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"Novartis is collaborating with governments from Korea, Malaysia, Taiwan, and the UAE and Singapore to advance education around heart health"

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The Global Burden of Disease (GBD) special report, released a few days ago, reflects an urgent need for countries to establish public-health strategies aimed at preventing cardiovascular diseases by underscoring the global action needed to disseminate information and implement health programs, especially in hard-to-reach countries. While cardiovascular disease rates are high globally, regions of Asia, Europe, Africa and the Middle East were estimated to have the highest burden of CVD mortality. To better understand the initiatives being taken by the pharma industry in this direction, BioSpectrum Asia spoke to Ajay Tiku, Region Medical Head, Innovative Medicines, Asia Pacific, Middle East and Africa (APMA) at Novartis.



What is the current burden of cardiovascular diseases in the Asia Pacific, Middle East and Africa (APMA) region?

Globally, every minute 34 people die from cardiovascular disease (CVD) with more than five of those deaths occurring in Asia Pacific, Middle East and Africa (APMA). Although an estimated 80% of premature CVD events are preventable, it remains the leading cause of death in Asia with Atherosclerotic Cardiovascular Disease (ASCVD) being the most common type of CVD.

Treating ASCVD can put an economic and manpower strain on national healthcare systems and it is estimated that by 2030, the total global cost of CVD will top $1 trillion.

At Novartis, we are working toward a generational decline of cardiovascular mortality. Since there are often no obvious signs and symptoms of high cholesterol or heart disease, it is hard for individuals to physically feel and know when they might be at

risk – our goal is to empower people to take action for their own heart health. This includes getting their cholesterol checked, know what their LDL-c is, as one of the first steps to minimising the risk of developing heart problems in the future.

Is Novartis collaborating with different governments to improve cardiovascular healthcare in APMA region, and how?

Given the complexity and size of challenge in our region, no one party can tackle this alone, so it is critical that stakeholders from across the healthcare ecosystems, including governments and industry leaders like Novartis, work together to transform and improve cardiovascular care in the region.

With this in mind, Novartis spearheaded the Unblocked Movement , an initiative co-created with partners to bring patients, their loved ones, healthcare professionals and healthcare systems together in a shared mission to "unblock" barriers to heart health. Our goal is to drive a movement through sustainable partnerships across the healthcare ecosystem to raise awareness, and spur action and behavioural change toward achieving better heart health.

Underpinning the Unblocked Movement is the multi-stakeholder partnerships we are building to "unblock" barriers to heart health in the region, including Public-Private Partnerships (PPP) across the region. For example, Novartis is collaborating with governments, patient and professional groups from Korea, Malaysia, Taiwan, and the United Arab Emirates and Singapore to advance education and understanding around heart health.

In Korea we are collaborating with Seoul Metropolitan Government (SMG) and Korean Society of Cardiology Intervention (KSIC) on the prevention and management of dyslipidaemia for Seoul citizens. Our partnership with Abu Dhabi Public Health Office (ADPHD) in UAE seeks to educate and build awareness of ASCVD amongst patients, the public and healthcare professionals.

Similarly in Taiwan, we are working with Taiwan Society for Lipids and Atherosclerosis (TSLA) and the National Health Insurance Administration (NHIA) to promote education and awareness of ASCVD lipid management.

We are also seeking to understand gaps and attitudes towards high blood cholesterol and cholesterol management, for preventive care of cardiovascular disease so we can help healthcare systems better address these. In Singapore this takes the form of a partnership with Singapore Heart Foundation on a joint research project to gather insights from the public, patients and caregivers, which aligns with the Singapore government's Healthier SG strategy.

In Malaysia, our partnership with the National Heart Institute (IJN) has resulted in the establishment of a state-of-the-art multi-disciplinary Cardiovascular Risk Reduction Clinic (CRRC) to optimize care and improve the disease management of ASCVD.

And we continue to look for opportunities to partner in the area of CVD to breakdown barriers for patients.

How is Novartis working towards reducing this burden in terms of developing new medications and management in APMA?

Novartis has been very active in CVD research and development in the past 30 years. We continue to invest in research in this area to uncover new insights into the underlying causes of these diseases and are exploring novel approaches to prevent, slow, or reverse CVD.

Our priorities include:

- **Atherosclerosis**, with the focus on LDL-c reduction as a key driver of plaque formation, exploring emerging risk factors like Lp(a), and strategies to reverse atherosclerosis.
- **Heart Failure** (HF), with the focus on better understanding neuro-humoral mechanisms of a HF (EF). Novartis already delivered a breakthrough with Entresto, the first novel HF therapy in twenty years which has changed HF clinical practice. We are exploring mechanisms and molecules aimed at modifying cardiomyocyte function to benefit patients with HF.
- **Atrial fibrillation**, looking for new opportunities to restore sinus rhythm and prevent paroxysms.
- **Obesity-driven disease**, seeking therapies to provide substantial and durable weight loss to reverse and prevent obesity-driven diseases.

Besides our efforts to better understand pathophysiology, we invest in technology platforms. One of the advanced platforms, xRNA will play an increasingly important role in making new medicines. Some medicines use small interfering RNA (siRNA)

and others use single strands of RNA called antisense-oligonucleotides to search for and silence the gene which is responsible for the disease-related protein.

What is Novartis' current focus on the Indian cardiovascular market?

India accounts for one-fifth of all CVD related deaths and this cardiovascular epidemic in Indians is characterized by a higher relative risk burden, an earlier age of onset which is nearly in 10-years younger cohort compared to the population in the West, higher case fatality and higher premature deaths. Data shows that 80% of recurrent CVD deaths could be prevented, especially with better cholesterol management.

Over the years, Diabetes and Hypertension screening has been taken seriously and yet LDL-c, an important risk factor is currently being missed. LDL-c is in fact one of the most readily modifiable risk factors responsible for heart related ailments so people should be aware of the importance of monitoring and controlling their LDL-c.

We believe that a multi-stakeholder partnership is key to raise awareness about regular lipid testing and consultation with doctors about target LCL-c levels. In this endeavour, apart from the government bodies, public and private sector players and payors, as well as an organized, registered and active patient community is needed.

In India, the Alliance & Partnership for Patient Innovation and Solution (APPIS) platform, supported by Novartis, brought together patients who are passionate about championing the cause of heart health and ASCVD in India to facilitate discussions and exchange. Recently, Heart Health India Foundation began a partnership with the India Unblocked Movement to work together towards better heart health for Indians. They also collaborated with The Times of India for their Beat Bad Cholesterol initiative.

In terms of treatment and management of CVD, our India focus is aligned to our global commitment and our current portfolio includes innovative medicines in the area of diabetes, heart failure and ASCVD.

What new research areas should be explored to better understand the different cardiovascular diseases present and emerging in the world?

The World Heart Federation Cholesterol Roadmap 2022 provides an excellent conceptual framework for the development of national policies and health systems approaches. This framework identifies five focus areas to implement actionable solutions, so that potential roadblocks to cholesterol management and thus CVD prevention can be overcome.

1. **Improve awareness** – conduct awareness and educational campaigns aiming at HCPs, adapt evidence-based guidelines; provide education and tools for patients including those to improve adherence to therapy.
2. **Roll out population-based approaches to prevent CVD**, including support of food reformulation effort, tobacco control, education of health diet and life style at national level.
3. **Reinforce CV risk assessment and population screening** to improve early identification of CV risk factors, including screening for Familial Hypercholesterolemia and Lp(a).
4. **Implement system-level approaches targeting high-risk individuals.** This includes work on the local guidelines and addressing affordability issues of essential medicines.
5. **Establish national / regional surveillance of cholesterol and CVD outcomes.**

By focusing our combined efforts and expertise in these areas and ensuring ongoing progress is made, we can discover new ways to tackle CVD and improve and extend people’s lives.

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