

Roadmap to Achieve 25% Hypertension Control in Africa by 2025

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Background: The Pan-African Society of Cardiology (PASCAR) has identified hypertension as the highest area of priority action to reduce heart disease and stroke on the continent.

Objectives: The aim of this PASCAR roadmap on hypertension was to develop practical guidance on how to implement strategies that translate existing knowledge into effective action and improve detection, treatment and control of hypertension and cardiovascular health in sub-Saharan Africa (SSA) by the year 2025.

Methods: Development of this roadmap started with the creation of a consortium of experts with leadership skills in hypertension. In 2014, experts in different fields, including physicians and nonphysicians, were invited to join. Via face-to-face meetings and teleconferences, the consortium made a situation analysis, set a goal, identified roadblocks and solutions to the management of hypertension and customized the World Heart Federation roadmap to Africa.

Results: Hypertension is a major crisis on the continent but very few randomized controlled trials have been conducted on its management. Also, only 25.8% of the countries have developed or adopted guidelines for management of hypertension. Other major roadblocks are either government and health-system related or health care professional or patient related. The PASCAR hypertension task force identified a 10-point action plan to be implemented by African ministries of health to achieve 25% control of hypertension in Africa by 2025.

Conclusions: Hypertension affects millions of people in SSA and if left untreated, is a major cause of heart disease and stroke. Very few SSA countries have a clear hypertension policy. This PASCAR roadmap identifies practical and effective solutions that would improve detection, treatment and control of hypertension on the continent and could be implemented as is or adapted to specific national settings.

Key Words: action; Africa; blood pressure; control; hypertension; prevalence; roadmap

EXECUTIVE SUMMARY

The World Health Organization (WHO) estimated that the number of people affected by hypertension is highest in Africa, at about 46% of adults aged 25 years and older, compared to 35% to 40% elsewhere in the world. Many hypertensive Africans are unaware of their status, and are rarely treated or poorly controlled, making them at highest risk for stroke, and heart and renal disease.

African Union member states at the 2004 Addis Ababa meeting described hypertension as one of the continent's greatest health challenges after HIV/AIDS. An urgency was recognized to develop and share best practices, including

affordable and effective community-based programs to screen and treat hypertension.

The WHO's 2013 to 2020 global action plan calls upon the United Nations (UN) member states to take immediate action in preventing and controlling noncommunicable diseases (NCDs). Target 6 of the action plan aims to achieve a 25% relative reduction in the prevalence of raised blood pressure or to contain this by 2020, according to national circumstances. State and government heads in the UN Political Declaration are committed to preventing and controlling NCDs through the establishment and strengthening of multisectoral national policies and plans.

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The Pan-African Society of Cardiology (PASCAR) met several times to identify key actions for a hypertension roadmap on the continent. The PASCAR coalition identified several roadblocks hampering the control of hypertension on the continent, which exist at government/health-system, physician and patient levels and include the following.

Government- and health systems—related roadblocks

- Lack of established policies for controlling hypertension;
- Poor political willingness to implement policies on NCDs;
- Poor universal health insurance coverage leading to out-of-pocket payment by most patients, which leads to poor access and adherence to treatment;
- Lack of policies on antihypertensive medication procurement and distribution resulting in stock shortages;
- Lack of ad hoc screening and proper referral systems for patients identified at routine screening;
- Inability of governments to effectively work with the private sector, nongovernmental organizations (NGOs), and academia in a coordinated plan to tackle the burden of hypertension.

Health care professionals—related roadblocks

- Lack of appropriate evidence-based guidelines for health care professionals in individual countries;
- Hypertension treatment guidelines are poorly implemented because of a lack of continuing medical education;
- A dearth of health care professionals (physicians, nurses and trained health workers) at primary care level with very low physician/patient ratio;
- Lack of quality and affordable antihypertensive medications.

Patient-related roadblocks

- Poor awareness about hypertension and its consequences;
- Poor adherence to drug therapy because of limited access to medication;
- Difficulty in changing lifestyles, and false health beliefs that hypertension is curable, due to poor patient education.

PASCAR 10-point action plan

The PASCAR hypertension task force identified a 10-point action plan, to be implemented by African ministries of health to achieve 25% control of hypertension in Africa by 2025.

1. All NCD national programs should additionally contain a plan for the detection of hypertension.

TABLE 1. Definitions of classes of raised blood pressure

Category	SBP (mm Hg)	DBP (mm Hg)
Optimal	<120	<80
Normal	120–129	80–84
High normal	130–139 or	85–89
Grade 1 hypertension (mild)	140–159 or	90–99
Grade 2 hypertension (moderate)	160–179 or	100–109
Grade 3 hypertension (severe)	≥180 or	≥110
Isolated systolic hypertension	≥140 and	<90

DBP, diastolic blood pressure; SBP, systolic blood pressure.

2. Allocate appropriate funding and resources for the early detection, efficient treatment and control of hypertension.
3. Create or adopt simple and practical clinical evidence-based hypertension management guidelines.
4. Annually monitor and report the detection, treatment and control rates of hypertension, with a clear target of improvement by 2025, using the WHO STEPwise surveillance in all countries.
5. Integrate hypertension detection, treatment and control within existing health services, such as vertical programs (e.g., HIV, TB).
6. Promote a task-sharing approach with adequately trained community health workers (shift-paradigm).
7. Ensure the availability of essential equipment and medicines for managing hypertension at all levels of care.
8. Provide universal access and coverage for detecting, treating and controlling hypertension.
9. Support high-quality research to produce the evidence that will guide interventions.
10. Invest in population-level interventions for preventing hypertension, such as reducing high levels of salt intake and obesity, increasing fruit and vegetable intake and promoting physical activity.

African ministries of health, in their leadership roles, are called to adopt the 10-point action plan and customize it at a country level using a multisectoral approach. PASCAR calls on NGOs, all fraternal organizations, health care leaders and other members of the international community to join in this ambitious endeavor to support efforts by African ministries of health in reducing the burden of hypertension in Africa. Effective advocacy toward policy makers and politicians in national governments is particularly encouraged.

HYPERTENSION DEFINITIONS

There is a graded relationship between blood pressure (BP) levels, as low as 115/75 mm Hg, and cardiovascular disease (CVD) risk [1]. However, hypertension is defined as the BP

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