

PERSPECTIVES IN HYPERTENSION

Taking the bull by the horn – efforts at addressing hypertension and related diseases in Africa with focus on Ghana

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Hypertension in Africa: A Growing but Invisible Epidemic

The number of people living with hypertension is estimated at 1.3 billion with more than three-quarters (75%) of adults with hypertension living in low-and middle-income countries including those in Africa.¹ Regrettably, hypertension cases in Africa rose from 54.6 million in 1990 to 130.2 million in 2010, representing a 138.5% increase, and are projected to reach 216.8 million by 2030, a further 66% rise.² Yet, the bigger challenge lies not in the numbers alone, but in the invisibility of the disease, often undetected until it causes fatal complications.

Hypertension in Ghana: The Unseen Health Crisis

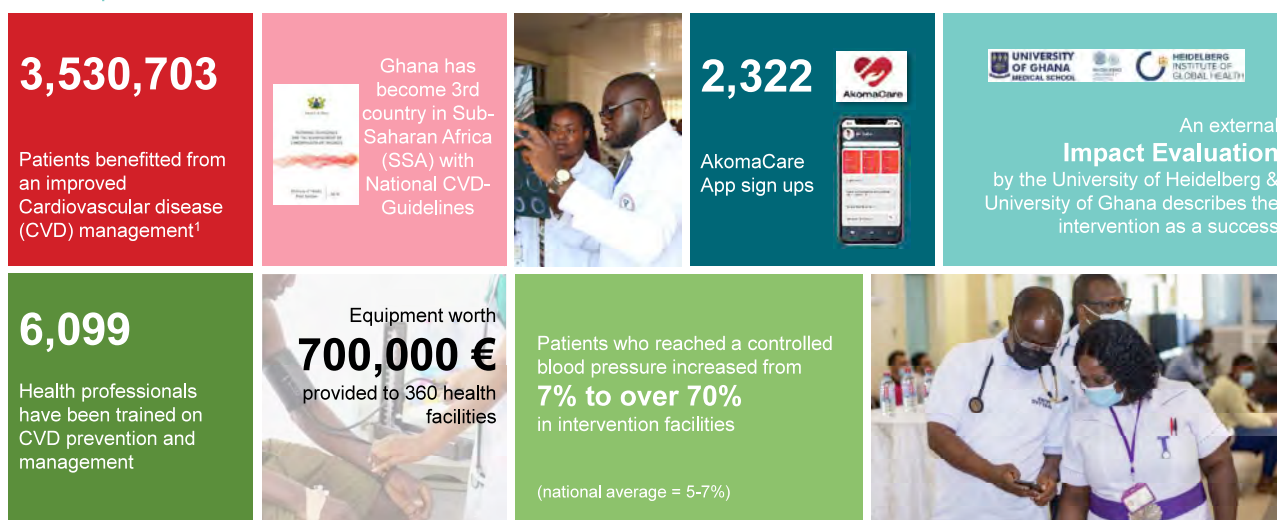
Ghana is experiencing a steady increase in hypertension cases, fueled by rapid urbanization, sedentary lifestyles, and unhealthy diet.^{3,4} Worryingly, 70% of hypertensive individuals in Ghana are unaware of their condition, and just 5% of those on treatment have their blood pressure adequately controlled.⁵ Hypertension has remained a major cause of hospital admissions and deaths, mainly driven by late detection and poor management.^{3,6} Despite national efforts by the Ministry of Health, nearly half of individuals show signs of end-organ damage at the time of diagnosis, a chilling reminder of how long

Figure 1: Diagrammatic presentation of the key successes of GHI.



Highlights in Numbers

GHI Impact Dashboard



hypertension can go unnoticed and a reflection of fragmented health systems, limited screening, low awareness, poor access to care, and missed opportunities for prevention, particularly in rural areas where significant portions of the population reside.^{7,8,9}

Bridging the Gaps: Strengthening Systems for Hypertension Control

Amidst challenges facing hypertension control in Africa, Ghana is making significant strides in tackling hypertension and other cardiovascular diseases through concerted efforts to strengthen health systems and improve care delivery. An example that stands out is the Ghana Heart Initiative (GHI), which we launched in 2018 as a flagship program to enhance cardiovascular health by improving hypertension prevention, diagnosis, and management, especially at the primary care level where the majority of Ghanaians first engage with the health system⁹ (**figure 1**).

One of the most transformative components of the initiative has been the development of a national guideline for cardiovascular disease (CVD) care, which has promoted standardized evidence-based treatment across all levels. To ensure its widespread adoption, the AkomaCare digital app was introduced, enabling providers to access and apply the guidelines easily.

To address capacity gaps and maldistribution of health staff, selected staff were trained and facilities equipped with digital blood pressure monitors, electrocardiograms, defibrillators, clinical guidelines, and job aids to ensure early detection and standardized treatment of hypertension. Through these coordinated interventions, blood pressure control rates in participating facilities improved dramatically from just 7% at baseline to 70%, far exceeding the national average of 5–9.5%.^{4,5}

To ensure integration into local structures, ownership, and continuity, the project was implemented through a partnership between the Ghana Health Service, Ministry of Health and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), with enormous funding support from Bayer AG. GHI exemplifies how targeted, collaborative efforts can overcome barriers to hypertension care.

Consolidating Gains and Expanding Impact

Building on the success of the Ghana Health Initiative, the AYA Integrated Healthcare Initiative, funded by three pharmaceutical companies and one foundation, is adopting a modular, systems-based approach to scale-up efforts at reducing the burden of non-communicable diseases by strengthening care integration within primary

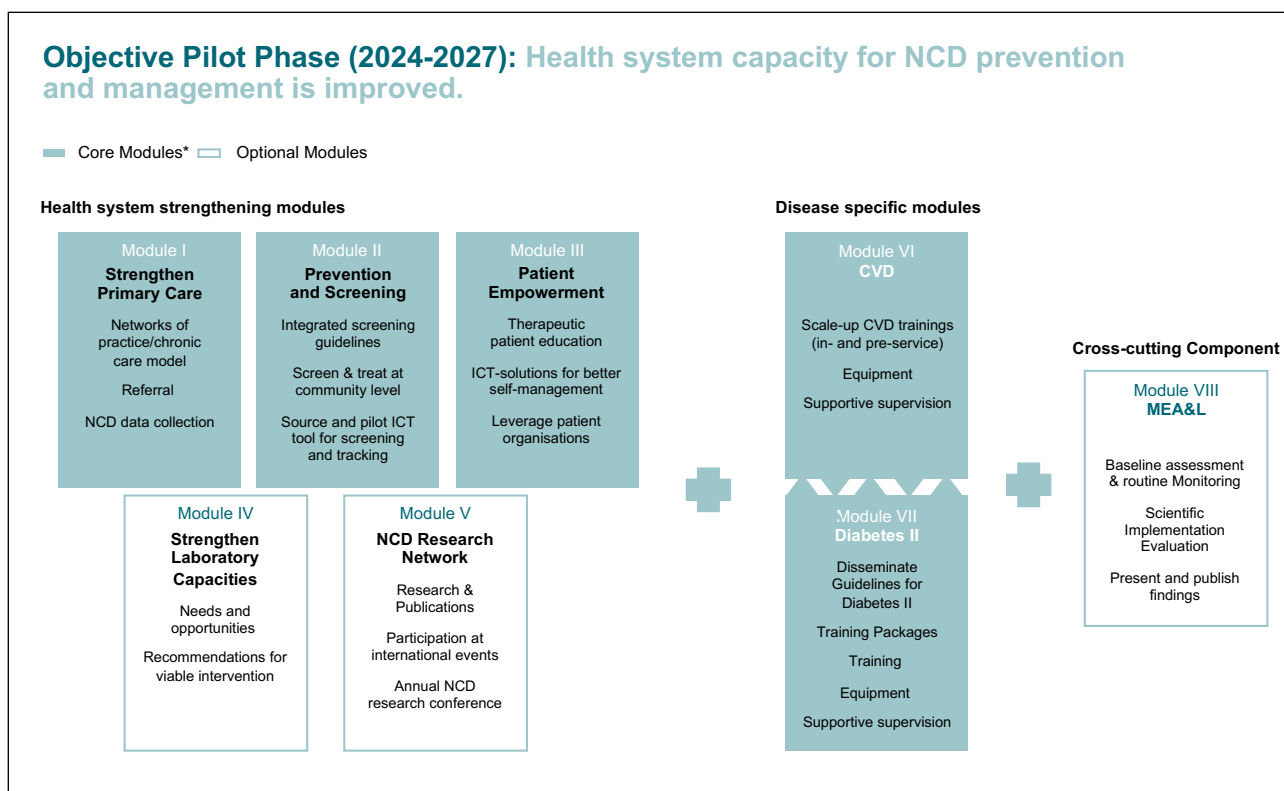
healthcare systems (**figure 2**). Through AYA, we are expanding our focus beyond hypertension and related CVDs to include obesity and type 2 diabetes, which are high impact NCDs that often coexist, share common risk factors, and act synergistically to worsen health outcomes.

To ensure that our health services are responsive and community-centered, primary level facilities will be equipped and referral systems streamlined to support seamless patient referrals across different levels of care. Primary health care facilities constitute the backbone of Ghana's health infrastructure and serve as the first point of contact for the majority of the population. However, prescription restrictions and limited capacity have long hindered access to timely quality care at the community level, particularly at B1 facilities (health centers without a resident medical doctor). To address these systemic barriers, the initiative is investing in the capacity building of non-physician providers, such as physician assistants through hands-on mentorship, digital decision-support tools, and structured supervision. Enabling them to manage cases locally, bringing much needed care to underserved populations and reducing long distance referrals.

To maximize reach, we will leverage locally available resources such as community pharmacies, community health nurses, and volunteers by equipping them with the skills and tools needed to conduct community-level screening and raise awareness among over 150,000 individuals. Our decentralized community-based approach will ease facility burden, enable early detection, and reduce complications, especially in underserved areas.

Additionally, a cohort of 2,800 healthcare providers (HCPs) will be trained to identify, manage, treat, and support patients with hypertension and CVDs. Through task-shifting, HCPs will offer contextually relevant and culturally sensitive therapeutic education, fostering trust and enabling patients to adopt healthy lifestyle changes and self-management. To further support this effort, an ICT tool will also be developed to provide patient reminders, educational content, and facilitate communication between patients and caregivers, enhancing continuity of care.

Figure 2: Concept and modules of the AYA Integrated Healthcare Initiative.



A Defining Moment for Health Systems and Development in Africa

Now more than ever, we must move beyond rhetoric and commit to bold, coordinated, and sustained action on the prevention and control of hypertension as a development imperative.

Hypertension is no longer a silent killer; it is a loud and urgent call for systemic change. In Ghana and across Africa, the growing tide of cardiovascular disease threatens to reverse decades of health and development progress. But it also presents an opportunity, a point of inflection, to reimagine healthcare as not just a curative service but a proactive, preventive, people-centered system.

Every missed opportunity to prevent or control hypertension is a life cut short in the prime of productivity, a blow to families, communities, and overall development. Delaying action means accepting preventable deaths of millions in their most productive years, an inexcusable failure that costs far more than prevention ever will. This is a defining moment.

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The poster features a dark background with a city skyline at night, including the Burj Khalifa. On the left, the International Society of Hypertension logo is shown above the text '31ST INTERNATIONAL SOCIETY OF HYPERTENSION SCIENTIFIC MEETING AND 17TH EMIRATES CARDIAC SOCIETY ANNUAL CONFERENCE 2026'. Below this is the large text 'ISH-ECS 2026' and the website 'www.ishecs26.org'. On the right, it says 'SAVE THE DATE 22-25 OCTOBER 2026 Intercontinental Dubai Festival City'. Logos for the Emirates Cardiac Society and ICOM are also present.