

QUICK-START GUIDE TO IMPLEMENTING A NATIONAL HYPERTENSION CONTROL PROGRAM¹



Successful national hypertension control programs start with a simple treatment protocol, a reliable supply of protocol drugs, team-based care, patient-centered care, and a robust health information system.



1. Set specific program goals and establish an administration

- Agree to prioritize hypertension control through primary health care and set a national target for population-wide control (e.g., 30% control) and target date (e.g., “by December 31, 2026”).
- Form a national technical advisory group for hypertension program oversight and direction, including clinicians and primary health care practitioners.²



2. Select a standard hypertension treatment protocol

- Conduct a technical consultation to reach a consensus on standard treatment protocol that specifies drugs and dosages.³

Option 1ⁱ	Amlodipine 5mg ^{ii,iii}	→	Amlodipine 10mg	→	Add telmisartan 40 mg	→	Add HCTZ 25 mg
Option 2ⁱ	Amlodipine 5mg/ telmisartan 40mg ⁱⁱ		→	Add HCTZ 25mg			

ⁱ Simplified, based on sample protocols recommended by the World Health Organization 2021 guidelines
ⁱⁱ Skip to next step if systolic BP≥160 or diastolic BP ≥100
ⁱⁱⁱ Consider starting with 1/2 dose if elderly or low body weight

¹ For more detailed steps, information, and program tools, see the [6-Step Guide to National Scale Hypertension Control Programs](#)
² [WHO how to form a technical advisory group guide](#) for hypertension control programs
³ [How to conduct a consensus conference](#) for creating a simple hypertension treatment protocol



3. Ensure startup supply of medications and blood pressure (BP) measurement devices

- Organize procurement and supply chain mechanisms to provide quality-assured drugs; select forecasting tools, establish inventory management and define target product prices via contract.
- Issue specifications for externally validated digital BP measurement devices and arrange procurement.⁴
- Agree to provide medication free to patients, directly or via health insurance coverage.
- Establish decentralized, patient-centered service delivery, including treatment initiation and titration by nurses and 3-6 month refills for patients with controlled hypertension.



4. Train hypertension care team and activate health system supervisors

- Ensure a role for non-physician health care workers on the hypertension care team.
- Appoint a program manager and develop clinical staff training materials and methods.



5. Implement an information system for monitoring

- Establish monitoring indicators and an information system (digital preferred, e.g., Simple app⁵).



6. Enroll patients and observe the program in a pilot setting

- Establish continuous quality improvement mechanisms, including supervisory staff, protocols for diagnosis, treatment and follow-up and dashboards for monitoring hypertension program quality indicators.

⁴ [How to select a validated blood pressure monitoring device](#)

⁵ Simple app (mobile app for hypertension management in primary health care): www.simple.org