Last year the NIC made around 200 posts on the Facebook page and each post had an average reach of around 350 people.

The Twitter page has been active since 2014. It has 246 followers of which 49% are male and 51% female and from 80 organisations including ESH, ASH, WHF and Omron). The NIC have made a total of 621 tweets and last year there were 35,000 impressions from the twitter page.
The YouTube channel was established in December 2011. It includes a total of 30 videos which have received a total of 2,000 views. ISHCasts (new investigator interviews) have been recorded with award winners on Healthy blood pressure tips (World Hypertension Day feature) an Editors Series with interviews to date from the Editors of Clinical Science and Hypertension.

The ‘What’s on my desk’ initiative is run by the NIC Media Working Group and features prominent ISH scientists who provide the title and details of an article that is of interest to them at the moment. It provides new investigators with an insight into the minds of world leaders in hypertension research. There have been 11 profiles to date focusing on both the academic interests and leisure pursuits of the leaders featured.

The new investigator monthly spotlight was established in August 2011 and continues to feature new investigators from around the globe. F. Charchar highlighted a testimonial from a member included in a past spotlight, Sonja Nikolic from Tasmania. She states that she was complimented by her supervisors and other researchers for her involvement with the programme.

The ISH Mentorship Scheme was established in 2014. 10 mentors-mentees were matched by the NIC during the period 2014-2015. These matches have been monitored by the NIC Mentorship and Networking Working Group, feature on the ISH website and have been profiled in Hypertension News and the monthly bulletin. Annual mentoring events take place during ISH/ESH meetings and he reported that a successful event had taken place the day previously at a venue called LU in the Coex, Seoul venue.

The aims of the Mentorship Scheme are:
1. to reach out to Early Career members of the ISH and help these young clinicians and scientists develop their professional careers;
2. to promote the highest possible quality of science and practice in cardiovascular disease and hypertension throughout the world by enriching the scientific base of junior scientists and clinicians;
3. to facilitate and increase international collaboration in basic and clinical research in cardiovascular disease;
4. to introduce bright younger investigators to established labs;
5. to enhance the educational, social and personal growth of new investigators through a supportive relationship with their mentor;
6. to add value to membership of the ISH.

F. Charchar highlighted mentorship success stories in the matches between F. Marques and G. Lambert (both from Australia) and Y. Kokubo (Japan) and V. Ivkovic (Croatia).

Recent NIC collaborations have been as follows.

**Within the Society**
- Corporate Liaison Committee – 3 NIC members (M. Tomaszewski, S. Brouwers, A. Schutte) are members of this committee
- Communication Committee – Dylan Burger makes regular contributions to the newsletter (Hypertension News), the monthly e-Bulletin and the Society website
- Membership Committee – 4 NIC members are involved (A. Schutte – chair, M. Tomaszewski, P. Veerabhadrappa, R. Wainford)
- Awards Committee – 1 NIC member (A. Schutte) contributes
- Council – 3 members of the NIC are Council members
- Women in Hypertension – 2 NIC members are involved (A. Schutte, F. Charchar)

**Other Societies**
- AHA Council of Hypertension – an annual joint new investigator programme takes place
- Argentine Society of Hypertension

**Partnerships with journals**
- Hypertension – awards jointly funded by ISH NIC, AHA TAC
- Journal of Hypertension – publication of the NIC annual conference contributions
- American Journal of Hypertension, Hypertension Research, Clinical Science, Journal of Human Hypertension – financial contributions to the NIC poster presentation awards

**6. SUMMARY REPORTS ON THE REGIONAL CHALLENGES IN HYPERTENSION MANAGEMENT SESSIONS THAT TOOK PLACE ON 25th SEPTEMBER**

**6.1 East Asia**
No report was made regarding the East Asia challenges session.
6.2 Middle East and South Asia
No report was made regarding the Middle East and South Asia challenges session.

6.3 Southeast Asia
R. Castillo made a short presentation to summarise the South East Asia (SEA) Challenges session.

He highlighted the hypertension prevalence, awareness, treatment and control rates in SEA for Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor Leste and Vietnam. There is a mismatch in relation to the resources available to control hypertension. There is an increasing trend in the prevalence of hypertension in SEA.

- Indonesia 8% (1995) to 32% (2008)
- Myanmar 18% (2004) to 31% (2009)
- Philippines 11% (1992) to 28% (2013)
- Malaysia 32.9% (1996, 42.6% (2006), 43.5% (2011) >= 30 y.o.

R. Castillo highlighted the barriers to prevention and control of HTN in SEA:
- High diagnostic gap, low opportunistic screening at primary level
- Lack of enabling environment
- Cultural norms promoting unhealthy lifestyles, high salt intake
- Poor antihypertensive coverage/patient adherence
- Reliance on traditional healers and self-medication

Instant noodles are very commonly eaten and contain a very large amount of salt (1.5-7.5 gm per 100 gm-serving). Fish sauces are also becoming customary fare and again include a very large amount of salt.

A slide was presented on drug treatment expenses for hypertension.
- Average 1 year expense = Php 7,372 (USD 157)
- Monthly equivalent = Php 614 (USD 13)

He presented a slide on the polypill. This combination pill is being made more available for the general population in Philippines and has a much lower cost. It is effective and has better long-term compliance.

A problem remains that many people still believe that herbal treatments for hypertension are as effective as traditional treatments.

R. Castillo highlighted the following elements as key components of an ideal national system response to hypertension prevention and control.
- A dedicated operational unit or branch of Ministry of Health or equivalent implementing a multi-sectoral national action plan program
- Population-level salt reduction strategy
- Evidence-based national guidelines with a primary care approach identifying hypertensives at greater risk
- HTN/NCD surveillance and monitoring system

6.4 Latin America
L. Bortolotto (a representative of the Brazilian Society of Hypertension and the Scientific Director for this Society) made some comments from his region. He highlighted the most important issue as being awareness. Hence, the Brazilian Society has been actively carrying out screening and measurement activities at the time of WHD. The Society launched a joint programme two days previously with the Brazilian Societies of Nephrology and Cardiology.

He hoped that the Brazilian Society could strengthen its links with the ISH and collaborate in the dissemination of guidelines in Brazil.

6.5 Africa
B. Onwubere summarised the key points made in the Africa challenges session.

Albertino Damasceno: Hypertension, steady but continuing changes in developing countries
- Hypertension becoming a major CV risk factor in SSA
- Mean SBP higher in all regions of Africa compared with other regions of the World
- Disturbing low levels of awareness noted
• High incidence of stroke mostly haemorrhagic observed in relatively younger age group
• Need for increasing awareness and increased availability of effective generic drugs for effective control

**Solomon Kadiri: Hypertension and kidney complication in Africa**

• Age standard prevalence rates for HBP higher in Africa than other regions of the world
• Disproportionately high morbidity and mortality noted in Africa generally
• Lack of nocturnal dipping and microalbuminuria predictive of vascular damage occur early in the course of HBP
• Multiple TOD observed in up to 50% of newly diagnosed HBP subjects – more marked when kidney disease is present
• HBP ranks second to glomerulonephritis as the commonest causes of ESRD in Africa
• There is heterogeneity in the susceptibility to kidney disease in HBP associated with APOL 1 gene risk variants
• Recommends effective control to below 140/90 mm Hg and additional measures – control of glycaemia, lipidaemia, dietary protein restriction and avoidance of nephrotoxic drugs

**Alta Schutte: The progression of hypertension in Africa**

• In recent decades transition of populations in many African countries from traditional lifestyles to urbanized environments has significantly contributed to escalation of HBP and CV events in the largely black populations in Africa
• WHO reports prevalence of HBP is globally highest in African continent
• Recent research in South Africa shows the negative effect of environmental factors e.g., sugary drinks to the obesity epidemic
• A 5-year follow-up study shows central obesity and excessive alcohol use as largely contributing to incident hypertension
• Recommends more concerted efforts and research capacity to combat the HBP scourge in spite of the additional burden of infectious diseases and NCDs in Africa

**Brian Rayner: Differences in management of hypertension between ethnic groups**

• Although the consequences of HBP are universal, Blacks (African Americans or Indigenous Africans) have been the subject of a differential approach to causation, outcome and treatment.
• Blacks have greater propensity to salt sensitivity and suppressed plasma renin suggesting a predisposition to Na retention by the kidney.
• In Blacks generally, TOD is more frequent and BP is more difficult to control despite more intensive therapy.
• Primary aldosteronism due to adrenal hyperplasia with low renin and elevated aldosterone is also more common in African Americans, but few data is available from Africa.
• Recommends a more physiological approach to treatment of low renin resistant hypertension in Africans with spironolactone and amiloride dependent on renin and aldosterone levels.

6.6 **Eastern Europe**

D. Lovic made some comments as an ISH Eastern Europe and Middle East RAG member. He felt that some improvements have been made in Eastern Europe in the last few years. However socio-economic problems still apply. He reported that presentations were made at the Eastern Europe session as follows.

- Public health and hypertension in Eastern Europe - A lifecourse perspective, P. Nilsson (Sweden)
- Epidemiological situation of hypertension in Eastern Europe, D. Lovic (Serbia)
- ESH stroke survey. Results from the Czech Republic, R. Cifkova (Czech Republic)
- Risk factors and compliance at hypertensives – West Siberia residents, D. Yakhontov (Russia)

7. **FEEDBACK FROM FORUM MEMBERS / AFFILIATED SOCIETIES**

M. Ishaq, Pakistan Hypertension League (PHL) expressed an interest in the India certificate course being rolled out to his country.

He also made a few comments from the perspective of the PHL. The League has been an ISH Affiliated Society since the Forum was established, has 16 chapters and is working very hard to gain awareness across the country. They have also created guidelines to this end. Risk factors highlighted were smoking, rapid migration to cities from rural areas. This is placing a tremendous pressure on the healthcare system. M. Ishaq thanked WHD for their continuous guidance and reported that WHD creates a great forum to campaign against smoking and other risk factors. He commented that events in mosques and shopping centres have in the past been very
successful, as have short talks, walks and workshops supported by young doctors. PHL hold a widely attended annual symposium, as well as further events across the country.

A question was raised by I. Ali (President, Sudanese Society of Hypertension) in relation to advocacy and ministry liaison. This was very important part of the role of the Society. D. Lackland indicated that WHL would be keen to share stories and experience with her Society.

I. Ali questioned whether it would be possible for the ISH to hold a Teaching Seminar / educational event in Sudan. It was proposed that this matter should be addressed to the new Africa RAG chair when appointed for 2016-2018. B. Onwubere congratulated the representatives of the Sudanese Society of Hypertension on the wonderful work that they had carried out over the last 2-3 years and in particular in developing guidelines and implementing hypertension meetings.

E. Schiffrin commented that the needs of each Affiliated Society differ. It is important for societies to let ISH and WHL know what is important to them locally so that support can be offered where possible.

M. Arici congratulated the Society on holding various challenges sessions at the Seoul meeting. He felt that these were extremely valuable and should be reported on in the Journal of Hypertension and continued for future Scientific Meetings. However, he said that they would be better placed within the main meeting programme and not as parallel sessions. It would be ideal to be able to attend more than one session to gain a perspective from a different region.

T. Morgan reported that the ISH and Asian Pacific Society of Hypertension (APSH) have a fruitful relationship. The two societies have come together to run Summer Schools, with a further one taking place in Shanghai in 2017. Funds are used to invite applicants to attend and proposals for all activities are viewed more favourably if they are innovative and concern regional activities rather than an activity that will benefit just one country.

L.H. Lindholm invited all Affiliated Societies to circulate the quarterly newsletter (Hypertension News) to their members and constituents.

8. WORLD HYPERTENSION DAY 2017

N. Poulter and D. Lackland have been in discussion to collaborate to make World Hypertension Day a much greater event and to extend the existing Know your numbers campaign. The aim is to screen 25 million people globally over the course of the month of May in 2017. This figure could be reached if screening were to take place in 100 countries and within 100 sites in each of these countries. 100 people would need to be screened at each of these sites each day.

An invitation was made to Affiliated Society representatives to actively contribute and ISH and WHL look forward to updating Forum members on this initiative as soon as possible.

9. ANY OTHER BUSINESS

No further business was discussed.

10. DATE AND PLACE OF NEXT MEETING

The next International Forum meeting will take place at the time of the ISH October 2018 meeting in Beijing, China. The ISH looks forward to liaising with Forum members in advance of this meeting.