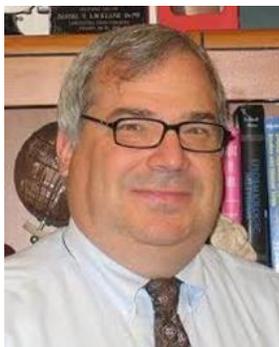


# WHL • NEWSLETTER

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

No. 183, March 2024

## Note from the Editor



*Dr. Daniel T. Lackland*

It is great to present the March issue of the Newsletter as we prepare for the many celebrations of World Hypertension Day. As such, we enthusiastically encourage reporting your events and celebrations with photos and reports. Coinciding with World Hypertension Day is the Children's Art Program with strong

encouragement for submissions, [via this link](#). We will post the art with the artist and sponsor on the WHL Website with a plan to display and showcase at the World Hypertension Congress (WHC). For our current issue, it is exciting to read reports from WHL Society members and partners. As well, the regular featured sections *Hypertension on the Ground*, [Journal of Human Hypertension](#) *Spotlight* and *Science Writers' Forum* are designed as a resource for related information and updates. We thank you for all you do and contribute to the Newsletter and the WHL Mission.

*Dan*                      *WHL Newsletter Editor-in-Chief*

## President's Column



*Dr. Paul K. Whelton*

Dear Colleagues,

Greetings from New Orleans. In January, I travelled to Chennai at the invitation of WHL Vice-President Dr. Narasingan. This provided a wonderful opportunity to meet with him and his colleagues in the Indian Society of Hypertension, to see the

facilities for next year's World Hypertension Congress (WHC), and to participate in three WHL symposia in Chennai, Mumbai, and Trichy, as well as an international cardiometabolic meeting in Mumbai. The Chennai Trade Centre facilities reserved for the WHC are first rate and there are lots of hotels in close proximity. The main program for the congress is complete and we are now focusing on the abstract sessions, evening programs, scientific writing workshop, and other events which will be held in conjunction with the WHC. It's going to be a great meeting. Sincere thanks to my colleagues in the WHL and Indian Society of Hypertension who have been working very hard to ensure that we will have a world class meeting next February.

During the 154<sup>th</sup> World Health Organization (WHO) Session in January, the decision was made to maintain the WHL's status as being "in official relations with the WHO". This was very welcome news and I want to thank Dr. Taskeen Khan for her strong support and assistance with the WHL renewal application.

Congratulations to Dr. Dorlores Bonzon, President, Dr. Alejandro Diaz, Vice-President, and all our colleagues in the Philippine Society of Hypertension (PSH) as they celebrate the 30<sup>th</sup> anniversary of the Society's founding. The PSH supports a wide range

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of educational, research, and practice initiatives. The PHS has long been a very active member in the WHL and we are fortunate to have PHS Immediate Past-President, Dr. Leilani B. Mercado-Asis, as a WHL Board Member and Chair of the WHL Council.

Together with President-Elect Dr. Parati, Treasurer Dr. Schlaich, and Secretary General Dr. Almustafa, I was pleased to participate virtually in a WHL session at the 7<sup>th</sup> Big Sky Cardiology Updates Conference in Dubai. Special thanks to Dr. Almustafa for arranging and coordinating the WHL session. This month, I gave a *distinguished scientist keynote lecture* on behalf of the WHL at the 2024 International Association for Dental, Oral, and Craniofacial Research (IADR)/American Association for Dental, Oral, and Craniofacial Research (AADOCR)/ Canadian Association for Dental Research (CADR) conference in New Orleans.

I hope your plans for celebrating World Hypertension Day on May 17<sup>th</sup> are well underway. It provides a wonderful opportunity to engage, educate, and help our communities.

I also hope you have either submitted or will consider submitting nominations for the 2024 WHL Excellence Awards. You will find all the details related to the nomination requirements and submission process on the WHL website.

Applications for the 2024 Children’s Art Program are also being accepted. Again, the details for submission can be found on the WHL website.

Best wishes for a very successful WHD on May 17<sup>th</sup>.

Paul WHL President



Dr. Paul K. Whelton and Dr. S.N.Narasingan meet at the WHC “Early Bird” Registration booth in Chennai.

## WORLD HYPERTENSION CONGRESS – CHENNAI INDIA



6<sup>th</sup> World Hypertension Congress  
February 21-23, 2025, Chennai, India  
**“Controlling Hypertension Together”**  
**SAVE THE DATE!**

## WHD MESSAGE FROM COUNCIL CHAIR PROF. MERCADO-ASIS

**Dear Council Members and Colleagues:**

Greetings with a wonderful day to all!

This message is calling for your participation in our World Hypertension Day (WHD) celebration on May 17, 2024. Please see the poster below on our [WHL website](#):



### A Bit of WHD History

World Hypertension Day (WHD) is a day designated and initiated by the World Hypertension League (WHL). The day was initiated to increase the awareness of hypertension. The WHL launched its first WHD on May 14, 2005. Since 2006, the WHL has been dedicating May 17 of every year as WHD.

## Yearly WHD Themes

2005- "Awareness of High Blood Pressure"

2006- "Treat to Goal"

2007- "Healthy Diet"

2008- "Measure Your Blood Pressure...At Home"

2013-2018- "Know Your Numbers"

2022- "Measure Your Blood Pressure, Control It, Live Longer"

2023- "Measure Your Blood Pressure Accurately, Control It, Live Longer"

2024- The theme remains to promote increase in awareness of high blood pressure and accuracy in blood pressure measurement, toward the control of hypertension related NCDs, especially in low to middle income areas.

## Activities for Celebrating WHD to Increase Awareness

- Blood pressure screenings
- Educational and calls to action webinars and lectures
- Community events
- Media releases and awareness campaigns worldwide
- WHL Children's Art Program

These screenings and education on lifestyle modification and dietary salt reduction help reduce the risk for stroke, cardiovascular disease and kidney disease in communities worldwide.

Onward we join for the realization of our organization's mission to promote awareness of hypertension through participation in various activities!



To echo the WHL message in our website: "We know we can be even more successful with greater impact

on health outcomes in this coming year, thanks to all of the fantastic efforts of our members, partners and colleagues!"

To request the World Hypertension Day 2024 logo for use in your outreach and educational materials, please send an email to [whleague17@gmail.com](mailto:whleague17@gmail.com).

Sincerely,

Lani

Prof. Leilani B. Mercado-Asis, MD, PhD, MPH, MEd (DE); Chair, Committee on Council Membership; WHL Board of Trustees;

Professor, Faculty of Medicine and Surgery (FMS)

University of Santo Tomas (UST); Manila, Philippines;

Program Director, Master Program in Public Health International, UST-FMS

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## CHILDREN'S ART PROGRAM

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**Submissions Deadline: April 20th**

Please click on [this link](#) for the submission form.

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## BLOOD PRESSURE MANAGEMENT

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### National Hypertension Control Initiative

Submitted by Ashley L. Wagner, Associate Science & Medicine Advisor, American Heart Association

The National Hypertension Control Initiative (NHCI), a cooperative agreement between the American Heart Association and the US Department of Health and Human Services Office of Minority Health and Health Resources Services Administration (HRSA), aimed to improve blood pressure (BP) control in approximately 1.75 million patients in 350 HRSA-sponsored Community Health Centers (CHCs).

Training and technical assistance was provided to CHCs by delivering an educational curriculum composed of monthly webinars, developing resources, which included a BP measurement protocol and treatment algorithm, facilitating clinical quality improvement, and providing logistical support from NHCI staff.

NHCI engaged communities by partnering with community-based organizations, fostering community clinical linkages, creating multilingual education material, supporting learning collaboratives, and engaging community health workers.

From 2020 to 2022, BP control rates in NHCI CHCs rose from 51.3% to 57.6%, a 6.3% absolute increase and a 12.3% relative increase. A final report incorporating clinical and community data from year-3 is forthcoming.



## BLOOD PRESSURE GUIDELINES

### U.S Blood Pressure Management Guidelines

Submitted by Daniel W. Jones, MD, MACP, FAHA  
 Professor Emeritus and Dean Emeritus, University of Mississippi School of Medicine; Chancellor, University of Mississippi 2009-2015; President, American Heart Association 2007-2008

Some of you may be aware that it is time for the United States Blood Pressure Management Guidelines to be updated. This process, managed through the Joint Guideline Committee of the American College of Cardiology and the American Heart Association since 2017 was previously managed by the National Heart Lung and Blood Institute of the National Institutes of Health.

As with previous guidelines, the guidelines will be evidenced based and transparent. While the primary audience is made up of clinicians in the United States who manage cardiovascular disease or cardiovascular disease risk, others who might find the information useful include clinicians in other countries, health system leaders, policy makers, and payors.

A key issue for guideline writers will certainly be implementation of guideline recommendations. In the United States and around the globe, achieving blood pressure goals is a major

challenge. In the United States, blood pressure control rates have been declining in recent years. Strong data to support current blood pressure treatment goals and the availability of effective and safe medications should make it feasible to achieve better control rates.

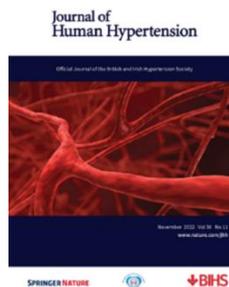
Another issue that will need consideration is the role of GLP-1 agonists and SGLT-2 inhibitors in patients with comorbidities including obesity, diabetes, and chronic kidney disease. Rising rates of these metabolic disorders and strong evidence of cardiovascular protection from these drug classes requires evaluation of the evidence in regard to hypertension management.

Leaders in blood pressure management guidelines in the United States join in the effort with leaders around the globe in working toward better blood pressure control leading to more individuals with the opportunity to live long and healthy lives.

## JOURNAL OF HUMAN HYPERTENSION (JHH) SPOTLIGHT

### Renal denervation: Effects beyond blood pressure control

Submitted by Sunil Nadar, MD, FESC, Co-editor  
 Dudley Group of hospitals NHS trust, Dudley, UK



The concept of renal denervation (RDN) for the treatment of hypertension was first mooted in the 1950s where the surgical disruption of the splanchnic nerves (splanchnicectomy) supplying the kidneys was shown to lower blood pressure. In the 1990s, proof of concept studies were performed using percutaneous interventional tools to “denervate” the kidneys, which confirmed the blood pressure lowering effect of disruption of the sympathetic supply of the kidneys. This led to large scale clinical trials about a decade later. However, the interest and enthusiasm for RDN waned following the results of the SYMPPLICITY-HTN3 trial, which was a sham controlled trial, that failed to show a significant reduction in blood pressure when compared to the sham procedure.

This led to a worldwide moratorium on the procedure while awaiting further studies.

Recent positive and encouraging trial data has renewed the interest in RDN with the European Society of Hypertension citing the use of RDN as a class II indication for uncontrolled BP in its 2021 guidelines. However, there are strict guidelines for the choice of patients who ought to be considered for RDN. More recently the Food and Drug administration (FDA) in the US has approved two systems for use in RDN. With this renewed interest and possible increase in use of RDN, the other effects of renal denervation are coming into focus. The renal sympathetic nerves play an important role in the regulation of renal function especially glomerular filtration, sodium reabsorption and renin release. Over activity of this renal sympathetic system has been linked to hypertension and other cardiometabolic diseases. Ablation of these nerves has been shown to reduce blood pressure, improve renal function and improve other metabolic functions such as improved insulin sensitivity. There has also been suggestions of benefits of RDN on other conditions such as heart failure, atrial fibrillation and sleep apnoea.<sup>1</sup> While the effects on the kidneys might be due to direct action, the other effects might be a result of improved blood pressure.

In a recent issue of the Journal of Human Hypertension, [Mohammad AA et al<sup>2</sup>](#), have performed a systematic review and a meta-analysis on the effects of RDN on kidney function in patients with chronic kidney disease (CKD). Although their analysis found significant reductions in blood pressure, they did not find any significant changes in glomerular filtration rates or serum creatinine over a two year period. The authors suggest that this is a positive finding and could be seen as an interruption in the natural progression of worsening renal functions in these patients with the renal functions stabilising over time.

It is not entirely clear from the data whether this stabilisation of renal function is purely due to the improvement in blood pressure alone, or due to the sympatholytic effects of RDN in addition to the lower blood pressure. It has previously been demonstrated that patients with CKD undergoing dialysis have increased innervation in the

adventitia of the renal vessels as compared to patients with earlier stages of CKD. Perhaps the interruption of these nerves adds to the protection afforded by lower blood pressure. The authors conclude that although this meta-analysis does not show any improvement in renal function with RDN, there is a definite stabilisation of the renal parameters post RDN. They recommend long term studies with larger cohorts to conclusively study the effects of RDN on patients with CKD and to determine whether these changes in renal function are due to the effects of lowered blood pressure alone or whether there are mechanisms independent of blood pressure lowering that contribute to alterations in renal function.

Studies such as these help to re-ignite the interest in RDN with many studies currently ongoing. The results of these will help us to better understand the role of RDN in the management pathway of patients with hypertension and its expanded role in other conditions.

<sup>1</sup> Barbato E et al Renal denervation in the management of hypertension in adults. A clinical consensus statement of the ESC council on hypertension and the EAPCI Eur Heart J 2023;00,1-18  
<sup>2</sup>Mohammad, A.A., Nawar, K., Binks, O. *et al*. Effects of renal denervation on kidney function in patients with chronic kidney disease: a systematic review and meta-analysis. *J Hum Hypertens* 38, 29–44 (2024).

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## HYPERTENSION ON THE GROUND

### Integrated Chronic Disease Care in Rural Ghana

Submitted by David Heller, MD, Assistant Professor, Arnold Institute for Global Health and the Department for Global Health and Health System Design, Icahn School of Medicine at Mount Sinai, New York, USA

Hypertension is a leading cause of death and disability in Ghana, where 34% of adults over 30 live with this condition, but 6% have achieved control. Physicians are scarce in Ghana, but the primary care system has a secret weapon: a program that sends nurse practitioners to remote corners of the country to screen villagers at home for basic health needs - and treat them at health compounds in walking distance. Called the Community-Based Health Planning and Services (CHPS) program, this nationwide effort

has cut deaths in half in children under 5; but prohibited from treating hypertension and other noncommunicable diseases (NCDs). Our research team aimed to change that.

In partnership with the Navrongo Health Research Centre, we used interviews and focus groups to study barriers and solutions to hypertension care through CHPS in the Upper East region of Ghana. We learned that CHPS nurses feel confident they could treat hypertension with proper support. Moreover, CHPS health volunteers felt ready to help nurses by teaching those with hypertension how to take medicine, cut back on alcohol and tobacco, and change their diet and exercise patterns through peer coaching. But we also learned of another unmet health need in this community: mental and behavioral health. Without addressing depression, and the negative health behaviors that come with it, we'd be unable to adequately treat heart diseases such as hypertension.

With support from Resolve To Save Lives, we therefore developed a program in which CHPS nurses screen adults in their community for both hypertension and depression, through door-to-door home visits. Those with either disease got four appointments with a CHPS nurse over 90 days to track symptoms and treat with medication, and seven home visits from a volunteer on how to take medication, exercise, and cut back on substances to control both diseases. We called the idea CHPS Opportunity for Mentally and Behaviorally Integrated NCD Engagement or COMBINE. We combined care for two different diseases, and combined medication with behavior counseling. Our program focuses on behaviors common to almost all chronic diseases, like physical exercise, medication adherence, and changes in diet and substance use.

At 90 days, our pilot test results were striking. 86% of our 37 patients with hypertension achieved disease control, and 95% of 21 with depression - only two of sixty participants left the program. At one year, 52 participants (87%) remained in the program - 33 with hypertension and 19 with depression - and 100% of them achieved disease control. In subsequent interviews, CHPS nurses praised the program as easy to use - and patients

found it gave them an ability to control their own health they never knew they had.

We're working to scale COMBINE, and to test it against usual care. And we welcome your partnership and support. Our vision is to build a system where all persons get screened at home for multiple chronic diseases, and get the care and education to manage these conditions themselves. Let's work together to make this type of comprehensive primary hypertension care a reality.

## **Invitation to Hypertension Canada free virtual symposia on WHO HEARTS**

High blood pressure is the single most important reversible risk for death globally. As a result, the World Health Organization (WHO) developed HEARTS, a state of the art highly systematic primary care intervention to control hypertension. HEARTS provides more effective and less expensive care and is designed to strengthen primary care. HEARTS is based on the Kaiser Permanente hypertension intervention which improved hypertension control to 90% with reduced rates of stroke and heart disease. The Pan American Health Organization (PAHO) successfully introduced HEARTS with 33 countries implementing the intervention. The PAHO intervention has expanded to include lipids and diabetes. Recently the Crowfoot Primary Care Network (PCN) in Calgary has launched a Canadian version of HEARTS that includes home blood pressure monitoring.

**May 22, 2024, at 11 AM EST, Hypertension Canada and the Canadian Hypertension Coalition will host a free 75-minute virtual symposium with the leaders of the HEARTS programs from WHO, PAHO, Kaiser and the Crowfoot PCN.** Following the presentation, there will be a 25-minute discussion on how the HEARTS program could be implemented in Canada. The symposium is significant given Canada's declining rate of hypertension control.

**Zoom information for the upcoming Webinar, ID 874 8963 5990, is available [here](#).**

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## NEWS FROM OUR PARTNERS

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### Pan American Health Organization (PAHO) Launches Two New Publications

Submitted by Andres Rosende, MD, MSc; PAHO/WHO Consultant; HEARTS in the Americas Initiative

HEARTS in the Americas has recently launched two new publications aimed at supporting primary health care teams in effectively managing hypertension and cardiovascular risk. These publications are designed to be simple, practical, evidence-based, action-oriented and concise, responding to the demands of the digital era, where accessing essential concepts in the middle of information overload can be challenging, and professionals often lack sufficient time to update their knowledge.

The first one, entitled "[HEARTS in the Americas. Compendium of Essential Clinical Tools](#)", comprises a comprehensive collection of technical resources developed by the initiative to streamline the daily workflow of healthcare teams. Each tool is succinctly summarized on a single page and presented in a modular format, allowing for flexible utilization as per specific needs. This compendium encompasses resources such as the HEARTS Clinical Pathway, a standardized protocol for blood pressure measurement, references to lists of clinically validated blood pressure measuring devices, the HEARTS App, and various other aids.

The second manual, entitled "[HEARTS in the Americas. Quality Improvement for Primary Health Care Centers](#)", outlines the essential components for enhancing the quality of care in primary healthcare centers. It emphasizes the delivery of effective, efficient, timely, equitable, ethical, and evidence-based care to ensure optimal outcomes for individuals.

HEARTS in the Americas is the regional adaptation of Global Hearts, the World Health Organization's flagship initiative to tackle cardiovascular disease. It is important to note that HEARTS is not a vertical program but rather a multi-component initiative based on robust scientific evidence. It focuses on comprehensive cardiovascular risk management and continuous quality improvement. Currently, 33 countries

across Latin America and the Caribbean have committed to scale up HEARTS implementation, aiming to reshape healthcare delivery practices and establish a new care paradigm that positively impacts health indicators.

We are confident that these new open-access publications will be useful to primary health care teams worldwide and beyond the countries implementing HEARTS.

### Resolve to Save Lives



**Designing Effective Digital Tools Just Got Easier**  
New from Resolve to Save Lives, "[Designing an optimal digital tool for hypertension and other long-term treatment programs](#)" offers step by step guidance for program implementers to create or adapt a digital tool that will help address common challenges and improve program monitoring, management and outcomes. Based on experience developing and refining the [Simple app](#), the guide identifies key principles that can be integrated into existing systems—and applied to other chronic disease management programs.

An effective digital tool for a hypertension management program captures the right data points, is very fast and easy to use, focuses on patient management, and includes simple dashboards that show the right indicators.

### WHO Celebrates Progress Against Toxic Trans Fat

Late last month, WHO awarded five countries with the first-ever trans fat elimination validation certificates. These certificates acknowledge that these countries have both adopted a best practice policy and have monitoring and enforcement mechanisms in place to effectively implement it. The [celebratory event](#) also highlighted global progress achieved since the launching of the REPLACE initiative five years ago, and extended the target for global trans fat elimination to 2025 to continue the

growing momentum. Congratulations to Denmark, Lithuania, Poland, Saudi Arabia and Thailand for their groundbreaking work helping to rid the world of this invisible killer. For the rest of the world, the next two years are critical for winning the battle against toxic trans fat. The next application cycle for the TFA elimination validation program will open in March 2024.

### Experts call for salt substitutes in the treatment of high blood pressure

In a [new article](#) published in the American Heart Association's scientific journal *Hypertension*, experts from public health organizations including The George Institute and Resolve to Save Lives make the call to include salt substitutes in the treatment for high blood pressure. Salt substitutes reduce risk for heart attack and stroke while also adding much-needed potassium to the diet, and could be the missing ingredient for improving global blood pressure control.

### One-stop-shop for Cardiovascular Health Resources Against Toxic Trans Fat

Resolve to Save Lives recently released three new and improved open-access cardiovascular health resource libraries: [trans fat elimination](#), [salt reduction](#), and [hypertension control](#). These libraries include a wide range of tools and key documents from RTSL and partners — from policy briefs, to FAQs, to treatment protocols. With these new resource libraries, the tools to improve heart health are just a click away.

## World Health Organization (WHO) Global Report on hypertension: the race against a silent killer



This report compiles data for the first time on the far-reaching consequences of uncontrolled hypertension, including heart attacks, strokes and premature death, along with substantial economic losses for communities and countries. It also contains

information on the global, regional and country-level burden of hypertension and progress of control efforts. [Report at this link.](#)

## Coalition for Access to NCD Medicines



2024 is an important year for the [Coalition for Access to NCD Medicines & Products](#) (the Coalition) as we prepare for the WHO/World Bank Second Financing Dialogue in June, the fourth Global NCD Alliance Forum in October, and the lead-up to the NCD High-Level meeting in 2025. On February 14, Coalition members gathered for a virtual workshop to develop advocacy messages related to barriers to access to NCD medicines and products. These advocacy messages will allow the Coalition to present the evidence and case for financing and coverage for NCD medicines and products in upcoming meetings.

In April, the Coalition will host its annual in-person meeting in Amsterdam following a joint networking event with Access to Medicine Foundation. This is an exciting opportunity for Coalition members to advance strategic priorities and activities outlined in our 2024 workplan.

PATH (Secretariat for the Coalition) is supporting the WHO NCD department on the development of a global good for forecasting of NCD medicines and products for treatment related to the following disease areas: diabetes, hypertension, cardiovascular disease, and chronic respiratory disease and includes sub-contract with CHAI for cancer medicines.

Previously, the Coalition's forecasting work led to a 5-year costed country forecasts for hypertension and diabetes medicines in Kenya and Uganda and initial sub-national forecasts for Ghana. Results from the forecasting initiative thus far are informing supply planning as well as the national NCD strategic plans in those countries. We look forward to the continued development of an NCD forecasting tool as a global public good.

Strengthening capacity to forecast NCD medicines and products is a critical first step in increasing access in LMICs. With strong forecasting based on quality local data, MOHs can plan for supply needs to improve efficiency in the short-term while also strengthening the business case to MOF for

additional budget to fight NCDs. Standardized evidenced based guidelines such as those released by the World Hypertension League are important advancements to stabilizing markets and supporting more accurate supply predictions.

The Diabetes CarePak achieved incredible milestones in 2023. The project conducted a three-month user testing designed to assess acceptability and usability of the CarePak prototype and its impact on clinical outcomes in Mozambique, Tanzania, and Uganda. Results from the user testing show that CarePak has promised to reduce barriers to safe insulin administration, enhance supply access, and optimize care for people living with diabetes. Initial analysis shows an average 1.09% reduction in hemoglobin A1c levels (a measurement of blood sugar levels used to diagnose and manage diabetes) with use of the kit over three months. Needle and syringe reuse decreased and importantly, the number of people able to test their blood sugar levels at home increased significantly. Clinicians reported using test results to inform treatment decisions and provide self-care support.

The global, multisectoral Coalition for Access to NCD Medicines & Products advocates and provides technical support and tools to strengthen supply security for people living with noncommunicable diseases (NCDs). To learn more about the Coalition or to inquire about membership, please email Shabnam Kabir at [skabir@path.org](mailto:skabir@path.org). Check out our website at [coalition4ncds.org/](http://coalition4ncds.org/) or follow us on Twitter at [@CoalitionNcd](https://twitter.com/CoalitionNcd).

## CDC/TEPHINET



TEPHINET

Training Programs in Epidemiology and  
Public Health Interventions Network

### Science Writing Seminars

The Centers for Disease Control and Prevention, in collaboration with TEPHINET and the World Hypertension League (WHL), hosts virtual monthly professional development webinars to build the noncommunicable disease (NCD) capacity of the field epidemiology training programs (FETPs).

The current 6-part FETP NCD professional development series on Research Methodology runs from January 18 through June 20, 2024. The series is taught by Professors Daniel T. Lackland, Michael A. Weber, and Paul K. Whelton of the WHL.

We invite you to participate in the webinars and learn more about topics related to research methodology. Please note that participation in the webinars requires you to register. After registering, you will receive a confirmation email containing information about joining the webinar series.

### Details of the three remaining parts below:

#### Part 4: Epidemiology Abnormality, Risks, and Assessment

**When:** Thursday, April 18, 2024 at 8:00am EDT | 6:00am CST | 12:00pm GMT | 3:00pm EAT | 5:30pm IST | 7:00pm ICT

**Registration link:** [Part 4 of 6: Registration link](#)

**Session Description:** This session will go over the ways of defining abnormal and risks, including the metrics and quantification of abnormal and risks.

#### Part 5: ROC Curves

**When:** Thursday, May 16, 2024 at 8:00am EDT | 6:00am CST | 12:00pm GMT | 3:00pm EAT | 5:30pm IST | 7:00pm ICT

**Registration link:** [Part 5 of 6: Registration link](#)

**Session Description:** This session will introduce hypothesis testing with the ROC curve approach. It will also go over how to describe the use of the ROC curve methodology and introduce the Area under the ROC curve (AUC) methodology.

#### Part 6: Tools for Assessing Research Study Evidence – Quality of the Studies

**When:** Thursday, June 20, 2024 at 8:00am EDT | 6:00am CST | 12:00pm GMT | 3:00pm EAT | 5:30pm IST | 7:00pm ICT

**Registration link:** [Part 6 of 6: Registration link](#)

**Session Description:** This session will describe the various methods for assessing the quality of different studies. It will also identify resources and instruments for assessing study results.\

## Science Writers' Forum

### Measurement Bias & Hypertension Control

As reported in the Newsletter, WHL is a participant with The Centers for Disease Control and Prevention and TEPHINET in the development and implementation of monthly professional development webinars to build the noncommunicable disease capacity of the field epidemiology and science writers' development.

The Newsletter will include a regular feature section showcasing a particular issue identified from the webinar series. In this Issue, we discuss the impact of measurement bias on hypertension control. The measurement bias regarding the use of incorrect and unvalidated blood pressure assessment protocols can be associated with the inaccurate determination of uncontrolled hypertension with negative implications including unnecessary treatment, side effects of medications, increased medication cost, and increased patient anxieties. Thus, the use of evidence-based blood pressure measurement protocols are critical considerations in blood pressure management around the world.

## Salt Awareness Week

May 13-19, 2024



World Action On Salt, Sugar and Health (WASSH) is a global group with the mission to improve the health of populations throughout the world by achieving a gradual reduction in salt and sugar intakes. WASSH has expert members in 100 countries, all of whom are committed to salt and sugar reduction. We provide resources and advice to enable the development and implementation of salt and sugar reduction programmes worldwide.

For more information on Salt Awareness Week go to [this link](#).

## ISH News



### ISH brings together expert tips on developing a winning conference abstract

A series of videos and checklists bring together the advice from ISH experts. Tips include making sure abstracts are concise, informative and clear about study limitations. [Access the resources](#), which have been developed by the [ISH Capacity Building Network](#).

Register for ISH2024 – 19-22 September 2024, Cartagena, Colombia: [Register today](#).

Abstract submissions are open until 30 April 2024. [Submit your abstract](#).

Find out about the [city of Cartagena](#) and [how to travel](#) to the city. Follow ISH2024 on [Instagram](#), [Facebook](#) and [Twitter/X](#), and [sign up](#) for regular email updates about the conference.



### Latest e-bulletin

Read the [latest e-bulletins](#) from the ISH.



### ISH President recognised in the King's New Year Honours in UK

Many congratulations to ISH President Bryan Williams who has been [awarded](#) an OBE for services to medicine in the King's New Year Honours List 2024 in the UK.

## ISH represented at French Society of Hypertension meeting



ISH Treasurer Fadi Charchar and Past President Maciej Tomaszewski spoke at the French Society of Hypertension's annual congress in December

2023. They highlighted the ISH 2023 position paper on lifestyle management of hypertension.

### Hypertension News

Read the [latest edition](#) of the ISH publication Hypertension News, which contains articles on:

- new systems of care for hypertension
- perspectives on single pill therapy around the world
- screening for high blood pressure in children and adolescents
- and more!



## March is National Nutrition Month

The National Forum for Heart Disease & Stroke Prevention's website includes an Awareness Month calendar that celebrates heart healthy and stroke free information and messages throughout the year. Together we can increase awareness and reach our goals of educating and saving lives.

[Visit the 2024 Awareness Month Website.](#)



## REGIONAL NEWS

### Africa

#### Developing A Novel Risk-Scoring Model for Primary Prevention of Hypertension Among Indigenous Africans

Authors: Dr Paul Olowoyo, Prof Mayowa Owolabi

<https://pubmed.ncbi.nlm.nih.gov/37830199/>

Hypertension is the primary risk factor for stroke and other cardiovascular diseases and it is often undiagnosed until its complications develop, most especially in Africa.<sup>1</sup> This burden could be significantly reduced if, at the early stages of hypertension or before it detected, the predictive risk factors are identified, modified and treated as the case may be. There had been some predictive scoring models that are limited in use as they are not potentially applicable or adaptable to the indigenous Africans most likely due to the racial, cultural and geographical differences in these populations. It was based on this that Asowata et al<sup>2</sup> designed and validated a novel Africa- and sex-specific, easy to use, risk-scoring model to be deployed into mobile applications for primary prevention of hypertension.

The data of the over 4,000 stroke-free community-based controls (age  $\geq 18$  years) in the SIREN study<sup>3</sup> were assessed to develop this model. Six modifiable risk factors, including diabetes mellitus, higher waist circumference, (BMI)  $\geq 30$  kg/m<sup>2</sup>, lack of formal education, living in urban residence, and dyslipidemia, and two non-modifiable risk factors including family history of cardiovascular diseases, and age  $\geq 65$  years were associated with hypertension. The probability risk score presented a good performance-receiver operating characteristic: 64% (95% CI, 61.0-68.0), a sensitivity of 55.1%, specificity of 71.5%, positive predicted value of 70.9%, and negative predicted value of 55.8%, in the test dataset. These values are comparable with other models developed for other continents.

In this novel model, Asowata et al found that the lifestyle-associated modifiable risk factors are more predictive of hypertension than the clinically adjudicated factors. This makes the model more of primary preventive precision medicine application than of pharmacotherapy intervention to prevent

hypertension related organ damage. In Africa, this is cost-effective as most of what is needed for lifestyle modifications in relation to diets are readily provided by nature and easy to cultivate because of favourable weather, for instance, in the tropical region of Africa.<sup>4</sup>

A critical look at the development of this model shows some level of selection bias in respect of the cohort examined. An ideal cohort should have been a population-based prospective one for repeated measurements to ascertain the values recorded for their clinical parameters. In the cohort used for this model, the prevalence of hypertension was higher than the average for Nigeria.<sup>5</sup> It is however not easy to perform or find any prospective study in Africa. It is expected that this model will be validated in an external independent cohort to assert the cross-cultural utility in the diverse African ethnicities.

Despite these challenges, this attempt at developing this risk-scoring model has paved the way for an efficient and effective way of reducing the accelerated burden of hypertension in Africa. It has also provided a template for the futuristic design of a robust, promising, all-encompassing prospective cohort study that will examine and integrate the non-traditional risk factors, social and commercial determinants of health as primary predictors of hypertension in Africa.<sup>6</sup>

#### References

- 1.Parati G, Lackland DT, Campbell NR, Ojo Owolabi M, Bavuma C, Mamoun Beheiry H, et al. How to improve awareness, treatment, and control of hypertension in Africa, and how to reduce its consequences: a call to action from the World Hypertension League. *Hypertension*. 2022;79(9):1949-61.
- 2.Asowata OJ, Okeunle AP, Akpa OM, Fakinle AG, Akinyemi JO, Komolafe MA, et al. Risk Assessment Score and Chi-Square Automatic Interaction Detection Algorithm for Hypertension Among Africans: Models From the SIREN Study. *Hypertension*. 2023;80(12):2581-90.
- 3.Akpalu A, Sarfo FS, Ovbiagele B, Akinyemi R, Gebregziabher M, Obiako R, et al. Phenotyping stroke in sub-Saharan Africa: stroke investigative research and education network (SIREN) phenomics protocol. *Neuroepidemiology*. 2015;45(2):73-82.
- 4.Temu AE, Temu AA. High Value Agricultural Products for Smallholder Markets in Sub-Saharan Africa: Trends, Opportunities and Research Priorities.
- 5.Odili AN, Chori BS, Danladi B, Nwakile PC, Okoye IC, Abdullahi U, et al. Prevalence, Awareness, Treatment and Control of Hypertension in Nigeria: Data from a Nationwide Survey 2017. *Glob Heart*. 2020;15(1):47.
- 6.Muntner P, Anstey DE. Social determinants of health: past, current, and future threats to hypertension and blood pressure control. *Oxford University Press US*; 2021. p. 680-2.

### **Malian Association For Prevention & Treatment of Hypertension: Tension-Ton**

On March 3, 2024, the Tension-Ton association in collaboration with the association of young leaders for development in Mali carried out a

screening activity for hypertension and diabetes in Banconi Razel, an urban district of Bamako, for 250 attendees, as part of preparations for the month of Ramadan, a religious practice practiced by most of the population.



Blood Pressure Screening participants



The Team!

### **Iraq**

The Iraqi Hypertension Society IqHS is keen to propagate sound knowledge and scientific updates to our health care personnel engaged in the work of hypertension and related cardiovascular diseases, and is committed to spreading awareness and education to the general public. It held scientific seminars both in English or in Arabic for the general public in January and February.

1/12/2024: Joint scientific symposium with the Iraqi Psychiatric Association (IPA) entitled "Cardio-mental Health Improvement" presented by Dr. Nesif Al-Hemairy, a consultant psychiatrist and Dr. Saeed Majeed, a consultant Interventional cardiologist, talking about psychosocial risk factors in heart diseases and the different challenges of setting up a psychiatric clinic in a cardiology department, which IqHS intends to establish with the cooperation of the Iraqi Psychiatric Association.

2/10/2024: Scientific meeting at Qasr Alkaram Rest. with two lectures: Hypertension and Sexual Dysfunction and Overview of Hypertension in Iraq and Its Challenges, presented by Prof. Faris Abdulkareem and Dr Samer Yousaf, IqHS Board Members.

2/13/2024: Scientific symposium at Al-Aamal University College with three lectures on hypertension: a general overview, misconception and false beliefs, and smoking, as part of a smoking control campaign by the Society, presented by Prof. Ghazi Haji, Dr Raghdaa Sadiq and Dr Samer Yousaf.

2/27/2024: Meeting in Ashur University with Senior Teachers and students with two lectures: the most important points about hypertension and ways to prevent it, and smoking and its dangers and the ways to control it, presented by Dr. Raghdaa Sadiq and Dr. Samer Yousaf, IqHS members. More information at [www.iraqhs.com](http://www.iraqhs.com)

## Philippines

### Course on Fundamentals of Clinical Hypertension: A 20-Year Initiative of the Philippine Society of Hypertension

Submitted by Prof. Leilani B. Mercado-Asis, MD, PhD, MPH, MEd (DE)

The Philippine Society of Hypertension or PSH, a member of the World Hypertension League, is the lead organization in the Philippines with a mission to prevent and control hypertension among the Filipino people. The society recognizes and is committed to educate clinical practitioners and certify healthcare specialists on diagnosing and managing hypertension to prevent complications which remain the leading causes of morbidity and mortality in the country.

Since 2003 the society conducts annual training and certification of hypertension specialists by offering the course, which was offered online during the pandemic. The course is also offered to all practicing physicians, medical trainees, nurses, pharmacists, and other allied health workers. During the online offering, the course became available globally and was able to serve other healthcare advocates worldwide. On an online platform, enrollees increased exponentially coming from various continents of the world. To date,

there are over five thousand healthcare providers who benefited from the PSH project, over 500 hypertension specialists certified (physicians who are boarded on internal medicine and other specialty training), and over a hundred recertified (10 years after initial certification).



Throughout the years, the certified healthcare professionals who are now serving around the country became the backbone in the delivery of healthcare services related to hypertension. With an online platform, the certification program has provided long-term opportunities even in remote areas of the country and to offshore healthcare providers.

One with the World Hypertension League, the PSH is steadfast in its commitment in providing better lives to people free of hypertension and its complications.

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## PAST MEETINGS OF NOTE

### International Stroke Conference 2024

February 7-9, Phoenix, Arizona, USA



Attendees at the International Stroke Conference



Professors Jeyaraj Durai Pandian, Daniel Lackland, Mayowa Owolabi, and Wayne Feng

**World Congress on Cardiometabolic Medicine, Mumbai, India, Jan. 27-28**



Dr. S.N. Narasingan, Dr. Mohamed Salah, and Dr. Paul Whelton meet at the 3rd World Congress on Cardiometabolic Medicine.



Dr. S.N. Narasingan, Dr. Paul Whelton, and Dr. V. Mohan at the WHL symposium in Mumbai.

**Hypertension Updates, Chennai, India**



WHL symposium hall welcomes attendees at Hypertension Updates in Chennai, India.



Left – Right : Dr. Mulasari Ajith, Dr. S. N. Narasingan, Dr. Paul Whelton, Dr. D. Prabhakar, Dr. S. Chandrasekar, Dr. K. Kannan, Dr. Anil Pareek

## Calendar of Events

### 1ST Nigeria Hypertension Summit (NHS)

March 21-22, 2024  
Ikeja, Lagos State, Nigeria

### Hypertension and Obesity in Canada

April 3-6, 2024  
Banff, Alberta Canada

[Click here for more information](#)

### ISN World Congress of Nephrology (WCN)

April 13-16, 2024  
Buenos Aires, Argentina

[Click here for more information](#)

### National Forum for Heart Disease & Stroke Prevention Midyear Virtual Meeting

May 9, 2024

[Click here for registration](#)

### World Heart Congress

May 24-26, 2024  
Geneva, Switzerland

[Click here for more information](#)

### Global Prevention and Cardiac Rehabilitation Forum

August 29, 2024  
London, UK

### European Society of Cardiology

August 30 – September 2, 2024  
London, UK

[Click here for more information](#)

### AHA Hypertension Scientific Sessions

September 5-8, 2024  
Chicago IL, USA

[Click here for more information](#)

### World Heart Day 2024

September 29, 2024

### World Health Summit

October 13- 15, 2024  
Berlin, Germany & Digital

[Click here for more information](#)

### 16<sup>th</sup> World Stroke Congress

October 23-26, 2024  
Abu Dhabi, UAE

[Click here for more information](#)

### World Diabetes Day

November 14, 2024

[Click here for more information](#)

### AHA Scientific Sessions

November 16-18, 2024  
Chicago, IL

[Click here for more information](#)

### 6th World Hypertension Congress 2025

February 21-23, 2025  
Chennai, India

### 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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