**Positioning Circulatory Health in Universal Health Coverage**

**The Case for Hypertension Control**

On 22 May, the [Global Coalition for Circulatory Health](https://www.world-heart-federation.org/join-global-coalition-circulatory-health/) held a side event on the margins of the 71st World Health Assembly to advocate for circulatory health and hypertension control in universal health coverage for the estimated one billion people who live with raised blood pressure. Moderated by Dr [Richard Horton](https://www.world-heart-federation.org/wp-content/uploads/2017/07/Richard-Horton-Bio.pdf) (Editor-in-Chief, *The Lancet*), the panel included [Dr Tom Frieden](https://www.resolvetosavelives.org/dr-tom-frieden-bio/) (President & CEO, Resolve to Save Lives), [Dr Etienne Krug](http://www.who.int/violence_injury_prevention/about/whos_who/krug/en/) (WHO Director, Department for Management of Non-communicable Diseases, Disability, Violence and Injury Prevention), [Ms Rita Melifonwu](http://www.worldstrokecampaign.org/nigeria-rita-melifonwu-individual-achievement-award.html) (Ashoka Fellow & Founder of Stroke Action UK and Nigeria), Mr Nicolas Diserens (patient speaker, Switzerland), and Dr Inke Mathaurer (Senior Financing Specialist, World Health Organization). The speakers proposed a path forward that puts patients and the health workforce at the centre, creates an enabling environment of training, education, information systems and sustainable financing, and mobilizes the political will to leave no one behind.

*Mobilizing one billion people to control hypertension*

“It is shocking that one billion people are living with raised blood pressure and that 9 million people every year are dying of hypertension. This should be creating a ferment of revolt” said Dr Richard Horton in his opening remarks.

High blood pressure kills more people than all infectious diseases combined. Managing it well would not only save more lives than any other control intervention but would also strengthen health systems. As Dr Frieden highlighted, “hypertension is the pathfinder: treat hypertension well and you will have a healthcare system that will be treating other non-communicable diseases well.”

We know what to do in hypertension control: follow the medical protocols, ensure the supply of medication, implement community-based treatments with nurses, community health workers, pharmacists and other health professionals, take a patient-centred approach, and develop robust information systems. The challenge is putting in place an enabling environment that facilitates the prevention and management of raised blood pressure, including training for health workers, patient-centred approaches, and monitoring and information systems.

*Hypertension in the Sustainable Development Goals (SDG) agenda*

However, it is a challenge worth tackling. Especially in the lead-up to the 3rd United Nations High-level Meeting on Non-communicable Diseases (UN HLM on NCDs), the public health community needs to make the case for hypertension control as an impactful and cost-effective intervention. As Dr Etienne Krug told the audience, “we cannot achieve the Sustainable Development Goal target 3.4 of reducing by one-third pre-mature mortality from non-communicable diseases by 2030 without tackling cardiovascular diseases (CVDs) and we cannot tackle CVDs without tackling hypertension.”

*Putting patients and the health workforce at the centre*

Health workers and people living with hypertension are key in managing the condition, as Ms Rita Melifonwu and Mr Nicolas Diserens made clear. As a senior nurse in the United Kingdom, Rita soon realised that the majority of her patients who had stroke and heart disease also had hypertension, diabetes, cholesterol or kidney disease, yet they did not link those conditions together. Mr Diserens reinforced the importance of awareness raising and health education: “For 50 years, I thought I was a lucky guy. I was hardly ill and I thought I would keep well. But I was not thinking of hypertension.”

Rita too realised the importance of a comprehensive approach to care and went on to establish two organizations – Stroke Action UK and Stroke Action Nigeria – that centre on patients and their needs. “In Nigeria, we are introducing a new actor into the picture – the stroke patients themselves. We need to work together, otherwise no action will happen,” Ms Melifonwu explained.

This is an approach that Mr Diserens endorsed. Having been diagnosed with hypertension during a routine screening several years ago, Mr Diserens made significant lifestyle changes, including regular exercise and a healthy diet, and adhered to medication to control his blood pressure. “Following medical advice and making health changes gave me another chance to life,” concluded Mr Diserens.

*Pay me now or pay me a lot more later*

Knowing what to do to prevent and control hypertension is only half the journey. Making the economic case for treatment is equally important. “Simply put, pay me now or pay me a lot more later, because it’s going to be much more expensive to take care of heart attack, stroke and kidney failure than it is to pay for treatment of hypertension through primary healthcare,” said Dr Frieden. With annual treatment per patient estimated at only USD 2.00, healthcare systems have a variety of financing tools available, including strategic purchasing and specific and blended payment methods. Together with action “across sectors and population-based interventions, the most important thing is adjusting the payment plans to the actual service delivery needs,” emphasized Dr Inke Mathaurer.

*Leaving no one behind*

“The SDGs are about leaving no one behind,” concluded Richard Horton. In his final remarks, Dr Horton urged the global health community to put gender and adolescents at the centre of discussions on hypertension and ensure that interventions are designed with the needs of the most vulnerable populations in mind, including indigenous communities.

The Global Coalition thanks the panellists, the participants, and the [International Council of Nurses](http://www.icn.ch/), the [International Diabetes Federation](https://www.idf.org/), the [International Society of Nephrology](https://www.theisn.org/), the [World Stroke Organization](http://www.world-stroke.org/) and the World Heart Federation for making the event a success.