

WHL • NEWSLETTER

News from the World Hypertension League (WHL)

In Official Relations with the World Health Organization

No. 189, September 2025

Note from the Editor



Prof. Daniel Lackland

First, some apologies for the length of the Fall Newsletter, but we are so pleased to report valuable and timely content that we feel will be a good read. Truly 'Hot-Off-The-Presses' is the new [2025 ACC/AHA High Blood Pressure Guideline](#) that provides resources and guidance

for hypertension management and control. The insights provided by the WHL Excellence Award recipients are much appreciated. Likewise, reports from member societies and partners build on a solid foundation for global hypertension prevention and control. We are pleased to join our partner organizations in the recognition of [World Heart Day](#) on September 29, [World Stroke Day](#) on October 29, and [World Diabetes Day](#) on November 14. Finally, the Newsletter joins the mourning of Professor Graham MacGregor. While we grieve the loss of our WHL family member, we also celebrate his many contributions to the WHL and global hypertension mission.

Dan

WHL Newsletter Editor-in-Chief

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President's Column



Prof. Gianfranco Parati

Several important events occurring since the publication of our June Newsletter are summarized in this issue.

-We acknowledge a number of important publications relevant to our field, including the [2025 AHA/ACC](#)

[High Blood Pressure Guideline](#), and a paper on [Prevalence, Determinants, and Time Trends of Cardiovascular Health in the WHO African Region](#) published in JAMA Cardiology by our new Ex-Officio member at WHO Headquarters, Dr. Kouamivi Mawuenyegan Agboyibor.

-With the help of Dr. Leilani Asis, WHL Council Chair, I am reorganizing the WHL Regional Offices to have their more active participation in WHL activities. One current practical request is their participation in a Survey that we are running to explore how cardiovascular risk is assessed in different regions of the world, and what are the local strategies for implementation of the many available Hypertension Guidelines. This is a much needed step, given that most Guidelines are written by expert epidemiologists, but then these recommendations have to be translated into clear and simple messages for daily practice. You are all invited to participate in this survey through the following QR code link. It is very easy and takes only a few minutes. We will analyze your inputs and try to summarize the current situation in the world in a WHL publication that might provide an important

QR-code



input for the preparation of the next Hypertension Guidelines.

- We are proud to have been able to award a number of excellent researchers and clinicians active in the investigation of new diagnostic and therapeutic tools to improve hypertension control worldwide. We are also very happy for the important participation in the activities organized for World Hypertension Day all over the world, from big cities to rural areas of Asia and Africa to the mountain regions of Italy. You will find all details in this Newsletter issue.

- Several important international events are announced and reported, including the presentation of the new [2025 WHO Global Hypertension Report](#), a document that we all must read. The link to this important document will be available on the WHO and the WHL websites after its official presentation on September 25th.

- We also invite you to participate in a [Global Call to Action to Control BP](#) led by Resolve to Save Lives and 19 co-leads from 13 countries. The aim is to drive momentum towards preventing 75 million deaths and 150 million heart attacks and strokes over 25 years. The project name is **"Protecting One Billion Hearts!"** If you sign on, you commit yourself to spreading awareness and advocating to governments, funders, and the private sector to protect one billion hearts and livelihoods worldwide. Please add your name now at this [this link](#).

- We are happy to share with you the preliminary successful results of a project for Hypertension Control in Remote Rural Rwanda Villages endorsed by WHL, which demonstrates that first line use of triple combination antihypertensive drugs combined with active participation of nurses and community workers may help improve hypertension control even in difficult remote locations

- It is with deep sadness that we announce the passing of Professor Graham MacGregor CBE. Professor MacGregor was a central figure within the World Hypertension League, serving as a Board member, senior advisor, and trusted colleague. His career was driven by an unwavering commitment to preventing hypertension and its

devastating consequences, from stroke and heart disease to dementia and kidney failure.

- Finally, we are very happy to welcome an important new WHL member, the European Society of Hypertension, with which we definitely wish to establish a solid and productive collaboration to improve hypertension control and reduce cardiovascular risk in and outside Europe.

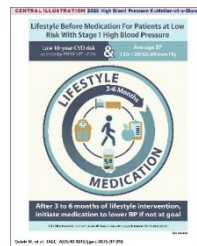
Gianfranco

WHL President

HOT OFF THE PRESSES

ACC/AHA BP Management Guideline

Submitted by Daniel W. Jones, MD, MACP, FAHA
Writing Committee Chair
Dean and Professor Emeritus, UMSM



[To read the full guideline, click here.](#)

The new 2025 AHA/ACC Blood Pressure Guideline was published in August 2025. The guideline, which serves as the national U.S. guideline for hypertension management, serves as a revision of the 2017 guideline. The 28 member committee supported by 11 collaborating organizations offered an evidence based set of recommendations with practical applications.



Dr. Daniel Jones presents the guidelines at the AHA Hypertension Scientific Sessions in Baltimore, MD, USA.

The classification of blood pressure is unchanged. Out of office (primarily home) blood pressure monitoring is recommended to verify the diagnosis

of hypertension and to monitor for the need for therapy changes. Recommended initial testing is the same as the 2017 guideline with the addition of the urine albumin creatinine ratio in order to detect chronic kidney disease at an early state.

Lifestyle therapy recommendations include limiting dietary sodium intake to at least < 2300 mg/day with an effort to 1500 mg/day. For the first time in a blood pressure guideline, alcohol abstinence is recommended as the ideal but for those who choose to drink, no more than 1 drink/day for women and no more than 2 drinks/day for men.



Hypertension Guideline Committee presents at AHA.

A change in initiating medication is the recommendation to use lifestyle therapy only for patients with stage 1 hypertension and at low risk (<7.5% 10 year risk by PREVENT) and to add medication if goal blood pressure is not met within 3-6 months. Blood pressure goal for all patients with hypertension is at least <130 mm Hg with encouragement to achieve <120 mm Hg.



WHL Past Presidents Dr. Daniel Lackland and Dr. Paul Whelton (l & r) with AHA President Dr. Stacey Rosen (c) at the AHA Hypertension Scientific Sessions 2025.

AHA/ACC BP Guideline released at AHA Hypertension Scientific Sessions

AHA hosted the 2025 Hypertension Scientific Sessions in Baltimore, September 4-7th, 2025. The highlight of this year's well-attended meeting was its occurring weeks after the release of the 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults.

The first scientific session was an overview of the Guideline. Some points emphasized were:

- The overarching blood pressure treatment goal is <130/80 mm Hg for all adults.
- The relationship between blood pressure control and reduced risk of cognitive decline and dementia.
- Eliminating or reducing alcohol intake and managing stress are new lifestyle-related recommendations.
- Multidisciplinary team-based care is key.
- Management of HTN during pregnancy is included in the Guideline.

For the full Guideline [click here](#).

Prevalence, Determinants, and Time Trends of CV Health in the WHO African Region

Published online in JAMA Cardiology on August 30, 2025, full article [at this link](#).

Key Points:

Question: What are the distribution, determinants, and time trends of cardiovascular health (CVH) score categories in the World Health Organization (WHO) African Region?

Findings: In this cross-sectional study including 73,024 individuals representing a population of 95 million adults across 22 countries, 1 of 4 adults had an ideal CVH, and older age, female sex, lower education, and heavy alcohol consumption were associated with lower odds of achieving ideal or intermediate CVH. There was no statistically significant time trend in the weighted prevalence of ideal, intermediate, or poor CVH between 2002 and 2022.

Meaning: This multicountry study provided a situational analysis that identified actionable factors of CVH status across 22 African countries, which are crucial for guiding policy efforts in cardiovascular disease prevention in the WHO African Region to improve CVH for all.

WHL COUNCIL MEETING

The most recent WHL Council Meeting took place on July 2, 2025 via Zoom, with over 30 member societies participating. Dr. Leilani Asis, WHL Council Chair, welcomed and introduced the participants, and Dr. Gianfranco Parati, WHL President, gave a report highlighting recent WHL activities, including the World Hypertension Congress in Chennai in India in March, and World Hypertension Day activities in May.

Dr. Asis invited several member societies to give feedback on the following topics:

- Key issues faced in their respective region
- Regional Contributions to the 2027 WHC program
- Proposals for Position Papers/Calls to Action/Systematic Reviews



We'd like to thank all of the Member Societies who participated in this call and look forward to seeing you at our next meeting on November 12th.

2025 WHL EXCELLENCE AWARDEES

"What do you consider to be current priorities in hypertension prevention?"

2025 WHL Detlev Ganten Excellence Award in Basic Research in Hypertension

Prof. Mieczyslaw Litwin, MD, PhD



Professor, Dept of Nephrology, Kidney Transplantation and Arterial Hypertension, Children's Memorial Health Institute, Warsaw; Professor and Chair of Pediatric Nephrology, Postgraduate Medical Center, Warsaw, Poland

Over recent decades, numerous studies, including those from our group, have demonstrated that childhood hypertension is not merely a hemodynamic disturbance but a neuro-immuno-metabolic disorder associated with abnormal body composition. At the cellular and molecular levels, we have shown that immunological abnormalities described in experimental models are also present in children with hypertension, and that these alterations are established early, even prenatally.

Importantly, in pediatric hypertension, it occurred that arterial injury is determined by metabolic abnormalities and regression of hypertension-mediated organ damage depends less on lowering blood pressure than on reducing visceral adiposity and inflammatory activation. Despite these insights, the prevalence of hypertension in children and adolescents has risen significantly.

Recent advances now allow evaluation of early non-pharmacological interventions at the cellular and molecular levels. While these methods are not yet feasible in routine clinical practice, current evidence strongly supports their validity, as such interventions directly target the fundamental pathogenetic mechanisms underlying childhood hypertension.

2025 Peter Sleight Excellence Award in Hypertension Clinical Research Trials



**Prof. Peter Sever, MB
BChir MA MRCP PhD**

Professor of Clinical
Pharmacology, National Heart
and Lung Institute, Imperial
College London

Having spent a professional lifetime involved in hypertension research and patient management, it is time to reflect. Whilst progress has undoubtedly been made in our understanding of the pathophysiology of hypertension and extensive trials of intervention have defined optimal treatment strategies, there remains an alarming deficiency in our ability to translate the science into better models of care for individual patients and populations. Communities throughout the globe show poor levels of blood pressure control and guidelines have done little to improve this. Inadequate education of those responsible for delivering patient care together with patients who are largely ignorant of their condition contribute to this ongoing problem.

My view is that we need to change our model of delivering hypertension education. Having delivered countless lectures at 'hypertension update' meetings, observing my colleagues nodding wisely and completing their annual CPD, I question whether I have inspired them to change their practice as a result of my lecture. It's time for a new approach. Physicians and healthcare workers need more than just knowledge – they must develop the skills to translate that knowledge into practice and be the agents of change. These are skills honed by our colleagues in marketing and communication. I believe those responsible for blood pressure control need to learn marketing and communication skills to sell their product (blood pressure control) to health care providers, physicians, allied health care workers and patients. To have a sustainable global impact, our message must reach people living with high blood pressure in a way that is understandable, relevant, and motivates them to take action.

With these objectives in mind, we are launching a unique [International Hypertension Education Programme](#) this year which will provide physicians with a special interest in hypertension with a programme focused on how to translate the science of hypertension into better models of patient care. We will combine the knowledge of our hypertension experts together with those individuals skilled in communication and marketing so that our delegates will learn how to deliver better models of blood pressure care to individuals and communities. Our inaugural programme begins with a three day British and Irish Hypertension Society Summer School to be held in Cambridge, UK in September 2025, and will continue with an on-line educational programme that is currently in development.

This year we are hosting delegates from the UK and Asia, and plan to involve colleagues from the emerging economies over the next 6 years to create a truly international community of hypertension leaders who will challenge and improve the unacceptable levels of poor blood pressure control currently prevalent throughout the world.

To see the Press Release and to get information on how to apply for future sessions of the BIHS Emerging Hypertension Leaders Summer School, please [click here](#).

2025 Graham MacGregor Excellence Award in Dietary Salt Reduction

Kathy Trieu, BAppSc (ExSpSc&Nutr), MPH, PhD



Program Lead, Nutrition
Implementation Research,
Food Policy Director, WHO CC
Salt Reduction; Conjoint
Senior Lecturer, Faculty of
Medicine, UNSW Sydney;
National Heart Foundation
Future Leader Fellow

Potassium-enrichment of salt: a game changer for sodium reduction

It is a privilege to receive this award in honour of Prof Graham MacGregor, whose unwavering commitment to sodium reduction has shaped

global health policy and continues to inspire our work.

Excess sodium consumption (primarily from salt) and insufficient potassium intake have long been recognised as major contributors of hypertension and noncommunicable diseases. Optimising sodium and potassium intake at the population level remains a global priority.

Building on my work supporting countries and regions to develop context-specific sodium reduction strategies, including setting sodium targets for packaged foods, I am now excited to integrate potassium-enriched salt substitution initiatives, as recommended by the World Health Organization, into strategies to accelerate blood pressure reduction.

At The George Institute, along with many partners, our vision is to switch the world's salt supply to potassium-enriched salt. Potassium-enriched salt looks, tastes and functions like regular salt, but is substantially better for cardiovascular health, as a portion (typically 15%-70%) of the sodium chloride is replaced with potassium chloride. Given the robust evidence for its health benefits, our work strives to make potassium-enriched salt the default salt through improving its acceptability, affordability, awareness and availability. Scaling up the implementation of potassium-enriched salt substitution initiatives will save millions of lives worldwide every year.

2025 WHL Claude Lenfant Excellence Award in Population Hypertension Control

Nizal Sarrafzadegan, MD

Distinguished Professor of Medicine/Cardiology;
Founder & Director of Isfahan Cardiovascular Research Institute; WHO Collaborating Center in the EMR; Isfahan University of Medical Sciences, Iran



As a clinical cardiologist with a strong background in preventive medicine and public health, I spent the last 3 decades of my career with the aim to reduce the burden of cardiovascular disease (CVD) and its risk factors, especially hypertension

(HTN). At the heart of my work was the “Isfahan Healthy Heart Program” from 2000-2007 with multiple intervention strategies aimed at the general population, high risk groups and health care providers (HCP). I continued working on less achieved outcomes like HTN control that was increased only by 6% in 8 years and salt intake that was decreased by 0.2g in women.

My team and I performed comprehensive campaigns using mass media and interventions at worksites and schools. We did community outreach and HCP education to increase opportunistic screening, showing self-care strategies to patients and their families, and built strong collaborations with food industries to decrease salt, sugar and fat content and shorten and simplify their labels. I also studied research priorities in CVD with the members of the “National Network of CVD Research” and HTN studies ranked the first.

My team and I were asked by the MOH to perform other activities at the national level, including developing a national action plan to decrease population salt intake, an action plan for patient self-care, methods of screening and patient referral using our health system infrastructure while trying to bridge the gaps between the public, academia, private sector, and policy makers by having all on board from the beginning in these initiatives. We developed the first Iranian guidelines for HTN treatment and control in 2010, then I joined the “WHO Global Guideline Developing Group for HTN Treatment in Adults” 2019-2022, and the “WHO Essential Medicines Selection Committee” where I worked on different proposals in CVD including the single pill combination for HTN. I worked on updating our national guidelines, ultimately getting a circular from the MOH sent to all health sectors and national insurance companies to implement the guidelines.

Currently, we are performing an evaluation of the process of guideline implementation. Research has always been an important simultaneous component for evaluating our activities using qualitative and quantitative methods to design future strategies.

2024 Graham MacGregor Excellence Award in Dietary Salt Reduction



Prof. Daniel Lackland (l), WHL Past President, presents Prof. Norman Campbell (c) with the 2024 WHL Graham MacGregor Excellence Award in Dietary Salt Reduction during Research Day at the University of Calgary, Canada, with Dr. Todd Anderson (r), Dean of Medicine, Cummings School of Medicine, University of Calgary.

UPCOMING MEETINGS & EVENTS



Join Resolve to Save Lives, Bloomberg Philanthropies, and the World Health Organization on Tuesday, September 23 at 8am EST - for an impactful side event on global blood pressure control during this year's United Nations General Assembly. The event will bring together public health leaders, governments, donors, and other experts to launch the **new WHO Global Hypertension Report**.

You'll hear from countries that are leading the charge against one of the world's leading causes of death—and learn how your country can help lead the way.

If interested in attending in-person, please contact Jessica Hasman at jhasman@rtsl.org.

Register to attend online [here](#).

Join the Call for #StrokeActionNow at the UN High-Level Meeting on NCDs – September 25, 2025

As convenors of the Global Stroke Action Coalition—the world's first multi-disciplinary advocacy initiative focused on stroke—WSO has been leading a high-profile policy advocacy campaign ahead of the 4th UN High-Level Meeting on the Control and Management of NCDs and Mental Health. This meeting will set the global, regional, and national health policy agenda for years to come.

As one of the top three causes of death and disability, stroke is often overshadowed by a more general approach to CVD, leaving the specific needs of patients unmet. The Coalition is working to raise policy-maker awareness of the global burden of stroke, and to drive action on prevention, treatment, and recovery that will accelerate progress on NCDs globally.

You can support the campaign ahead of the September 25 meeting in New York by supporting the Coalition Call to Action – either by signing the individual [Letter of Support](#) or by providing official [organizational endorsement](#).

World Heart Day September 29th

Every year, more than 20 million people die from cardiovascular disease, a devastating toll that leaves families changed forever and futures cut tragically short. This World Heart Day, the World Heart Federation is reminding everyone that heart health cannot wait.



This year's theme, **"Don't Miss a Beat,"** is a call to action to stay in rhythm with what matters most: our health. In the rush of everyday life, it is easy to lose sight of the moments that can change everything: the chance to move our bodies every day, to connect and spend time with family and friends, and to come together as communities, building places where everyone can live healthier and fuller lives.

It's time to stop ignoring the warning signs and demand urgent action, for ourselves and others.

On this World Heart Day, join the World Heart Federation to make sure no one misses their beat. For more information [click here](#).

British and Irish Society of Hypertension (BIHS) Annual Scientific Meeting September 29-30, 2025

Churchill College, Cambridge, UK

The 2025 meeting will deliver a diverse and engaging programme that spans the breadth of hypertension research and care, with a strong focus on oral presentations, insightful lectures, and opportunities for networking with colleagues and distinguished guests.

[For more info and to register click here.](#)

A New Tool – the Salt Calculator September 29, 2025 - Online

[For more info and to register click here.](#)

Submitted by Dr. Mansi Patil

On World Heart Day 2025, the Hypertension Core Group of IAPEN INDIA, in collaboration with the World Hypertension League, will host a 90-minute online session at 3 pm IST, titled **“Salt, the Silent Threat: Reducing Sodium for a Healthier Heart.”** This session will spotlight the critical role of reducing excess salt intake—a major but often overlooked driver of high blood pressure, heart disease, and stroke —particularly in regions such as South and Central Asia where discretionary salt use is widespread.

The event will feature distinguished speakers including Dr. Norman Campbell, renowned for his global advocacy in hypertension prevention, and Dr. Mansi Patil, leading the Hypertension Core Group of IAPEN INDIA. The program will include a keynote address on **“Salt & the Silent Epidemic,”** a live demonstration of the **Salt Calculator**—a new tool currently being developed to assess added salt consumption in the Indian population—and a cross-sectoral panel discussion addressing clinical, community, and policy solutions for sodium reduction.

The session aims to raise awareness, encourage healthier dietary habits, and promote the Salt Calculator as a practical behavior-change intervention. Participants will be invited to take a pledge for a low-salt life, fostering commitments from households, schools, and health facilities toward healthier, heart-friendly living.



17th World Stroke Congress

October 22–24, 2025

Barcelona, Spain

Registration closes on

Sept 30 so be sure to book your delegate spot today [at this link!](#)

For those looking to connect with leading professionals, researchers, clinicians, policymakers, and advocates from around the world to explore the latest breakthroughs in stroke prevention, treatment, and rehabilitation, regular registration to the World Stroke Congress is still open. This year's congress promises an **[exciting program](#)** with **90 sessions** covering cutting-edge scientific research, late-breaking clinical trials, and updated guidelines in stroke management.

Key sessions include:

- Intracranial Artery Disease
- Stroke Prevention and Recovery in Intracerebral Hemorrhage
- Small Vessel Disease and Cerebral Amyloid Angiopathy
- Artificial Intelligence and Technological Innovation in Stroke Care

World Stroke Day October 29, 2025

Bringing Advocacy and Awareness Together in the Every Minute Counts Campaign

The World Stroke Organization is pleased to share new learning, advocacy, and awareness initiatives with WHL members, and to invite our colleagues to engage and spread the word as part of our shared goal: lives saved and well-lived through effective prevention and management of CVD and stroke.

For **[World Stroke Day](#)**, WSO is expanding the Coalition's **Every Minute Counts** message to ensure that everyone knows the signs of stroke

and understands the importance of seeking emergency medical attention.

The World Stroke Day campaign will offer information posters, leaflets, social media assets, videos, and an online “Stroke Spotter” quiz to engage the public with the message that, with one in four people at risk, we all need to know the signs and be ready to #ActFAST. The public will also be encouraged to sign the Coalition Letter of Support and send it to their Ministry of Health to help drive national prioritization of stroke.



You can receive updates on the release of key materials by following the World Stroke Campaign on [Facebook](#), [Instagram](#), or [WhatsApp channel](#).

Hypertension Seoul November 6 to 8, 2025 Seoul, Korea

This year's Hypertension Seoul 2025 meeting, in conjunction with the 63rd Scientific Meeting of the Korean Society of Hypertension, will focus on the latest research in hypertension and cardiovascular diseases, featuring sessions led by distinguished domestic and international experts on topics including: the global status and future of hypertension management, updates in treatment strategies, resistant hypertension therapy, wearable blood pressure monitoring devices and digital health technologies, AI- and big data-based risk prediction.

[Click here for the Registration link.](#)



The American Heart Association will be hosting its annual Scientific Sessions meeting on November 7-11th in New Orleans, LA, USA. [Click here for more information.](#)

JOURNAL OF HUMAN HYPERTENSION



How reliable is YouTube for quality information on hypertension?

Submitted by Prof. James Sharman, Associate Editor, JHH

It is now commonplace for people to seek health information from online platforms. One of the most popular websites is YouTube, which is a video-sharing platform that anyone can contribute content to a global audience available in 80 languages. Every day, more than 122 million people access YouTube and collectively watch over 1 billion hours of videos.¹ While music and entertainment are the most popular genres, many people access YouTube for health education, with one study estimating that 40% of users were accessing the platform to decide whether to consult a doctor or adopt health-related practices.² This highlights the need to understand the quality of health information presented on YouTube videos.

A recent article by Jammula and colleagues published in the Journal of Human Hypertension examined the quality and reliability of YouTube information on Hypertension.³ Quality of hypertension information was determined by evaluating the accuracy, completeness and readability of the content with a score from 1 to 5 (from poor to excellent quality). A score was also generated to assess reliability of the YouTube information by examining the quality of evidence-based content with a score from 1 to 5 (from serious flaws to high reliability). The potential impact of hypertension-related videos was also determined by a metric based on the number of views and engagement (likes, comments, shares) which assesses the power to attract and maintain an audience (a higher score = higher power). The authors also sought to determine the type of users accessing information on hypertension, and this included news agencies, patients and others, physicians, hospitals and healthcare organisations.

Altogether, 78 YouTube videos were analysed, which in total had been viewed more than 50 million times, with >660,000 likes, >24,000 dislikes and >25,000 comments. Most uploads were by news agencies, patients and others (37%), followed by physicians (33%) and hospitals (22%). The type of information in the videos was mostly related to causes, treatment, prevention and complications of hypertension. The median scores for both quality and reliability of the YouTube videos were 4 out of 5, which was interpreted as being “moderate, [and] with room for improvement.” The highest power index was found for videos accessed by news agencies, patients and others.

The study findings are relatively reassuring from the perspective that a lot of the online content relating to hypertension is of reasonable quality and reliability. On the other hand, it is unlikely that consumers of the online content can discern high-quality information from that which could be providing misleading or unsafe health advice on hypertension. In an ideal world, there should be strong oversight mechanisms to control the quality of health-related information and to protect consumers. YouTube has enforcement systems for potential violations on such things as hate speech, misinformation or harmful content, but identifying incorrect information on hypertension requires expert human reviewers, which is highly labour intensive and unlikely to be achieved for all content.

An important take home message from the paper of Jammalu et al³ is that the most credible source of information on hypertension and health-related practices is from healthcare professionals and trustworthy organisations such as the World Hypertension League, the International Society of Hypertension or the World Health Organization. Consumers should generally be wary of consulting YouTube for health education until quality and reliability of all content can be assured.

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3. Jammula G, Ardeshtna-Chovatiya J, Djahanshahi N, Basta MS, Katariya KA, Daniel IA, Joshi S. Assessing the Quality and Reliability of Youtube Information on Hypertension: A Comprehensive Analysis. *Journal of Human Hypertension*. 2025;39:308-312.

WORLD HYPERTENSION DAY REPORTS

From an impactful 2025 World Hypertension Day, we are excited to showcase several campaigns from our member societies below. Additional reports will be provided in our next issue.

China



The Chinese Hypertension League conducted several activities on World Hypertension Day 2025, including inviting experts from cardiology, nephrology and diabetes to give a talk on the importance of BP control to the public (see photo).

Czechoslovakia

The second annual public awareness event “World Hypertension Day at Brumlovka” took place on May 14 in the heart of Prague’s Brumlovka district. The event was organized by PRO.MED.CS Prague, a.s., in cooperation with the Center for Hypertension at the 3rd Department of Internal Medicine, 1st Faculty of Medicine, Charles University, and the Prague General University Hospital.



The event focused on prevention and education regarding high blood pressure. In the Czech Republic, approximately 2.5 million people live with high blood pressure. The worrying fact is that roughly a quarter of patients are unaware of their condition. WHD plays a crucial role in

shifting the focus from treatment to prevention, empowering individuals to take control of their cardiovascular health through early detection and lifestyle changes.

Visitors had the opportunity to have their blood pressure measured, receive educational materials, and learn about the unique mobile application “I Know Why I Measure Blood Pressure” aimed at improving patient adherence to treatment and potentially assisting in identifying elevated blood pressure in individuals who have not yet been diagnosed.



In total, blood pressure was measured in 174 participants. The results showed that 35% had a systolic blood pressure above 140 mm Hg, with this number rising to 69% among those over 70 years of age. Only 21% of those people with high blood pressure were receiving treatment, and in the younger age group of 30–60 years, this figure was only 16%. Additionally, 55% of participants were overweight or obese, most commonly in the 50–69 age group.

This awareness campaign continues beyond WHD, as PRO.MED.CS Prague, a.s. remains committed to raising awareness of the risks associated with hypertension and the importance of accurate blood pressure monitoring.

Cuba

Submitted by Dr. Jorge Luis León Álvarez, Dra. Yamilé Valdez González, Dr. Salvador Tamayo Muñiz. National Technical Advisory Commission for the Hypertension Program.

Cuba Simultaneous Blood Pressure Screening

In celebration of World Hypertension Day on May 17th, numerous activities were organized by the Ministry of Public Health of Cuba and the National Technical Advisory Committee for the

Hypertension Program between May 1 and May 31, 2025. Activities were promoted under the theme "Measure your blood pressure accurately, control it, live longer".



A national blood pressure measurement campaign was carried out throughout the month of May in correspondence with the commemoration of World Hypertension Day: the National Strategy for the Prevention and Control of Non-communicable Diseases. Several health institutions in the country performed active screening of patients at risk of hypertension, by measuring blood pressure in community health centers, hospitals, recreational parks, schools, workplaces and sports centers. Health promotion activities were carried out on radio, television and in the written press in order to promote awareness and efforts to prevent, diagnose and control hypertension.



Activities were carried out in the community for health promotion—educational talks, sports and recreational activities among others—focused on empowering the population with strategies to favorably impact the fight against hypertension, improving knowledge of cardiovascular disease and its risk factors, and education about lifestyle and preventive measures.

Activities were carried out in provinces and municipalities, focused on the implementation of the HEARTS initiative throughout the country.

The HEARTS initiative has been extended to the 451 polyclinics in the country with coverage of 100% of the population. Educational and scientific activities were carried out and targeted at family doctors, internal medicine specialists, epidemiologists, cardiologists, endocrinologists, nurses and teachers, among others, to train them in the latest information on hypertension.

El Salvador

Submitted by: Dra. Nancy Lizeth Góchez V., Coordinadora de Clínica de Hipertensión, Consultorio de Especialidades, Instituto Salvadoreño del Seguro Social

High Blood Pressure Specialties Clinic of the Salvadoran Social Security Institute

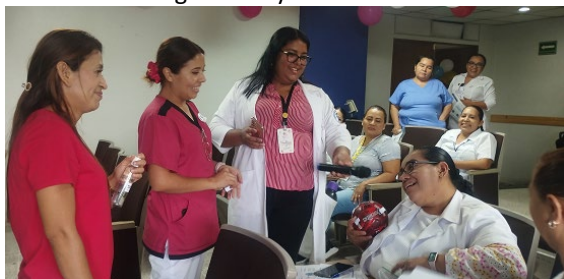


Activities carried out

- Informative talks on high blood pressure and the accuracy of BP measurement.
- BP measurement & CV risk calculation session.
- Self-measurement BP workshop.
- Physical activity practice in high BP.
- Relaxation techniques.
- Employee Conference: "Impact of Daily Routines on Blood Pressure."



The work team gets ready for the event.



Employee workshop: Impact of daily routines on BP.



Nine talks were given to patients and visitors.

Results:

- 98 people had their BP taken and CV risk calculated using the HEARTS strategy.
- Detection of uncontrolled arterial hypertension in 4 patients.
- 9 talks given to patients and office visitors, totalling 208 people receiving information.
- 24 people participated in a workshop on self-measurement of blood pressure, physical activity, and relaxation techniques.
- 37 employees participated in the conference on the impact of daily routines on BP.
- Reactivation of the hypertension patients club (42 members)
- 37 gifts for participation, including 5 validated digital blood pressure monitors as main prizes.
- 120 healthy snacks delivered.



BP was measured and CV risk calculated using the HEARTS strategy.

Thanks to:

- The authorities of the Clinic.
- Hypertension Clinic team: physicians, psychologist, nutritionist, nursing staff, reception, social work, telephone, and service assistants.
- Institutional collaborators: Physical Medicine and Rehabilitation Unit, Communications Unit.
- Medical students from the Univ. of El Salvador.
- External collaborators.

Bengaluru, Karnataka, India

Submitted by Dr. Nidhi B. Iyer (PT), Assistant Professor; Program Coordinator-BPT; Organized by the Department of Allied and Health Care (BPT and BOT Programmes), SVYASA School of Advanced Studies, Bengaluru, Karnataka, India

Hypertension Camp

To commemorate WHD'25, the Department of Allied and Health Care at SVYASA School of Advanced Studies organized a comprehensive health initiative designed to promote awareness, early detection, and holistic management of hypertension. The event was held on May 17 and was open to all teaching and non-teaching staff of the institution. [You can view the WHD activities posted on Instagram here.](#)

Participation:

The event received an enthusiastic response, with a total of 105 registered participants. Attendees included faculty members, administrative staff, housekeeping personnel, and security staff, reflecting wide institutional engagement across departments.



Key Activities Conducted:

1. General Health Screening

Participants underwent BP measurement, body mass index (BMI) assessment, and evaluation of sleep and dietary habits.

2. Specialist Consultations

Attendees received individual consultations from a multidisciplinary team including a medical officer, clinical psychologist, physiotherapist, occupational therapist, and yoga therapist.

3. Personalized Exercise Planning

Customized exercise plans were developed based on the status of assessment and categorisation, based on American College of Sports Medicine (ACSM) and WHO guidelines.

4. Health Education and Awareness

Sessions were delivered to educate participants on the risks of hypertension, importance of

accurate BP monitoring, lifestyle modification, stress management, and preventive strategies.



Guest Contributions:

We were honoured to host two distinguished guests from Cadabams Hospital:

- Dr. Lalitha, Medical Officer
- Dr. Deeksha Chadha, Clinical Psychologist

Additionally, Mr. Ritik Nagar, a faculty member and yoga therapist from our own institution, conducted a live yoga demonstration and offered guidance on using yoga and pranayama to manage blood pressure and stress.

Organizing Team:

The event was conducted under the leadership of Dr. Sridhar S, Academic Director, and Dr. Sriraghunath S (PT), Dean of the Allied and Health Care Department, and coordinated and implemented by the faculty members Dr. Nidhi B. Iyer (PT), Dr. Shrisha (PT), Dr. Chaitrali Kulkarni (OT), and Dr. Sasank Sekhar (OT). We also acknowledge the invaluable contributions of student volunteers from the BPT and BOT programs, whose commitment and enthusiasm played a key role in the event's success.

Outcomes and Impact:

The event effectively reinforced the global WHD message, emphasizing the importance of accurate blood pressure monitoring, regular screening, and lifestyle adjustments to prevent and manage hypertension. Feedback from participants indicated increased awareness and motivation to adopt healthier routines. The inclusion of mental wellness and integrative therapies contributed to a more comprehensive understanding of blood pressure management.

Acknowledgments:

We extend our sincere appreciation to the World Hypertension League and CADABAMS Hospitals for their support. We are proud to be part of the global movement to raise awareness about hypertension and look forward to continued participation in future campaigns.

Pune, India

Submitted by Dr. Harshal Pandve, Professor; HOD, Dept. of Community Medicine

We carried out a hypertension screening activity at the Dr Babasaheb Ambedkar Cantonment Board Hospital & Rural Health Training Centre in Pune, India on May 17 through BP measurement, random blood sugar level testing, and anthropometric measurements of class IV workers from Dehu Cantonment. We created awareness through health education regarding hypertension prevention & control measures, with 71 people screened, and provided awareness of hypertension related stroke & CV disease emphasizing the importance of physical activity and nutrition (i.e. dietary salt reduction) for preventing or controlling hypertension.



Results: Out of all participants screened for HTN, 25 (35.21%) had raised blood pressure values (>140 systolic & >90 diastolic). Out of all those with raised BP values, 23 (92%) were not aware of their HTN status (newly diagnosed cases). Out of all those screened, 4 (5.63%) were known hypertensives, all on anti-HTN medications. Out of all those on treatment, 2 (50%) had their BP readings within normal limit ($SBP < 140$ mmHg & $DBP > 90$ mmHg) i.e. adequately treated & remaining 2 (50%) were not being adequately treated. Out of all hypertensives, 14 (56%) had grade 1 HTN, 8 (32%) had grade 2 HTN & remaining 3 (12%) had grade 3 HTN.



Isfahan, Iran

Submitted by Alireza Khosravi MD, Professor of Interventional Cardiology, Director of Cardiovascular Department of Isfahan Medical School, Isfahan University of Medical Sciences, Isfahan, Iran

Hypertension Research Center, Cardiovascular Research Institute (ICRI), Isfahan University of Medical Sciences

Given the significant role of hypertension as a risk factor of cardiovascular disease and the importance of preventing, controlling, and appropriate treating, various programs had been organized in four major domains:

- Raising public awareness about preventing, controlling, alarming signs, and management of high blood pressure;
- Providing educational programs for children and teenagers;
- Measuring blood pressure among public, screening hypertension, and referring new cases for further evaluations;
- Educating and updating General physicians and cardiologists with the latest guidelines.

These campaigns were held by Hypertension Research Center, Cardiovascular Research Institute, Isfahan, Iran. Other organizations including the Deputy of Health of the Isfahan Province, Iran Hypertension Association, Iranian Heart Foundation (IHF), Heart Friends Scientific Association, and Heart Friends Association contributed to these magnificent campaigns.



We announced our campaigns via the Hypertension Research Center website and social media. Also, educational contents were provided for public via these platforms.

The first campaign took place on May 15 at Mellat Park, Isfahan, and included public BP screening and several presentations by respected experts. Dr. Hosseinkhani, the head of the Prevention and Control of Heart Disease and Diabetes Program, lectured about the effect of preventing and controlling high blood pressure on quality of life. Mrs. Motahare Bateni, a dietitian, presented a lecture on the importance of nutrition in the prevention and control of high blood pressure, and Dr. Zahra Khosravi, a psychiatrist, talked about the role of psychological interventions in high blood pressure. Finally, Dr. Saeide Bahrani, a cardiologist, provided medical advice to the patients.



Various entertainment-educational programs for children and teenagers were held. At the end, audiences were provided with a healthy breakfast and public sports events.

The other educational program was organized for general physicians at Isfahan University of Medical Sciences in order to improve their knowledge of hypertension based on the latest guidelines, presented by Dr. Saeide Bahrani,

cardiologist, Deputy of Hypertension Research Center and Dr. Mehrnoosh Dianatkah, a pharmacist. At the end, participants were given an exam and certified.



Another educational program for cardiologists was held at Isfahan University of Medical Sciences, presented by Dr. Alireza Khosravi, cardiologist and Head of the Hypertension Research Center. Another campaign involved collaboration between the Hypertension Research Center and the Cardiovascular Research Institute, along with the Chamran Heart Center. Participants were screened for blood pressure and educational lectures were given by Dr. Saeide Bahrani, cardiologist, Deputy of Hypertension Research Center, Mrs. Motahare Bateni, dietitian, and Mrs. Fanian, head of the Health Education Unit of Chamran Hospital.

During these campaigns, blood pressure of attendees was assessed and documented and in cases of uncontrolled high blood pressure, patients were referred to the hypertension clinic.

Italy

Blood pressure behaviour in mountain areas 2025 campaign associated with WHD

Submitted by Prof. Gianfranco Parati; WHL President

Again this year, in more than 50 mountain huts distributed across the entire Alpine arc and the Apennine ridge, extending to the islands, volunteer healthcare professionals have measured blood pressure and collected clinical and demographic data for scientific and research purposes in mountaineers hiking to altitudes equal to or higher than 2000 meters above sea level. This was done in the time window from early July to late August.



An initiative for health and safety in mountain areas. Promoting safety in the mountains—including attention to one's own health—was the goal of the 2025 edition of the Day of Blood Pressure Measurement at Altitude, which took place under the aegis of the World Hypertension League. This awareness campaign on arterial hypertension and on the cardiovascular effects of ascending to moderate–high altitudes was promoted by the Italian Society of Hypertension (SIIA, WHL full member), the Italian Alpine Club (CAI – Central Medical Committee), and the Italian Society of Mountain Medicine (S.I.Me.M.), and supported by the IRCCS Istituto Auxologico Italiano (Milan), the University of Milano-Bicocca, and the Mountain Clinic of Eurac Research, Bolzano, Italy. This was done to raise more attention on how blood pressure (BP) behaves in different everyday situations—including mountain ascents.

Prevention at high altitude. The human body must adapt to significant changes in altitude, especially when ascending into mountainous areas. At higher altitude, atmospheric pressure decreases, leading to

reduced oxygen availability (hypoxia). This can have direct and indirect effects on BP. Studies by the IRCCS Istituto Auxologico Italiano and the University of Milano-Bicocca have clearly shown that BP rises significantly during acute exposure to high altitude (above 2,500 meters), begins to change even when ascending to moderate altitudes (around 1,800–2,000 meters), and does so progressively more with advancing age. This rise occurs in healthy individuals without any problem, but may become clinically relevant in patients already affected by hypertension, in particular when complicated by cardiovascular disease, raising the question of how to manage this response to ensure a safe approach to the mountains without increased cardiovascular risk. In particular, for those with poorly controlled hypertension and evidence of organ damage, exposure to high altitude is not recommended until adequate BP control has been achieved. Precautions are also necessary for people with underlying cardiovascular diseases, and in individuals with more serious conditions, exposure to high altitudes may be contraindicated.



For patients with hypertension who plan to stay in or travel to high-altitude areas, it is therefore essential to follow a carefully planned physical and clinical preparation and adopt preventive measures. This should be done by consulting their physician to assess individual cardiovascular risk and, if needed, adjust medication; in at high-risk individuals, the indication is to monitor blood pressure using portable devices; and acclimatize gradually by ascending slowly to allow the body to adapt, reducing the risk of complications.

(Reference Parati G. et al, Clinical recommendations for high altitude exposure of individuals with pre-existing cardiovascular conditions. A joint statement by the European Society of Cardiology, the Council on Hypertension of the European Society of Cardiology, the European Society of Hypertension, the International Society of Mountain Medicine, the Italian Society of Hypertension and the Italian Society of Mountain Medicine. European Heart Journal (2018) 39, 1546–1554 doi:10.1093/eurheartj/ehx720).

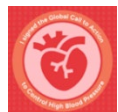
NEWS FROM OUR PARTNERS



Protecting One Billion Hearts! Global Call to Action to Control BP

Join RTSL in calling for the policies and investments that will make controlling high blood pressure—one of the most powerful and affordable public health interventions available today—a reality worldwide.

- By joining this call to action, led by **Resolve to Save Lives and 19 co-leads from 13 countries**, you can drive momentum towards preventing 75 million deaths and 150 million heart attacks and strokes over 25 years.
- Signing on means committing to spreading awareness and advocating to governments, funders, and the private sector to protect one billion hearts and livelihoods worldwide.



Please add your name now at [this link](#).

The human side of hypertension control

A new video by **Resolve to Save Lives** shows how much one of the essential actions proposed in the [Call to action](#)—free and reliable treatment—matters to people living with high blood pressure, who too often can't access life-saving medicines.



**COALITION
FOR ACCESS**
TO
**NCD MEDICINES
& PRODUCTS**

UNGA and HLM4 Plans

As many Coalition partners and member states are moving forward with UNGA and HLM4 plans, we wanted to pass along a listing of NCD related UNGA events co-hosted/co-organized by Coalition partners as well as planned publications by Coalition members to be released ahead of and/or during UNGA. [The Google Sheet linked here](#) has a listing of events in the first tab and listing of publications in the second tab.

Please also check out [NCD Alliance's Calendar of NCD-related UNGA events](#) for a fuller listing of events (inclusive of non-Coalition partners).

Additionally, the [Coalition's annual meeting recap report](#) is available on the Coalition website.

WORLD HEALTH ORGANIZATION

The World Health Organization is launching the **2025 edition of the Global Hypertension Report** during the United Nations General Assembly.

The WHO Global Hypertension Report 2025 will:

- highlight the **global burden of hypertension** and the devastating health and economic consequences of inaction;
- present **country-level data** on hypertension prevalence and control;
- outline **policy recommendations** and **evidence-based interventions**; and
- showcase **progress and challenges** in different regions and settings.

The launch event coincides with the [Fourth High-Level Meeting of the UN General Assembly on Noncommunicable Diseases \(NCDs\) and Mental Health](#) and will bring together ministers and global health leaders to spotlight the urgent need for expanded and accelerated action to control hypertension worldwide to accelerate progress on NCD prevention and control.



Hypertension Canada Primary Care Guidelines [Click here for Guidelines.](#)

The second part of the Hypertension Canada guidelines will be the Comprehensive Guidelines, which are being guided by a Priority Setting Exercise, wherein we are asking Hypertension Canada stakeholders for the most topical and relevant areas to update our guidelines on. We are completing the latter in partnership with Hypertension Australia. For anyone interested in our new guidelines process, [see our paper here.](#)



Latest issue of *Hypertension News* out now [The latest issue of the ISH publication *Hypertension News*](#) features contributions on:

- research priorities for hypertension care
- cardiovascular damage in hypertensive women throughout life
- inflammation and hypertension
- the skin and blood pressure control
- hypertension prevention in young people
- WHD and MMM
-

September webinar series from ISH South and Central Asia (SACA) Regional Advisory Group

The ISH SACA RAG is collaborating with partners including the World Hypertension League on a series of webinars between 28 and 30 September. Webinars are open to all. Topics range from sodium reduction, lifestyle, traditional medicine, and advances in hypertension management.

[Find out more and register.](#)

ISH part of Pulse of Asia 2025

Read a [report](#) on ISH participation in the event in Shanghai.

ISH Council members part of Brazilian Society of Hypertension Meeting

Read a [report](#) on the meeting.

ISH heavily represented at European Society of Hypertension 2025 Meeting

Attendees in Milan in June included ISH President George Stergiou, Past President Bryan Williams, Secretary Kazuo Kario, and Council Members Erika Jones, Muscha Steckelings and Dagnovar Aristizabal. [Find out more.](#)

The next ISH Scientific Meeting will be held in Dubai from 22 to 25 October 2026.

[Visit the Meeting website.](#)



SPOTLIGHT ON AFRICA

A project for Hypertension Control in Remote Rural Rwanda Villages endorsed by WHL

Submitted by Franco Muggli, Lugano, Switzerland; Isabella Hunjan, Milan, Italy and Lugano, Switzerland; Gianfranco Parati, Milan, Italy

Given the high prevalence of arterial hypertension in Sub-Saharan Africa, the World Hypertension League endorsed since 2022 a project in a remote southern rural area of Rwanda to promote the diagnosis and control of hypertension ("Study for Better Blood Pressure and Cardiovascular Risk Control in a rural area of the District of Nyaruguru (Rwanda)"). 7320 voluntary participants were screened in 2020, with the finding of elevated BP readings in 863 individuals (12%).

Between July and December 2022, a first cohort of 98 with confirmed hypertensive BP values were enrolled into the study at the hypertension outpatient clinic of the Health Care Center of Nyamyumba, a rural village in Mata Sector. Ad hoc education by means of culturally adapted notions of health care, related to cardiovascular diseases and hypertension, was repeatedly provided during outpatient visits. An antihypertensive, low-dose, single-pill triple combination of olmesartan,

amlodipine, and hydrochlorothiazide (OLM/AML/HCTZ) was prescribed to newly diagnosed patients, providing information about possible side effects. This combination therapy, given as a first-line once-daily strategy, proved to achieve better treatment adherence, higher rates of hypertension control than usual add-on therapy, and to be generally well tolerated. Indeed, after 16 weeks, blood pressure was reduced below $\leq 140/90$ mmHg in approximately 95% of patients, with a remarkable rate of adherence of 81% in patients who completed the entire cycle of visits and continuously adhered to the prescribed therapy. After more than 2 years of follow-up, according to data collected in Spring 2025, patients still stick to their regimen, showing controlled hypertension and no side effects.



In February 2025, a second cohort of patients was enrolled using the same diagnostic protocol, scheduled monthly visits and therapy titration up to 6 month follow-up, and then with BP visits every 2 months with blood tests every 6 months.

During these years, our team has regularly collaborated with institutions and authorities to promote health education and to contribute to updating national guidelines, also in the perspective of considering single-pill combination among the list of essential medications. Our project has provided additional real-life evidence in favour of



extensive implementation of single-pill combination therapy also in low- and middle-income countries in the context of an adequate and accurate diagnosis of high blood pressure, implementation of local team-based care, easy availability of simplified antihypertensive therapy and culturally adapted health education.

SASNET- GHANA

"Revisiting Historical Errors: The Impending Non-Communicable Disease Pandemic"

A Commentary by Sir Ad Adams Ebenezer, Co-founder and Executive Director of SASNET Ghana, preceding the 4th United Nations High-Level Meeting on Non-Communicable Diseases and Mental Health, scheduled for September 25, 2025, in New York City. [Access the full article via this link.](#)



IN MEMORIAM

GRAHAM A. MACGREGOR

It is with deep sadness that we announce the passing of Professor Graham MacGregor CBE, who died peacefully surrounded by his close family. While we grieve this profound loss, we also celebrate a life devoted to improving the health and wellbeing of millions worldwide. Professor MacGregor was a central figure within the World Hypertension League, serving as a Board member, senior advisor, and trusted colleague. His career was driven by an unwavering commitment to preventing hypertension and its devastating consequences, from stroke and heart disease to dementia and kidney failure.

He founded pioneering charities such as the Blood Pressure Association (now Blood Pressure UK) and spearheaded campaigns including Know Your Numbers! which have helped millions of people understand, detect, and manage high blood pressure. Alongside his work on hypertension, Professor MacGregor dedicated decades of research to uncovering the impact of dietary salt on health. His groundbreaking findings recognized globally as authoritative, shaped public health policy and led to significant

reductions in population salt consumption. To advance this cause, he established Consensus Action on Salt and Health (CASH) in 1996, now Action on Salt, and later World Action on Salt and Health (WASH), ensuring international collaboration on this pressing issue.

For his extraordinary contributions, he was honoured as a Commander of the Order of the British Empire (CBE) in the 2019 Birthday Honours for services to cardiovascular disease. Of all his achievements, Professor MacGregor found greatest peace in knowing how many lives were saved, and how many strokes and heart attacks were prevented, through policies and actions he tirelessly championed.

He was truly unique and influential, and we will miss him both for who he was as well as what he did. He altered many lives and careers, something we will never forget.

He will be sorely missed by his family, friends, colleagues, and the countless people whose lives he improved through his work. His legacy will stand as a testament to his life's dedication and will continue to inspire progress in global cardiovascular health for years to come.

*Norman Campbell
Francesco Cappuccio
Fengjun He*



Graham MacGregor (2nd from left, top row) with the WHL Board in 2016.

WELCOME TO WHL BOARD - Dr. Kouamivi Agboyibor



Dr. Kouamivi Agboyibor joins the WHL Board as an Ex-Officio member, representing the World Health Organization (WHO). Dr. Agboyibor serves as Technical Officer for Noncommunicable Diseases (NCDs) at the WHO African Regional Office in Brazzaville, Congo, and as a regional advisor for cardiovascular diseases (CVD), diabetes, and integrated service delivery for NCDs. (Pictured here with Dr. Gianfranco Parati, WHL President, in Geneva at the WHO Headquarters).



Dr. Gianfranco Parati meets with physicians from Rwanda at the ESC meeting in August in Madrid, Spain.

WELCOME TO NEW WHL MEMBER



Founded in 1989, the [European Society of Hypertension \(ESH\)](#) emerged from the vision of one of the true pioneers in hypertension research, **Professor Alberto Zanchetti**. His aim was to create a society that united experts in science and clinical practice to combat the immense global health burden caused by high blood pressure.

Over the decades, ESH has become a leading authority in the development of evidence-based strategies for reducing blood-pressure-related cardiovascular and renal disease. Today, it stands as a dynamic, globally respected organization, integrating both clinical and basic science in the pursuit of excellence in hypertension prevention, diagnosis, and management.

With more than **2,000 members**, over **600 certified Hypertension Specialists**, more than **200 Excellence Centres**, and **53 affiliated and associated National Hypertension Societies**, ESH represents a truly active and collaborative network of professionals across multiple medical specialties, including cardiology, internal medicine, general practice, and nephrology.

Our Network

Excellence Centres

ESH continually works to reduce the burden of hypertension in Europe and beyond by fostering scientific exchange, disseminating knowledge, and supporting institutions committed to controlling high blood pressure.

Currently, there are **215 approved Excellence Centres** across **36 European countries** and in **8 non-European countries**: Argentina, Australia, Brazil, Israel, Jordan, Lebanon, the People's Republic of China, and Venezuela. These centres serve as hubs of innovation, clinical excellence, and research collaboration, ensuring that high standards of care are applied consistently worldwide.

Hypertension Specialists

The over **600 ESH-certified Hypertension Specialists** are experienced physicians with deep, multidisciplinary expertise. They are equipped to manage complex and resistant cases of hypertension, often working at the intersection of multiple related disorders, such as chronic kidney disease, diabetes, and heart failure. Certification by ESH is a mark of professional excellence, requiring rigorous assessment and demonstration of advanced skills.

Working Groups

To ensure comprehensive scientific coverage, ESH has established **15 Working Groups (WGs)** focused on key aspects of experimental and clinical hypertension. These groups serve as the backbone of the Society, generating research initiatives, developing recommendations, and fostering collaboration among academic and non-academic institutions. Their work often bridges the gap between laboratory research and practical clinical application, ensuring that scientific advances translate into better patient outcomes.

Young Investigators Group

The **ESH Young Investigators Group** is a vibrant, inclusive community dedicated to supporting early-career clinicians and researchers in hypertension. Its mission is to nurture professional growth, promote cross-border collaboration, and facilitate the exchange of innovative ideas. By organizing networking events, mentorship programs, and dedicated scientific sessions, the group helps prepare the next generation of leaders in the fight against hypertension.

Key Educational Activities and Initiatives

ESH's mission extends beyond research, it is equally committed to education, knowledge dissemination, and the translation of scientific evidence into clinical practice. Some of its most important activities include:

- **2023 ESH European Guidelines for the Management of Arterial Hypertension** – A cornerstone reference for healthcare professionals, outlining best practices in hypertension management.
- **2024 ESH Clinical Practice Guidelines for the Management of Arterial Hypertension** – Endorsed by the European Federation of

Internal Medicine (EFIM), the European Renal Association (ERA), and the International Society of Hypertension (ISH), these guidelines provide practical, patient-centered recommendations.

- **Annual Congress on Hypertension and Cardiovascular Protection** – A premier international meeting for sharing the latest research, clinical advances, and policy discussions. The next edition, to be held **May 28–31, 2026 in Gdańsk, Poland**, will focus on “*Innovations in Cardiometabolic Management*”, highlighting emerging therapies, digital health tools, and integrated care strategies.
- **ESH Hypertension Summer School** – A highly regarded program for young researchers, offering intensive training, interactive workshops, and networking opportunities with global leaders in the field.
- **Webinar Series** – Regular online seminars on emerging topics in hypertension research, treatment innovations, and public health strategies.

Future Outlook

Hypertension remains the world’s leading modifiable risk factor for cardiovascular disease, affecting an estimated 1.3 billion people globally. ESH’s work is therefore not only regionally important but also part of a critical international effort to reduce premature mortality and disability.

In the coming years, ESH aims to:

- Expand its network of Excellence Centres to underserved regions, ensuring equitable access to high-quality hypertension care.
- Foster stronger partnerships with global health organizations to align strategies and share resources.
- Support the integration of digital tools and artificial intelligence into hypertension detection and management.
- Advocate for greater public awareness and early detection programs, particularly in younger populations where hypertension is often overlooked.

In essence, the European Society of Hypertension is more than a scientific society, it is a global community united by the commitment to reduce the burden of high blood pressure.

Calendar of Events
World Heart Day 2025 September 29, 2025 Click here for more information
World Health Summit October 12- 14, 2025 Berlin, Germany & Digital Click here for more information
SCCH 8th Annual Meeting on Hypertension and Preventive Cardiology October 16-19, 2025 Punta Cana, Dominican Republic Click here for more information
World Stroke Congress October 22-25, 2025 Barcelona, Spain Click here for more information
World Diabetes Day November 14, 2025 Click here for more information
Hypertension Seoul November 6-8, 2025 Seoul, Korea Click here for more information
AHA Scientific Sessions November 7-10, 2025 Baltimore, MD, USA Click here for more information
Inter-American Society of Hypertension Meeting January 15-17, 2026 Guatemala City, Guatemala Click here for more information
International Society of Hypertension 2026 October 22-25, 2026 Dubai, UAE 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 the World Health Organization (WHO).

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Secretariat:

Prof. Gianfranco Parati
Internet: <http://www.whleague.org>

Editorial Office:

Editor-in-Chief: Dr. Daniel Lackland
Associate Editor: Dr. Detlev Ganten
Associate Editor: Mary L. Trifault
E-mail: whleague17@gmail.com

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