



**THE GLOBAL SOUTH-NORTH COLLABORATION SCIENTIFIC MEETING ON
CARDIOVASCULAR DISEASE PREVENTION: 9TH MARCH 2022, GOLF COURSE HOTEL,
KAMPALA, UGANDA**

**THEME: CARDIOVASCULAR DISEASE PREVENTION IN EUROPE AND SUB-SAHARAN
AFRICA: LESSONS AND EXPERIENCES**

MEETING DATE: 9TH MARCH 2022

TIME: 8:00 AM – 5:00 PM EAT // 6:00 AM – 3:00 PM CET

VENUE: GOLF COURSE HOTEL, KAMPALA, UGANDA

Organisers

Makerere University School of Public Health, Ministry of Health – Uganda, and Mukono and Buikwe districts in collaboration with:

1. University of Antwerp, Belgium
2. Nottingham Trent University, United Kingdom
3. Brighton and Sussex University, United Kingdom
4. Centre Hospitalier Regional et Universitaire De Brest
5. University of Limpopo, South Africa

<p>Chair - Organising Dr. Geoffrey Musinguzi, Project Manager & Principal Investigator, SPICES Project; Department of Disease Control and Environmental Health, Makerere University School of Public Health, P. O. Box 7072, Kampala, Uganda Email: mgeof@musph.ac.ug Telephone: +256772428842</p>	<p>Co-Chair - Organising Prof. Hilde Bastiaens, Project Coordinator, SPICES Project; Family Medicine and Population Health, University of Antwerp, Universiteitsplein 1, 2610 Wilrijk, Belgium. Email: hilde.bastiaens@uantwerpen.be Telephone: +32(0)32651825</p>
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Background

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 main CVD causing most death are coronary heart disease, stroke, heart failure, as well as renal complications driven by genetic and a range of modifiable risk factors. These factors include hypertension, diabetes, obesity, unhealthy diet, physical inactivity, excessive alcohol consumption, raised blood lipids, and psychosocial factors⁵.

Sub-Saharan Africa (SSA) is experiencing a rapid epidemiological transition⁶. The burden of CVDs in the region is compounded by a lack of integrated primary health care programs for early detection and treatment of people with increased risk. As a result, many people in LMICs who suffer from CVDs have less access to effective, equitable and responsive health care services⁷. Considering the high burden of CVDs worldwide and the urgent need for effective preventive interventions, the 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. The project is organising a one-day scientific meeting to share evidence and lessons learnt in implementing CVD interventions with academics, researchers, practitioners, policymakers, and other stakeholders.

¹ Deaton C, Froelicher ES, Wu LH, Ho C, Shishani K, et al. (2011) The global burden of cardiovascular disease. *Eur J Cardiovasc Nurs* 10: 00111-00113.

² Nichols M, Townsend N, Scarborough P, Rayner M (2014) Cardiovascular disease in Europe 2014: epidemiological update. *Eur Heart J* 35: 2929. doi: 2910.1093/eurheartj/ehu2378.

³ Yusuf S, Reddy S, Ounpuu S, Anand S (2001) Global Burden of Cardiovascular Diseases: Part I: General Considerations, the Epidemiologic Transition, Risk Factors, and Impact of Urbanization. *Circulation* 104: 2746-2753.

⁴ Mathers CD, Loncar D (2006) Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Med* 3: e442.

⁵ Gersh BJ, Sliwa K, Mayosi BM, Yusuf S (2010) Novel therapeutic concepts the epidemic of cardiovascular disease in the developing world: global implications. *European heart journal* 31: 642-648.

⁶ Yusuf S, Reddy S, Ounpuu S, Anand S (2001) Global Burden of Cardiovascular Diseases: Part I: General Considerations, the Epidemiologic Transition, Risk Factors, and Impact of Urbanization. *Circulation* 104: 2746-2753.

⁷ WHO (2015) Cardiovascular Diseases (CVDs); Fact Sheet No317. World Health Organisation.





Meeting objectives

- Share the knowledge, evidence and best practices from the implementation and evaluation of CVD interventions and strategies for CVD prevention in Europe and SSA.
- Facilitate reciprocal learning and sharing of lessons across implementation sites in LMICs and high-income countries and generate context-specific recommendations.
- Facilitate greater interdisciplinary CVD research collaboration and learning globally and locally.

Meeting theme: Cardiovascular disease prevention in Europe and Sub-Saharan Africa: lessons and experiences

Sub-themes

- a) CVD risk factors, health promotion and prevention
- b) CVD profiling and screening
- c) Follow-up and self-management for CVD
- d) CVD care and management
- e) Technology and information systems for CVD prevention and management
- f) Integrated CVD prevention, care and management

Meeting details

Date and time: 9th March 2022; 8:00 AM – 5:00 PM EAT // 6:00 AM – 3:00 PM CET

Physical venue: Golf Course Hotel, Kampala, Uganda.

Registration link for virtual participation: <https://bit.ly/SPICESmeeting>

Opportunity to participate at the meeting

Academics, researchers, practitioners, policymakers, students and other stakeholders involved in CVD-related activities are invited to express interest to participate in the meeting. Organisations may also co-fund or exhibit products at the meeting. You may also submit an abstract for your CVD-related work aligned with any of the meeting sub-themes to be considered for presentation. Research abstracts should be formatted into the following subsections: Title, Background, Methods, Results and Conclusion. Appropriate subsections should be used for other abstracts. The body of the abstract should not exceed 300 words. Please also indicate the presenter and affiliation of all authors. To express interest to participate in the meeting or submit an abstract, please email: spices@musph.ac.ug and copy to Rawlance Ndejjo: ndejjo@musph.ac.ug by 11th February 2022. Feedback on submitted abstracts and persons to attend the physical meeting will be provided by 25th February 2022.

Funding

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