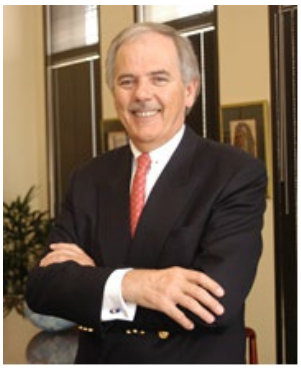
World Hypertension League

WHL · NEWSLETTER

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

No. 179, March 2023

President's Column



Dr. Paul K. Whelton

It is a great privilege and honor to serve as your President. My first few months have been busy but rewarding. I have especially enjoyed interacting with many of you and thank you for your advice and support. I have been trying to build on the accomplishments of my predecessor, Dr. Xin-Hua Zhang. She set a high bar! Some of what has happened since I took office is as follows:

- Several new committees have been formed and are active, including an Awards Committee (chaired by our President-elect, Prof. Gianfranco Parati), a Corporate Relations Committee (chaired by our Treasurer Prof. Markus Schlaich), and a Publications Committee (chaired by Prof. Michael Weber). In addition, Prof. Leilani Mercado-Asis has been appointed as the chair of our WHL Council. The seven WHL Regional Office Directors have been reappointed for a three-year term. The WHL Operations Committee (chaired by Prof. Dan Lackland) meets weekly and our Executive Committee and Board meet quarterly.

- We have been working with Mr. Tim Stassines and Ms. Tanis Campbell (Stassines Cross) to create a new website with a different look and better capacity to meet your needs, which will be launched this month. We also have a new logo that better conveys who we are. I am exceedingly grateful to our Senior Admin., Ms. Mary Trifault, Mr. Stassines and to Ms. Campbell who have been working behind the scenes to make this happen.

- A WHL Planning Committee is exploring the possibility of holding our next World Hypertension Congress in Chennai, India. The tentative plan is to host a three-day hybrid meeting in February 2025. I am especially grateful to our Vice-President Dr. N.S. Narasingan, who is central to achieving this goal.

- I have been privileged to participate in several meetings in my role as your President, including a joint WHL-AHA session at the American Heart Association Scientific Sessions in Chicago, a presentation at the 2022 China Hypertension Conference, a WHL symposium (organized by our Secretary General, Prof. Bader Almustafa) at the 6th Big Sky Cardiology Update Conference in the UAE, a presentation at the 28th Joint Annual Convention of the Philippine Society of Hypertension (PSH) and Philippine Lipid and Atherosclerosis Society (PLAS), and two presentations at the American College of Cardiology (ACC) meeting. These meetings have also provided opportunities to meet with our partners, most recently with Dr. Taskeen Khan, WHO Noncommunicable Disease Management Unit, at the ACC meeting. In addition, my wife, Shelagh, and I enjoyed a delightful dinner with Dr. Khan (see photo on p. 12).

The WHL is in a very active phase, and much more is planned for the months to come. Again, thank you for your support, ideas, energy, and friendship. Please let us know how our organization can best support you in your goal to prevent and control high BP around the world. Thanks for all you do.

Paul

President, WHL

Note from the Editor

Dr. Daniel T. Lackland

It is exciting to present this latest issue of the WHL Newsletter with some enhanced regular features and new sections focused on high blood pressure control and prevention. We are so pleased to highlight the accomplishments of the member societies and partners, as well as putting the spotlight on the various award winners and achievers.

We continue to describe recent research findings focused on hypertension and updates to population initiatives throughout the world. With this issue, we are pleased to initiate a new section "Hypertension on the Ground" to showcase practical efforts focused on high blood pressure detection, prevention, management and control. This Newsletter is for you – so we always welcome your suggestions on how we can improve our content and delivery for maximum impact.

Dan

WHL Newsletter Editor-in-Chief

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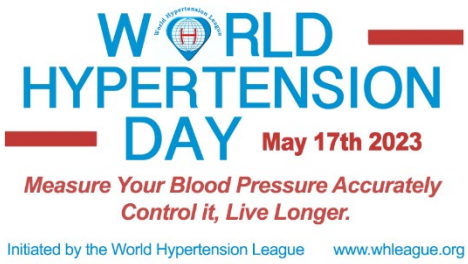
WORLD HYPERTENSION DAY 2023



World Hypertension Day 2023's theme ***Measure Your Blood Pressure Accurately, Control It, Live Longer*** continues to focus on the importance of accuratate blood pressure measurement in controlling blood pressure and combatting low awareness rates worldwide, especially in low to middle income areas. We hope you will participate in this year's WHD campaign by sharing hypertension information and resources on social media, promoting individual Blood Pressure screenings, providing educational materials, and engaging with local and regional media. **Click here** for more information and resources for this year's celebration of WHD.

CALL FOR AWARDS NOMINATIONS

The deadline for nominations is March 24th. See categories below for the 2023 WHL Excellence Awards. Guidance and eligibility information can be found here and the Nomination Form here.

Detlev Ganten Excellence Award in Basic Research in Hypertension

Peter Sleight Excellence Award in Hypertension Clinical Research Trials

Claude Lenfant Excellence Award in Population Hypertension Control through Educational Activities and Guideline Implementation

Liu Lisheng Excellence Award in Cardiovascular Risk Factor Control in Low- and Middle-income Populations

Norman Campbell Excellence Award in Population Hypertension Prevention

Daniel Lackland Excellence Award in Collaboration and Advocacy for Population Hypertension Risk Reduction

WHL Organizational Excellence Award in Global Hypertension Control

WHL WEBSITE REFRESH

We are happy to announce the website refresh of the World Hypertension League website whleague.org. The design and development of the new site was completed in conjunction with our own Newsletter Associate Editor Mary Trifault, and the recommended marketing agency Stassines Cross at stassinescross.com.

We had three goals for the site:

1. Refresh the design

2. Review and update the content

3. Update the technology

Design

The website's design was refreshed with an updated, modern look. The site's home page and navigation provide quick access to key elements of content, and the navigation was simplified. We increased the font size of the typography to allow for easy reading of the site on desktops, laptops, tablets and phones.

Content

We reviewed all our content and continue to focus on information about the organization, our diverse members, how to join, resources, awards and the Children's Art Program, as well as highlighting the newsletter, latest news and upcoming events. Our quarterly newsletter is centralized on the Newsletter page, with all issues back to 1988 easily found and accessed.

Logo

We updated the WHL logo, and in the process created both a version in full color as the primary logo, and an alternate all white version which can be used on a dark background.

World Hypertension League

Technology

Our previous site was developed in Joomla, which is an Open Sourced Content Management System often favored by nonprofit organizations, and we decided to stay in that technology for ease of upgrade and maintenance. A file management system was added, which makes managing all of our historical information easy.

The new website will be up and running this month. We hope you will visit it and that you will enjoy the refreshed look.

HOT OFF THE PRESSES

Community Healthcare Team-based Treatment of Hypertension

By Paul K. Whelton, MB, MD, MSc

An important new team-based care of hypertension trial was published in the March 2, 2023 issue of the Lancet (Effectiveness of a non-physician community healthcare provider-led intensive blood pressure intervention versus usual care on cardiovascular disease (CRHCP): an open-label, blinded-endpoint, cluster-randomised trial-based management of High BP. He J et al for the CRHCP Study Group. Lancet; doi: 10.1016/S0140-6736(22)02603-4. Online ahead of print.) The investigators recruited adults ≥ 40 years with an untreated systolic BP ≥ 140 mm Hg or diastolic BP ≥ 90 mm Hg (≥130 mm Hg and ≥80 mm Hg for those at high risk for CVD or taking antihypertensive medication). Using an open-label, blinded-endpoint, cluster-design, they randomized assigned (1:1) 326 villages (clusters) to a non-physician community healthcare provider-led intervention or usual care. With supervision from primary care physicians, the non-physician community health-care providers used a simple

stepped-care protocol to initiate and titrate antihypertensive medications to achieve an SBP/DBP < 130/80 mm Hg. They also delivered free or heavily discounted antihypertensive medications, provided health coaching, trained villagers to record home BPs and monitored progress through monthly visits. Over 36 months, the net group difference in SBP/DBP between the intervention and control villages was -21.3/-9.9 mm Hg and the hazard ratio (HR), 95% confidence interval (CI) for primary outcome (composite of myocardial infarction, stroke, hospitalized heart failure, and CVD death) was 0.67, 0.61 to 0.73. All four components of the primary outcome were significantly reduced, as was all-cause mortality (HR 0.85, 95% CI 0.76 to 0.95). Consistent intervention benefits were noted across pre-stated age, gender, education, antihypertensive medication use, and baseline CVD risk subgroups of interest.

This is an important publication that demonstrates the effectiveness of a non-physician healthcare provider-led simple team-based intervention aimed at the reduction of BP and prevention of CVD. The achieved separation in BP was greater than that reported in any other major trial, including the SPRINT, and the resultant prevention of CVD and all-cause mortality was remarkable. The intervention was conducted in a rural setting and led by community healthcare workers who lived in the community and used a simple algorithmic protocol for health coaching and antihypertensive drug treatment decisions, coupled with easy access to free or heavily discounted medications, and patient engagement by monthly visits and self-monitoring of BP. The trial provides a clear demonstration that a simple intervention that is well delivered is very effective and belies the need for individualization of antihypertensive therapy in most adults.

The CRHCP protocol has many similarities to the WHO HEARTS initiative and bodes well for the success of the latter when it is well delivered. It is the latest of many trials that have documented the efficacy of a team-based approach to antihypertensive care. Our traditional model of physician delivered care has failed miserably, with the result that BPs are measured badly in most clinical practice settings and both over and under treatment of hypertension is common. Further, hypertension control is woefully inadequate even to sub-standard levels of control (SBP/DBP <140/90 mm Hg) compared to what is recommended in most guidelines. We must employ a different model of care that reduces the burden on physicians and shifts responsibility to other trained care givers. The model that seems to work best has all or most of the following components: 1) a specific commitment by the provider, health system, or country to care goals, 2) health promotion, 3) convenient access to community care delivered using a team-based approach, 4) the use of simple evidence-based protocols for nonpharmacological (health coaching) and antihypertensive drug therapy, 5) reliable access to an affordable source of antihypertensive medications, preferably prescribed as a single-pill combination and available to patients at the point of care, and 6) information tracking (for example, using an electronic health record) and case-management, where feasible, to monitor success and identify those who need extra attention at an early stage when interventions are most likely to help them. CVD risk estimation is also desirable, but this is challenging in many middle- and low-income countries where risk estimating tools have not been validated and laboratory testing may be impracticable due to lack of access, cost and other considerations. The HEARTS model is a good example of a widely employed approach to achieve improved BP control. It will be important to determine the extent to which success is being achieved with the current approach to implementation of the HEARTS model worldwide and in individual countries. This is an exciting time, with an increasingly strong scientific basis for implementation approaches that are effective in community settings. The CRHCP provides a great example of what can be accomplished with strong leadership and attention to detail but use of a fairly simple intervention strategy that has components that are likely to be widely generalizable.

Special Journal Issue - Accuracy of Automated BP Measuring Devices

By James E. Sharman, Professor of Medical Research and Deputy Director; Menzies Institute for Medical Research, Hobart, Australia

Members of the World Hypertension League are well versed on the importance of carefully measuring blood pressure (BP) so that hypertension can be correctly identified and managed to reduce risk of cardiovascular disease. Automated BP measuring devices are recommended for use in clinical practice, including for home BP monitoring. These devices must have passed accuracy testing according to an internationally accepted validation standard.

Online purchase of goods and services is commonplace these days, including for home BP devices, but unfortunately, about 80% of devices available online do not have evidence of having undergone proper accuracy testing. This failing may seriously undermine accurate BP measurement, correct diagnosis and clinical care.

The most recent issue of the Journal of Human Hypertension is dedicated to the accuracy of automated BP measuring devices. A series of papers outlining different aspects and outcomes relating to accuracy are presented, and information collated within an open access **Policy Statement and Call to Action from the World Hypertension League: Urgency to Regulate Validation of Automated Blood Pressure Measuring Devices.**

This document is intended as a resource to help accelerate the availability and use of properly validated automated BP devices. Members of the WHL community are invited to distribute and use this resource to effect policy and practice change in their world region.

CHILDREN'S ART PROGRAM

Young people (under 18 years old) from around the world are invited to submit an art contribution depicting an aspect of high blood pressure awareness to help celebrate **World Hypertension Day on May 17, 2023.**

High blood pressure drives heart disease, a global public health problem, which begins in childhood. Most heart disease can be prevented, or the onset prolonged to much later in life, if action occurs early on in life. The art poster program is an attempt to teach children how a few basic minimal lifestyle changes for them and their families can make a big difference.

This year we are encouraging artwork related to the theme of healthy blood pressure, including:

1) Accurate and regular blood pressure measurement: **Know Your Numbers**

2) More physical activity & less screen time: **Move Your Way: Walk, Run, Dance, Play**

3) A low sodium, heart healthy diet: **Love Your Fruits & Veggies**

4) Refrain from any kind of smoking: **Stay Smokefree**

Children can create an original drawing by hand with crayons, colored pencils, ink pens, markers, paint (acrylic or watercolor), or by *using digital tools*. Acceptable digital artwork formats include GIF, JPG, JPEG, and PDF. The artwork should be titled **"World Hypertension Day 2023"** in the artist's language.

Contributing artists will be recognized with WHL award certificates, artwork displayed on the WHL website and select pieces presented in the WHL newsletter. Artwork should be submitted through a World Hypertension League sponsor.

ARTWORK DEADLINE: APRIL 15

Submissions should include:

- GIF, JPG, JPEG or PDF of the artwork
- Photo of artist (optional)
- Name, age, and country of the artist
- Name and e-mail of sponsor
- Statement from parent/guardian providing permission for artwork and artists to be displayed by the World Hypertension League

SODIUM REDUCTION NEWS

Recently the *Journal of Hypertension* published the position statement of the World Hypertension League (WHL), International Society of Hypertension (ISH), and Resolve to Save Lives (RTSL) on the use of spot urine samples to assess sodium intake in association with health outcomes. The manuscript title "It is strongly recommended to not conduct, fund, or publish research studies that use spot urine samples with estimating equations to assess individuals' sodium (salt) intake in association with health outcomes" clearly indicates the position (1) . Twenty-one additional national and international health organizations have supported the position statement. Previously, the TRUE consortium of major international and national health organizations, the European Salt Action Network and other organizations have issued recommendations that spot urine samples were inappropriate to assess the dietary sodium intake in individuals (2-4). These recommendations are based on the lack of any plausible scientific rationale that a single spot urine sample could predict long term sodium intake, extensive research demonstrating a lack of reproducibility with large random error, and large systematic errors resulting in spurious health outcome associations. The past recommendations have been ignored by several investigators and journals. Original research using spot urine samples and reviews including studies that assess dietary sodium based on spot urine samples with estimating equations to assess individuals' sodium in association with health outcomes continue to be published generating false controversy about the usefulness of reducing dietary sodium. Given the well documented evidence that the use of spot urine samples with estimating equations produces false results, the funding, conduct, and publication of such studies is considered by many to represent scientific misconduct. It is important that the scientific community, including funding bodies and journals, ensure the scientific integrity of research on dietary sodium (and other health topics) to maintain public trust.

There are several important new initiatives relating to reducing dietary sodium. The World Health Organization is updating the SHAKE package which outlines policies and interventions to reduce population dietary sodium and will separately release a report on the progress of countries in reducing dietary sodium. The WHL has revised its recognition awards with the Norm Campbell Award being revised to recognize excellence in prevention of hypertension and hence will have a focus on population reduction of dietary sodium. The terms of the the award and how to nominate individuals is here. Please nominate people who have contributed to sodium reduction at the population level.

The table below indicates the higher-level evidence that supports reductions in dietary sodium (5). The WHL and like-minded organizations will continue to emphasize the importance of rigorous reproducible research with publicly available data.

Outcome	Study design	Main result
Blood pressure	Meta analysis of randomized controlled trials	Changes in dietary sodium are linearly associated with changes in blood pressure. Reducing dietary sodium down to 800 mg/day reduces blood pressure. The lower limit of the association of dietary sodium with blood pressure was not determined.
Cardiovascular disease	Meta analysis of randomized controlled trials	Reducing dietary sodium from an average of 3646 mg/day to 2690 mg/day reduces cardiovascular disease (CVD) 26%. There was a linear reduction in CVD between dietary sodium levels of 4100 to 2300 mg/day. The lower limit of the association of dietary sodium with CVD was not determined.
Cardiovascular disease	Meta analysis of long-term cohort studies which defined sodium intake with multiple nonconsecutive 24 hr. urine collections	Linear association between sodium intake (1846 to 5230 mg/day) and CVD. The lower limit of the association of dietary sodium with CVD was not determined.

Authors:
Norm RC Campbell MD, Daniel T Lackland DSc, Eduardo Nilson DSc, PGCert, Paul K Whelton MB MD MSc

References

1. Campbell NRC, Whelton PP, Orias M, Cobb LL, Jones ESW, Garg R, et al. It is strongly recommended to not conduct, fund, or publish research studies that use spot urine samples with estimating equations to assess individuals' sodium (salt) intake in association with health outcomes: a policy statement of the World Hypertension League, International Society of Hypertension and Resolve to Save Lives. Journal of Hypertension. 9900;41:10.1097/HJH.0000000000003385.

2. Campbell NRC, He FJ, Tan M, Cappuccio FP, Neal B, Woodward M, et al. The International Consortium for Quality Research on Dietary Sodium/Salt (TRUE) position statement on the use of 24-hour, spot, and short duration (<24 hours) timed urine collections to assess dietary sodium intake. J Clin Hypertens. 2019;21:700-9.

3. Cappuccio FP, Beer M, Strazzullo P. Population dietary salt reduction and the risk of cardiovascular disease. A scientific statement from the European Salt Action Network. Nutr Metab Cardiovasc Dis. 2018;29(2):107-14.

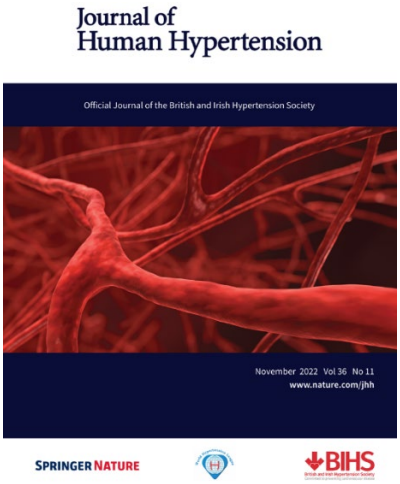
4. Pan American Health Organization. Salt-Smart Americas: a guide for country- level action. Washington, DC: Pan American Health Organization; 2013:ix-159.

5. Campbell NRC, Whelton PK, Orias M, Wainford RD, Cappuccio FP, Ide N, et al. 2022 World Hypertension League, Resolve To Save Lives and International Society of Hypertension dietary sodium (salt) global call to action. J Hum Hypertens. 2022;https://doi.org/10.1038/s41371-022-00690-0.

JHH SPOTLIGHT

The role of temperature and weather patterns on hypertension and cardiovascular mortality

Submitted by Sunil Nadar, JHH Associate Editor



Climate on earth has been in constant flux over the approximately 4.5 billion years since formation, with numerous factors interacting, in ways not yet fully understood. However, in recent times, there has been a significant increase in the earth's temperature driven largely by human activity by way of increasing fossil fuel-derived carbon dioxide and other industrial/agricultural greenhouse gas concentrations in the atmosphere. The global mean temperatures have increased by an average of ≈1.8°F (1.0°C) between 1901-2016, making this the warmest period in the history of modern civilization. Worryingly, average temperature is projected to rise by as much as 9°F (4-5°C) by the year 2100, unless significant remedial action is taken. Besides the increase in average temperatures, there also appears to be an increase in abnormal weather patterns over the last few decades. This increase in global temperatures can have a significant effect on human health with the World Health Organization (WHO) estimating that an additional 250,000 deaths/year globally would be directly attributable to it by 2030-2050.

The review by Goel et al (*J Hum Hypertens. 2022 Dec;36(12):1035-1047.) examines in detail the role of global temperatures on hypertension and cardiovascular mortality. It has been demonstrated that temperature and mortality have a "U" shaped relationship, with increase in mortality for deviations from the optimal temperature. Moderate cold weather accounts for higher mortality than other deviations in temperature. Cold temperature tends to have a lag of 3 to 4 days before the increase in mortality occurs, with this effect lasting for a week or two, whilst heat waves tend to have an immediate effect on mortality, which then dissipates quickly. Much of this mortality stems from cardiovascular deaths.

Hypertension, which is a major cardiovascular risk factor, also appears to be heavily influenced by the weather, with average blood pressures higher in winter months than in summer months. This variation in hypertension to some extent follows the patterns of increased cardiovascular mortality with changes in temperature. However, this link has not been closely investigated.

The paper also looks at the various mechanisms that have been postulated in this seasonal and temperature related adversity. The authors further review the literature on the effects of different class of drugs on these temperature related blood pressure and mortality trends. They found that blockers of the renin-angiotensin-aldosterone system (RAAS) appear to increase the seasonal variations in blood pressure more than any other group of drugs. This could be a reflection of the important role that the RAAS plays in blood pressure regulation and its response to temperature. It also highlights the need for titration of blood pressure medications during winter for those who show significant seasonal variations.

Scientists have predicted that extreme weather events such as heat waves, cold snaps and storms are likely to become more frequent with global warming. As clinicians we need to be aware of the

impact of this on human health and the need for closer monitoring of vulnerable patients during these weather phenomena. Currently our research group at Dudley, UK are in the process of setting up various studies investigating the effects of temperature on blood pressure and we would welcome expressions of interest for collaborations. Please email us at snadar@doctors.net.uk for more information.

Spotlight on hypertension in the African continent

We are currently putting together our next special spotlight issue on "Hypertension in the African continent". We invite you to submit your manuscript (either original articles or reviews) pertaining to epidemiology, management, delivery of care and the problems and issues faced by clinicians when dealing with hypertension in Africa. For more information, please contact us either on snadar@doctors.net.uk or jhh@nature.com.

HYPERTENSION ON THE GROUND

The Chronic Conditions Care Collaborative

Submitted by Daniel T. Lackland, DrPH

We are enthusiastic to begin this new section of the newsletter, which will showcase local and regional efforts focused on blood pressure measurement, hypertension treatment, control, and prevention.

The South Carolina Department of Health and Environmental Control, Division of Diabetes & Heart Disease Management with support from the Centers for Disease Control and Prevention has implemented several initiatives including The Chronic Conditions Care Collaborative (4C Collaborative), a quality improvement learning collaborative. It is designed to provide a space for health care teams to work together to improve hypertension treatment, while also improving control and prevention outcomes for their patient population.

Subject matter experts and teams receive technical assistance, guidance, and resources to assist in the testing and implementation of change concepts through the Quality Improvement Change Package. One resource provided through the initiatives has been the development of education modules. These evidence-based education modules include a faculty of national and international experts addressing various aspects of blood pressure measurement, hypertension treatment, management, and control, as well as prevention strategies. The modules are available for continuing education credit at no cost for all health care providers. Over 100 modules are currently available and can be accessed by visiting https://www.scahec.net/learn/HTN.

Another example is a demonstration project exploring the feasibility of implementing an internal self-monitoring blood pressure (SMBP) program. A local rural health center, with support from hypertension subject matter experts and the Division of Diabetes and Heart Disease Management, examined the processes and resources needed to implement a clinic based SMBP program among their patients. While the project was a success, there were significant challenges such as the absence of documented evidence/guidance, device selection, and technological literacy among patients. Addressing these challenges is crucial to learn more about the feasibility of adopting an internal SMBP program and the ability to scale such a program throughout a state.

NEWS FROM OUR PARTNERS

May Measurement Month 2023 – the countdown begins…

Preparations for May Measurement Month (MMM), the annual global screening campaign that helps people to get their blood pressure (BP) checked, are in full swing ready to launch on 1st May 2023.

After five successful years, and over 5 million people screened in almost 100 countries, over 1 million people have been identified with untreated or inadequately treated hypertension. MMM not only continues to raise much needed awareness about raised BP globally but also has created a platform on which unique research into BP and associated risk factors can be carried out at a global level.

70 countries so far have signed up to participate in MMM in 2023 when the timing of screening has been extended to run at any time between May and July. For more information about MMM, visit www.maymeasure.org

CENTERS FOR DISEASE CONTROL (CDC)

Emerging Authors Project (EAP)

Since 2020, the Emerging Authors Project (EAP) has published 21 articles and three journal editorials. Eight additional papers and a journal editorial are awaiting publication; two are under review.

A brief survey was sent to 18 EAP authors in November 2022 to learn about their experience and identify improvement areas. Over half (53%) responded; 89% reported that publishing their article improved their writing skills and supported their career goals, 100% said that the EAP experience improved their confidence in writing, and 67% have since published or drafted another article. In addition, 78% have shared what they learned from the EAP engagement with colleagues, and 89% plan to share their knowledge with others.

CDC and partners continue to invest in supporting scientific writing skills. Check out TEPHINET's story on the Eight-Part webinar series conducted by WHL faculty last year, "Virtual Scientific Writing Series Builds Capacity for FETPs to Develop Scientific Manuscripts | TEPHINET." On average, 514 attendees from 82 countries per session participated; 162 attended at least 7 of the 8 sessions.

In response to the 4th EAP call for manuscripts, the program in February received 19 applications from 6 countries. Selected authors will receive guidance and support from global mentors to strengthen their scientific writing skills and navigate the writing and publication process.

Authors:
Qaiser Mukhtar
Sushama Dhakal Acharya,
Sydney Mogotsi

RESOLVE TO SAVE LIVES

Singapore's strategy to improve heart health: The high promise of low-sodium salt

Submitted by Cécile Borkhataria
RTSL Communications Officer, Cardiovascular Health

Singapore is the first country to develop a national-level strategy for increasing population uptake of low-sodium salt as part of a bold, three-pronged approach to cut sodium intake by ~15% over the next five years. In a webinar hosted by Resolve to Save Lives, Terence Ng, Director of Policy and Strategy Development at the Singapore Health Promotion Board shared his insights on the successes and challenges of designing a national strategy for scaling up low-sodium salt substitutes.

Keep it simple: lessons from the Simple hypertension management app

In a report published in BMJ Health & Care Informatics, Resolve to Save Lives' digital and hypertension teams outline lessons from the development and implementation of the Simple app: how a fast, easy-to-use, digital system for hypertension programs that focuses on key performance indicators can successfully reach scale in low-resource settings.

Reducing dietary salt intake: a community-based behavior change intervention in India

In an article published in the *Journal of Clinical Hypertension*, a study protocol for implementing and evaluating a community-based behavioral change intervention delivered by front line community-based health volunteers to reduce salt intake is presented. Study results will be used to inform future public health policies to support implementation of scalable community-based interventions to reduce salt intake and control hypertension, the leading cause of death in India.

Implementing HEARTS in Jordan to improve hypertension management

Results from a pilot (funded by an RTSL grant to the Eastern Mediterranean Public Health Network) of the HEARTS hypertension management protocol in primary health care settings in Jordan were published in the *Journal of Human Hypertension*. The pilot study achieved an increase in blood pressure control rates in enrolled patients after four months of implementation.

COALITION FOR ACCESS TO NCD MEDICINES & PRODUCTS

Submitted by Sara Gray, Senior Program Assistant, Noncommunicable Diseases

2023 is an important year for the Coalition as we officially launch our new strategy that will guide us over the next few years. This year we also gladly welcome **Eli Lilly and Company** to our membership and **IDA Foundation** to our Technical Advisory Committee.

The Coalition would like to highlight important work conducted by members in recent months. **PATH** in partnership with **Sanofi** and advisory board members from the Coalition including **Prof Jean Claude Mbanya (University of Yaoundé 1, Cameroon), Dr Dan Lackland (World Hypertension League) and Dr Gerald Mutungi (MOH Uganda),** recently released an NCD Situational Analysis that provides an overview of the NCD ecosystem, a description of primary findings, and recommendations for future action.

Congratulations to Coalition members - **Sir George Alleyne, Prof. Jean Claude Mbanya, and Christine Parsons Perez (NCDA)** for their contributions to the recently released *Noncommunicable Diseases: A Compendium*. This timely publication, edited by Nick Banatvala and Pascal Bovet, introduces readers to NCDs – what they are, their burden, their determinants and how they can be prevented and controlled.

ISH NEWS

Video update from the ISH President

In January 2023 President Professor Bryan Williams recorded a short video highlighting some key plans for the ISH over the next two years, to improve the detection, treatment and control of high blood pressure throughout the world. View the video

New committee chairs and Council members announced for ISH 2022-24 Presidential term

It is our great pleasure to announce the appointments made by the ISH President during his term of office. More information

We are additionally delighted to announce that Prof. Augustine Odili, the ISH Africa Regional Advisory Group (RAG) Chair, Nigeria has been appointed by the ISH President, and agreed to serve, as a co-opted member of the ISH Council during this Presidential term of office. The African region is such an important and priority area of focus for the ISH and Prof. Odili will work to represent the interests of the region within the ISH Council.

Health workers from across Africa trained and mentored in ISH initiative

Health workers from across Africa have received training and mentorship as part of a new ISH initiative aimed at improving hypertension care across the continent. The African School of Hypertension for Non-Physician Health Workers was set up by the ISH Africa Regional Advisory Group (RAG) and offers training on diagnosing and managing hypertension, and on referring patients to specialist physicians. Read more on the ISH website.

Course leaders pictured from left: Augustine Odili, Adeyeye Akintunde, Godsent Isiguzo (Nigeria)

Monthly E-Bulletin and Hypertension News

View past issues. Email ISH to be added to the subscriber list: secretariat@ish-world.com

ISH 2024 early bird registration now open: Cartagena, Colombia, 19-22 September 2024
Watch a 2-minute video introducing the city of Cartagena and the conference venue.

Visit the ISH2024 website for more information: https://ish2024.org/

ISH 2022 conference abstracts now available

Outstanding research presentations were displayed in Kyoto at the 2022 ISH Biennial Scientific Meeting, and have been made available online via the *Journal of Hypertension*. Click here.

Women in Hypertension Research

The ISH Women in Hypertension Committee (WiHRC) is making great strides in bringing together women working in hypertension research globally. We encourage you to read the latest issue of the Women in Hypertension Research Network newsletter and to find out more.

MEMBER NEWS

Hong Kong College of Cardiology - 30th Anniversary

Year 2022 marks the 30th Anniversary of Hong Kong College of Cardiology (HKCC). To record this remarkable milestone and celebrate our achievement on cardiology medicine over the years, it is our greatest pleasure to share with you that the HKCC 30th Anniversary Commemorative Publication has been issued with the support of the key persons in the industry. Please find the HKCC 30th Anniversary Commemorative Publication for your perusal.

Philippine Society of Hypertension

The article ***Socioeconomic impact and burden of hypertension in the Philippines projected in 2050*** was published in January 2023 in *Hypertension Research,* the official journal of the Japanese Society of Hypertension. An excerpt from the abstract states: *Hypertension has remained the number one cause of cardiovascular death in the Philippines for over three (3) decades. Despite this finding, the burden accounted for by hypertension is investigated to a lesser extent. We performed this study to determine the socioeconomic impact of hypertension in the Philippines, and it was projected in the next 30 years.*

WHL Excellence Awards

Dr. Sonia Angell receives the Norman Campbell Excellence Award in Population Hypertension Prevention and Control, presented to her in New York City by Dr. Dan Lackland.

Dr. Daniel Jones (r) receives the Claude Lenfant Excellence Award in Population Hypertension Control from Dr. Dan Lackland (l).

RECENT EVENTS OF NOTE

Epidemiology and Prevention | Lifestyle and Cardiometabolic Health

Organized by American Heart Association (AHA)
Feb 28 - Mar 3, 2023, Boston, Massachusetts, USA

(l-r) Dr. David Goff of the National Heart Lung and Blood Institute, Dr. Donald Lloyd-Jones, Immediate Past President of the American Heart Association and Dr. Dan Lackland, Past President of the World Hypertension League attended the Epidemiology and Prevention | Lifestyle and Cardiometabolic Health meeting in Boston in late February, discussing hypertension measurement and out of clicking measurement.

American College of Cardiology and World Congress of Cardiology

March 4 - 6, 2023, New Orleans, Louisiana, USA

(l-r) Prof. Paul Whelton, WHL President, Dr. Taskeen Khan, WHO Noncommunicable Disease Management Unit and Shelagh Whelton attend the ACC/WCC conference in New Orleans in March.

Irish Government and Science Foundation Ireland awards prestigious St. Patrick's Day Science Medal in Academia to Professor Whelton

Director General of Science Foundation Ireland, Professor Philip Nolan, Shelagh Whelton, Dr Paul K. Whelton Professor of Global Public Health at Tulane University, New Orleans, Taoiseach Leo Varadkar. Photo: John Harrington

In a recent ceremony, the WHL President, Paul K. Whelton, MB, MD, MSc, was awarded the prestigious Science Foundation Ireland (SFI) St. Patrick's Day Science Medal for Academia by Taoiseach Leo Varadkar, the head of the government of Ireland. The SFI St. Patrick's Day Science Medal for Academia is awarded annually to a distinguished U.S.-based science, engineering or technology leader with strong Irish connections for their outstanding contributions to research and innovation. It highlights and honors their role in supporting and engaging with the research ecosystem in Ireland and beyond. "On behalf of the Government of Ireland and Science Foundation Ireland, I am delighted to award the SFI St. Patrick's Day Science Medal for Academia to Dr Paul K. Whelton" Varadkar said. "The Medal recognizes his outstanding leadership, particularly in hypertension research. We are deeply proud of his achievements."

IN MEMORIAM – RALPH SACCO

The World Hypertension League joins our partners in sorrow and remembrance of Professor Ralph Sacco. Please see links below to In Memoriams published by AHA, WSO and AAN:

American Heart Association
World Stroke Organization
American Academy of Neurology

Dr. Ralph Sacco was recognized with the 2022 WHL Daniel T. Lackland Excellence Award for Collaboration and Advocacy for Population Hypertension Risk Reduction at an awards ceremony last year in Miami Florida.

LINKS OF NOTE

LINKS A global community for cardiovascular health

LINKS is a collaborative effort of **the World Health Organization**, the **U.S. Centers for Disease Control and Prevention** and **Resolve to Save Lives**, to improve cardiovascular health globally. For more information, go to **this link.**

♥

Tool for Checking Validation Status of Blood Pressure Devices: Click here

♥

WHO Essential Medicines List (EML) for Hypertension Combination Therapy

NCD Alliance Newsletter: Click here

♥

WSO Newsletter: Click here

♥

SCIENCE OF SALT WEEKLY: Click here

Weekly Medline articles on dietary sodium

♥

KNOWLEDGE ACTION PORTAL (KAP)

WHO's platform for NCD info, **Click here**

♥

Calendar of Events

World Congress of Nephrology 2023
March 30 – April 2, 2023
Bangkok, Thailand
Click here for more information

WHO World Health Assembly
May 21-30, 2023
Geneva, Switzerland
Click here for more information

World Salt Awareness Week
May 15 – 21, 2023

WORLD HYPERTENSION DAY
May 17, 2023

World Heart Summit
May 19-21, 2023
Geneva, Switzerland
Click here for more information

ESH-ISH 2023
June 23-26, 2023
Milan, Italy
Click here for more information

World Heart Day
September 29, 2023
Click here for more information

World Stroke Congress 2023
October 10-12, 2023
Toronto, Canada
Click here for more information

World Health Summit
October 15-17, 2023
Berlin, Germany
Click here for more information

American Heart Association
November 11-13, 2023
Philadelphia, PA, USA
Click here for more information

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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