

# WORLD HEART FEDERATION ROADMAP FOR HYPERTENSION

Informing health systems approaches to CVD by  
prioritizing practical, proven, cost-effective action

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# HYPERTENSION



2008

1980

1 BILLION  
600 MILLION



Known as the **‘silent killer’** because there are often no symptoms until significant damage has been done, raised blood pressure accounts for about half heart disease and stroke related deaths. Despite this, there remain low levels of awareness, treatment and control in all regions of the world.

## ABOUT HYPERTENSION

Raised blood pressure is considered to be any systolic blood pressure greater than 115 mmHg. The level of blood pressure at which treatments have been shown to be effective in reducing risk is generally accepted as more than 140 mmHg systolic and 90 mmHg diastolic: this level is known as ‘hypertension’, the term used in this Roadmap.

Making lifestyle changes can reduce the risk getting hypertension and help to lower it if it is high. This includes eating a healthy diet with plenty of fruit and vegetables, avoiding harmful use of alcohol, being physically active and maintaining a healthy weight.

## THE MAGNITUDE OF THE PROBLEM

Due to the ageing and expanding global population, the size of the burden of complications due to raised blood pressure continues to rise; from 600 million people affected in 1980 to 1 billion in 2008 [WHO]. Uncontrolled hypertension imposes an enormous economic burden on society, in terms of both direct health care costs and substantial productivity losses resulting from disability and premature mortality.

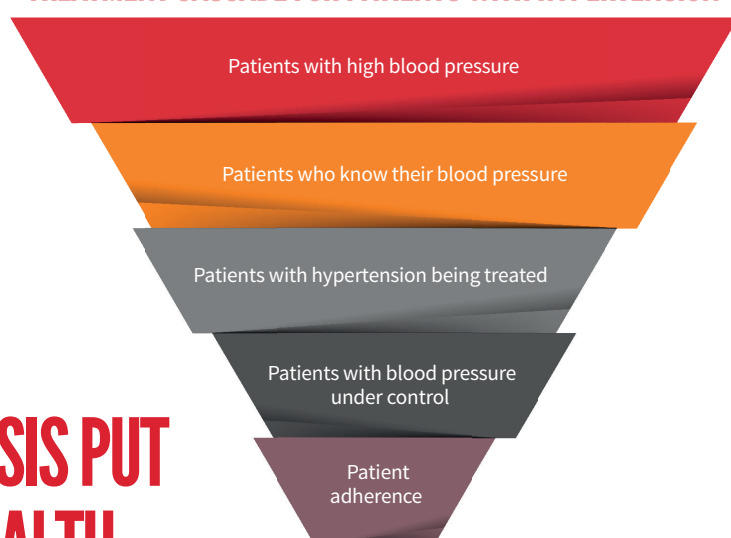
### Common consequences of uncontrolled hypertension include:

- Increased mortality and morbidity
- Increased risk of heart disease, heart attack and stroke
- Life-threatening aneurysm
- Reduced quality of life

# PATIENT STORY:

## HOW MY ACCIDENTAL DIAGNOSIS PUT ME ON THE PATH TO HEART HEALTH

### TREATMENT CASCADE FOR PATIENTS WITH HYPERTENSION



“ Finding out I had hypertension was a shock. I’d always thought I was fairly healthy for my age, and put anything out of the ordinary down to simply getting older.

My diagnosis was completely accidental. I thought I had an eye infection and had called my optician to cancel my annual eye test because of it. He insisted I came in, took a look and told me that it wasn’t an infection... it was burst blood vessels caused by high blood pressure. I called my doctor, had a blood pressure test straight away and was told that I had hypertension. It turned out that my cholesterol was also very high and the doctor said I could have a heart attack or stroke at any point.

My doctor prescribed some medications and told me to lose weight, get more active and eat









healthily. In a few months I’d managed to lose around 5kg through diet and gentle exercise but my blood pressure and cholesterol were still too high. I bought myself a monitor so that I could keep track of what was helping to lower my blood pressure. The answer was exercise. I joined a gym and now, five year later, I’ve managed to get my blood pressure

and cholesterol levels under control. If I stop exercising I know that my blood pressure goes up, so I’m determined to carry on so that my medicines can be kept at a low dose.

The fact that I’m still here and feeling better than before is all thanks to my optician for insisting on that eye test.



# HEALTH-SYSTEM REQUIREMENTS TO ACHIEVE RAISED BLOOD PRESSURE MANAGEMENT TARGETS

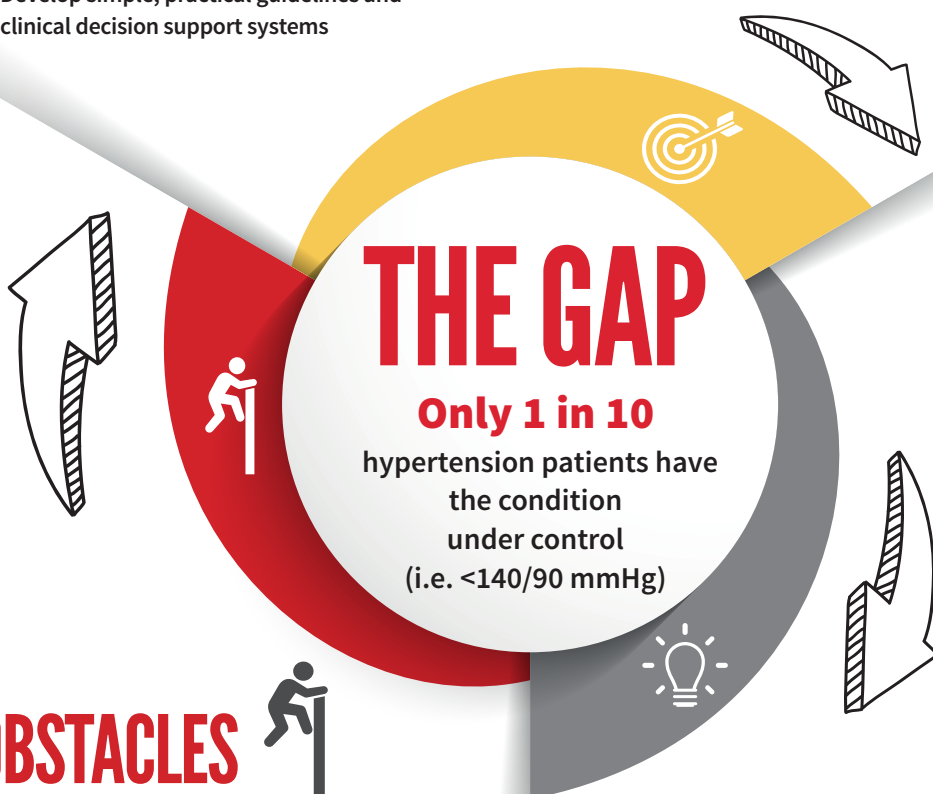
	Actions needed to achieve the raised blood pressure target	Individuals aware they are at risk/ aware of their blood pressure	Priority medicines* are prescribed	Patients are adherent to treatment plan
	Human resources	Availability of trained HCPs to do screening	Availability of HCPs to prescribe recommendations at diagnosis and for long-term education of HCPs on guidelines	HCPs aware that blood pressure treatment is nearly always for life
	Physical resources	Calibrated sphygmometers Settings for opportunistic screening	Availability of priority interventions at community level* Healthcare-system facilities available and accessible to patients when and where needed	
	Intellectual resources	Availability of standardized guidelines for screening	Availability of practical and locally relevant clinical guidelines	
	Healthcare delivery	Opportunistic screening	Healthcare organized to maximize existing resources to ensure efficiency in the interaction between HCPs and patients. Adequate supply of affordable medications	
	Healthcare recipient	Patients aware that they are at risk/open to screening	Interventions culturally acceptable	Patients aware and willing to follow recommendations. Patients understand that recommendations are for life
	Financing	Free availability of screening	Patients can afford access to healthcare facilities Priority interventions are affordable to both the healthcare system and the patient	
	Governance	Adequate governance to support screening	Adequate political and regulatory framework supporting the strategy to implement and maintain priority interventions	
	Information System	Ability to link identified individuals with treatment	A simple, timely, acceptable and representative information system to provide reliable data about the incidence, prognosis and quality of care of patients with hypertension or at high-risk of hypertension	

# POTENTIAL SOLUTIONS



to overcome obstacles include:

- Educate general populations and carry out opportunistic screening
- Educate health care professionals on risk and guidelines
- Promote task sharing to increase availability of professionals
- Develop simple, practical guidelines and clinical decision support systems
- Invest in e-health technology
- Promote use of inexpensive, good-quality generic medications
- Conduct education campaigns to encourage adherence to treatments



# OBSTACLES



to effectively managing and controlling hypertension include:

- Patients unaware of their blood pressure; health care professionals unaware of risk
- Shortage of health care professionals to screen, advise and prescribe
- Guidelines not available or too complex; health care professionals not aware of guidelines or do not follow them
- Drug treatments not available or unaffordable
- Patients unaware of long-term need for treatment and/or do not remember to follow recommendations

# RECOMMENDED BEST PRACTICES



for hypertension prevention, detection and diagnosis

- Make hypertension a governmental and societal priority
- Opportunistic screening to make individuals aware of their blood pressure
- Effective drug treatment for those:
  - with systolic blood pressure 160 mmHg or diastolic blood pressure 100 mmHg
  - with systolic blood pressure 140 mmHg or diastolic blood pressure 90 mmHg, if they are considered to be at high risk
- Education on lifelong lifestyle modification and medication use



# TAKING ACTION AGAINST HYPERTENSION

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A global framework for regional and national action, WHF Roadmaps are now being used to convene country-specific Roundtables through WHF and our Members. They are gathering relevant stakeholders to identify obstacles and potential solutions that are relevant to their settings, and produce national plans.



## ADAPTING THE HYPERTENSION ROADMAP IN KENYA

The need to address hypertension in Kenya is urgent. According to Professor Elijah Ogola, PASCAR Secretary General: “An estimated 75% of Kenyans who live with hypertension do not know they suffer from it, and only 4% are controlled.”

To drive action, WHF in partnership with our Member the Kenya Cardiac Society (KCS) convened a Roundtable bringing together representatives from the Ministry of Health and country health directorates, primary health care, civil society, the private sector, academia and faith-based organizations.

Drawing on the WHF Hypertension Roadmap, the Roundtable focused on a pressing need to put people living with CVD at the centre of hypertension prevention and management by involving communities in gathering health data, exploring public-private partnerships and rethinking financing for healthcare. Real concerns were also raised around funding and the need to better enable all levels of the health care system to achieve diagnosis and appropriate treatment of hypertension.

As a direct result of the WHF Hypertension Roadmap and Roundtable, four clear calls to action were agreed in Kenya.

The Ministry of Health (MoH) then requested that WHF and KCS collaborate to disseminate and implement the Kenya National Guidelines for CVD Management. Together, we are now working to achieve this and by the end of 2019 will have reached 15 trainers, 2000 health workers, 100 health facilities and 10,000 people living with cardiovascular disease.

From the starting part of the WHF Hypertension Roadmap and Roundtable, we have been able to empower key national stakeholders to achieve real progress in the fight against CVD in Kenya.

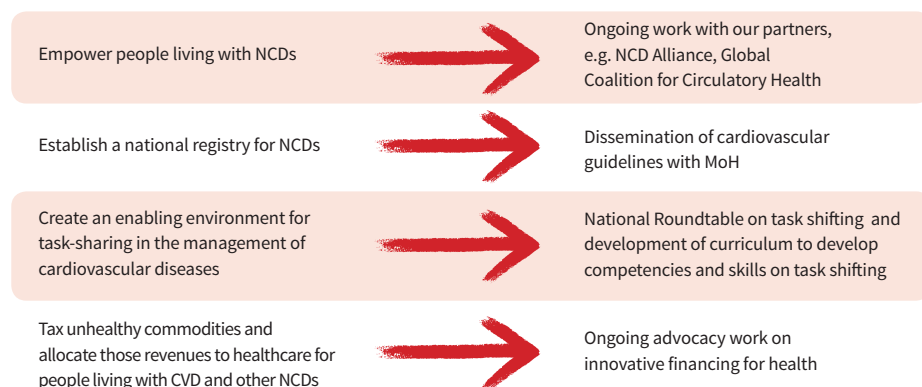


“Roadmaps are scientific documents for translating science into policy. They help all people to get the best science for promoting health, for preventing and controlling disease, and for rehabilitating patients. It is time for ‘Health in All Policies’ worldwide. As not only doctors but also world citizens, we are proud to be part of this World Heart Federation initiative.”

**DANIEL PINIERO**

Roadmap Liaison Officer to the World Heart Federation Board

## THE CALL TO ACTION AGREED IN KENYA



# WORLD HEART FEDERATION ROADMAPS

Already the world's number one killer, deaths from cardiovascular disease (CVD) are increasing globally. CVD and related conditions can be detected early and treated cost-effectively, preventing costly hospitalizations and death. But this requires coordinated national policy and health systems responses built around evidence-based strategies.

Health resources are limited and so cost-effective interventions for the prevention, detection and management of CVD must be prioritized in order to plan effective health systems responses.



## WHAT ARE ROADMAPS?

WHF Roadmaps are a global framework that are adapted and used at national or regional level.

### THEIR PURPOSE IS TO:

1. Summarize current CVD recommendations that are proven, practical and cost effective
2. Highlight obstacles to implementing these recommendations
3. Propose potential solutions for overcoming these obstacles
4. Provide tools and strategies to adapt solutions to local needs

### HOW DO THEY WORK?

WHF Roadmaps offer a global framework, tools and solutions that are then used and adapted, through stakeholder collaboration, to meet the specific needs of individual regions and nations.

#### This requires:

- A situation analysis of the current health system based on tools such as WHF CVD Scorecards

- Roundtables with multiple stakeholders to discuss obstacles, solutions and appropriate strategies
- A plan to implement and evaluate the proposed strategies

### WHO ARE THEY FOR?

WHF Roadmaps empower our Members, including CVD foundations, societies and patient associations, to lead country specific, action-oriented initiatives, including Roundtables.

### These involve diverse stakeholders, such as:

- Governments and policy makers
- NGOs, health activists and advocates
- Healthcare professionals
- Corporate entities
- Academic and research institutions

### WHY ARE THEY IMPORTANT?

To trigger effective action that can measurably reduce premature deaths and the associated global economic burden caused by CVD.

**TO DOWNLOAD THE FULL ROADMAP PLEASE VISIT – [CVDROADMAPS.ORG](http://CVDROADMAPS.ORG)**



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