



WHL • NEWSLETTER

News from the World Hypertension League (WHL).
In Official Relations with the International Society of Hypertension and the
World Health Organization

No. 171, March 2021

President's Column



Dr. Zhang Xin-Hua

The first issue of WHL Newsletter in 2021 comes with more activities on CVD control globally. “*Measure Your Blood Pressure Accurately, Control It, Live Longer*” is not only the theme of [World Hypertension Day 2021](#), but also the theme of major activities this year.

With a new official journal, more partners and projects, WHL will continuously promote accurate measurement of BP, using validated devices and standard procedures in clinics, and supporting the development of training courses for measurement at home and non-clinical settings. For a better control and prevention of hypertension in populations, WHL will support the research and advocacy for evidence-based dietary sodium reduction policies, and the efforts to escalate the HEARTS hypertension and diabetes control projects. The launch and implementation of the call to action for Sub-Saharan Africa on hypertension control will also highlight the efforts in 2021.

Let's celebrate WHD2021 on 17 May with our partners, colleagues and patients, the Excellence Award receivers and the winners of the Children's Art Competition! Thank you all for your contributions in promoting awareness, diagnosis, treatment and control of hypertension! We also welcome our partners to join the WHD2021 launch of the call to action for Africa, to share

their knowledge and experiences in accurate measurement of blood pressure and controlling it efficiently, and for helping everyone to live longer and healthier.

Xin-Hua Zhang

Note from the Editor



Dr. Dan Lackland

As we are hopefully on the downside of the Pandemic, it is with great pleasure that we report on the many recent activities and accomplishments focused on global hypertension control.

This newsletter issue precedes the May 17th [World Hypertension Day](#) celebration with high enthusiasm for the many proposed celebratory and recognitions efforts. Clearly the collaborative efforts from partners and member societies are well suited for high impact.

Coinciding with our [World Hypertension Day](#) activities are the [Children's Art Contest](#) and the [WHL Excellence Awards](#). Also included with this issue are novel education resources for hypertension management, control and prevention, with announcements for upcoming meetings.

As we prepare our recognition activities for [World Hypertension Day](#), we also join our partners in celebration of [World Kidney Day](#), [World Preeclampsia Day](#), and [May Measurement Month](#).

Dan Lackland

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CALL FOR NOMINATIONS – WHL EXCELLENCE AWARDS 2021

The Nomination process for the 2021 WHL Excellence Awards is underway, and the **deadline for submission of candidates is April 30, 2021.**

Please see the list of named awards below, submission form for Individual Excellence Awards at [this link](#), form for Organizational Awards at [this link](#), and list of past award winners [here](#). Winners will be announced on World Hypertension Day.

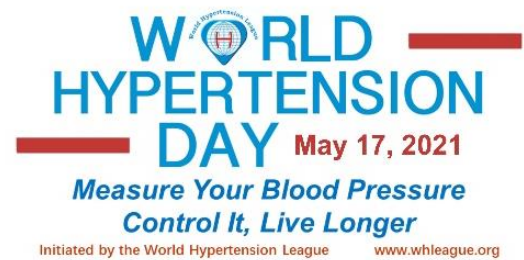
Named Excellence Awards

- Norman Campbell Excellence Award in Population Hypertension Prevention and Control
- Detlev Ganten Excellence Award in Hypertension and Global Health Implementation
- Daniel Lackland Excellence Award in Diplomacy and Advocacy for Population Hypertension Risk Reduction
- Claude Lenfant Excellence Award in Population Hypertension Control
- Lisheng Liu Excellence Award in Population Cardiovascular Risk Factor Control
- Graham MacGregor Excellence Award in Dietary Salt Reduction at the Population Level
- Peter Sleight Excellence Award in HTN Clinical Research

Organizational Excellence Awards

- Excellence Award in Dietary Salt Reduction at the Population Level
- Excellence Award in Population Hypertension Prevention and Control
- Excellence Award in Population Cardiovascular Risk Factor Control
- Excellence Award in Hypertension Clinical Research

WORLD HYPERTENSION DAY 2021



Please help us celebrate WHD2021!

**Measure Your Blood Pressure Accurately,
Control It, Live Longer**

is this year’s theme and focuses on fighting low awareness rates worldwide, especially in low to middle income areas, and accurate blood pressure measurement methods. Increasing hypertension awareness and early control has become even more crucial as managing hypertension reduces the risk of COVID-19 adverse events and mortality. The importance of the WHL mission is emphasized by the United Nations Global Health Summit on NCDs which agreed to nine health targets to be achieved by 2025. The UN health targets include a 25% reduction in uncontrolled hypertension and a 30% reduction in dietary salt.

You can help this year’s WHD campaign by sharing hypertension information and resources on social media, promoting individual screenings, and engaging with local media.

The [Children’s Art Competition](#) and the announcement of the annual [WHL Excellence Awardees](#) are also held in conjunction with World Hypertension Day. **NEW RESOURCES** include a free online course on accurate automated blood pressure measurement offered by PAHO at [this link](#) and guidelines for checking accuracy of Blood Pressure monitors at [this link](#).

You can find reporting forms and outreach tools [here](#) and reports from last year’s WHD events [here](#). If you are interested in using the WHD logo for your World Hypertension Day event, please send a permission request to whleague17@gmail.com.

CHILDREN'S ART CONTEST 2021



We had over 50 artwork submissions from around the globe last year, and are hoping for another great turnout this year. Themes include blood pressure measurement, stroke, and cardiovascular disease prevention: **you can download submission forms [here](#)**. We also encourage contributions that relate to a healthy blood pressure, including physical activity, less screen time and a heart healthy diet that includes fruits, vegetables, grains as well as less “fast foods”, and no smoking. See last year’s winning posters [here](#).

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NEW OFFICIAL JOURNAL OF WHL – JOURNAL OF HUMAN HYPERTENSION

The WHL Publications Committee is very pleased to announce that an agreement has been signed with the *Journal of Human Hypertension* that now makes JHH the official journal of the WHL.



Prof. Xin-Hua Zhang, WHL’s President, stated: “It’s a high priority for WHL that its journal be accessible to authors worldwide to submit and publish their articles without charge, though authors will still retain the option to elect open access publishing should they wish to do so. We also hope that the journal will be accessible to readers worldwide and I am pleased that mechanisms to expand this access will be introduced steadily during the next several months. As a leading organization in the field of hypertension we look forward enthusiastically to working with the journal in disseminating critical

messages and guidance to support our mission of advancing hypertension care in all parts of the World.”

The WHL also received an enthusiastic welcome from Prof. Michael Stowasser, Editor-in-Chief of JHH. He commented: “As Editor-in-Chief of the *Journal of Human Hypertension*, I am very excited to see this partnership with the World Hypertension League come to fruition. It is a great honour to front the WHL’s flagship journal and to thereby assist in the dissemination of the League’s first class scientific communications. This relationship promises to be a real win-win for both the WHL and JHH and I am confident it will go from strength to strength over the coming years.”

Virginia Mercer, who is the publisher of JHH at Springer-Nature, added: “I am delighted that JHH has partnered with the WHL. It’s an exciting time for these two organizations and I’m particularly pleased that the journal can support WHL in all its great work.”

More information about JHH will be forthcoming in future issues of the WHL Newsletter.

Michael A. Weber, MD, for the WHL Publications Committee

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REGIONAL NEWS

A Call to Action to Control Hypertension in Africa

By Prof. Gianfranco Parati, MD
Secretary General , WHL



In Africa, nearly half of those aged 25 years and above are hypertensive (250 million adults), and an estimated 50 million adults have very substantially increased blood pressure ($\geq 160/100$ mmHg). Moreover, in 2019 in North Africa, increased blood pressure was the leading risk for death accounting for over a quarter (25.9%) of all deaths, while it is the fourth leading risk accounting for more than 1 in 12 (8.8%) of deaths in Sub Saharan Africa. Such a difficult situation is at least in part due to the fact that in Sub Saharan Africa approximately 3 quarters

of those with hypertension are undiagnosed, about 4 in 5 are untreated and more than 13 in 14 (93%) are not controlled.

The current strategies and clinical approaches to population-based hypertension control in Africa have been largely ineffective and given that much of Africa has very limited health care resources, a major paradigm shift is required to reduce the burden of hypertension related death and disability at a population level.

WHL is therefore preparing a call to action, aiming to achieve the following three goals in Sub Saharan Africa by 2030:

- *to have 90% of adults in Sub Saharan Africa know their blood pressure*
- *to have 90% of people at the highest risk from high blood pressure put on lifelong treatment*
- *to have blood pressure levels of 70% of people at the highest risk from high blood pressure controlled.*

In order to achieve these aims WHL calls on individuals and organizations from government, healthcare and civil society in Africa to undertake a number of high priority actions to improve the detection, diagnosis, management and control of hypertension, the leading preventable killer in Africa.

These include:

1) Actions for governments to improve hypertension control in their populations, aimed at increasing the diagnosis, treatment and control of hypertension; at implementing evidence-based prevention policies, including those that reduce sodium and other risk factors for hypertension; and including hypertension control as a key indicator in health information systems and measuring blood pressure and salt intake in national health surveys.

2) Actions for all healthcare workers, including private providers, asking them to deliver more effective care.

3) Actions for communities, individuals and civil society to stimulate their support to hypertension control; and

4) Actions for development partners and academia asking them to support hypertension control initiatives through research and education. Through this call WHL is aimed at strongly supporting a significant improvement in health care management in Africa in 2021, given the reports that Non Communicable Diseases are becoming more and more important every year. ■

SODIUM NEWS

Dietary sodium intake: strong evidence for a linear dose-response relationship with blood pressure

By Paul K. Whelton, MB, MD, MSc, Show Chwan Chair in Global Public Health; Tulane Univ. School of Public Health and Tropical Medicine; Tulane Univ. of Medicine; President-elect, World Hypertension League

Individual clinical trials and meta-analyses of clinical trials have repeatedly demonstrated that reductions in dietary sodium intake result in lowering of blood pressure (BP), and can be used to prevent hypertension, to treat hypertension (alone or in combination with antihypertensive drug therapy), and to decrease the need for and dosage of antihypertensive drugs¹. Consequently, the World Hypertension League (WHL), World Health Organization (WHO), American Heart Association (AHA), National Academies of Science, Engineering, and Medicine, and many other governmental and non-governmental agencies around the world recommend a reduction in sodium intake in the general population and in those being treated for hypertension. Dietary sodium reduction is a core component of the WHO HEARTS program and the Resolve to Save Lives (RESOLVE) global strategy.

Except for the DASH-Sodium feeding trial², few meaningful studies have provided estimates for the dose-response relationship between dietary sodium intake and BP. This knowledge gap was recognized in the 2019 National Academies of Sciences, Engineering, and Medicine Dietary Reference Intakes report³. Specifically, the report stated that *“One of the challenges to applying intake–response meta-analysis in the case of sodium is that virtually all of the randomized controlled trials involve a single contrast between*

control and intervention. Thus, the committee could only use a linear model for a common intake–response model across studies.” A recently published manuscript by Filippini et al. used a new biostatistical model to conduct a dose-response meta-analysis that assessed the relationship between level of sodium intake or change in sodium intake and the corresponding effects on systolic BP (SBP) and diastolic BP (DBP) in 85 clinical trials with a follow-up that ranged from 4 weeks to 36 months⁴.

Filippini et al reported a substantially linear relationship between sodium intake or change in sodium excretion and both SBP and DBP, with no evidence of a threshold or flattening of the association at either the lowest or highest levels of exposure to sodium. The pattern for the relationship was similar in those with or without hypertension, albeit the relationship was, as expected, steeper in the participants with hypertension. Study design, duration of intervention, use of antihypertensive medication, participant’s sex, and method of BP measurement had little influence on the pattern of the relationship but there was some evidence of greater BP lowering in those with a high habitual intake of dietary sodium. A previous meta-analysis by Huang et al. reported a greater effect of sodium reduction on BP in older and non-white study participants⁵.

Over the entire range of the sodium exposure studied by Filippini et al., SBP and DBP differed by >15 mm Hg and 10 mm Hg, respectively. In linear regression analysis, a 100 mmol/day difference in sodium excretion was associated with an average difference (95% confidence interval) in SBP of 5.56 (4.52 – 6.59) mm Hg and DBP of 2.33 (1.66 – 3.00) mm Hg. The study findings are consistent with the notion that "lower sodium intake is better" at least from the vantage of BP. They provide evidence in support of lower targets for sodium reduction, including the 1,500 mg/day sodium intake recommended by the American Heart Association, but they also suggest that any reduction in dietary sodium intake is desirable.

The report by Filippini et al was confined to the effect of sodium reduction on BP, but the latter is recognized to be one of the best surrogate measures for stroke and heart failure. The best

direct evidence for a beneficial effect of sodium reduction on cardiovascular disease comes from the randomized comparison of those assigned to sodium reduction or usual diet during long-term follow-up of the Trials of Hypertension Prevention (TOHP) Phase I and II participants, which demonstrated that assignment to sodium reduction resulted in a reduction in cardiovascular disease events and suggested a benefit for all-cause mortality^{6,7}. A meta-analysis based on the results of five trials, which was conducted for the 2019 National Academy of Sciences, Engineering, and Medicine Dietary Reference Intakes report, identified sodium reduction as yielding a relative risk (95% confidence interval) for cardiovascular disease events of 0.72 (0.59-0.89)³.

Collectively, these findings underscore the importance of health interventions based on what the data are telling us -- higher intakes of dietary sodium adversely effects health and conversely reductions in dietary sodium improve health. The contribution of sodium contained in unprocessed natural foods only accounts for about 10% of total intake. To be meaningful, sodium reduction interventions must target the excessive addition of sodium during food processing and food preparation. Models for success exist at the country level and the current global focus on reducing dietary sodium intake by the WHO, Resolve to Save Lives, and other initiatives is encouraging. A reduction in sodium reduction not only represents one of the most important strategies for prevention and management of hypertension but provides an opportunity to reduce the enormous financial health, and social consequences that result from excessive dietary sodium consumption, worldwide.

Abbreviated References below. See full references [here](#).

1. Whelton PK. Hypertension. 2018.
2. Sacks FM. N Engl J Med. 2001.
3. Stallings VA HM. National Academies of Sciences, Engineering, and Medicine, 2019.
4. Filippini T. Circulation. 2021
5. Huang L. BMJ. 2020.
6. Cook NR. BMJ. 2007.
7. Cook NR. J Am Coll Cardiol. 2016.

Salt Wars

Provided by: Michael F. Jacobson, Ph.D.

Author of *Salt Wars: The Battle Over the Biggest Killer in the American Diet* (MIT Press, October 2020)

Co-founder and Senior Scientist, Center for Science in the Public Interest

In December the U.S. Food and Drug Administration responded to a “citizen petition” by allowing the term “potassium salt” as an alternative to “potassium chloride” on food labels. (See two brief documents [here](#) and [here](#).) That seemingly small, technical change should encourage food manufacturers (and restaurants) to partially replace salt (sodium chloride) with potassium salt. In these days of “clean labels,” many companies think that consumers around the world view “potassium chloride” as a “chemical” to be avoided but view “potassium salt” as something akin to ordinary salt.



NEWS FROM PAHO

HEARTS in the Americas continues to move forward during the COVID-19 pandemic

By Donald J. DiPette MD, WHL Envoy to Latin America and the Caribbean, Health Sciences Distinguished Professor, USC, Columbia, SC, USA

The COVID-19 pandemic continues to place a tremendous personal and economic burden globally and regionally in Latin America and the Caribbean. In addition, the pandemic has negatively impacted non-communicable disease prevention, management, and treatment programs including hypertension. HEARTS in the Americas, the flagship program of the Pan American Health Organization (PAHO) which is targeted to improve cardiovascular risk management including hypertension in the Americas in partnership with the Centers for Disease Control and Prevention, Resolve to Save Lives, and the World Hypertension League continues to move forward and expand its breath and activities.

<https://www.paho.org/en/documents/hearts-americas-2020-end-year-review>

First and foremost, a rapidly growing number of primary health centers are implementing the full HEARTS technical package. By the end of 2020, HEARTS is now being implemented in 478 primary health centers, which includes 7.8 million people of

which 393,455 patients are now on new hypertension treatment protocols across 12 countries with Ecuador and Chile leading the way. In addition, HEARTS in the Americas welcomed its fourth cohort of countries, Bolivia, Brazil, British Virgin Islands and Guyana, to now include a total of 16 countries involved in the initiative.

Further progress is exhibited by the observation that 156,548 professionals have now registered for HEARTS virtual courses in the last three years, including the virtual course *Accurate Automated Blood Pressure Measurement*:

<https://bit.ly/PAHOVC-Blood-Pressure-Measurement> produced in collaboration with WHL. During 2020, HEARTS webinars brought together more than 4000 participants including the webinar to celebrate World Hypertension Day: [Webinar - World Hypertension Day \(PAHO/WHO\) - YouTube](#). Also during 2020, HEARTS in the Americas published several documents and methodological and technical tools, including *Technical resources relevant to the accuracy of blood pressure measurement* <https://www.paho.org/en/documents/technical-resources-relevant-accuracy-blood-pressure-measurement>.

Moving into 2021, the main programmatic priorities of HEARTS in the Americas are:

- Expanding the number of countries implementing the program and scaling up the number of Primary Health Centers (PHC) implementing the HEARTS technical package.
- Reinforcing the HEARTS technical pillars with special emphasis on countrywide implementation of preferred standardized treatment protocols and the inclusion of high-quality and affordable fixed-dose combination medications in all countries and improving the measurement of blood pressure through workforce training and certification <https://pubmed.ncbi.nlm.nih.gov/33022866/>
- Strengthening capacity building activities by optimizing the uptake of the HEARTS training resources available at the PAHO virtual campus of public health.

The success and expansion of HEARTS in the Americas during the devastating COVID-19 pandemic continues to be a testament to the dedication and resilience of individuals and the supporting organizations, including ours.

NEWS FROM ISH



We encourage you to join us at the [ISH 2021](#) and [2022 Scientific Meetings](#).

Visit www.ish-world.com for further information on the work of the International Society of Hypertension or follow us on Twitter @ISHBP.



NEWS FROM WHO



An informal meeting of WHO HEARTS partners was held on the 17th of February 2021. The meeting brought together all HEARTS partners. The World Diabetes Foundation, and the International Federation of Ageing participated as observers.

The meeting was opened by Dr Bente Mikkelsen, Director, NCD Department, WHO Geneva. WHO staff updated the work on hypertension guidelines, implementation of HEARTS, new guidelines on physical activity:

(<https://www.who.int/publications/i/item/9789240015128>) and related areas. WHO regional offices updated their work in PAHO, EMRO, WPRO and SEARO. Plans for the launch of the Global Diabetes Compact was presented and discussed as diabetes is a key risk factor for CVDs.



The official launch of the Global Diabetes Compact will be on the 14th of April 2021 and all participating agencies expressed their support for the compact and to use the HEARTS platform to scale up diabetes prevention and management. There will be more detailed exchanges to shape the compact and to scale up the work on diabetes and CVD.

In April 2021, WHO will launch the Global Diabetes Compact with a vision to reduce the risk of diabetes and to ensure that all people diagnosed with diabetes have access to quality care and treatment, that is equitable, comprehensive and affordable:

(<https://www.who.int/docs/default-source/world-diabetes-day/global-diabetes-compact-final.pdf>).

The WHO HEARTS technical package has an additional module on diagnosis and management of type 2 diabetes - HEARTS D:

(<https://www.who.int/publications/i/item/who-ucn-ncd-20.1>).

NEWS FROM RESOLVE TO SAVE LIVES

Nutrition & Hypertension Tools

Building Resilient Populations in the Face of COVID-19

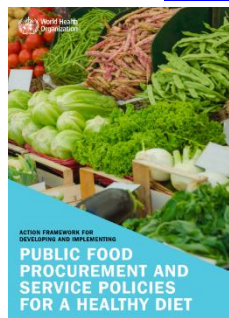


One of the key lessons from COVID-19 is the importance of

improving population health overall by investing in nutrition policies and other key actions that can prevent noncommunicable diseases (NCDs). In [Building Resilient Populations in the Face of Covid-19](#), we outline policy actions that governments can take to protect their populations from NCDs and ultimately COVID-19.

New Action Framework on Public Food Procurement

On January 12th the World Health Organization (WHO) launched the [Action framework for developing and](#)



[implementing public food procurement and service policies](#) along with a [virtual launch event](#). This document outlines details of effective nutrition standards and identifies country examples for serving, selling, and subsidizing foods in public spaces.



6 Step Guide for Establishing Hypertension Control Programs

Resolve to Save Lives has developed a [6 Step guide](#) designed for program managers interested in starting hypertension control programs. This

guide aggregates tools such as protocols, curriculums, and training manuals from the [LINKS website](#) and [WHO's HEARTS package](#) that can be adapted to local programs and settings.

NOW OR NEVER

Annual Letter from Dr. Tom Frieden

On February 25, 2020, Resolve to Save Lives predicted that a COVID-19 pandemic was inevitable. In his Annual Letter, President and CEO Dr. Tom Frieden writes how simplicity, speed, and scale have defined Resolve to Save Lives' response to COVID-19 and the fight against cardiovascular disease. To read the full letter posted on Resolve's website, [click here](#).

News from PATH

Introducing the Coalition for Access to NCD Medicines and Products

Submitted by Molly Guy, Senior Program Officer, Noncommunicable Diseases

Launched in 2017, the Coalition consists of more than 20 government agencies, private-sector entities, NGOs, philanthropic foundations, and academic institutions. Their work aims to reduce the impact of diseases such as diabetes, hypertension, and cardiovascular disease.



Through technical support and advocacy at the global, regional, and national level, the Coalition builds on existing initiatives and innovations to identify and remove barriers to affordable access to NCD medicines and products. Coalition members work within four workstreams to drive implementation of activities at the global and national levels: (1) supply chain strengthening; (2) financing and costing; (3) capacity building; and (4) advocacy.

Specific objectives of the Coalition include:

- Strengthen supply chain and health systems to increase access to affordable quality-assured NCD medicines and products in low- and middle-income countries. This work is currently underway in Kenya

and Uganda through the development of a Forecasting Tool for Essential NCD Medicines and Products.

- Influence policy change at global and national levels to establish an enabling environment for NCD supply security; and
- Foster cross-sectoral collaboration to improve access to affordable NCD medicines and products.

The Coalition enables like-minded institutions to come together to achieve shared objectives, leverage the range of skills and expertise of members to improve access to health commodities, and raise the profile of key issues such as how improving NCD medicine supply security will build future pandemic resilience (check out our blogs [here](#)). Click [here](#) to learn more about the Coalition and the work that is underway. Click [here](#) if you are interested in learning more about membership. In future newsletters, the Coalition will share updates from their important work dedicated to increasing access to affordable medicines and health products for NCDs. ■

International Pediatric Hypertension Association

Pediatric Hypertension Webinars

By Joseph T. Flynn, MD, MS

Dr. Robert O. Hickman Endowed Chair in Pediatric Nephrology, Professor of Pediatrics, University of Washington; Editor-in-Chief, *Pediatric Nephrology*; Chief, Division of Nephrology, Seattle Children's Hospital



The [International Pediatric Hypertension Association](#) in conjunction with the [International Congress on Hypertension in Children and Adolescents](#) are sponsoring a series of joint webinars on various topics relevant to hypertension in the young.

Past topics have included:

Blood Pressure Screening, Measurement of Blood Pressure in Neonates, Pheochromocytomas and Paragangliomas, and Hypertensive Emergencies.

The next webinar is scheduled for **March 30, 2021** at **17:00 GMT**, and will focus on “Primary Hypertension in Children and Adolescents: Understanding,

Implications and Non-Pharmacological Treatment.” This webinar, endorsed by the European Society of Hypertension and the International Society of Hypertension, will include the following talks and speakers, as well as a panel discussion:

- “Pathophysiology of Primary Hypertension,” Manish Sinha, MRCP, PhD, Kings College, London, United Kingdom;
- “Tracking of BP from Childhood to Adulthood,” Bonita Falkner MD, Thomas Jefferson University, Philadelphia, United States; and
- “Non-Pharmacologic Treatment: Prevention and Treatment Of Primary Hypertension In Children And Adolescents,” Stella Stabouli MD, Aristotle University Thessaloniki, Greece.

Information about registration can be found online at <https://ws.eventact.com/5thichcaiphajointweb21>. ■

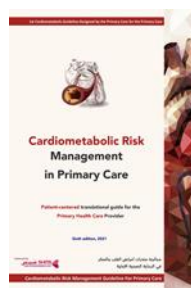
EDUCATIONAL RESOURCES SECTION

Cardiometabolic Risk Management in Primary Care

By Bader Amulstafa, MD

The sixth edition of *Cardiometabolic Risk Management in Primary Care* was published in January 2021 (first edition 2008). It was been edited by a team of primary care experts led by Bader Almustafa, MD and endorsed by the Saudi Hypertension Management Society.

The guide formulates clinical guidelines for the management of cardiometabolic diseases including diabetes, hypertension, dyslipidemia, obesity, and smoking. However, it is unique in its patient-centered approach. It translates clinical recommendations into easy to follow algorithms.



The scope of the document is mainly non-pregnant adult population in primary care settings. The guidelines suit all primary health care providers, including physicians, nurses, case managers, dieticians, educators, and other health professionals. The book is full of implementation tools that may be downloaded online, including

encounter forms, register diaries, quality indicators, clinical algorithms, pamphlets, and many others.

In addition to the conventional chapters of screening, assessment and management, an individual chapter was allocated for non-pharmacological management and behavioral change, with another for educational tools and one more for information management as a major core for chronic care, in alignment with the chronic care model advocated by the authors.

The last chapter accommodates multiple algorithms for the management of urgencies in pre-hospital settings. These includes hypoglycemia, severe hyperglycemia, hypertensive urgencies, and acute coronary symptoms.

The book has been reviewed by a long array of reviewers from different backgrounds in different parts of the world, and has gained multiple awards and testimonials. A supplemental pocket is provided, holding most of the algorithms, tables and QR codes to many useful online clinical tools and supplements.



In short, the book is a comprehensive and stepwise approach for the management of cardiovascular risk in primary care. The whole book may be freely downloaded from <http://bit.ly/CMRcpg-21>, while the hard copy may be obtained through [Amazon](#).

Other Educational Resources:

HEARTS Resources

- [HEARTS Technical Package](#)
- [HEARTS-Diabetes Module](#)
- [WHO Global Diabetes Compact](#)



To Check Accuracy of Blood Pressure Monitors [click here](#)



New Virtual Course to Improve Blood Pressure Measurement [click here](#).



[Comprehensive Hypertension Guide Offered here at AHA Lifelong Learning](#)



Technical resources relevant to the accuracy of blood pressure measurement

<https://www.paho.org/en/documents/technical-resources-relevant-accuracy-blood-pressure-measurement>.



AMERICAN HEART MONTH

Submitted by Janet Wright, MD, FACC
Director (Acting), Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Dear Partner in Heart Disease and Stroke Prevention:

Now more than ever, improving hypertension control is critical to protecting our families and communities. Hypertension is common, but hypertension control is not. Nearly 1 in 2 adults has hypertension, yet only about 1 in 4 has it under control. This February, CDC's Division for Heart Disease and Stroke Prevention (DHDSP) is celebrating American Heart Month by helping our partners and stakeholders in health care across the nation spread the word that hypertension control is possible.

Hypertension is a major preventable risk factor for heart disease, which is the leading cause of death in the United States. If left uncontrolled, hypertension can damage many organs in the body and can increase a person's risk for stroke, kidney disease, pregnancy complications, and cognitive decline later in life.

Partners like you play a key role in helping all Americans achieve hypertension control. [The Surgeon General's Call to Action to Control Hypertension](#), released in October 2020, breaks down what we know about hypertension and

what works to get it under control. In recognition of American Heart Month, DHDSP compiled the best resources and tools from the *Call to Action* to help our partners tell the hypertension story and make progress toward control, even during an unprecedented pandemic.

With your help, hypertension control is possible. Here is how you can get involved in **American Heart Month**:

Use DHDSP's [American Heart Month Toolkit](#). Our tailored toolkit features resources and prepackaged content for patients, clinicians, and community partners. You will find shareable graphics, sample social media messages, and quizzes. Follow our social media channels and share, "like," and retweet our hypertension control resources within your social media networks. Don't forget to use the #HeartMonth hashtag throughout the month! Feel free to use the sample messages below in your social media and member communications.

Twitter: [@CDCHeart_Stroke](#)

Feeling the pressure? @CDCHeart_Stroke can help. This #HeartMonth, explore this high #BloodPressure control toolkit for resources to share with your communities or networks:

www.cdc.gov/heartmonth

Twitter: [@MillionHeartsUS](#)

February is American #HeartMonth. Let's work together toward blood pressure control. CDC has the tools to help you get started:

www.cdc.gov/heartmonth

Facebook: [Million Hearts](#)

High blood pressure control is important—now more than ever. CDC is here to help you this #HeartMonth. Find shareable messages, graphics, and resources in this toolkit: www.cdc.gov/heartmonth

LinkedIn: [Million Hearts](#)

#Hypertension is common; hypertension control is not. CDC can help ease the pressure with their toolkit for health care professionals to help champion blood pressure control in your communities or practice.

www.cdc.gov/heartmonth

THANK YOU FOR WHL BOARD SERVICE



Dr. C. Venkata S. Ram, MD

India & USA, WHL
Treasurer 2017-2020



Prof. Christopher M. Reid, MSc, PhD

Australia, WHL Board
Member 2017-2020



Prof. Wu Zhaosu, MD

China, WHL Board
Member 2017-2020

We sincerely appreciate your dedicated leadership and partnership during your tenure to support the WHL mission to prevent and control hypertension globally. ■

SPECIAL RECOGNITION AWARD

Michael Hecht Olsen, MD, PhD, DMSc

WHL has created a special award in recognition of Michael Hecht Olsen, MD, PhD, D.M.Sc, for his outstanding leadership and commitment in creating the **Emerging Authors Program for Global Cardiovascular Disease Research** to support early and mid-career investigators worldwide. ■

UPCOMING MEETINGS OF NOTE

International Stroke Conference (ISC)

*A New Era for Stroke Science and
Brain Health*

March 17-19, 2021 (virtual)

To register click [here](#).

ISC Joint Session: World Hypertension

League/World Stroke Organization

*The Global Management of High Blood
Pressure for the Prevention of Stroke*

March 17, 8 - 9 am



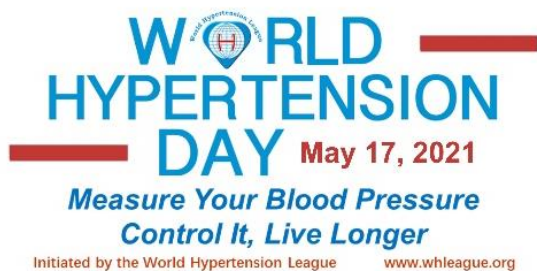
23rd Congress of the Egyptian Hypertension Society - EHS 2021

May 19-20, 2021 (virtual)

To register click [here](#).



Kidney Health for Everyone Everywhere
Living Well with Kidney Disease



2021 Theme: Faces of Preeclampsia
Focusing on the long term impact of preeclampsia

LINKS OF NOTE

LINKS A global community for
cardiovascular health

For more information, please go to [this link](#).



**Tool for Checking Validation Status of
Blood Pressure Devices** [Click here](#)



**2019 WHO Essential Medicines List
(EML) for Hypertension**

Combination Therapy: [Click here](#)



NCD Alliance Newsletter [Click here](#)



**World Stroke Organization (WSO)
Current Newsletter** [Click here](#)



**Int'l. Society of Hypertension (ISH)
Current Newsletter,** [Click here](#)

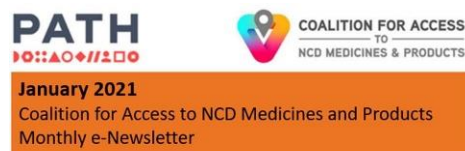


SCIENCE OF SALT WEEKLY –

Publication of weekly Medline searches related
to dietary sodium, [Click here](#)



PATH Coalition for NCDs, [Click here](#)



KNOWLEDGE ACTION PORTAL (KAP)

WHO's platform for NCD info, [Click here](#)



RESOLVE TO SAVE LIVES 90-second primer
on HTN treatment protocols [Click here](#); 90-sec-
ond primer on digital BP monitors: [Click here](#)

**NEW COURSE TO IMPROVE BLOOD
PRESSURE MEASUREMENT** introduced by
HEARTS in the Americas. To register [Click here](#)

Mission

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is in official relations with both the International Society of Hypertension (ISH), and the World Health Organization (WHO).

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Calendar of Events

World Kidney Day

March 11, 2021

[click here](#)

AHA International Stroke Conference

March 17-19, 2021

[click here](#)

National Kidney Foundation's Spring Clinical Meetings

April 6-10, 2021

Virtual Conference

[click here](#)

Joint ESH-ISH Meeting 2021

April 11-14, 2021

Glasgow, Scotland

[click here](#)

World Congress of Nephrology

April 15-19, 2021

Virtual Conference

[click here](#)

American College of Cardiology

May 15-17, 2021

Atlanta GA and Virtual

[click here](#)

23rd Congress of the Egyptian Hypertension Society

EHS 2021

May 19-20, 2021

Cairo, Egypt

[click here for registration](#)

World Preeclampsia Day

May 22, 2021

World Health Assembly (WHA)

May 24-June 1, 2021

[click here for information](#)

European Society of Cardiology Congress 2021

August 27-30, 2021

Virtual Conference

[click here for registration](#)

World Heart Day

September 29, 2021

Hypertension Council Sessions 2021

dates TBD

13th World Stroke Conference (WSC)

October 28-29, 2021

Virtual Conference

[click here for registration](#)

AHA Scientific Sessions

November 13-15, 2021

Boston, MA

[click here for registration](#)