

AFRICAN VOICES

Introduction

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In this issue, African voices presents three papers covering topics on the progress made in Africa on hypertension research in terms of knowledge generation and approaches to improve management of hypertension. There is a discussion on health systems barriers to hypertension awareness and provision of optimal care in Kenya. Lastly, we look at the pattern of hypertension-mediated organ damage complications in Sudan.

Firstly, Nasheeta Peer and Andre-Pascal Kengne summarise the burden of hypertension and contribution to cardiovascular disease in Africa and give an overview of the progress in research data published from Africa since 1990. The authors further share some findings from South Africa to inform tailored interventions aimed at improving hypertension management in Africa. There is a special focus on how current health systems challenges relating to hypertension care can be mitigated by leveraging existing models used for HIV care such as task-shifting.

In paper 2, Elijah Ogola reports that low hypertension awareness levels remain a public health concern in Kenya, with awareness levels as low as 15%. Poor hypertension awareness is a multifactorial challenge, mainly due to public knowledge and health systems-related barriers. Efforts from national (ministry of health) and global (May Measurement Month) initiatives, have reportedly improved awareness levels. The paper concludes with an emphasis on setting up

screening points in places that communities can easily access and not only at primary healthcare facilities.

Paper 3, by Ibtisam Ahmed Ali highlights hypertension as a major risk factor for coronary artery disease (CAD) in Sudan. This paper builds on previous work showing similarities and differences with other North African countries and black populations, respectively, on the pattern of hypertensive target organ complications. The current paper discusses findings of a hospital-based study to assess CAD in hypertensive patients presenting with chest pain in a Sudanese population. CAD was present in a large proportion of the patients (73.3%). Duration of hypertension, along with poor adherence and control were associated with the severity of CAD.

To conclude, the exponential increase in publications from the African continent shows the progress made to tackle the growing burden of hypertension in the past two decades. However, despite efforts to improve hypertension awareness in Africa, screening remains low and care suboptimal. Diagnosis and control are essential to prevent hypertension-mediated organ damage complications and potentially cardiovascular mortality. Indeed, a holistic approach including decentralisation of hypertension screening and care may be the most feasible option to achieve optimal hypertension control in Africa.

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