

WHL • NEWSLETTER

News from the World Hypertension League (WHL)

In Official Relations with the World Health Organization

No. 191, March 2026

Note from the Editor



Prof. Daniel Lackland

As EIC for the WHL Newsletter, this first issue for 2026 is particularly exciting as an opportunity to showcase the WHL family opportunities for the year.

The Newsletter will report on the many outreach events from [World Hypertension](#)

[Day 2026](#), as well as the submissions to the Children's Art Program and the 2026 Excellence Award winners, in upcoming issues. It is also a great pleasure to showcase the special roles of the National Forum for Heart Disease and Stroke Prevention, and Colleagues in Care (CIC), in high blood pressure treatment and control.

Likewise, the reports in this issue from our WHL members demonstrate each organization's unique attributes and impact on global hypertension control and prevention. We are also pleased to spotlight the collaborative sessions at the Inter-American Society of Hypertension meeting in Guatemala, and the American Heart Association Scientific sessions in New Orleans, in our Meetings of Note section.

The next Newsletter issue will include profiles of the 2026 Excellence Awardees, as well as the exuberant submissions to the Children's Art Program. We celebrate the solid foundation of accomplishment with great aspirations for the future, and the Newsletter looks forward to reporting all.

Dan

WHL Newsletter Editor-in-Chief

President's Column



Prof. Gianfranco Parati

The celebration of [World Hypertension Day 2026](#) is fast approaching, and I warmly invite all of you to help make this Day truly meaningful. On May 17, let us all actively contribute to increasing awareness of the importance of

accurate diagnosis of arterial hypertension, as well as the need to achieve effective blood pressure control in a greater number of affected individuals.

The motto for World Hypertension Day 2026 is **"Controlling Hypertension Together."** We chose this theme to highlight the crucial role of teamwork in hypertension management. This approach has proven effective in addressing low awareness rates worldwide, particularly in low- and middle-income settings. Our motto also emphasizes the importance of involving non-physician personnel, including nurses and community health workers. More broadly, it underscores the need to collaborate with policymakers and healthcare program leaders to promote access to digital tools across diverse resource settings, as well as to ensure the affordability of single-pill combination therapies and accurate BP measurement devices globally.

On the occasion of World Hypertension Day, you are also invited to participate in the Children's Art Program. This year's artwork will focus on the WHD theme. We encourage young artists to incorporate one or more of the following lifestyle recommendations into their work: regular and accurate blood pressure monitoring; healthy

weight; regular physical activity and reduced screen time; lowering salt intake; improving sleep (for example, by turning off electronic devices); and avoiding smoking. I would like to remind you that participating artists and their artwork will be recognized on World Hypertension Day, May 17, and will receive a World Hypertension League award certificate. Selected pieces will also be featured in the WHL Newsletter.

We also announce the next **World Hypertension Congress, scheduled to take place in Goiânia, Brazil, from May 13 -15, 2027**. We invite colleagues from Latin America and all other regions of the world to share suggestions for topics to be addressed during this important global event. You are also encouraged to contribute to the success of the Congress by submitting abstracts presenting your original research and by considering attending in person what we aim to make a high-level scientific meeting of global relevance.

The WHL continues its efforts to promote better hypertension control worldwide through the development of implementation papers, the organization of meetings and webinars, and participation in numerous regional events, as highlighted in this newsletter. Despite the challenging times we are facing, our commitment to reducing the global burden of cardiovascular disease must remain strong. **Controlling Hypertension Together** continues to be our mission and our primary goal.

Gianfranco Parati, MD, FESC, ISHDF
President, World Hypertension League

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ANNOUNCING THE WORLD HYPERTENSION CONGRESS 2027

SAVE THE DATE 21º Congresso do Departamento de Hipertensão Arterial 7th World Hypertension Congress



LET’S GET READY FOR WORLD HYPERTENSION DAY 2026!

2026 WORLD HYPERTENSION DAY MAY 17

Controlling Hypertension Together
Initiated by the World Hypertension League WHLeague.org

[2026 Social Media Graphics Now Available](#)

As we prepare for World Hypertension Day on May 17, 2026, new social media images are now available to support your outreach efforts.

This year’s theme, “**Controlling Hypertension Together,**” reflects the importance of coordinated action across countries, organizations, clinicians, advocates, and communities.

The media graphics are available for download in the WHD 2026 Campaign Toolkit [here](#).

In addition, the toolkit includes a promotional image for the Children’s Art Program. Submissions are due April 15th and program information and submission forms are available [here](#).

We Encourage You To:

- Share the images across your social media channels
- Add your organization’s logo where appropriate
- Engage partners and stakeholders
- Promote blood pressure screening and lifestyle education initiatives in your region

Every communication contributes to increased awareness, screening, and prevention of stroke, heart disease, and kidney disease.

Thank you for your continued leadership and partnership in advancing global hypertension control.

With appreciation, the World Hypertension League

CHILDREN’S ART PROGRAM 2026 OPEN FOR SUBMISSIONS



Submissions Deadline: April 15th

This year’s theme **“Controlling Hypertension Together”** emphasizes the importance of collaboration to achieve improvements in the following areas:

- Accurate and regular BP measurement
- Keep a Healthy Weight
- Exercise Regularly - Less Screen Time
- Reduce Salt Intake
- Sleep Better - Turn Off Your Devices
- Stop Smoking or Don't Start

Contributing artists and their artwork will be announced on **World Hypertension Day, May 17, 2026**. Click [here](#) for the submission form.

UPCOMING MEETINGS OF NOTE



WORLD
HEALTH
SUMMIT

**From Crisis to
Resilience:
Innovating for
Health**

The World Health Summit 2026 will take place on 11–13 October 2026, in Berlin, Germany. Health around the world is being challenged by compounding crises that are testing systems, widening inequities, and exposing vulnerabilities that cannot be addressed through reactive, short-term responses. Addressing these challenges requires innovation and lasting solutions.

Innovating for health goes beyond technological advances; it also includes new approaches in financing, governance, partnerships, and service delivery. Innovation can build resilience by enabling systems and societies to anticipate, absorb, adapt to, and transform in response to shocks, while safeguarding essential services and strengthening preparedness. Under this Leitmotif, #WHS2026 will focus on how to turn innovation into more equitable, continuous, and future-ready systems that strengthen health and well-being over the long term.

The annual World Health Summit brings together global health stakeholders from all sectors to find solutions for the most pressing health challenges. In 2025, it took place under the theme “Taking Responsibility for Health in a Fragmenting World.” Across three days, the WHS sparked exchange, generated insights, and catalyzed science-based and interdisciplinary solutions. Find out more on the [official website](#) of the World Health Summit.

Reimagining Africa’s Health Systems: WHS Regional Meeting 2026 - Nairobi, Kenya



The WHS Regional Meeting 2026, hosted by Aga Khan University, will be held from April 27–29 at the United Nations Office at Nairobi (UNON). Leaders, innovators, and changemakers will gather to explore solutions that strengthen Africa’s health systems and advance global health progress.

Session Topics Per Sub-theme

- Pandemic Preparedness and Health Security in Africa
- Climate Change, Environment, and Health Systems Resilience
- Digital Health, AI, and Technological Innovation
- Health workforce, Financing & System Building
- Gender, Equity, Youth Leadership and Social Accountability
- Mental Health, Psychosocial Support, and Well-being
- Primary Healthcare, UHC, NCDs, IDs and Social Determinants of Health
- Women, Adolescents, Child Health & Nutrition

Registration is open here [on the official website of the World Health Summit.](#)

21st Malaysian Society of Hypertension Annual Scientific Meeting



April 23-25, 2026, Kuala Lumpur, Malaysia

Theme: Beyond Blood Pressure: Making Cardio-Renal-Metabolic Health a Shared Responsibility; Moving from silos to systems

About The Congress

The 21st MSH Annual Scientific Congress brings together healthcare professionals, researchers, and experts for three days of transformative learning. Featuring over 20 symposia, case-based sessions, debates, and oral presentations, this congress bridges the gap between evidence and practice—from the latest HOPE-ASIA and Malaysian guidelines to AI-driven innovations in hypertension control. Join us as we explore complex phenotypes, lifestyle medicine, preventive cardiology, and individualized approaches across vulnerable populations.

[Click here for more information and registration.](#)

World Stroke Congress 2026
October 21-23, 2026, Seoul, South Korea



Be Part of the Global Stroke Movement!

The World Stroke Organization warmly invites WHL members to the 18th World Stroke Congress October 21–23, 2026. WSC 2026 will feature the latest research, practical insights, and innovative strategies to reduce the global impact of stroke. Engage in insightful discussions, skill-building sessions, and collaborative research while expanding your professional network.

[Save the date and subscribe for updates on the Congress website.](#)

PAST MEETINGS OF NOTE

9th Big Sky Cardiology Conference

Submitted by Dr. Gianfranco Parati, WHL President

The Big Sky Cardiology conference was held in Fujaira, UAE, on Feb 13-14, 2026. In this conference, special attention was given to a number of issues relevant for improving hypertension management. In particular there was a special "hands-on" session on how to implement accurate BP measurements in daily practice.



In my role as WHL President, I was invited to give a lecture on the important and often under-recognized impact of obstructive sleep apnea on hypertension and cardiovascular disease. A practical take home message was the recommendation to consider that identifying and managing sleep disorders is critical for comprehensive cardiovascular risk reduction. This Conference was endorsed by WHL, and WHL was officially acknowledged for its efforts to achieve better hypertension control globally.

XXIInd IASH Scientific Sessions: Summary Program Overview



Submitted by Carlos M Ferrario, MD, FAHA, FAPS, FISH, FACC

The 2026 Medical and Science Sessions of the InterAmerican Society of Hypertension (IASH) provided the 400-plus attendees with incisive state-of-the-art presentations by a renowned international faculty in Guatemala City, Guatemala, January 15-17, 2026. The educational activities were enhanced by the active participation of the faculty of Latin American Hypertension Societies from Argentina, Brazil, Chile, the World Hypertension League (WHL), and the International Society of Hypertension (ISH).



Faculty and staff at the IASH meeting.

Nine main scientific themes were included in the program developed by the organizing committee chaired by Dr. Carlos Ferrario.

1) **Population burden, implementation, and control strategies:** A central opening focus was a critical update on the cardiovascular disease (CVD) burden across North America, the

Caribbean, and Latin America, and on community-based hypertension control models. Presentations addressed health barriers in the Americas, practical “how-to” content on improving control in Latin America through the implementation of international hypertension guidelines, addressing clinical inertia and non-adherence, salt-reduction strategies (including digital approaches and salt substitutes), and population aging/health metrics.



L-R: Faculty presenters Professors Carlos Ferrario, Daniel Lackland, and Fernando Stuardo Wyss.

2) **Mechanisms and translational biology of hypertension:** Strong emphasis on the pathophysiology of essential hypertension (HTN), including deeper dives into the RAAS (and “hidden mechanisms”), were artfully presented, as well as “New trends” spanning inflammation/senescence/endothelial dysfunction, metabolic inflammation targets, multi-specific peptides, senescence, and cognitive function effects of hypertension. These cardio-renal-metabolic sessions highlighted immune mechanisms, neural mechanisms, vascular aging targets, the microbiota, and the kidney’s bidirectional role in the syndrome. Women’s health and hypertension, a flagship of the program, were expertly addressed, as well as the importance of neurogenic mechanisms in the pathogenesis of hypertension.



L-R: Professors Marcelo Orias, Daniel Lackland, and Vincent Sanchez Polo

3) **Resistant hypertension and device/non-pharmacologic approaches:** Resistant hypertension, in terms of management, novel therapies, and as a component of the cardio-renal metabolic syndrome, was a focus of presentations on precision phenotyping.

4) **Clinical controversies & practical management:** Among the clinic-oriented sessions, new concepts included presentations on Stage 1 HTN and chronic kidney disease (CKD) risk, hyperkalemia and CKD management, distinguishing true-resistant vs pseudo-resistant HTN, and how low to target BP.



L – R: Faculty Professors Ana Isabel Barrientos (Honduras), Osiris Valdez (Dominican Republic) Dagnovar Aristizabal (Colombia), Daniel Lackland (USA) and Debora SA Colombari (Brazil)

5) **New and emerging therapeutics:** Content included aldosterone synthase inhibitors, endothelin antagonists, single-pill combinations, and discussion of GLP-1 medicines in the context of obesity/hypertension and broader cardio-metabolic care. Among these presentations, the potential of novel immunological therapies based on suppression of the hepatic angiotensinogen gene was addressed, as well as emerging issues regarding the long-term efficacy of silencing hepatic angiotensinogen miRNAs, and antisense oligonucleotides versus angiotensin-(1-12) monoclonal antibodies.

6) **Equity, disparities, and sex-specific hypertension:** Separate plenaries focused on racial/ethnic disparities in hypertension treatment across regions and on hypertension in women. The program also featured a President’s Lecture on racial and gender discrimination in tailoring hypertension management in Latin America.

7) **Kidney–hypertension axis:** A full kidney-focused plenary covered Ang II actions, the prorenin receptor as an inflammation link, and renal/urinary

biomarkers in CKD progression—plus a founder’s lecture on “linking the kidney to hypertension.”

8) **Twenty-one abstracts** were submitted to the poster session. The five highest-ranked abstracts were selected to compete for an award jointly presented by the ISH and the Caribbean Society for Hypertension and Cardiovascular Prevention (SCCH) (see www.iashonline.org for the winners).

9) **Training and scientific communication:** There was a structured block on mentoring new investigators and an award competition, plus guidance on publishing strategies and artificial intelligence in publishing.

American Heart Association Joint Session with the World Hypertension League



Faculty for the joint World Hypertension League and American Heart Association Session “**Hypertension Management and Stroke Prevention: Successes and Future Challenges**” at the International Stroke Conference in New Orleans, LA, USA, February 4, 2026: L-R: Philip B. Gorelick, Alexis N. Simpkins, Cheryl Bushnell, Paul K. Whelton, Sara M. Hassani, Daniel T. Lackland, (Adriana B. Conforto)



L-R: Professors Paul Whelton, Craig Anderson, and Daniel Lackland

WELCOME TO NEW WHL MEMBER



National Forum for Heart Disease & Stroke Prevention

Founded in 2002, the National Forum for Heart Disease & Stroke Prevention is a nonprofit dedicated to preventing cardiovascular disease and stroke nationwide.

The National Forum brings together stakeholders from the public and private sectors, including patients, providers, public health, payers, purchasers, and pharma/biotech, to advance policy, systems, and environmental changes that improve heart health.

The National Forum convenes partners to accelerate the implementation of hypertension and cardiovascular guidelines. In 2025, 700 participants from 470 organizations gained knowledge to inform decision-making that improves cardiovascular, renal, and metabolic health.

Through initiatives like Move with the Mayor[®], the forum has partnered with over 200 mayors to promote physical activity, cholesterol screening, hypertension control, flu immunization, and other proven heart-healthy approaches.



National Forum social media messages generate engagement rates over 80% (14 times the health industry average).

By connecting sectors and amplifying prevention-focused messaging, the National Forum keeps heart disease and stroke prevention a national priority.

Upcoming Meetings

The National Forum convenes partners nationwide to advance hypertension prevention and strengthen the implementation of cardiovascular guidelines. These meetings provide opportunities for collaboration, shared learning, and coordinated action.

2026 Mid-Year Meeting (May 7, 2026)

[The 2026 Mid-Year Meeting](#) will bring together public health professionals, clinicians, researchers, and organizational partners to discuss practical strategies to improve blood pressure control and advance cardiovascular prevention efforts.

Explore additional upcoming meetings and webinars [here](#).

JOURNAL OF HUMAN HYPERTENSION



Isolated Nocturnal Hypertension and Sleep: Rethinking a Suspected Link

Minetto, J., Espeche, W., Cerri, G. *et al.* Isolated nocturnal hypertension and its association with sleep duration and quality. *J Hum Hypertens* (2025).

<https://doi.org/10.1038/s41371-025-01099-1>

Julian Minetto

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Blood pressure during sleep has emerged as a crucial determinant of cardiovascular risk, often providing prognostic information beyond daytime or office measurements. Among the different ambulatory blood pressure

phenotypes, **isolated nocturnal hypertension (INH)**—defined as elevated nighttime blood pressure with normal daytime values—has been consistently associated with increased cardiovascular morbidity and mortality. However, the mechanisms underlying this phenotype remain poorly understood.

Sleep disturbances have been proposed as a potential contributor to elevated nocturnal blood pressure. Short sleep duration, poor sleep quality, and sleep fragmentation are increasingly recognized as adverse cardiovascular risk factors and have been linked to hypertension in several populations. Whether these sleep-related factors play a specific role in the development of isolated nocturnal hypertension, however, has not been adequately explored.

In this large cross-sectional study conducted in Argentina, we analyzed data from **2,297 adults** who underwent ambulatory blood pressure monitoring (ABPM) as part of routine cardiovascular risk assessment. Sleep quality and duration were assessed using validated questionnaires, including the **Pittsburgh Sleep Quality Index (PSQI)** and the **STOP-BANG score**, while individuals with known sleep disorders were excluded to reduce confounding. Participants were classified into four blood pressure phenotypes based on current guideline thresholds: normotension, isolated daytime hypertension, isolated nocturnal hypertension, and sustained hypertension.

Although poor sleep quality was highly prevalent in the overall population and nearly one in five participants reported short sleep duration, **no significant differences in sleep quality or sleep duration were observed across blood pressure phenotypes**. Importantly, isolated nocturnal hypertension was **not independently associated** with any PSQI component, overall sleep quality score, or habitual sleep duration after adjustment for relevant clinical factors. Individuals with INH were older, more frequently male, and had a higher prevalence of diabetes and abdominal obesity, suggesting that metabolic and vascular factors may be more relevant contributors than sleep characteristics per se.

Interestingly, nocturnal blood pressure levels showed **weak but statistically significant correlations** with certain sleep components, such as subjective sleep quality and sleep disturbances. However, the magnitude of these associations was small—typically corresponding to differences of only 1–2 mmHg—indicating limited clinical relevance.

Overall, these findings suggest that while sleep quality and duration may have a modest influence on nighttime blood pressure levels, they do not appear to be key determinants of isolated nocturnal hypertension. This highlights the need to focus future research on alternative mechanisms, such as autonomic dysfunction, metabolic alterations, and renin–angiotensin system imbalance, to better understand and manage this high-risk blood pressure phenotype.

SPOTLIGHT ON WHL MEMBERS

MALAYSIA

WALK WITH A DOC: Promoting Healthy Living Through Community Engagement

Submitted by Dr. Beh Hooi Chin, Pensyarah Kanan Senior Lecturer; Jabatan Perubatan Rawatan Utama Department of Primary Care; Medicine Fakulti Perubatan Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

Last July, the Department of Primary Care Medicine, Universiti Malaya Medical Centre, collaborated with Walk With A Doc/Petaling Jaya, Malaysia and Health Outreach Programme and Education (HOPE@PPUM). The event was also supported by Malaysian Society of Hypertension (MSH) and Malaysian Society for World Action on Salt, Sugar and Health (MyWASSH).



The event was warmly received by the Petaling Jaya community, especially senior citizens who eagerly turned up for the free health screenings. Due to the overwhelming response, screenings

were done first, covering blood pressure, blood sugar, cholesterol, hemoglobin, and cardiovascular risk assessment and consultations, before participants joined the “Walk With A Doc” session led by A/P Dr Fadzilah Hanum. The positive turnout reflected the community’s strong interest in accessible, preventive healthcare in a supportive setting.



A briefing on the screening process was delivered by Dr Amirul Amzar and Dr Beh Hooi Chin to the student nurses who supported the health screening activities. This session aimed to ensure clinical safety and the use of accurate techniques in measuring blood pressure, blood sugar, and cholesterol levels. Prior to the campaign, a structured educational session was also conducted to equip the student nurses with the necessary knowledge and skills, reinforcing the importance of both clinical accuracy and patient safety throughout the screening process.

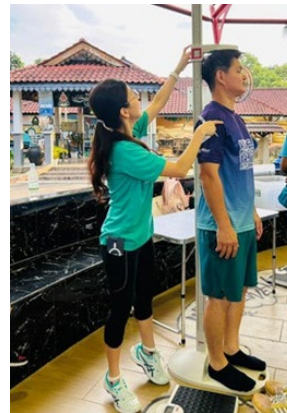
Cardiovascular Risk Assessment and Counselling

Medical officers were stationed at the venue to conduct cardiovascular disease (CVD) risk assessments and provide personalised counselling. Using the WHO risk assessment chart, they evaluated each participant’s risk based on collected clinical data, including blood pressure, blood sugar, and cholesterol levels, to offer appropriate health advice and preventive strategies.

Ensuring Accurate Blood Pressure Measurement

To maintain the accuracy of blood pressure readings, standardized procedures were followed. Senior citizens were given time to rest beforehand, seated with their backs supported and feet flat on the ground without crossing their

legs. They were also advised not to talk during the BP measurement. All readings were documented immediately after measurement to ensure reliability and proper record-keeping.



Height and weight measurements were taken to calculate Body Mass Index (BMI), while blood glucose testing was also carried out. Both assessments were conducted by the student nurses as part of the comprehensive screening process

under the supervision of medical professionals.

RWANDA

Updates from hypertension treatment in remote rural Rwanda

Isabella Hunjan, Clara Stroppa, Alice Umulisa, Gianfranco Parati, Mario G. Bianchetti, Bienvenu Muvunyi, Willy Mucyo, Evariste Ntaganda, Sebastiano A. G. Lava & Franco Muggli (2026) 24-month single-pill, triple antihypertensive therapy in rural Rwanda, *Blood Pressure*, 35:1, 2635838, DOI: 10.1080/08037051.2026.2635838

Our project on the screening, diagnosis, and treatment of hypertension in a remote rural area of southern Rwanda dates back to 2022. As previously reported in earlier publications, we initiated treatment using a once-daily single-pill combination containing amlodipine, hydrochlorothiazide, and olmesartan, with dosage adjustments performed during follow-up visits. From the initial cohort, 57 individuals with a median age of 65 years remained adherent to the treatment regimen, allowing us to analyse and publish data after 24 months of therapy.

Results showed a significant reduction in blood pressure as early as the first month of treatment, with a median decrease of 29 mmHg in systolic blood pressure and 12 mmHg in diastolic blood pressure, with the maximal reduction observed by month three. Blood pressure control (<140/90 mmHg) was achieved in 37 participants (65%) after 1 month, 51 (89%) after 3 months, 44 (77%)

after 6 months, and 43 (75%) after 12 months, and was maintained in 47 individuals (83%) after 24 months. The treatment was well tolerated, with only two individuals reporting mild dizziness.

Overall, the combination therapy effectively reduced blood pressure in nearly 90% of participants at 3 months, with a sustained response in more than 80% up to 24 months after treatment initiation, aligning with the World Hypertension League's target of $\geq 80\%$ blood pressure control among hypertensive patients in Africa.

Single-pill low-dose combination therapy is easy to use, well tolerated, and improves treatment adherence. It also lowers blood pressure more rapidly and increases the likelihood of achieving guideline-recommended targets compared with standard therapy, representing a suitable first-line strategy, after lifestyle modifications, not only in Western countries but also in sub-Saharan Africa.

However, substantial efforts are still needed to overcome structural, regulatory, pricing, and workforce-related barriers in order to ensure the availability and affordability of combination antihypertensive pills and their integration into routine clinical practice, including at primary care centres.

COLLEAGUES IN CARE (CIC) announces early release of its Cumulus Lift Series in support of World Hypertension Day

Submitted by John Kenerson MD, FACC, Co-founder and President, Colleagues in Care

contact@colleaguesincare.org



In honor and celebration of World Hypertension Day 2026, Colleagues in Care is releasing its accurate BP measurement measurement knowledge source (Cumulus Lift Series Part Two) immediately to make it available as a low resource community comprehensive reference to emphasize this year's theme of accurate BP

measurement. It is available [here](#) and accessible via the learn tab.

The last fifteen years of WHL growth might be ascribed to leadership's understanding of the need for multilevel interconnectivity coupled with humility, building relationships ranging from large international healthcare organization affiliations to a tapestry of individuals of like mind and heart within and without organizations.

Colleagues in Care has been on a similar journey over almost twenty-five years beginning with harsh lessons learned in the low resource living laboratory of Haiti. The quest has been to determine how to best develop high value (low cost and high quality) programs in low-resource communities, specifically focused on hypertension and women's health reflecting the Cardiologist backgrounds of the co-founders. We consider it the health and knowledge equity deficit challenge spawned from eye opening experiences within the gradient of inequality. During this parallel development period, there have been multiple areas of cross-pollination between WHL and CIC, emphasizing the importance of shared knowledge as a primary lesson learned.

I was honored to be named WHL Envoy for Global Faith-Based Hypertension Control Initiatives focused on FBO and small NGO medical missions by then President Dan Lackland DrPH in 2017. Dan had the foresight to understand the importance of investing in long term sustainable collaborative solutions and the wisdom to develop a diverse portfolio to mitigate risks of sudden "market changes" such as the 2025 global health financial support "earthshake".

In that time frame, I also had the unexpected opportunity to step in as the WHL representative at the NYC rollout of the HEARTS and Resolve to Save Lives WHL partnerships. As a Cardiologist, the nontraditional solution seed was planted. Could we begin with the more traditional trickle-down HEARTS primary care approach, including medical management, as a baseline?

Unfortunately, we soon recognized that this excellent resource had a difficult time diffusing down beyond middle-income and some low-income urban areas with hospitals, medical schools

and well supported regional clinics. The challenge became how to develop a complementary CIC program for the control of hypertension in low resource communities that was more bubble up from poor small rural communities. We decided to start with what would be considered universal pre-primary care activities defined as BP screening and accurate BP measurement (Cumulus Lift Series Part Two) and education on hypertension and cardiovascular risk (Cumulus Lift Series Part Three).

There is another important cross link. Under the leadership of WHL Past-President Norm Campbell MD, I had the honor of co-chairing with Lyne Cloutier RN PhD an Expert Committee involved in work leading to WHL Policy Statements on BP Measurement in the clinical community setting (2014), and BP screening in low resource settings (2015). That influence is clearly manifest in Part Two as a compilation of materials and recommendations, including information on a previous CIC blood pressure measurement certification course taught in Haiti and Botswana for medical students and nurses, as well as the BP Measurement Handbook.

WELCOME TO NEW WHL SPECIAL AMBASSADOR – Dr. Taskeen Khan



Dr. Taskeen Khan is a Global Public Health Specialist currently serving as the Director of Research and Policy at the World Innovation Summit for Health (WISH),

part of the Qatar Foundation. With over a decade of experience at the World Health Organization, she led global initiatives on hypertension and cardiovascular diseases, contributing to landmark guidance like the *Global Report on Hypertension* and the HEARTS technical package.

In her new role, she will leverage her existing collaborations with the World Heart Federation and World Stroke Organization, alongside her base in the Middle East, to foster strategic partnerships and amplify the WHL's impact.

NEWS FROM OUR PARTNERS



A Pivotal Moment for Global Stroke – WHO Resolution on Stroke

Geneva February 3rd will be marked as a pivotal moment for global stroke policy, as health leaders attending the WHO Executive Board approved a landmark resolution: [Reducing the Burden of Stroke: Strengthening prevention, acute care, rehabilitation and health system readiness.](#)

Submitted by the governments of Chile, Egypt, Palestine, Paraguay and Tunisia, the resolution fills a longstanding gap in global health policy by calling for dedicated, coordinated action on stroke. It urges Member States to recognise stroke as a major public health priority and to establish national objectives across the full care pathway — within cardiovascular and neurological health strategies, as well as universal health coverage plans.

With Executive Board approval secured, the resolution will now move to the World Health Assembly in May for formal adoption by Member States. The new resolution reflects the key recommendations in [Stroke Action Now](#), the global policy brief published in 2025 by the WSO convened [GlobalStroke Action Coalition](#). WSO and our Coalition partners are now developing a programme of followup policy advocacy activities to support implementation and strengthen accountability for the recommended actions.



Training for hypertension program managers in EMRO region

Resolve to Save Lives recently facilitated their third training for country leaders overseeing hypertension, cardiovascular disease, and noncommunicable disease programs, “Strengthening Capacity and Leadership for Hypertension Control (SCALE-HTN Control),” in collaboration with WHO EMRO and WHO HQ.

Together, they convened more than 30 participants representing ministries of health and WHO Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Pakistan, Tunisia and Africa CDC and facilitated learning and peer-exchange on how to design, implement, scale, and improve hypertension control programs.

Completing the training is a commendable commitment from countries to work toward reaching 50% population-level hypertension control. The first two workshops took place last year in Sri Lanka for the SEARO region and the Philippines for the WPRO region. A total of 81 participants representing 20 countries have completed the training thus far.

[Save the Date — Evidence to action: Preventing lead poisoning to save lives](#)

Lead poisoning is one of the most significant and preventable public health crises of our time, with an estimated 3.5 million cardiovascular-related deaths annually and 815 million children — one in three globally — suffering from lifelong cognitive and developmental harm at even low levels of exposure.

On the margins of the 79th World Health Assembly, **join the World Health Organization, Bloomberg Philanthropies, and Resolve to Save Lives for an overview of the forthcoming WHO Technical Package for Lead Poisoning Prevention**— a comprehensive, evidence-based framework to guide countries from evidence to action.

This event will examine the lasting health, environmental, and economic burden of lead exposure and highlight countries that are leading the way in lead poisoning prevention.

EVENT DETAILS:

- **Title:** Evidence to action: *Preventing lead poisoning to save lives*
- **Date and time:** Monday, May 18, 2026, 08:00-09:30 CEST (*Breakfast at 07:30*)
- **Location:** Restaurant Vieux Bois, Avenue de la Paix 12 CH-1202 Genève, Suisse (*Located immediately outside of the United Nations palais*)

[Register to attend in-person or watch the livestream](#) For inquiries, please contact jhasman@resolvetosavelives.org



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

Coalition for NCD Medicines and Products Updates

The Coalition for Access to NCD Medicines and Products (“Coalition”) is a multisectoral partnership working with countries and global stakeholders to expand affordable, equitable access to essential NCD medicines and health products so more people can prevent, detect, and control NCDs without financial hardship.

Last year, [the Coalition reflected on the Zero Draft of the Political Declaration of the HLM4](#), welcoming several important elements. These include the commitment to increasing access to medicines and technologies throughout the declaration; the recommitment to the Global Action Plan for the Prevention and Control of NCDs 2013-2030 and its action-oriented targets; stronger attention to procurement mechanisms such as strategic purchasing and pooled procurement to improve access to quality-assured medicines and health technologies; greater emphasis on integrating mental health care, particularly for depression and anxiety, with other major NCDs including hypertension and cardiovascular disease; and the designation of focused global targets for tobacco control, hypertension control, and mental health access.

Earlier in 2025, the Coalition surveyed seven Ministries of Health about the state of NCD financing, including opportunities to improve resource mobilization, efficiency, and accountability. Building on survey responses, [the Coalition has highlighted six priorities for strengthening financing for NCD prevention and control in 2026](#). These include mobilizing domestic resources for NCDs, protecting people from high out-of-pocket costs, integrating NCD financing into primary health care systems, strengthening data and transparency across the financing cascade, improving supply chains and procurement through cross-sector partnerships, and sustaining political and financial momentum through national and regional commitments.

Additionally, at the 158th session of the WHO Executive Board (February 2-7, 2026), several Coalition members partnered with other health care workforce and patient advocacy and civil society on a [joint statement](#) calling for Member States to focus on three financing priorities: 1) increasing and prioritizing financing for NCDs and health within national budgets while investing in stronger health workforce and integrated primary health care platforms; 2) advancing more efficient NCD supply chains; and 3) strengthening transparency in NCD financing flow.

Looking ahead, the Coalition has begun planning its Annual Meeting, which will focus on translating commitments into practical, measurable action. The meeting will take place in Kenya. **If your organization is interested in becoming a member of the Coalition please contact Roshini George at rgeorge@path.org.**



High blood pressure in children rising worldwide, international experts warn in a new ISH position paper

A new position paper from the International Society of Hypertension (ISH) highlights the fact that growing numbers of children and young people around the world are developing high blood pressure – a condition once considered rare in young people but now increasingly common. [Find out more.](#)

Hypertension in women: Not silent, not simple, not the same

To coincide with the [Go Red for Women](#) campaign from the American Heart Association, marked on 6 February, Azra Mahmud, Chair of the ISH South and Central Asia Regional Advisory Group, reflects on the importance of redesigning hypertension care for women. [Read the article.](#)

ISH part of Inter-American Society of Hypertension meeting

The ISH was part of Inter-American Society of Hypertension (IASH) Scientific Sessions in

Guatemala City from 15–17 January 2026. ISH activity included a speed mentoring session for new investigators. [Read more.](#)



Mentors and mentees who took part in the speed mentoring session at the IASH meeting

Paths to scientific independence: how successful researchers found their niche

A recent ISH webinar brought together three leading researchers in hypertension - Muscha Steckelings (Denmark/Germany), Dinesh Neupane (USA/Nepal), and Nguelefack-Mbuyo Pami Elvine (Cameroon) - to explore how each of them found their scientific niche. [Find out more.](#)

Latest issue of Hypertension News out now

The latest issue of the ISH publication *Hypertension News* features contributions on:

- adherence in hypertension
- a glance at the latest hypertension guidelines
- reducing antihypertensive treatment in nursing home residents
- hypertension and pregnancy
- a new aldosterone synthase inhibitor
- addressing hypertension in Africa
- and much more



[Read today.](#)

Calendar of Events

18th Congress of the Asian-Pacific Society of Atherosclerosis and Vascular Disease

31st PLAS/PSH Joint Annual Convention

April 8 – 10, 2026 Manila, Philippines

[Click here for more information](#)

21st Malaysian Society of Hypertension Annual Scientific Meeting

April 23-25, 2026

Kuala Lumpur, Malaysia

[Click here for more information](#)

4th International Congress of Hypertension in Children, Adolescents and Young Adults

May 7-9, 2026

Prague, Czechoslovakia

[Click here for more information](#)

World Heart Summit

May 16-17, 2026

Geneva, Switzerland

[Click here for more information](#)

WORLD HYPERTENSION DAY 2026

May 17, 2026

[Click here for more information](#)

35th European Meeting on Hypertension and Cardiovascular Protection

May 28-31, 2026

Gdansk, Poland

[Click here for more information](#)

7th International Cardiology Congress

June 8-9, 2026 London, UK

[Click here for more information](#)

WORLD HEART DAY 2026

September 29, 2026

[Click here for more information](#)

AHA Hypertension Scientific Sessions

October 7-11, 2026

Arlington, VA, USA

[Click here for more information](#)

World Congress of Cardiology 2026

October 8-10, 2026

Rio de Janeiro, Brazil

[Click here for more information](#)

18th World Stroke Congress

October 21-23, 2026

Seoul, Korea

[Click here for more information](#)

International Society of Hypertension 2026

October 22-25, 2026

Dubai, UAE

[Click here for more information](#)

WORLD STROKE DAY

October 29, 2026

[Click here for more information](#)

Mission

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

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