Priorities to reduce the burden of hypertension in Africa through ACHIEVE

Hypertension is a leading cause of premature deaths in Africa.[1] Its prevalence of up to 54% in adults in Africa[2,3] is among the highest rates in the world.[4] More disturbingly, only 7% of individuals with hypertension have their blood pressure controlled, with 93% of individuals at high risk of complications, including stroke, myocardial infarction, heart failure, kidney disease, and blindness.[5] In Africa, the estimated number of people with hypertension has consistently increased over the past three decades, and is projected to reach 216·8 million people by 2030.[6]

In response to this rapidly increasing burden of hypertension and its complications, the Accelerating African Control of Hypertension through Innovative Epidemiology and a Vibrant Ecosystem (ACHIEVE)[7] conference was convened to develop implementation pathways for achieving the World Hypertension League's targets of ensuring that 80% of Africans with hypertension are diagnosed, 80% of individuals diagnosed with hypertension are treated, and 80% of treated individuals have controlled blood pressure by 2030.[8] Controlling the blood pressure of 80% of people with hypertension receiving treatment (ie, 51% of all people with hypertension) requires at least a 7-fold improvement from the current rate of 7% of all people with hypertension.

Accomplishing this ambitious target mandates the active and synergistic participation of all stakeholders, including patients, policymakers, health-care providers, payers or health insurance organisations, and the general population.[7] Therefore, the experts in implementation science and hypertension control from eight African countries (Cameroon, Egypt, Ghana, Kenya, Mozambique, Nigeria, Rwanda, and Sudan), policymakers (including from ministries of health and WHO), patients, clinicians, and representatives from various hypertension-related societies (appendix p 3) who attended the ACHIEVE conference generated a 12-item communique with the Delphi technique (panel).[9] The communique was endorsed for advocacy in the African Union by the Minister of Health of Ghana.

These action items will be implemented by stakeholders of the ACHIEVE ecosystem[10] at the continental, national, subnational, and local (or primary) health-care level through community-based care and service delivery models for long-term control of arterial hypertension. The community-based model will deliver the ACHIEVE–WHO HEARTS technical package[7] to people with hypertension by involving primary

For more on the **ACHIEVE conference** see https://achieve-impact.org.ng/

See **Online** for appendix

***Panel:* The 12 co-created priorities for accelerating the detection, treatment, and control of hypertension in Africa**

1. Screening for and management of hypertension should be supported and mandatory at every clinical encounter, irrespective of the reason for the encounter
2. Policies and protocols on regulated task-shifting and task-sharing, including decentralisation to primary health-care and community services, should be developed
3. Access to genuine essential medicines for the treatment of hypertension should be improved through the encouragement of local manufacturing in Africa under the control of relevant regulatory agencies to ensure ready availability and affordability
4. Policies and legislations should be developed and implemented against the production, sale, and consumption of unhealthy diets to reduce the dietary intake of sodium, sugars, and saturated fats in accordance with the required minimum for body metabolisms by placing higher taxation on their consumption, using appropriate content labelling, and improving the use of salt substitutes
5. African governments should institute policies to promote physical activity by creating safe and enabling environments such as pedestrian walkways and recreational facilities
6. African governments should support the implementation and expansion of the ACHIEVE–WHO HEARTS technical package for hypertension control
7. African governments should incorporate screening for and treatment of hypertension into universal health coverage
8. African governments should encourage the integration of mobile health into hypertension control by providing the telecommunication industry with the necessary support and incentives
9. African countries should prioritise and promote public enlightenment and education on risk factors for hypertension, hypertension prevention, treatment, and medication adherence across the life course
10. African countries should leverage existing chronic care programmes (eg. HIV management models) to improve the prevention, detection, and treatment of hypertension
11. African governments, development partners, and academics should make deliberate efforts to invest in high-quality research on hypertension to produce reliable evidence to guide the implementation of strategies to control hypertension and other non-communicable diseases in Africa
12. The ACHIEVE ecosystem should establish a continental organogram, including a supreme committee comprising African Ministers of Health and the leaders of ACHIEVE; the main functions of the supreme committee will include: the presentation of a proposal for a resolution to control hypertension in Africa to the African Union, effective advocacy and engagement through active communication to integrate all African countries into the ACHIEVE ecosystem, the development of a Memorandum of Understanding to be signed by all African member countries for hypertension control, and the follow-up, monitoring, and evaluation of the fulfillment and progress of ACHIEVE goals in all African member countries

health-care workers. Resources for implementation will be provided through partnerships and networking for cross-learning and capacity building, funding for material resources (such as automated blood pressure devices, laboratory equipment, and essential medicines), and adequate remuneration for sustainable policies and action plans.

We declare no competing interests.

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