

# HYPERTENSION IN AFRICA IN 10 SIMPLE SLIDES

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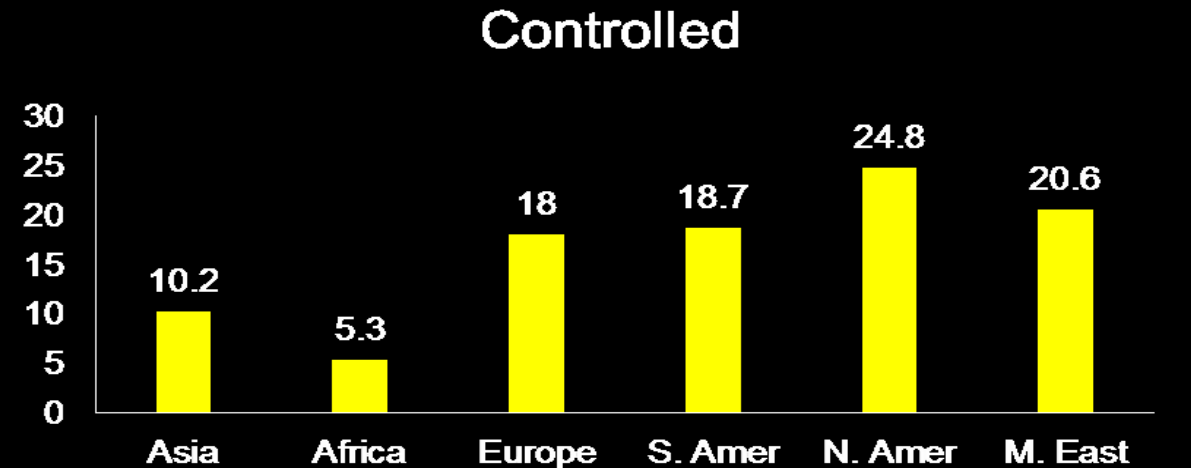
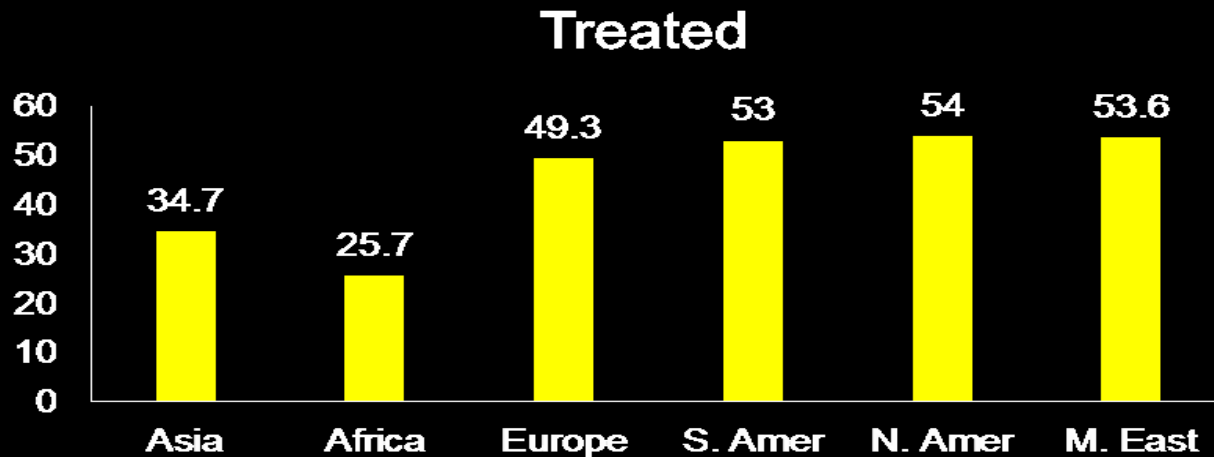
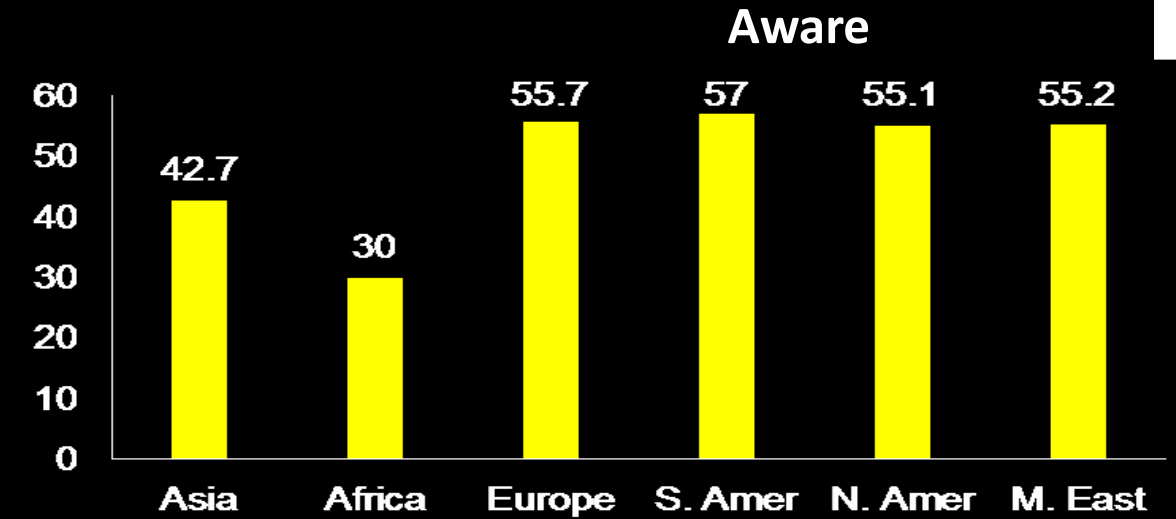
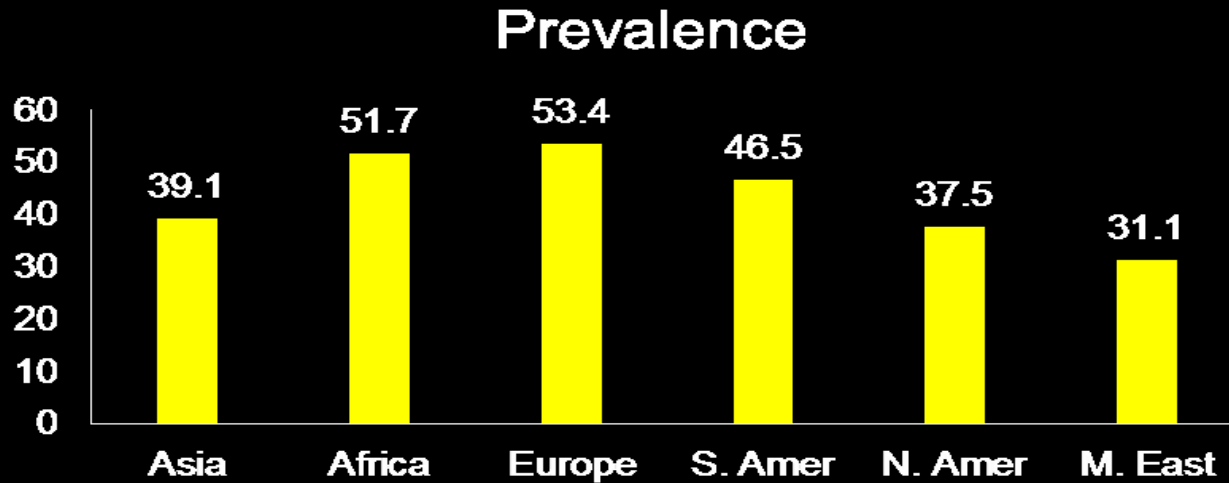
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# Outline

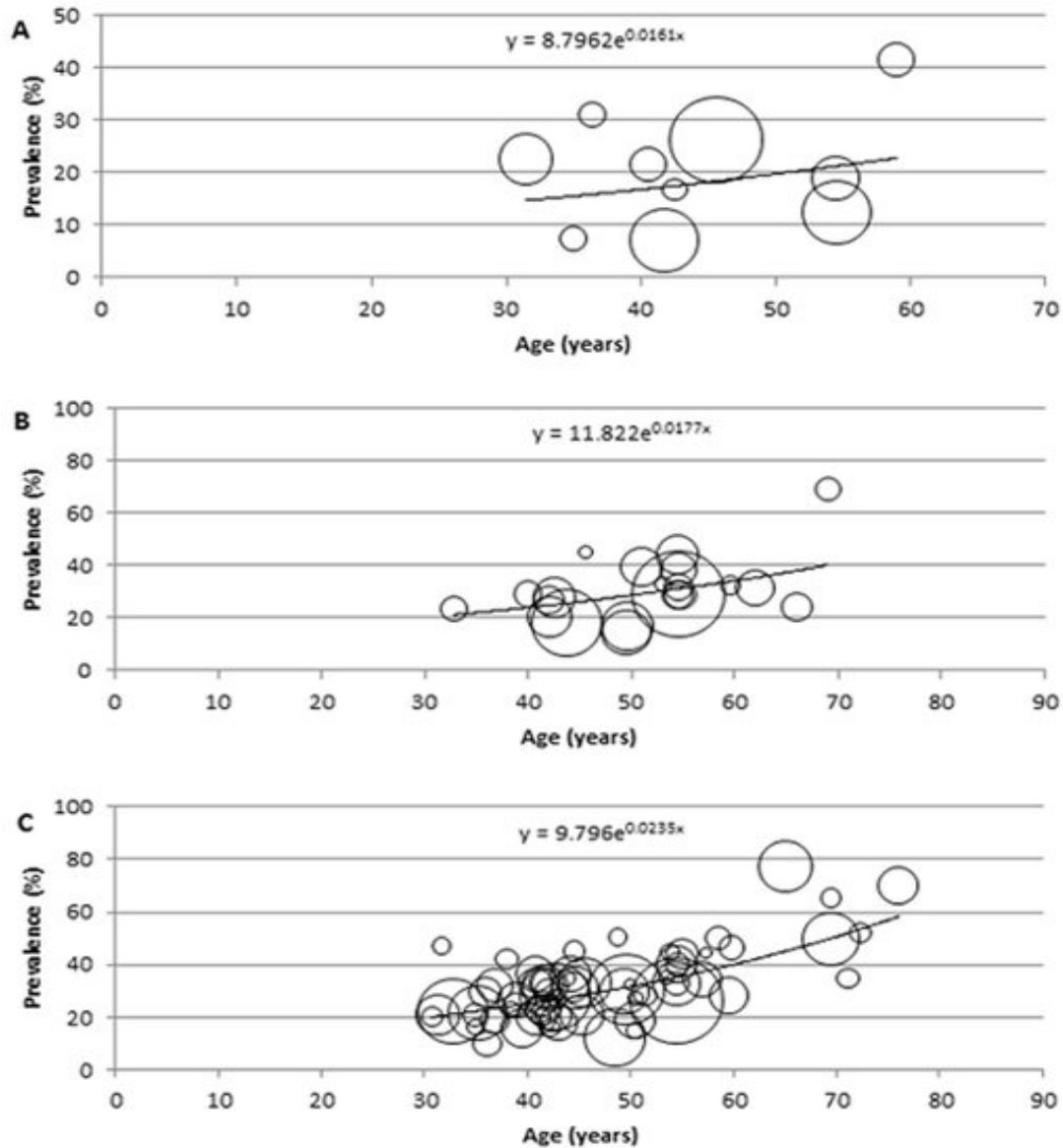
- ❖ Prevalence in Africa (age, gender, rural/urban, severity) – 3
- ❖ Awareness, on treatment, controlled – 1
- ❖ Aetiology/pathophysiology in Africans – 1 (CREOLE study)
- ❖ Complications/Burden – 2
- ❖ Hypertension Control strategies , Framework & Programs – 3
- ❖ ( PASCAR/WHO road map, HHA, SSA salt reduction project)

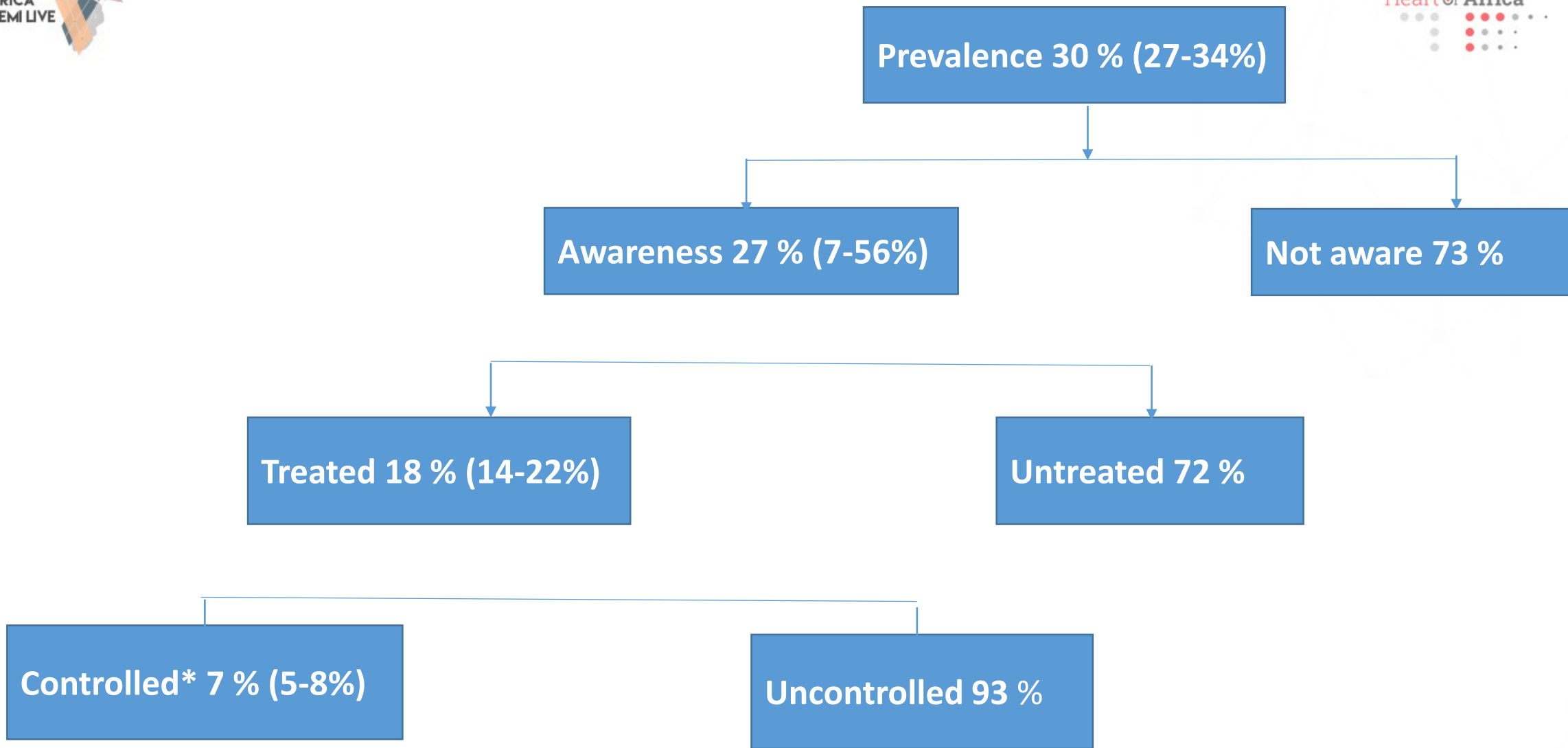
# Prevalence of hypertension awareness, treatment and control in 18 countries (154,000 people)





**Figure 2. Epidemiological model showing distribution of hypertension prevalence according to age in both sexes, with size of bubble corresponding to respective sample size (A: 1990, B: 2000, C: 2010).**

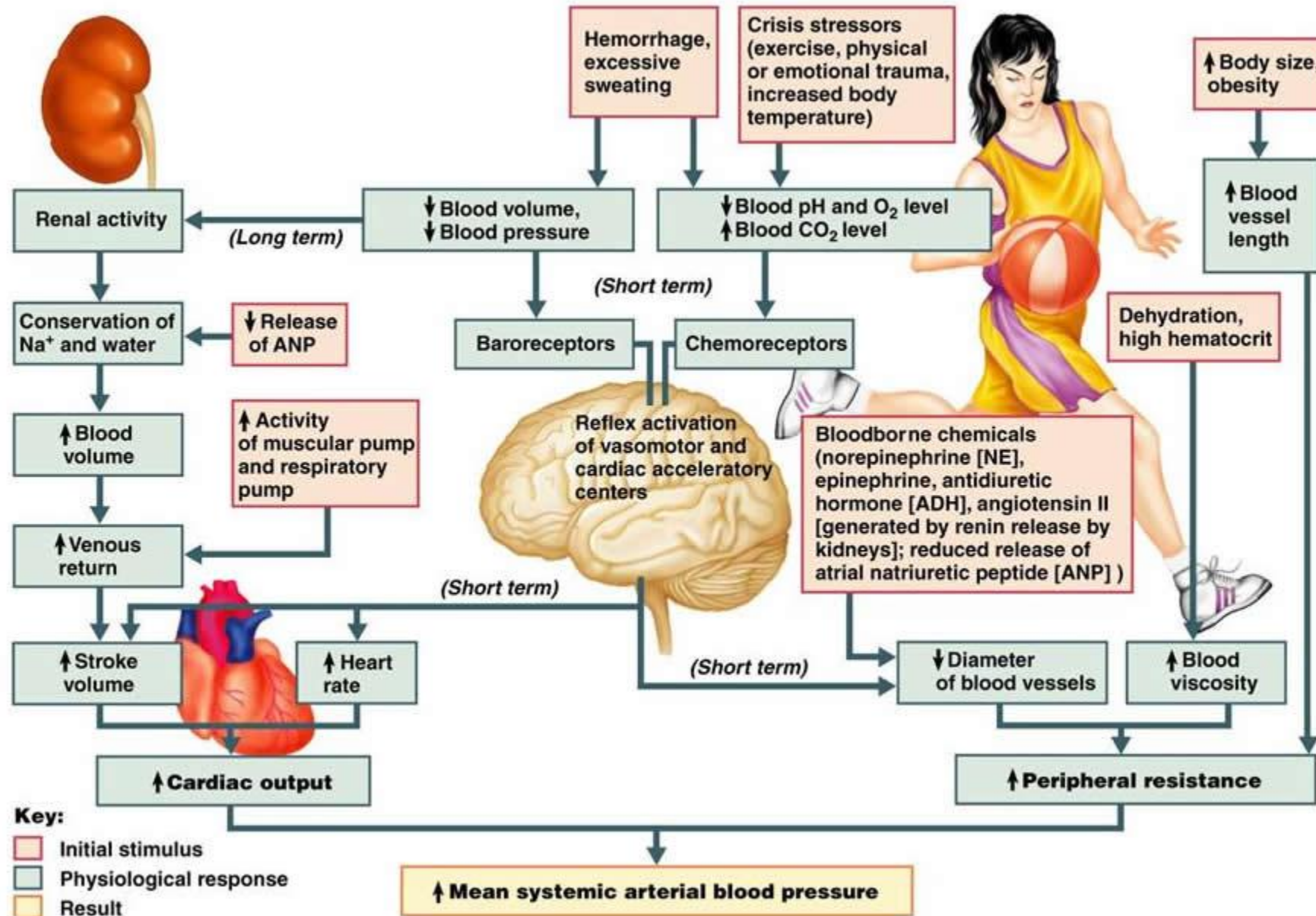




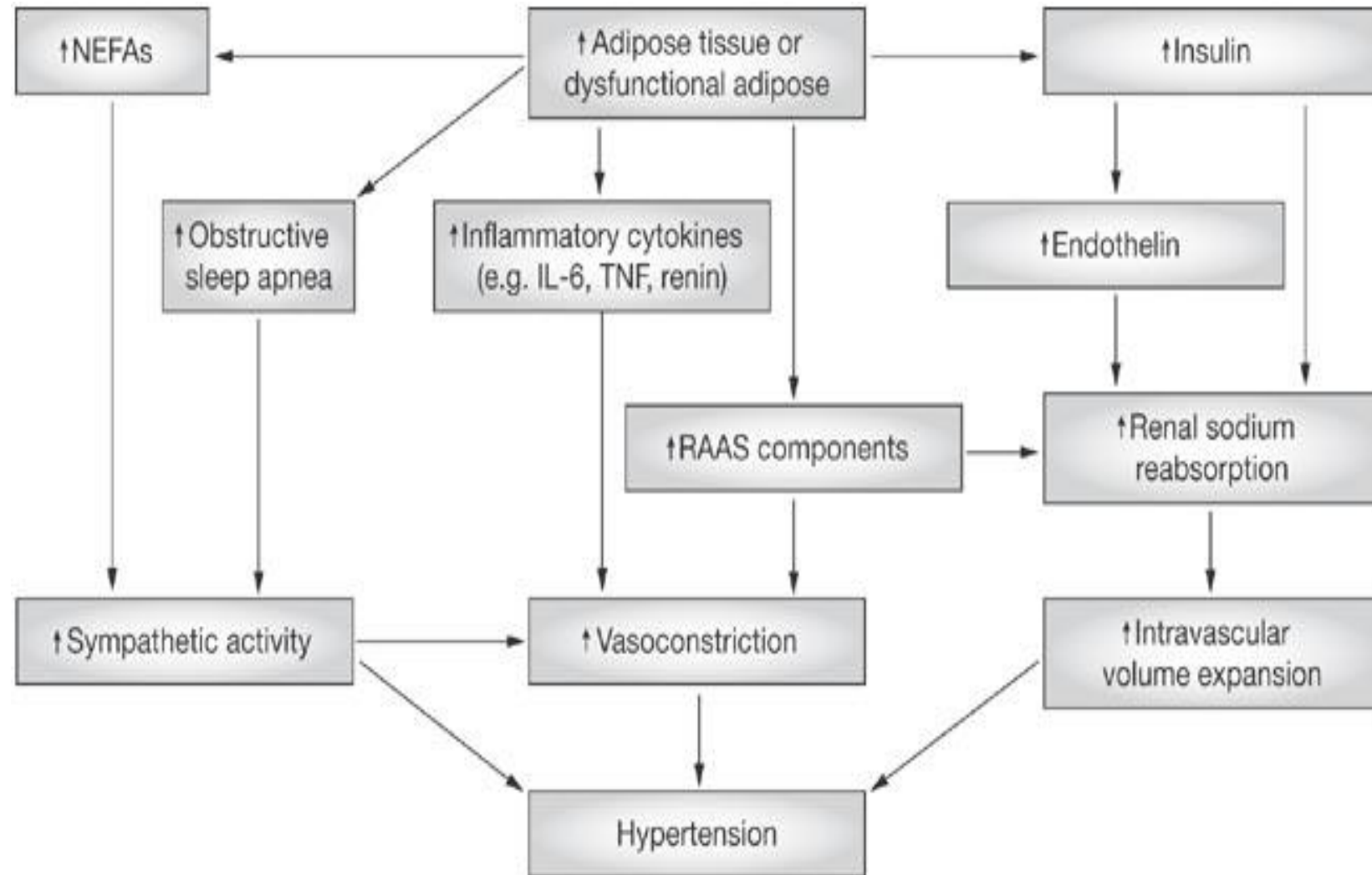
\* BP < 140/90 mmHg

Adapted from original publication by Anastase DZUDIE;  
Chair, PASCAR task force on hypertension

# BP REGULATORY MECHANISM.(Summary)



# Relationship of Obesity, with HTN, DM, RENAL.



# COMPLICATIONS OF HTN.

- Heart
- Brain
- Eye
- Blood vessels
- Kidney

## Main complications of persistent High blood pressure

### Brain:

- Cerebrovascular accident (strokes)
- Hypertensive encephalopathy:
  - confusion
  - headache
  - convulsion

### Retina of eye:

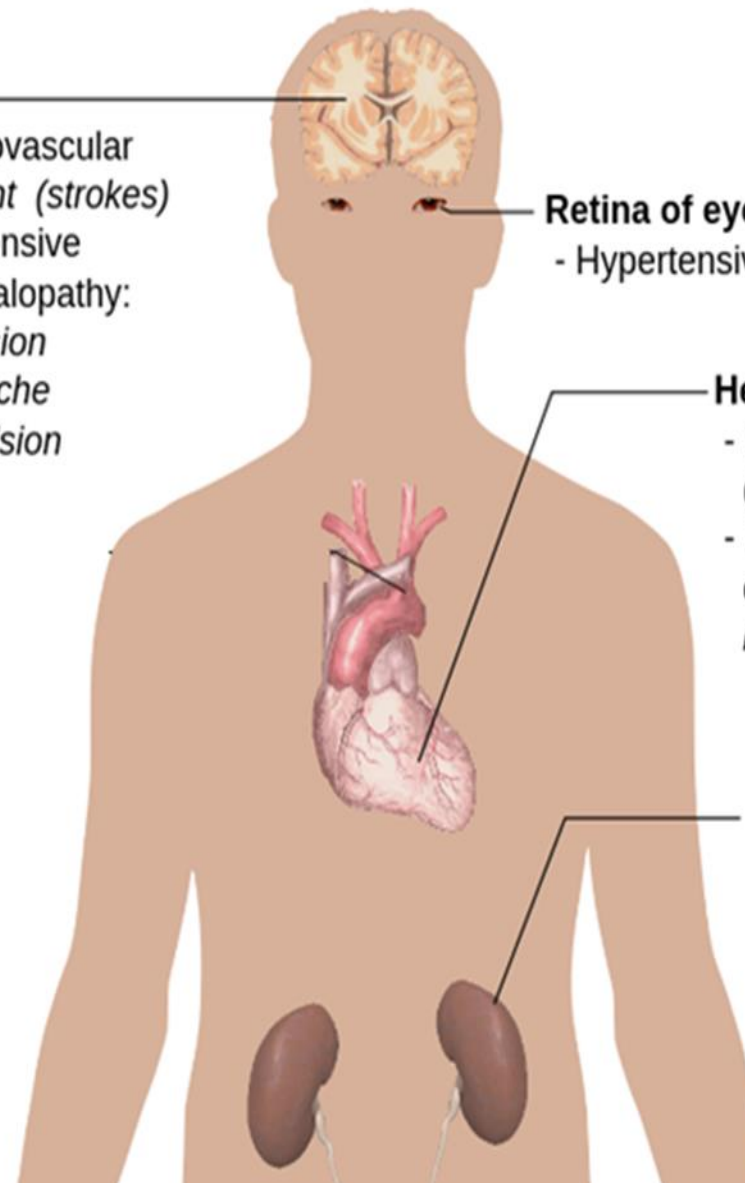
- Hypertensive retinopathy

### Heart:

- Myocardial infarction (heart attack)
- Hypertensive cardiomyopathy: heart failure

### Kidneys:

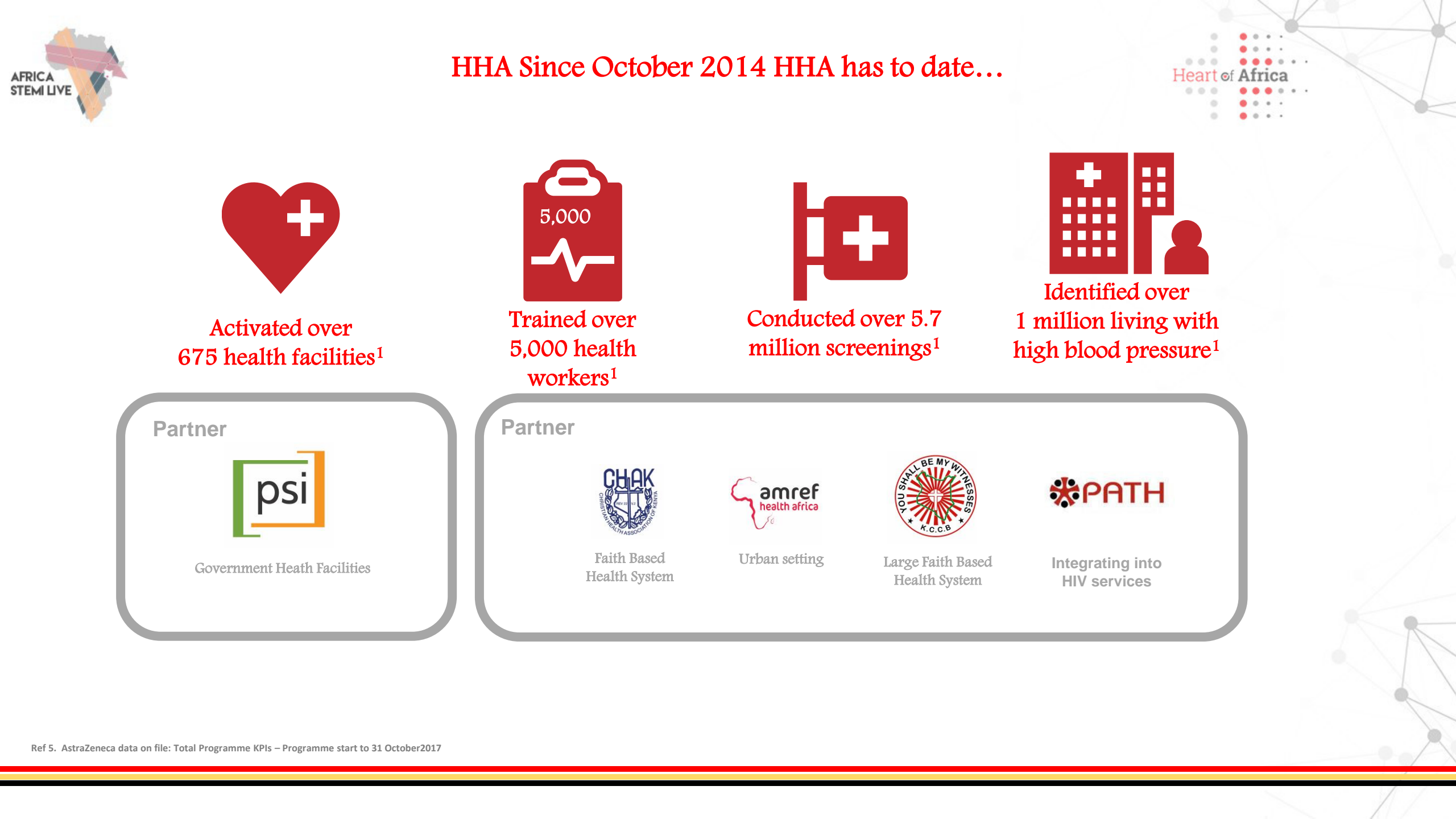
- Hypertensive nephropathy: chronic renal failure





# DATA FOR HYPERTENSION CONTROL IN AFRICA

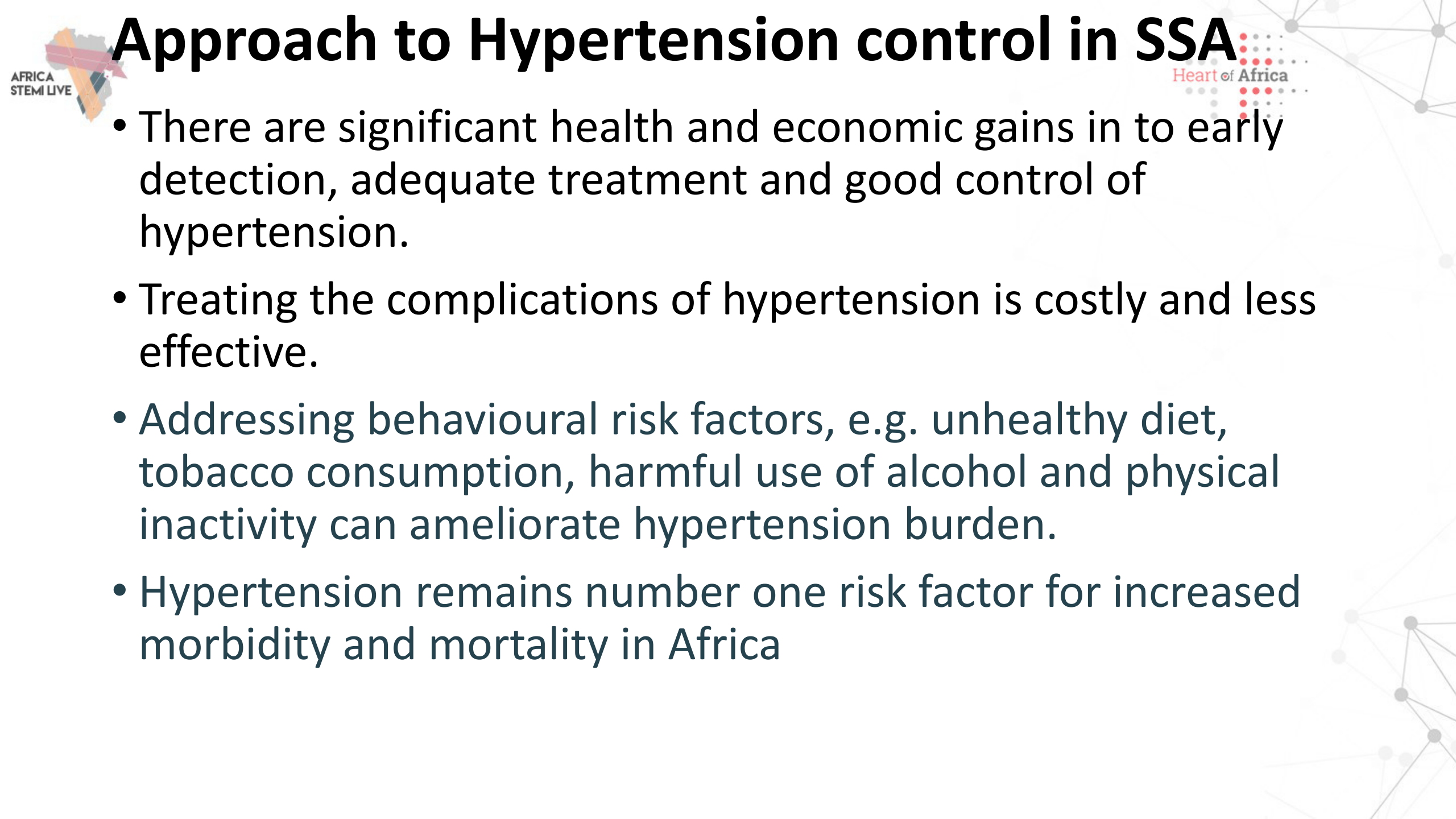
- Risk factors/associated factors (behavioural/upstream drivers, age)
- health burden – prevalence, attributable morbidity & mortality (missed work, complications, admissions, DALYs lost, death rates)
- Economic burden (Direct costs, indirect costs, cost of inaction)
- Health system data (WHO SARAM data & PEN packages, HRH, EMTs, supply chain studies- *“No Empty Shelves” – PATH*)
- Feasibility and impact of interventions– HHA, AMPATH, MSF Belgium, APHRA (Methods & levels of intervention and evaluation methods- *?implementation science*)
- Costs of various intervention, comparative cost-effectiveness of intervention – “best-buys”)
- Targets and Surveillance Systems/HIS (community, patient, facility level data – 25 by 25 goals, WHF/PASCAR HTN Road Map?”90-90-90 targets”)



# PASCAR HYPERTENSION ROADMAP

PASCAR has identified the fight against hypertension as N°1 priority action to achieve WHO/WHF 25 x 25 goal A Hypertension Task Force of continental experts:-

- plan a 15% control rate of BP in the next 10 years,
- Three successful meetings held.
- Final document after 4th meeting 2016



# Approach to Hypertension control in SSA

- There are significant health and economic gains in to early detection, adequate treatment and good control of hypertension.
- Treating the complications of hypertension is costly and less effective.
- Addressing behavioural risk factors, e.g. unhealthy diet, tobacco consumption, harmful use of alcohol and physical inactivity can ameliorate hypertension burden.
- Hypertension remains number one risk factor for increased morbidity and mortality in Africa



# Thank you

