

Increasing Awareness of Hypertension in Africa : Road to Success

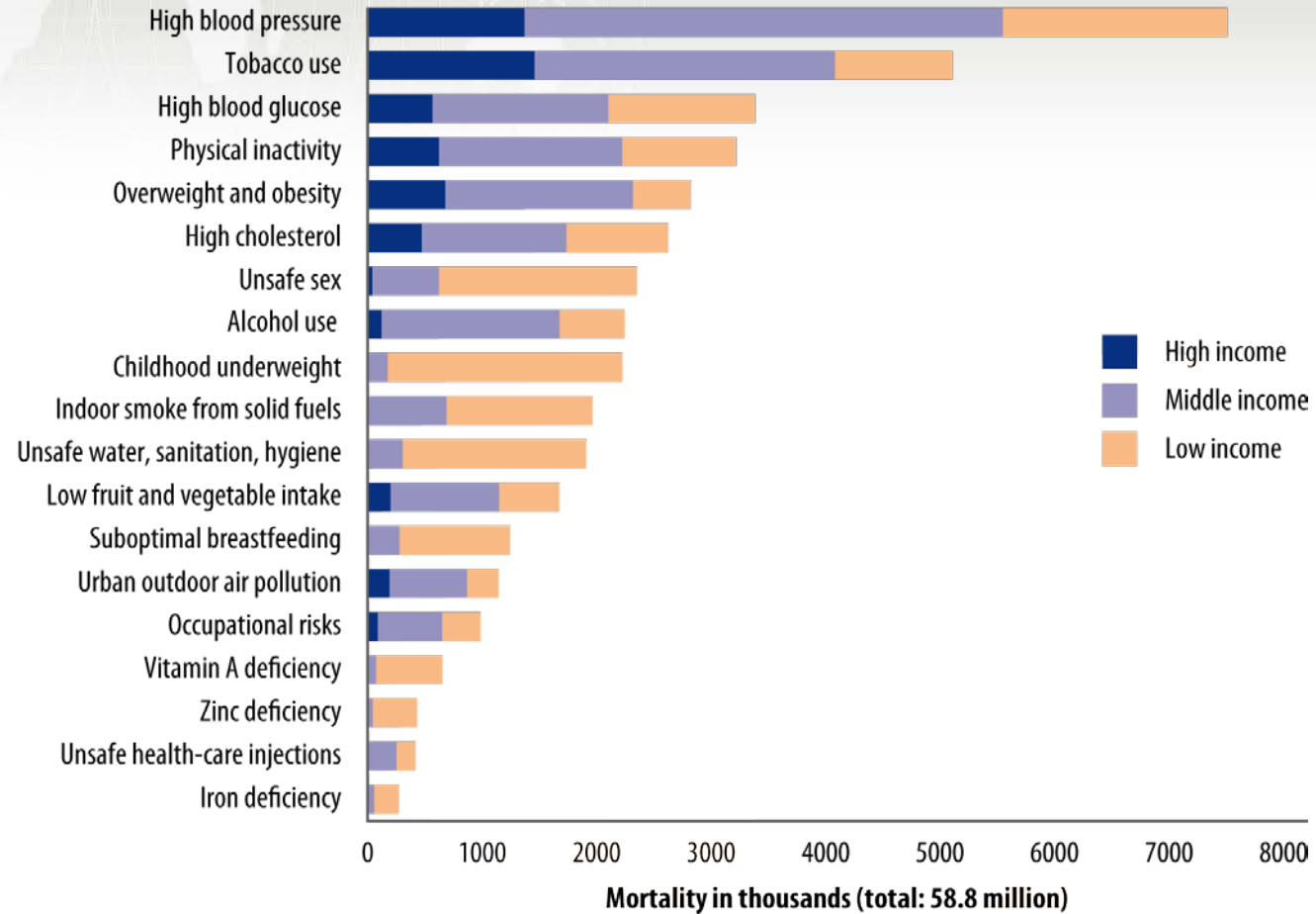
Neil R Poulter

International Centre for Circulatory Health
and Imperial Clinical Trials Unit
Imperial College London

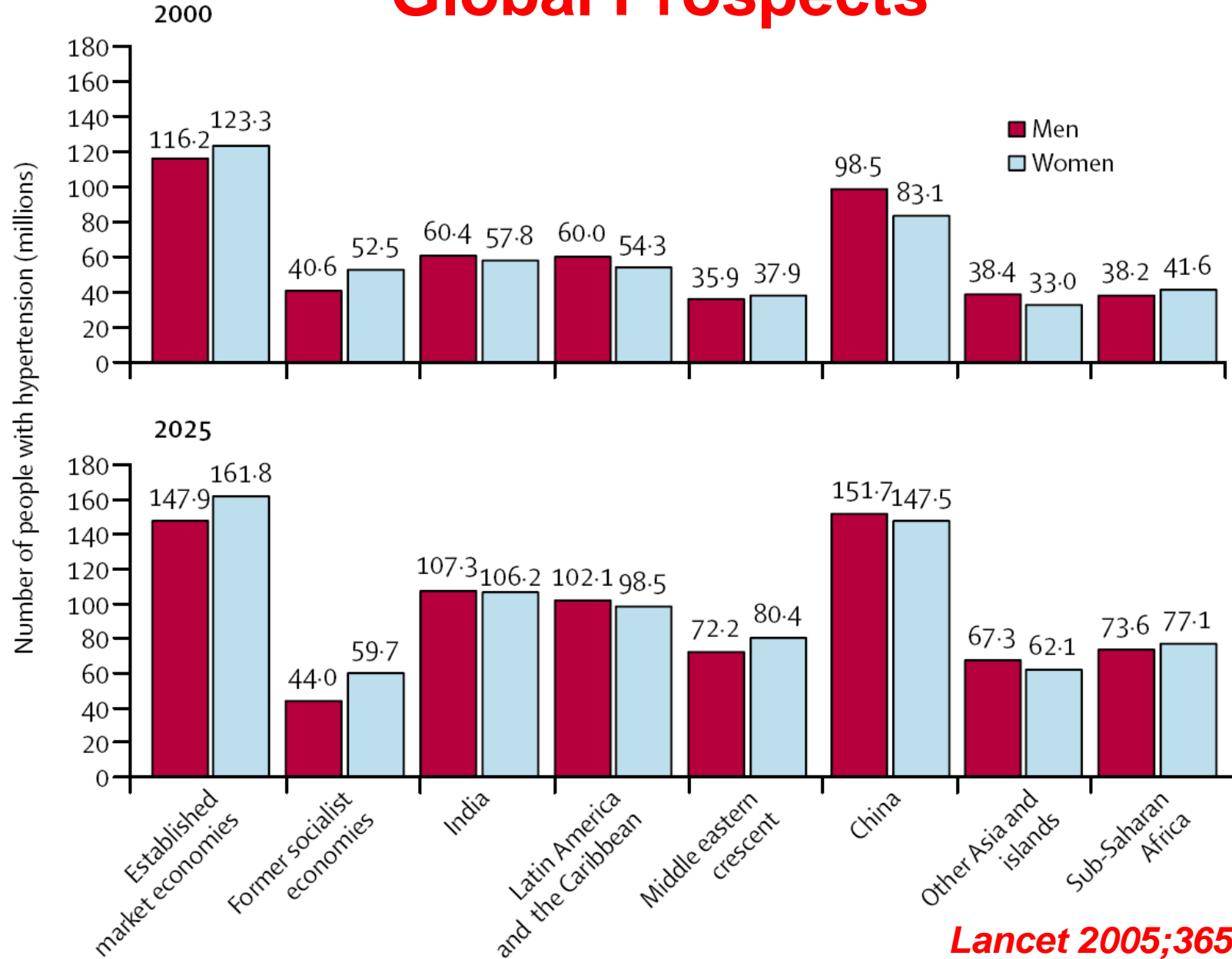
President of International Society of Hypertension 2016 – 2018

World Heart Federation : African Summit
Khartoum, Sudan : October 2017

Deaths attributed to 19 leading factors, by country income level, 2004



Hypertension: Size of the Problem - Global Prospects



Development and Risk Factors

	RISES	FALLS
Age	✓	
Exercise		✓
Alcohol intake	✓	
Salt intake	✓	
Potassium intake		✓
Body weight	✓	
Stress	?	
Smoking	✓	
Sat fats	✓	

Optimal CVD Prevention

≈

The prevention of (aspects of)
development

Hypertension: Awareness, Treatment & Control[†] by National Income: 2003 – 2009. PURE Study

Income level	n	Aware (%)	Treated (%)	Controlled (%)
High	6263	49.0	46.7	19.0
Upper Middle	18123	52.5	48.3	15.6
Lower Middle	23269	43.6	36.9	9.9
Low	10185	40.8	31.7	12.7
Total	57840	46.5	40.6	13.2

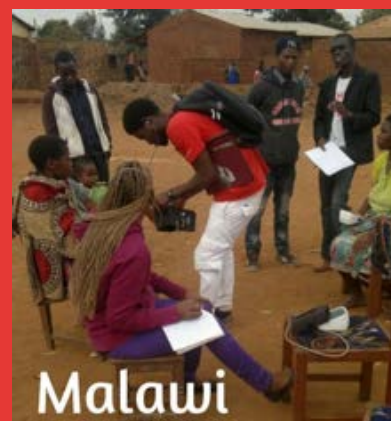
[†] <140/90

Awareness Treatment and Control of Hypertension. Health Survey for England (HSE) 1994 - 2011

Year	Awareness %	Treated %	Controlled %
1994	46	32	11
1998	53	39	15
2003	62	48	22
2006	66	54	28
2011	71	59	37

SBP \geq 140mmHg or DBP \geq 90mmHg or on treatment for hypertension

May Measurement Month (MMM) is an initiative led by the International Society of Hypertension (ISH) aimed at raising awareness around blood pressure worldwide and took place for the first time during May 2017.



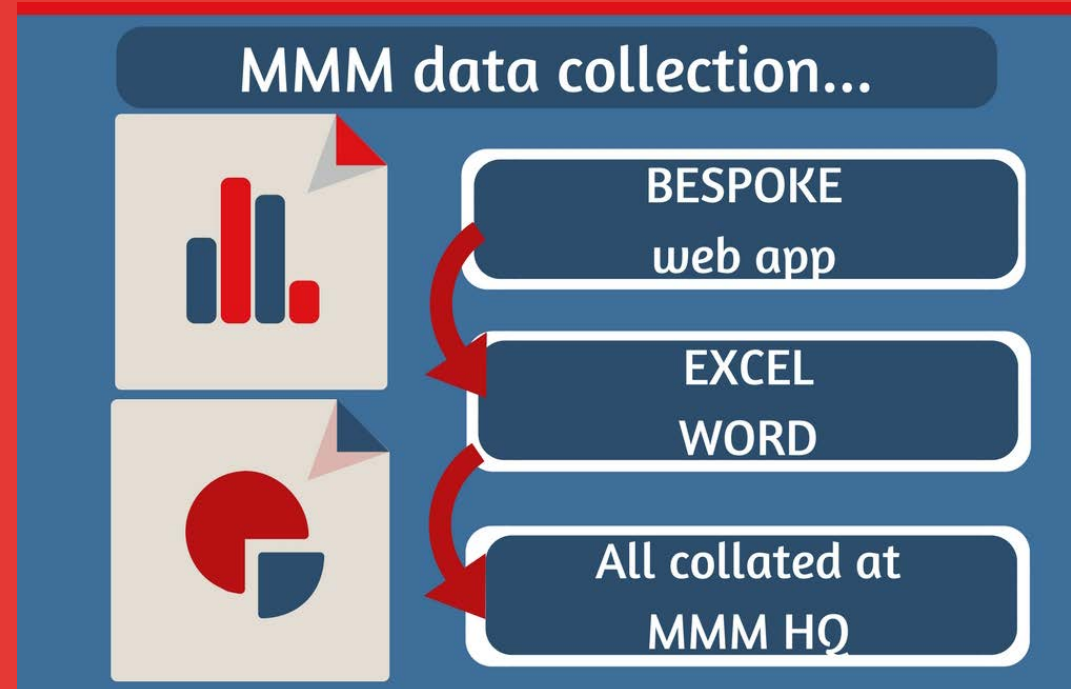
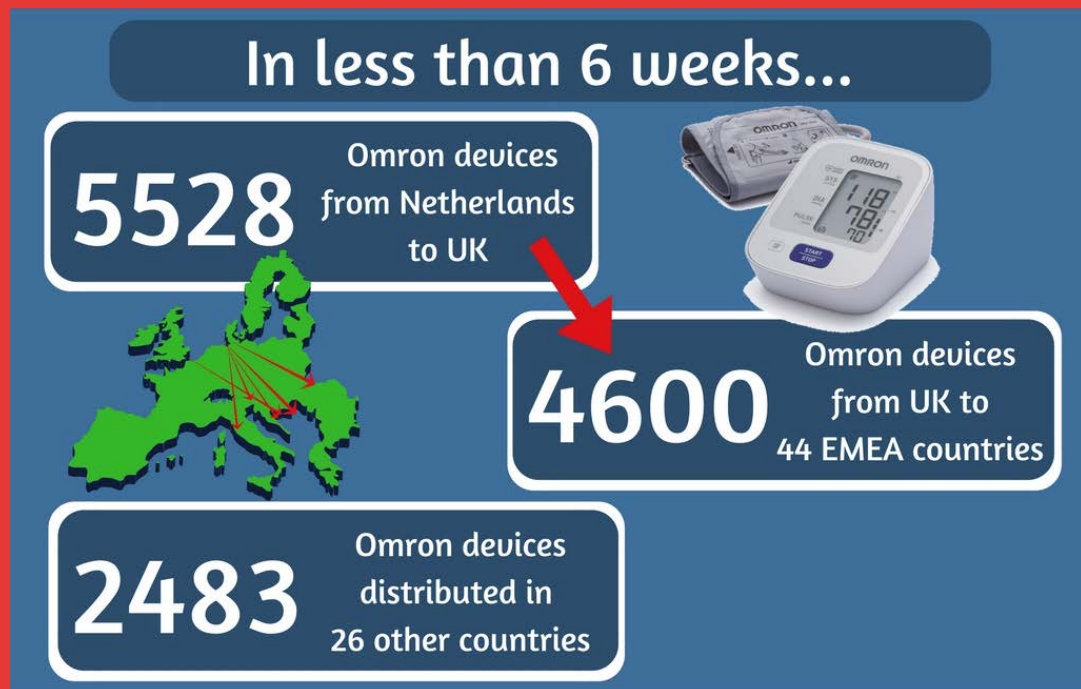
2. Aims:

- To highlight the importance of measuring blood pressure.
- To identify and reduce the BPs of participants from over 100 countries who require intervention according to current guidelines.

Objectives:

- To recruit participants, aged >18 years, who ideally have not had their BPs measured in the previous 12 months.
- To supply diet and lifestyle treatment advice to all those screened who have BPs in the Hypertensive range.
- To use the data on untreated hypertension to motivate governments to improve screening facilities and policies.

Design - Logistics & Data Collection



Design – Ethics & Collateral

MMM17 website...



225 pages in
6 weeks

130+ PDFs
2 videos

50k+ pageviews
14.5K sessions



MMM in 5 languages...

English, French,
Portuguese, Spanish,
Simplified Chinese

- EVERY web page
- EVERY PDF
- BOTH videos
- WEB app



Ethics in 33
countries



MAY MEASUREMENT MONTH 2017 — CLINICAL STUDY PROTOCOL OUTLINE

Protocol Date: Feb 2, 2017
Version: International 1.0
Project title: MAY MEASUREMENT MONTH 2017 (MMM17)
Lead organisations: International Society of Hypertension (ISH) and World Hypertension League (WHL)
Confirmed publishing partnership: The Lancet
Sponsors: International Society of Hypertension, World Hypertension League, Centres for Disease Control and Prevention (CDC)

4. Results – Global Participation

In May 2017 over 100 countries participated in the campaign.



26 African Countries Involved:

Angola Benin Burundi
Cameroon Cape Verde Congo Chad
DRC Ghana Ivory Coast Kenya
Malawi Mali Mozambique
Niger Nigeria Rwanda
Somaliland South Africa Sudan
Tanzania Togo Tunisia Uganda
Zambia Zimbabwe



MMM18 & Beyond

- The ISH is committed to continuing the MMM initiative.
- Work is underway to take the lessons learnt in 2017 and build a better campaign in May 2018.
- A large proportion of the 2017 country leaders & site volunteers have already expressed a desire to participate again in future campaigns.
- Omron UK have made a commitment to support the campaign in both 2018 and 2019.

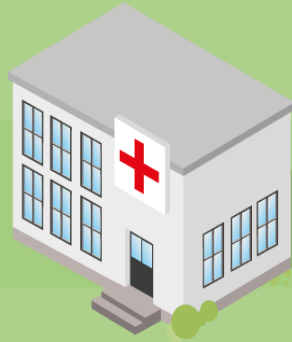
Register your interest in MMM18 at mmminfo@ish-world.com

www.maymeasure.com

WHF Roadmap to reducing premature CVD mortality caused by raised blood pressure



Adler et al. Global Heart : 2015



Patients are unaware
that they are at risk
of hypertension/
unaware of their
hypertension status

Provide opportunistic
screening

Involve health workers
at the community level

Open health centres
close to communities
in rural areas



Screening:

- Opportunistic screening, any time that people present at clinics (at least once a year)
- Can also be carried out in workplaces, antenatal care, pharmacies, mobile units,
- Ideal method involves ambulatory or home based screening, but in many cases this is not available
- Minimum standard should be serial paired readings. If on the borderline should be repeated

Steps to implementing a CVD roadmap

- Create a **national (international) coalition** to achieve 25 x 25
- Situation analysis
 - Epidemiological profile (burden raised blood pressure, risk factors)
 - Health system assessment (resources, financing, governance, delivery)
 - Barriers and solutions
 - Policy mapping (national plans, laws)
 - Rapid reviews, secondary data analysis and interviews
 - **Produce a situation analysis report**
- Policy dialogues
 - Stakeholders mapping
 - Cardiovascular societies
 - Heart foundations
 - Policy makers
 - NGOs
 - Discuss roadmaps solutions (in the context of situation analysis)
 - **Produce a concrete plan of action**

PASCAR Roadmap on Hypertension

Roadmap to achieve 25% hypertension control in Africa by 2025

Anastase Dzudie, Brian Rayner, Dike Ojji, Aletta E Schutte, Marc Twagirimukiza, Albertino Damasceno, Seringe Abdou Ba, Abdoul Kane, Euloge Kramoh, Jean Baptiste Anzouan Kacou, Basden Onwubere, Ruth Cornick, Karen Sliwa, Benedict Anisiuba, Ana Olga Mocumbi, Elijah Ogola, Mohamed Awad, George Nel, Harun Otieno, Ali Ibrahim Toure, Samuel Kingue, Andre Pascal Kengne, Pablo Perel, Alma Adler, Neil Poulter, Bongani Mayosi, on behalf of the PASCAR task force on hypertension



PASCAR 10 point action plan

No 1 All NCD national programmes should additionally contain a plan for the detection of hypertension

A KEY ROAD TO SUCCESS