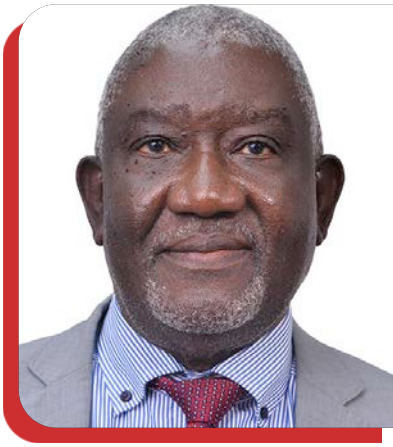
AFRICAN VOICES

Lack of awareness: a major barrier to control of hypertension in Africa



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Background

Raised blood pressure (BP) is the leading cause of global morbidity and mortality.[1] Africa has the highest age adjusted prevalence, which is still increasing.[2] Robust evidence exists for the reduction in cardiovascular (CVD) morbidity with adequate BP control. However, control rates globally remain poor, being poorest in Africa.[1] A meta-analysis of African studies showed control level of just 7% (3). A recent survey in Kenya showed a control rate of less than 5%.[4] The biggest contributor to poor control is lack of awareness. For example, in the African meta-analysis, only 27% of the participants were aware of their BP status.[3] In the Kenyan study it was about 15%. Lack of awareness is therefore the greatest barrier to the population control of elevated BP and reduction of hypertension related morbidity. In recognition of this fact, the International Society for Hypertension (ISH), in 2017 launched the May Measurement Month (MMM) programme, a global screening initiative to raise awareness.

Reasons for poor awareness

The poor awareness rates in hypertension are multifactorial. Fundamental to this is the fact that hypertension is asymptomatic. Simply put, unless BP is measured, a simple procedure indeed, a diagnosis of hypertension cannot be made. The measurement of BP, simple as it is, is hostage to several factors, especially in low income countries as in Africa. The public healthcare system is overstretched; overburdened and under resourced. It is essentially designed to tackle acute illnesses. The orientation of the system and the training of the healthcare workers is focused mainly on communicable diseases. Even in circumstances where there is frequent interaction with the healthcare system, BP is often not measured. It is for example, not tenable that a healthy looking middle aged man walks into a busy emergency department asking for his BP to be checked. Yet the facilities to offer health screening are simply not there. There is similarly a lack of understanding by the public of the asymptomatic nature, yet catastrophic consequences of hypertension if untreated. This is reflected also in primary healthcare workers as we recently showed.[5] This limits the ability of the public to initiate measurement of BP.

Initiatives to raise awareness

However, it is not all doom and gloom. In Kenya, in 2013, we embarked on a multiple component programme to improve hypertension control.[5] It involved a screening component that screened about 6 million subjects and also training of primary healthcare workers in hypertension treatment including a simplified treatment algorithm. From 2017, Kenya joined the MMM programme and we have participated in each subsequent year.[6,7,8] Around the same time the ministry of health (MOH) launched the non-communicable disease strategic plan followed by launch of national CVD guidelines, a joint project of MOH and the Kenya Cardiac Society. We have seen a rise in awareness rates in the MMM survey from 30.7% in 2018 to 34.7% in 2019.[7,8] It has further risen to 45.9% in 2021 (unpublished data). We believe the observed rise in awareness rates is a consequence of the various activities by the various stakeholders over the past several years.

Conclusions

Lack of awareness is a major barrier to adequate control of BP, hence measures to raise awareness are a major plank in the fight against hypertension. Public education to make patients aware of the asymptomatic nature of the disease as well as the consequences would encourage the public to initiate self-measurement. Easy availability of measuring points should be ensured e.g. in pharmacies, malls, markets and places of worship as well as in any public gatherings. Every health encounter should be an opportunity to have a BP measurement. Primary healthcare workers should be trained on the significance of BP measurement and availability of functional sphygmomanometers ensured. These continuous activities can be supplemented by opportunistic screening such as MMM.

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