

# Draft concept note for Resolve/WHO Hypertension prevention & control consensus meeting, June/25-26/2018, and site visit June 27-29/2018

## Background:

The demographic shift of aging population and epidemiologic transition due to globalization of trade, unprecedented rates of urbanization and unhealthy lifestyles is resulting in increases incidence and prevalence of non-communicable diseases (NCDs) in developing nations. Globally NCDs cause two-thirds of deaths, and the majority (80%) of deaths occurs in developing countries. The African region is also not spared from this epidemic. WHO estimates that deaths from non-communicable diseases (NCDs) are likely to increase by 27% (28 million) additional deaths from NCDs and are projected to exceed deaths combined due to communicable, maternal, perinatal and nutritional diseases by 2030<sup>1</sup>.

In Ethiopia Non-communicable diseases were leading causes of the age-standardized death rate causing 711 deaths per 100,000 people (95% UI: 468.8–1036.2) in 2015. They were also leading causes of age-standardized DALYs rate in 2015<sup>2</sup>.

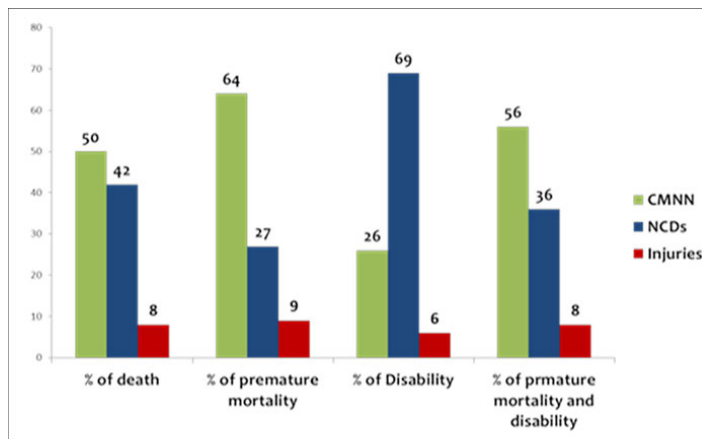
In 2015, cardiovascular diseases were Ethiopia's second leading cause of premature death and disability (6,458 age-standardized DALYs per 100,000). As a risk factor hypertension is a major risk factor leading to heart failure, stroke, and kidney failure. According to the 2015 STEPS survey, national prevalence of hypertension is 16% (M=15.7%, F=16.5%), with a regional variation as high as 25%. The survey also showed that on average 97.2% of patients diagnosed with hypertension do not receive appropriate preventive care or treatment and amongst those 2.8% who are receiving care, almost half (46.4%) are not well controlled with anti-hypertensives (fig 3).

Among the major risk factors for developing HTN, salt intake contributes greatly to increased high blood pressure. As measured in 2015, the baseline salt intake in the country is 8.3 gms. Most of these salt comes from addition during preparation and cooking of traditional food.

## Hypertension prevention & control project

This project builds on the existing WHO-PEN (Package of Essential NCD interventions) and HEARTS strategies. Its main focus is on Hypertension Prevention and management at primary health care level through standardization of protocols, capacity building of staff and robust monitoring of outcomes. In addition the project includes community based behavior change communication on reduction of salt intake in pilot sites.

The project is planned to be implemented in 5 regions of the country namely, Addis Ababa, Amhara, Oromia, SNNPR & Tigray



Source: Misganaw et al. Population Health Metrics (2017) 15:29

Fig 1. NCD burden in Ethiopia

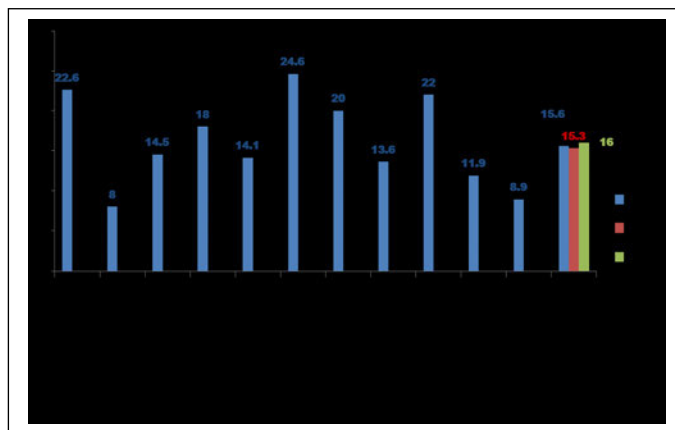


Fig 2: Hypertension burden by region in Ethiopia.

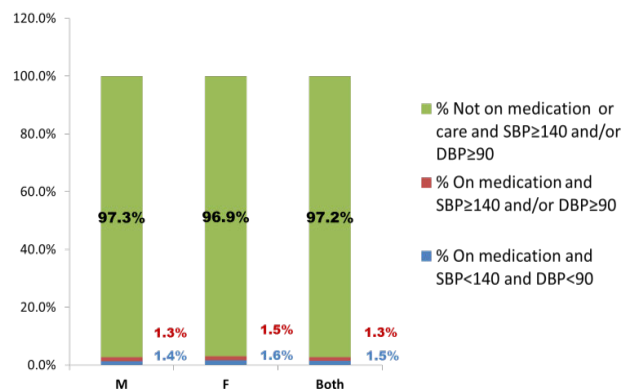


Fig 3. Hypertension care & treatment

<sup>1</sup><http://www.afro.who.int/health-topics/noncommunicable-diseases>

<sup>2</sup>Institute for Health Metrics and Evaluation (IHME) university of Washington S. GBD Compare Data Visualization [Internet]. 2016 [cited 2017 Jun 28]. Available from: <http://vizhub.healthdata.org/gbd-compare>.

region and will be piloted in 50 primary health care sites and 40 school health sites.

The Hypertension prevention & control project is funded by “Resolve to save lives” <https://www.resolve Tosavelives.org/> and will be implemented by Federal Ministry of Health with technical and financial support from WHO.

In view of the above, the Federal Ministry of Health jointly with World Health Organization in presence of resolve to save lives representatives, WHO-HQ and WHO-AFRO, has planned to conduct a meeting to reach on consensus on how to go about the implementation process in line with the agreed project proposal. Further to this, a site visit has also been planned to be conducted in three regions of the country namely, Amhara, Oromia & Addis Ababa.

### Objectives of the meeting

- To update stakeholders on proposed objectives, methodologies and project activities.
- To discuss and reach on consensus between stakeholders and donor agency on the coordination, administrative as well as technical part of the project plan implementation including resource utilization.
- To map collaborating governmental and non-governmental organizations.

### Expected output of the meeting:

- Approval of Memorandum of Understanding on Project implementation by the participants.
- Collaborating governmental and non-governmental organizations identified

### Methodology of the planning meeting:

The planning meeting will have power-point presentations, group work, and panel discussions.

### Participants list

Participants	Institute	
<b>Federal ministry of health</b>		
DPCD Director	Disease prevention & control directorate	
NCD team lead	DPCD, NCD team	
	DPCD, NCD team	
	DPCD, NCD team	
	DPCD, NCD team	
Health extension directorate	To be notified	
Public relation and health promotion & Communication directorate	To be notified	
Pharmaceutical and Medical Equipment directorate	To be notified	
Health policy & planning directorate (M&E case team)	To be notified	
Maternal and Child health directorate (Nutrition case team)	To be notified	
Clinical services directorate	To be notified	
Quality directorate	To be notified	
PFSA	To be notified	
FMHACA	To be notified	
<b>Regional health bureau</b>		
Addis Ababa NCD focal	To be notified	
Amhara NCD focal	To be notified	
Oromia NCD focal	To be notified	

Tigray NCD focal	To be notified	
SNNPR NCD focal	To be notified	
<b>Technical working group</b>		
Dr. [REDACTED]	Addis Ababa University	
Dr. [REDACTED]	Addis Ababa University	
Dr. [REDACTED]	JHU-THET	
<b>WHO country office</b>		
Mr. [REDACTED]	WHO-HP	
Ms [REDACTED]	WHO-NCD	
Dr [REDACTED]	WHO-NCD	
[REDACTED]	WHO-NCD	
[REDACTED]	WHO-Essential drug	
[REDACTED]	WHO-essential drug	
Mr [REDACTED]	WHO-Nutrition	
<b>WHO-HQ</b>		
Dr. [REDACTED]	Technical Officer,WHO-HQ	
Dr [REDACTED]	NCD Management director,WHO-HQ	
<b>WHO-Afro</b>		
Dr [REDACTED]	IST,Zimbabwe	
<b>Resolve to save lives</b>		
Dr [REDACTED]	Vice director	
[REDACTED]	Senior program officer	

## Meeting Agenda

### Hypertension prevention & control project consensus planning meeting June/25-26/2018

Date and time	Agenda	presenter	Moderator	Remarks
<b>Day 1</b>				
<b>June/25/2018</b>				
8:30-9:00	Participant Registration			
9:00-9:15	Introduction of participants	[REDACTED]	Dr [REDACTED]	
9:15-9:30	Opening remark	FMOH-state minister/Mrs [REDACTED]	from MoH	
9:30-9:45	Opening	WHO-WR		
9:45-10:15	Briefing on Hypertension project (Resolve)	Dr. [REDACTED]		
10:15-10:30	Official launching of HPN project	FMOH/RESLOVE/WHO	[REDACTED]	
10:30-11:00	Tea Break	WHO		
11:00-11:30	Strengthen WHO-PEN strategy through Hypertension prevention & control	Dr. [REDACTED]	[REDACTED]	
11:30-12:00	Improving hypertension prevention and control project in Ethiopia	Dr. [REDACTED]		
12:00-12:30	Discussion	Participants		
12:30-1:30	Lunch			
1:30-2:00	Challenges of hypertension prevention and control implementation at the primary care (previously started sites)	Dr [REDACTED]	[REDACTED]	
2:00-2:15	Adapted Evidence based protocol for hypertension	Dr [REDACTED]	Dr [REDACTED]	

2:15-2:30	Adapted Access to essential medicines and new technologies guideline			
3:00-3:30	Tea break			
3:30-3:45	Adapted Monitoring & evaluation protocol		Dr	
3:45-4:00	Adapted Healthy lifestyle counseling training manual	Dr		
4:00-4:15	Adapted Team based care guideline	Dr		
4:15-5:00	Discussion	Participants		
5:00-5:15	Group formation on practical project implementation	<b>Areas of discussion:</b> Group 1-Salt reduction strategy Group 2-Standard protocols Group 3- Service delivery at PHC level and team based care Group 4- Essential drugs & technology/quantification exercise Group 5-Systems for monitoring and survey Group 6-Capcity building	Dr	

Date and time	Agenda	presenter	Moderator	Remark
<b>Day 2</b>				
<b>June26/2018</b>				
9:00-10:30	Group work	PARTICIPANTS	Dr	
10:30-11:00	Tea break			
11:00-12:30	Group work CONTINUES	PARTICIPANTS	Dr	
12:30-1:30	Lunch			
1:30-3:00	Group 1-6 presentation	Group representatives	Dr	
3:00-3:30	Discussion on presentations	Group representatives	Dr	
3:30-4:00	Tea break			
4:00-4:30	Discussion on presentations	Participants	Dr	
4:00-4:30	The way forward	FMoH	FMoH	

**Selected Site visit**

Date and time	Agenda
<b>Day 1</b>	
<b>June/27/2018</b>	

<b>Region</b>	<b>Primary hospital</b>	<b>Health centers</b>
<b>Addis Ababa</b>	ALERT Hospital	Woreda 5 HC
		Woreda 01 HC
	St Peter Hospital	Entotofaba HC
		Hidasse HC
<b>Day 2</b> <b>June/28/2018</b>		
<b>Oromia</b>	Mojo primary hospital	Mojo HC
		ChaltuHunde HC
	Olenchiti primary hospital	Olenchiti HC
		Bole N/H HC
<b>Day 3</b> <b>June/29/2018</b>		
	10:00-10:45	State minister office (FMOH)
	11:00-12:00	HMIS & IT depts.
	2:00-3:00	PFSA director general office.
	4:00-4:30	WR debriefing