

REGIONAL STATEMENTS

Launching new hypertension guidelines for Africa

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Hypertension is one of the most pressing health challenges facing Africa, with cardiovascular disease rising by more than 50% in Africa over the past three decades. High blood pressure is a leading cause of heart failure, stroke, kidney disease and premature death, but most people in Africa with hypertension remain undiagnosed or do not have their blood pressure adequately controlled. Among adults who are diagnosed, only about 8-15% have their blood pressure under control. There is also an urgent need to address hypertension across the life-course, including among children and adolescents, among whom hypertension remains under-recognised and underdiagnosed across the continent.

Against this background, the ISH Africa Regional Advisory Group and the Pan-African Society of Cardiology (PASCAR) developed new pan-African clinical guidelines for the management of hypertension.¹

The aim was to provide practical, evidence-based recommendations that reflect how healthcare is delivered across Africa and can realistically be implemented in settings where resources, infrastructure and access to treatment may be limited.

Why Africa needed its own guidelines

Most African countries do not currently have national hypertension guidelines. International recommendations provide an evidence base, but

they are not always easily applicable to African healthcare systems.

Many existing models of hypertension management depend heavily on physicians and specialist services. In Africa, however, physicians are limited in number, and hypertension care is frequently delivered in community settings by nurses, community health workers, clinical officers, physician assistants and pharmacists. The best approach to care is therefore task sharing.

Guidelines developed for Africa had to recognise and support the essential contribution these professionals already make. They also had to take account of challenges including the affordability and availability of medicines, limited access to blood pressure measuring devices, high dietary salt consumption and cultural beliefs surrounding hypertension and its treatment.

The need for practical guidance became particularly clear through the work of the African School of Hypertension for Non-Physician Health Workers, established by the ISH Africa Regional Advisory Group.²

The School provided training for nurses, pharmacists, community health workers and other professionals on measuring blood pressure, diagnosing hypertension, initiating treatment and referring patients for specialist care when needed. This experience reinforced both the potential of non-physician healthcare workers and the importance of providing them with clear protocols and referral pathways.

A community approach

Our guidelines propose a shift towards simpler, community-based hypertension care, across the life-course.

The recommendations include simplified treatment protocols and referral pathways intended to support professionals including community health nurses, clinical nurses, and clinical officers/physician assistants working in primary care. They emphasise early detection, dietary and lifestyle changes, with pharmacological treatment when needed.

We also recommend expanding opportunistic blood pressure screening. People should be able to have their blood pressure measured in everyday locations, including schools, workplaces, markets, pharmacies and places of worship, as well as clinics.

Screening must be connected to reliable systems for confirming the diagnosis, initiating treatment and monitoring patients over the longer term. It should form part of a complete pathway of integrated chronic care rather than being undertaken as an isolated activity.

Importantly, the guidelines also address common misconceptions, including beliefs that medication can be stopped once blood pressure readings improve or that hypertension can be cured using herbal remedies or traditional healers. Healthcare professionals need to be equipped to discuss these beliefs sensitively while providing clear and accurate information.

Addressing hypertension early in life

An important feature of the guidelines is that they cover both paediatric and adult populations.

Hypertension among children and adolescents remains under-recognised and underdiagnosed in Africa. However, elevated blood pressure and cardiovascular risk can begin early in life. If prevention starts only in adulthood, important opportunities to protect long-term health may already have been missed.

The guidelines therefore recommend blood pressure screening for children aged five years and above through schools, clinics and community programmes.

By including children and adolescents, we hope to encourage governments, healthcare systems and practitioners to take a life-course approach to preventing and managing hypertension. Acting earlier offers an opportunity to reduce cardiovascular risk before irreversible damage occurs.

Towards implementation

Publication of the guidelines is an important milestone, but it is only the beginning. Their value will ultimately be determined by whether they lead to changes in healthcare delivery and better outcomes for patients.

Implementation will require governments and healthcare systems to strengthen primary care and support appropriate task-sharing. Non-physician healthcare workers will need suitable training, supervision and recognition. Reliable supplies of affordable medicines and validated blood pressure measuring devices will also be essential.

Professional societies and training organisations can help incorporate the recommendations into education and continuing professional development. Communities must also be involved in designing services that people can access and trust.

No guideline can transform hypertension care on its own. Progress will require political commitment, investment in primary healthcare, stronger community services and improved access to affordable treatment.

But we hope these recommendations provide governments, national hypertension societies, healthcare professionals and communities with a practical foundation for this work. Most importantly, we hope they help more people have their high blood pressure detected earlier, receive effective treatment and avoid preventable cardiovascular disease.



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