



WHL • NEWSLETTER

News from the World Hypertension League (WHL).
In Official Relations with the International Society of Hypertension and the
World Health Organization

No. 177, September 2022

President's Column



This year, WHL enhanced advocacy for the use of validated BP measurement devices, the reduction of sodium intake and calls to action for hypertension control globally. Some publications and events are displayed in this issue of the Newsletter. Implementation of the strategies recommended by these policy statements should accelerate the progress of prevention and control of hypertension and cardiovascular diseases worldwide.

The coming WHL board/council meeting will be held on 12 Oct 2022, during ISH2022 in Kyoto. We will discuss the working plan with all board members and representatives of member organizations. We look forward to meeting you in person or virtually soon.

Xin-Hua Zhang

Note from the Editor



As we begin the Fall, this Issue of the Newsletter celebrates the WHL Excellence award winners and accomplishments of members and partners. We are so pleased to showcase both the ongoing activities and new initiatives. A key aim of the Newsletter is the education and training mission of providing updated information and strategies for hypertension prevention, management and control. As such we ask all readers to identify those features of particular use and value that can enhance. In addition, please let us know about added features for the Newsletter that can be helpful to you. With your help and recommendations, we will maximize the impact and value of the WHL Newsletter globally.

We certainly look forward to the ISH meeting in Kyoto and encourage all to use the registration link [included here](#) to join us.

Dan Lackland

IN THIS ISSUE	Page
President & Editor's Column	1
Excellence Award Winners 2022	2
Hot off the Presses	4
Call to Action in Africa	6
Journal of Human Hypertension	7
World Hypertension Day Reports	8
News from our Partners	11
Sodium Reduction news	16
Educational Resources Section	17
Welcome to New WHL Members	18
Upcoming Meetings of Note	20

2022 EXCELLENCE AWARD WINNERS



Prof. Friedrich C. Luft

Experimental and Clinical Research Center and Max-Delbrück Center for Molecular Medicine, Charité Medical Faculty, Berlin, Germany

Winner, Peter Sleight

Excellence Award in Clinical Hypertension Research

What am I doing that might do some patients some good?

It was a great honor for me to receive the Peter Sleight award. Prof. Sleight did much good for many patients. I was introduced to hypertension research by my mentor, Myron Weinberger. We studied the effects of salt on blood pressure regulation. We were successful in defining and predicting salt sensitivity since a low salt diet helps many patients but not all. In Germany, I was assigned the task of working on genetics of hypertension by Detlev Ganten, who is a visionary. Our Mendelian project, which features severe hypertension and stroke by age 50 years, took us 20 years to crack. But we indeed learned something new, completely unrelated to salt. Cyclic adenosine monophosphate (cAMP) and the related guanosine monophosphate (cGMP) are critical intracellular signaling molecules. They are degraded by phosphodiesterase enzymes (PDEs). We found a cardiac and smooth-muscle PDE3A that is hyperactive in this syndrome. PDEs are targets now for many things (sildenafil for example).

But the fact that PDE3A might be a blood pressure target is new. Since no new drug classes have been introduced in this Millennium, we hope to address intracellular “nanodomains” to lower blood pressure in a novel fashion. We will soon present new findings. In the meantime, I am back to salt. With Jens Titze, I have studied the role of water homeostasis in blood pressure regulation (beyond salt). Recently, I have been able to join a study at Duke University to review the “rice diet” studies of Walter Kempner. That ardent soul meticulously studied 16,000 patients. So, at this end-stage of my career, I guess I have come full circle.



Prof. Anthony Heagerty

Editor in Chief-Elect, *Journal of Hypertension*, Head of the Division of Cardiovascular Sciences, Univ. of Manchester, U.K.

Winner, Norman Campbell Excellence

Award in Population Hypertension Prevention & Control

Hypertension is a subject that courts controversy and intense debate amongst its clinical specialist community and research experts, and with time its management is evolving constantly. What remains incontrovertible is that untreated it is a harbinger of huge cardiovascular morbidity and mortality and that lifestyle changes and therapy with inexpensive agents can bring an almost immediate reduction in stroke and an impact on coronary heart disease. Hypertensive heart failure is abolished. The cost effective impact on any healthcare system is irrefutable when compared with providing revascularisation services for cardiac patients or treatment for stroke survivors who are often lost to the workforce as well.

If the messages are clear why don't national governments recognise and prioritise strategies to protect their populations? Moreover in developing world countries if action is not taken soon an epidemic of cardiovascular disease will place an extreme burden on already stretched health economies. Action is needed now.

The key to improving a nation's health is to develop public awareness as well as demonstrating to politicians that they can make a change in a relatively short time. The public is increasingly healthcare conscious and seeks information from many media sources. It wants to be engaged and the plethora of cheap home blood pressure monitors means it is simple for families to measure pressure reliably and reproducibly. Then they can place upward pressure on the healthcare system to provide advice on a healthier lifestyle and where needed drug dispensation. We as Specialists have an

obligation to influence governments anxious to win elections that downward pressure on the system will bring about a transformation in wellbeing: monitoring stroke rates will demonstrate how effective they can be in just a few years.

Can it work? Norm Campbell shows us what a brilliant job he has done in Canada. We have a duty to emulate his work elsewhere.



Dr. Donald DiPette

University of South Carolina and University of South Carolina School of Medicine, Columbia, South Carolina, U.S.A

Winner, Detlev Ganten Excellence Award in Hypertension and Global Health Implementation

Pharmacologic Treatment of Hypertension Globally: Time for change

It is an honor to be an awardee of the WHL 2022 Detlev Ganten Excellence Award in Hypertension and Global Health Implementation. Hypertension remains one of the leading causes, if not the leading cause, of cardiovascular diseases worldwide. While effective, safe, and affordable anti-hypertensive medications are available in countries of all income levels, control rates of hypertension are dismal. Globally, only 21% of individuals diagnosed with hypertension (defined as greater than or equal to 140 mmHg systolic and/or 90 mmHg diastolic) are presently controlled. Even though 70% of this data comes from low to middle income countries, high income countries such as the United States have had a significant decrease in control rates from a high of approximately 55% in 2013-2014 to 45-47% recently. Importantly, this ominous decrease pre-dates the Covid-19 pandemic. These dismal hypertension control rates call for an immediate reassessment of present practices and dictates a prioritization for change.

One major target for change is in our present approach to the pharmacologic treatment of hypertension. One component of change is to move from an individualized approach to a population-based, primary care approach to the treatment of hypertension. This approach must be targeted to the patient “rule,” which represents about 80-90 percent of individuals with hypertension and not the patient “exception”. Critical to a population-based approach is the implementation of a small yet comprehensive and guideline-based, formulary of anti-hypertensive medications coupled with the use of a standardized, simple, and straightforward pharmacologic treatment algorithm or protocol. Guiding principles of the algorithm include that it is primary care oriented, linear with no branch points, and utilizes two anti-hypertensive medications from complementary classes, at half-maximal doses of each (either as two separate pills or preferably in a single-pill combination) at the initial step of the newly diagnosed individual with hypertension. Additionally, patient return visits must be timely (no greater than 4 weeks apart) where dosage intensification or the addition of another medication, where indicated, is undertaken until the target blood pressure (control) is achieved. One way to summarize this approach is that “time equals outcomes” where not only is increasing the overall control rate important but the more rapid hypertension control is achieved, the more rapid reductions in cardiovascular outcomes, including stroke, will occur.

Such an approach is the center piece of the Global HEARTS Initiative of the World Health Organization and the HEARTS in the Americas Program of the Pan American Health Organization. I have been privileged to be part of the HEARTS team that has assisted presently over twenty-two countries in Latin

America and the Caribbean implement this pharmacologic, population-based approach to the treatment of hypertension. The results are impressive to date where hypertension control rates clearly increase and even more importantly, they increase rapidly. Presently, even more countries are planning the implementation of

HEARTS. In addition, while HEARTS was initially targeted to low to middle income countries, given the dismal hypertension control rates in high income countries noted above, the implementation of HEARTS or components of HEARTS in these countries as well should be examined and discussed.



Prof. Michael Brainin

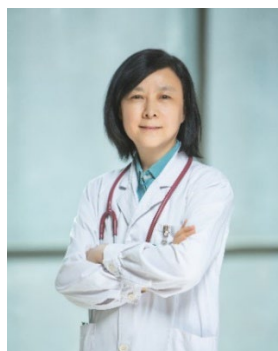
em. Professor in Clinical Neurology, Danube University Krems, Austria; Immediate-Past President, World Stroke Organisation

Winner, Daniel Lackland Excellence Award in

Diplomacy and Advocacy for Population Hypertension Risk Reduction

Chronic elevated blood pressure is the main driver for occurrence of ischemic and hemorrhagic stroke worldwide. Control of blood pressure therefore is crucial for all prevention programs. Primary and secondary prevention are based on a number of measures that include assessment, knowledge and surveillance of risk which today can be done via community health workers and digital tools.

The World Stroke Organisation has developed a program ‘Cut Stroke in Half’ which has been initiated in several regions. Together with a digital surveillance, community help and a polypill approach it is now tested in a cluster randomized trial in Brazil (PROMOTE Trial). For all prevention activities the World Stroke Organisation has recently reiterated its stance for primary prevention: Considering the totality of evidence, the World Stroke Organization, World Heart Federation and the World Federation of Neurology believe that currently used absolute risk-based strategies for individual primary stroke and CVD prevention are not sufficiently effective and should be modified to also include population-based strategies, such as modification of lifestyle behaviours, for all individuals, irrespective of absolute CV risk (Lancet Neurology 2022; 21: 686-9.)



Prof. Zhao Haiying

Chair, Hypertension Committee, Henan Medical Society, China

Winner, Liu Lisheng Excellence Award in

Population Cardiovascular Risk Factor Control

Since the WHO HEARTS Project was implemented in Henan, China in 2018, the data show that the control rate of hypertension can reach about 50% for community doctors who diagnose and treat according to the standardized treatment path of hypertension. If the government departments take the standardized treatment path of hypertension as the daily diagnosis and treatment method of hypertension for community doctors, it can effectively promote the popularization of a standardized treatment path and the improvement of the hypertension control rate. In 2022 I am honored to be awarded the Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control, which will encourage me to continue to strive to promote the application of standardized treatment paths in primary medical institutions, and carefully supervise and train the implementation of standardized treatment paths for primary doctors to ensure the quality of the implementation of standardized treatment paths. ■

HOT OFF THE PRESSES

Comparison and Harmonization of Blood Pressure Clinical Practice Guidelines

Submitted by: Paul K. Whelton, MB, MD, MSc.
Tulane University Health Sciences Center, New Orleans, Louisiana, USA.

The 2017 American College of Cardiology (ACC)/American Heart Association (AHA) blood pressure (BP) and 2018 European Society of Cardiology (ESC)/European Society of Hypertension (ESH) hypertension clinical practice guidelines (CPGs) are among the most cited and influential BP CPGs. A recently published manuscript commissioned by the

AHA, ACC, and ESC compares the two guidelines and recommends ways to harmonize future BP CPGs. It was published simultaneously in *Circulation*, *J Am Coll Cardiol.*, and the *Eur Heart J*.

The manuscript's authors concluded that the two guidelines are more similar than different. Both are comprehensive, used rigorous processes, and underwent extensive peer review. Both stress 1) the importance of accurate BP measurements, 2) the value of out-of-office BPs to complement office BPs, 3) the role of CVD risk estimation in BP treatment decisions. Likewise, they recommend 4) similar lifestyle modification choices, 5) use of the same antihypertensive medication drug classes, 6) use of single-pill combinations for antihypertensive drug therapy, if feasible, 7) lower BP targets than in previous guidelines, and 8) ways to improve adherence to treatment and improve BP control.

The most notable difference is in BP classification but there are also differences in the timing and intensity of antihypertensive treatment. Although the ACC/AHA guideline uses lower BP levels (SBP/DBP $\geq 130/80$ mm Hg) to identify hypertension compared to the ESC/ESH (SBP/DBP $\geq 140/90$ mm Hg), both guidelines 9) recommend treatment with a combination of lifestyle change and antihypertensive drug therapy in adults with an SBP ≥ 140 mm Hg or DBP ≥ 90 mm Hg. Likewise, both guidelines recommend 10) lifestyle change for the management of most adults with an SBP 130-139 mm Hg or DBP 80-89 mm Hg. The ACC/AHA guideline only recommends addition of antihypertensive drug therapy in this BP range for the approximately 30% of such individuals who are at high risk for CVD whereas the ESC/ESH only recommends addition of antihypertensive medication in adults at very high risk for CVD, especially those with existing coronary heart disease. The ACC/AHA recommends an SBP/DBP $< 130/80$ mm Hg in adults (SBP < 130 mm Hg in noninstitutionalized, ambulatory community-dwelling adults ≥ 65 years). The ESC/ESH recommends an initial SBP/DBP goal $< 140/90$ mm Hg, followed by an SBP/DBP goal $< 130/80$ mm Hg in adults 18 to 65 years (though not lower than an SBP/DBP

$< 120/70$ mm Hg). Thus, the final BP treatment targets are similar, albeit not identical.

The authors recommended harmonization of future guidelines by use of guideline development processes that better approximate each other, appointing liaisons to facilitate communication, temporal synchronization of guideline preparation, structured open discussions of the science underpinning guideline recommendations, inviting guideline writing committee members to peer review the other guideline(s), and joint presentations/publications to emphasize guideline similarities as well as to recognize differences.

Much of this is already happening informally but a more structured and officially sanctioned approach would be better. While differences are inevitable in BP guidelines that target diverse populations, the more convergent the major US and European guidelines are with each other, the more unified the message to patients, clinicians, professional societies, government agencies, and the public. This will help to underscore the common purpose of catalyzing changes in the provision of healthcare to improve the prevention, awareness, treatment, and control of high BP.

Whelton PK, Carey RM, Mancia G, Kreutz R, Bundy JD, Williams B. Harmonization of the American College of Cardiology/American Heart Association and European Society of Cardiology/European Society of Hypertension Blood Pressure/Hypertension Guidelines.

Circulation. 2022;
doi: 10.1161/CIRCULATIONAHA.121.054602.
Online ahead of print.

J Am Coll Cardiol. 2022;
doi: 10.1016/j.jacc.2022.07.005.
Online ahead of print.

Eur Heart J. 2022;
<https://doi.org/10.1093/eurheartj/ehac432>.
Online ahead of print.

CALL TO ACTION ON HYPERTENSION CONTROL IN AFRICA

Hypertension SYMPOSIUM in Kigali (Rwanda) - Rwanda College of Physicians

Submitted by Prof. Gianfranco Parati, MD

A Hypertension Symposium was held in Kigali, Rwanda, on July 21-22, 2022, in the framework of the ongoing hypertension campaign in Rwanda, and in line with the recommendations given by the [WHL Call to Action to improve Hypertension Control in Africa](#) (*Parati G. et al Hypertension 2022; 79(9):1949-1961*)

In this symposium several local and international speakers addressed the data describing how hypertension is currently the leading cause of cardiovascular disease and premature death worldwide, focusing on the evidence that the prevalence of hypertension has dramatically increased, especially in low and middle income countries (LMICs), while in spite of such an increasing prevalence, the proportions of hypertension awareness, treatment and BP control are low, particularly in Africa.

Following the rise in prevalence and in absolute burden of hypertension globally, along with the unacceptably low awareness, inadequate treatment and control of hypertension and the increasing burden of coexisting multi-risks factors, the Rwanda College of Physicians (RCP), an organization of Specialists in Internal Medicine and its subspecialties in Rwanda, decided to organize this symposium as a follow-up to activities planned in celebration of World Hypertension Day 2022, in line with the WHD Theme: "Measure Your Blood Pressure Accurately, Control it, Live Longer".



The RCP used this opportunity also to disseminate the recently published WHL Hypertension Call for Action in Africa. Among the international

speakers, Prof. Gianfranco Parati (University of Milano-Bicocca & Istituto Auxologico Italiano, Milan, Italy), currently Secretary General of the

WHL, was also invited to give a talk summarizing the content of the Call to Action in Africa.

During the symposium, RCP members reported on their plans for a community awareness campaign including screening CVR factors, and education and communication to the general Rwandan population using social media, radio and TV. There were updates presented on the management of hypertension, lifestyle, home based accurate blood pressure measurement, and other actions to reduce the burden of hypertension.



Hypertension Symposium Faculty in Kigali, Rwanda

Preliminary results of a project for better BP and cardiovascular risk control in a rural area of the District of Nyaruguru in South West Rwanda were presented. The project's main objective was to demonstrate that with a simple but effective set of basic clinical instruments it is possible to provide an adequate approach for diagnosis and treatment of hypertension, even in remote rural areas with limited healthcare resources.

This project had WHL endorsement, being in line with the recommendations provided by the WHL Call to Action in Africa, and was held in collaboration with the Rwanda Biomedical Centre (BMC), the Universities of Milano-Bicocca (Italy) and Lugano (Switzerland), and the Istituto Auxologico Italiano IRCCS, of Milan, Italy. It has been strongly supported by the [MABAWA association](#). The targeted audience for the symposium were physicians with different areas of specialization, emergency specialists, general practitioners, and community members.

Journal of Human Hypertension



SPRINGER NATURE



Six Steps to Implement National-Scale Hypertension Control Programs

by Prof. Michael Stowasser, Editor-in-Chief, *Journal of Human Hypertension*.

The major aim of the *Journal of Human Hypertension* (JHH) is to perform the dual role of increasing knowledge in the field of high blood pressure as well as improving the standard of care of patients. Our recently established affiliation with the World Hypertension League has provided a perfect opportunity to pursue these goals at a global level. By increasing access to journal content for a much larger and more diverse population of health care professions who deal with hypertension and public health workers, and giving them more opportunities to publish their own observations and ideas, JHH can serve to benefit countries burdened with high prevalence rates of hypertension on a far greater scale.

In the July 2022 issue of JHH, Cazabon and co-workers offer practical tools to assist countries in achieving improved management of high blood pressure in their article [“A simple six-step guide to National-Scale Hypertension Control Program](#)

[implementation”](#). Devised by the Resolve to Save Lives group and partnering organizations, and drawing on the WHO HEARTS technical package and hypertension guidelines, these steps and accompanying materials focus at a large-scale, public health level and aim to deconstruct a challenge that many would find overwhelming into separate consecutive components, thereby enhancing feasibility and achievability.

Recognizing that the bulk of hypertension-related disease burden affects low- and middle-income countries, the authors have made efforts to offer recommendations that are relevant to health systems in such nations as well as those that are better resourced.

So what are the six steps? Simply listed, they are to:

- establish an administrative structure and survey current resources;
- select a standard hypertension treatment protocol;
- ensure supply of medication and blood pressure devices;
- train health care workers to measure blood pressure and control hypertension;
- implement an information system for monitoring patients and the program overall;
- enroll and monitor patients with phased program expansion.

Easily stated, but less easily achieved, each step comes with detailed advice on how best to reach successful outcomes and a proposed timeline which, it is recognised, may vary depending on each country’s particular situation.

With hypertension the leading single risk factor for death worldwide, the establishment and upscaling of national hypertension control programs stands to make an enormous beneficial impact, particularly in the low and middle-income countries who suffer the most.

WORLD HYPERTENSION DAY 2022

Reports from World Hypertension Day!

Côte D'Ivoire

Healthy Heart Africa (HHA)

Implemented through Africa Christian Health Associations Platform (ACHAP)

Submitted by Dr. Simon Ssentongo, MEL Officer, ACHAP



The HHA Côte D'Ivoire Programme Outreach held hypertension screening events in 19 HHA supported sites and at one National WHD2022 commemoration event in Abidjan-Abobo TE.

- A total of 10,748 BP screenings were conducted on World Hypertension Day
- Radio talk shows were conducted in 20 sites
- Community sensitization drives were conducted using a public address system
- A total of 1959 individuals screened had elevated BP (1728 new cases and 231 former cases)
- Among the 231 former cases, only 203 were receiving hypertensive medication,
- $1959/10,748 = 18.6\%$ Proportion of those screened with elevated blood pressure (≥ 140 systolic/ ≥ 90 diastolic)
- $1728/1959 = 88\%$ Proportion of those screened with elevated blood pressure who were not aware of having hypertension.



Cuba

Report by Dr. Jorge Luis León Alvarez, Dr. Salvador Tamayo Muñiz, National Technical Advisory Commission for the Hypertension Program, Cuba

Cuba Simultaneous Blood Pressure Screening



In celebration of World Hypertension Day 2022, numerous activities were organized by the Ministry of Public Health of Cuba and the National Technical Advisory Committee of the Hypertension Program between April 17 and May 17. The activities were under the theme "Measure your blood pressure accurately, control it, live longer". Different health institutions in the country performed active screening of patients at risk of hypertension, by measuring blood pressure in community health centers, hospitals, recreational parks, schools, workplaces and sports centers. Health promotion activities were carried out on the radio, and television and in the written press in order to promote awareness and efforts to prevent, diagnose and control hypertension.



Activities were carried out in the community for health promotion, educational talks, sports and recreational activities among others, focused on empowering the population on strategies to favorably impact the fight against hypertension, increasing their knowledge of cardiovascular

diseases, their risk factors, and the importance of lifestyle and prevention. Activities were carried out in provinces and municipalities, with the central event being in the province of Havana, where the Hypertension (HTN) Control Program was launched in Cuba. At its essence was the implementation of the HEARTS initiative throughout the country in two stages: the first from May 17 to December 31, 2022 for implementation and the second, from January 1 to May 17, 2023 for consolidation. The purpose was to consider this "The Year for the Control of Hypertension in Cuba". Educational and scientific activities were carried out and targeted at family doctors, internal medicine specialists, epidemiologists, cardiologists, endocrinologists, nurses and teachers, among others, to train them in the latest information on hypertension.



Iraq

The Iraqi Hypertension Society celebrated WHD by organizing a "Run for your health" marathon in Alzawraa Park in Baghdad with the collaboration of the Acino Pharmaceutical Company, which was attended by a lot of motivated people and also by our senior doctors, including our IqHS Board Members.



IqHS Activity Timeline

On the morning of the same day, the IqHS held an awareness event with free medical advice including blood pressure measurement and blood sugar check for the attendees of the Albait Albaghdadi (Baghdad House) in the famous street of culture, Almutannabi Street. On 30 May the IqHS as part of its social activities visited the Baghdad Women's Association for abstinent families, offering a medical examination for those in need with appropriate guidance and free support.



On 27 May the IqHS organized a scientific meeting in the Babylon Rotana Hotel providing an update on chronic heart failure and the role of SGLT-2 inhibitors. On 13 May we had a scientific meeting in the Diyala Governorate with a collaboration between the medical council and the Diyala medical association discussing the latest updates in hypertension and CVD management.



Kenya

THE ROOTCAUSE



Measure Your Blood Pressure. Accurately, Control It, Live Longer.

Advocacy & awareness creation on Hypertension. HBP is the leading risk factor for heart disease but often has no symptoms. The best way to know if you have HBP is to get your BP checked regularly.

When: Tuesday, May 17, 2022	Time: 9.00 AM - 3.00 PM	Where: Ndaragwa Health Center
---------------------------------------------	--------------------------------------	-----------------------------------------------



Mauritius

Submitted by Dr. Davy IP MIN WAN, President, Renal Association of Mauritius

Last year for World Hypertension Day, one of our members took part in a radio programme. In our third full year of operation, this year 2022, we managed 2 radio programmes, one television programme and 2 newspaper articles on hypertension with special emphasis on the theme "Measure Your Blood Pressure Accurately, Control It, Live Longer". This was particularly

important in Mauritius where professionals and patients often round blood pressure readings. In many cases, the reading is rounded systematically to the lower number regardless of the mathematics. We also presented our first course on hypertension for general practitioners.

TV programme: <https://youtu.be/-Vlux51IWwg>

Webpage on Association website: <https://renal.mu/journee-mondiale-de-hypertension/>

Inspired by the theme of the 2022 World Hypertension Day 'Measure your blood pressure, control it, live longer', The Renal Association presents an innovative 4 point CPD event 'The ABC of HBP' built around clinical cases with both practical tips and updated evidence for the everyday optimal management of hypertension.

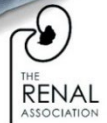
The Art of Blood Pressure Taking
Evaluating hypertension
Living well with hypertension
When to sound the alarm
The drug cabinet



**Indra Restaurant,
Domaine des Pailles
Saturday 25 June 2022
Registration 14.45**

Limited places available.
Rs 2500 for non members
Coffee, snacks and dinner provided

Info and booking on renal.mu.
Enquiries Dr K Fagoonee 58828282 Dr D Ip 57280888
Dr M Rughooputh 57926741 Dr G Bheekharry 59221629



LE DIMANCHE/HERDO • DU 22 AU 28 MAI 2022

HYPERTENSION

Comment bien prendre seul sa tension artérielle à domicile

La mesure de la tension artérielle à la maison est conseillée pour diagnostiquer une hypertension. Et, surtout, contrôler l'efficacité du traitement. Comment effectuer ce geste et quel type de tensiomètre (« masinn tansion ») faut-il utiliser ? Réponses avec les Drs Urvashi Narain-Sookhool, médecin généraliste, et Swalay Fedally, néphrologue. Ils sont basés à l'hôpital SSRN, à Pampliemousses.

Faïssine Capery

La tension artérielle correspond à la pression exercée par le sang sur la paroi des artères. Quand elle est trop élevée, les conséquences sur la santé peuvent être très graves, indiquent les Drs Urvashi Narain-Sookhool et Swalay Fedally. Il est question de crise cardiaque, d'AVC (« atak » « konzension ») ou encore de maladie rénale aiguë ou chronique.

L'automatisme est donc devenue une vraie révolution dans la prise en charge de l'hypertension artérielle. Depuis ces dernières années, de nombreux Mauriciens ont fait l'acquisition d'un tensiomètre. Un appareil devenu nécessaire car selon les spécialistes, il y aurait près de 350 000 hypertendus à Maurice.

pourrait ont un risque d'erreur plus élevé à force de remesurer.

Comment adopter les bons gestes avec son appareil ?

• Faire le café. Le tabac et l'effort physique pendant la demi-heure précédente. Assurez-vous sur une chaise en vous adossant confortablement au dossier. Posez les deux pieds à plat sur le sol, au calme, pendant 5 minutes.

• Avec un tensiomètre à bras, le brassard doit être positionné sur le biceps, à même la peau ou sur une chemise fine. L'avant-bras est simplement posé sur une table de façon à ce qu'il soit à hauteur du cœur. Le brassard se gonfle, puis se dégonfle.



Le tensiomètre est un outil à avoir chez soi pour bien suivre sa tension artérielle.

et Swalay Fedally.

Comment savoir si la tension est normale ?

L'écran du tensiomètre affiche deux valeurs exprimées en millimètres de mercure (mm Hg). Vous notez séparément ces valeurs sur une feuille de

« Mesurer soi-même la tension a plusieurs avantages. Vous êtes plus à l'aise de le faire chez vous. Pour avoir des résultats fiables, »

Nigeria

Primetouch Group of Schools

Obadore, Lagos State, Nigeria

Submitted by Lawrenta Oboh

On World Hypertension Day we featured blood pressure awareness and a free BP Check for all teachers of the No Group of Schools. Three pharmacists were in attendance, including the Chief Guest Pharm Abanum.



During the BP check, over two thirds of the teachers' blood pressures were measured as high. The testing was carried out for the teachers for two more days in the morning and after work and most of them were normal in the mornings with a little rise in blood pressure in the evenings due to the day's activities.



It could be deduced that stress was a reason for such a widespread increase in the blood pressure of the teachers. A new awareness of the effects of stress has played a role in awakening the consciousness of the teachers to pay attention to their blood pressure. With the great success of the outreach, more outreaches are being planned, including visiting local community markets, police associations, and more schools.

NEWS FROM OUR PARTNERS

World Heart Federation



#UseHeart | #WorldHeartDay
WORLDHEARTDAY.ORG

On World Heart Day 2022, we're asking the world to:

USE ♥ FOR EVERY ♥

World Heart Day is an opportunity for everyone to stop and consider how best to use heart for humanity, for nature, and for you. Beating cardiovascular disease (CVD) is something that matters to every beating heart.

Use Heart means to think differently. To make the right decisions. To act with courage. To help others. To engage with this important cause. The heart is the only organ you can hear and feel. It is the first and last sign of life. It is one of the few things with the potential to unite all of us as people.

For Every Heart involves the use of "FOR" and swings the focus from the actions themselves to the beneficiaries of the actions, allowing for wider application of the campaign while also making it more personal. We want **World Heart Day** messages to reach as many individuals as possible to help achieve cardiovascular health for every heart.

Created by the World Heart Federation, **World Heart Day** informs people around the globe that CVD, including heart disease and stroke, is the world's leading cause of death claiming 18.6 million lives each year, and highlights the actions that individuals can take to prevent and control CVD. It aims to drive action to educate people that by controlling risk factors such as tobacco use, unhealthy diet and physical inactivity, at least 80% of premature deaths from heart disease and stroke could be avoided.

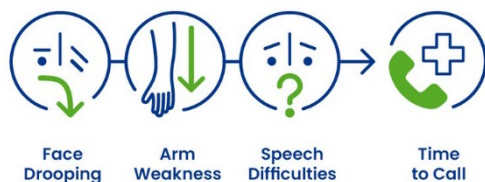
World Heart Day is a global campaign during which individuals, families, communities, and governments around the world participate in activities to take charge of their heart health and that of others. Through this campaign, the World Heart Federation unites people from all countries and backgrounds in the fight against the CVD burden and inspires and drives international action to encourage heart-healthy living across the world. We and our members believe in a world where heart health for everyone is a fundamental human right and a crucial element of global health justice. ■

WORLD STROKE ORGANIZATION



**Get Ready for World Stroke Day
2022 -share the power of saving
#Precioustime**

**Minutes can
save lives**



**Learn the signs, Say it's a Stroke
Save #Precioustime**

On World Stroke Day 2021 the world came together with incredible energy and

commitment to share the signs of stroke and the need to act fast and save #Precioustime. Together we reached over 2 billion people with a clear message that has the potential not just to save a life from stroke, but to save mobility, speech and precious independence for millions of stroke survivors. This year, with 1 in 4 of us at risk of stroke in our lifetime, on October 29th 2022 World Stroke Day will continue to reinforce the #Precioustime theme. We know that hypertension is the single biggest risk factor for stroke, so there is a real imperative to raise awareness of the signs of stroke and the need for timely treatment, to ensure that individuals at higher risk and the communities around them take action to save #Precioustime.

We are calling on WHL members to help us reach as many people as possible. This year we have expanded the World Stroke Day toolkit, so in addition to last year's comprehensive and social resources we will be adding :

NEW 30sec Stroke Spotter video highlighting how knowing the signs and taking action can save lives and much more.

Interactive online Stroke Spotter game – test your stroke spotting skills and share your time online, maybe even throw out a challenge for someone to beat your personal best.

NEW #Precioustime social media post builder – take a photo of yourself (or persuade an ambassador/influencer) to take a selfie with a clock or a watch and create and share a #Precioustime social media post.

WSO is already working to create a string of iconic landmark light-ups, including the famous Marina Bay Sands hotel in Singapore. New additions to the campaign toolkit will be available from Sept 1st at:

www.worldstrokecampaign.org

Whatever action you plan to take on World Stroke Day please do remember to register on the Global Map of Action so we can show a world united to tackle stroke.

For more information about the campaign please contact awiseman@world-stroke.org

RESOLVE TO SAVE LIVES



Treatment for high blood pressure could be expanded nationwide in Bangladesh for less than \$20 dollars per patient per year, according to a study from the Bangladesh National Heart Foundation and Resolve to Save Lives [published in the British Medical Journal](#) in July. Resolve to Save Lives President and CEO Dr. Tom Frieden visited Bangladesh to [recognize the progress the country has made in addressing heart disease](#), and call for further investment in this life-saving care.

Another new study, [published last month in Nature Medicine](#), explored the potential of an “80-80-80” target for hypertension control—that is, if 80% of people were tested for hypertension, 80% of those with hypertension received treatment and 80% of those on treatment achieved blood pressure control. It found that meeting the 80-80-80 target globally could save between 76 and 130 million lives by 2050. Achieving the 80-80-80 target would have the greatest benefit in lower-middle and low-income countries, where blood pressure treatment coverage is low and the most deaths from heart disease occur. Although the target is ambitious, the study’s authors— who included members of Resolve to Save Lives Cardiovascular Health team— conclude that most countries could achieve it by 2040.



**COALITION
FOR ACCESS**
TO
**NCD MEDICINES
& PRODUCTS**

noncommunicable diseases (NCDs) to reduce the

This September, the **Coalition for Access to NCD Medicines & Products** will celebrate its 5th anniversary since its launch at UNGA in 2017. The Coalition is committed to increasing access to medicines and health products for

impact of diabetes, hypertension, cardiovascular disease, and more. This mission is more vital than ever, especially as the COVID-19 pandemic has amplified NCDs’ growing burden and underscored the need for greater access and investment in this often-overlooked space.

Since its formation, the Coalition has conducted advocacy at global and regional levels, leveraging timely publications and provided a multi-sectoral voice and technical knowledge to strategy-setting initiatives – such as the Global Diabetes Compact. The Coalition continues to implement programs at the regional and national level such as the NCD Forecasting Program which has led to 5-year costed forecasts to inform financial investment and procurement.

To celebrate this milestone anniversary, this multisectoral Coalition will gather alongside the UN General Assembly to develop a refreshed strategy focused on the next 3-5 years. To learn more about the Coalition or to inquire about membership, please email Sara Gray at srgray@path.org. Check out our website at <https://coalition4ncds.org/> or follow us on Twitter at @CoalitionNcd.

ISH NEWS



President’s Blog (July 2022)



Check out the latest [ISH President’s Blog](#), written by Professor Maciej Tomaszewski.

Monthly E-Bulletin and Hypertension News



21 July 2022

Introduction from the ISH Secretary



At the ISH, the focus at the moment, is on the final stages of planning for the ISH Congress in Kyoto, Japan, in October this year. The local organising committee has done a terrific job in putting together an excellent programme. The planning for this meeting has been challenging because of the impact of Covid and the unpredictable response of various governments to the pandemic. Until recently, Japan was closed to visitors but is starting to open up. This has had an

We invite you to read the latest issues of the monthly [ISH E-Bulletins](#) (with an introduction from Professor Bryan Williams - ISH Secretary and President-Elect) and [April edition of ISH Hypertension News](#), the official quarterly newsletter of the ISH. This edition highlights the emerging public health programme with pre-hypertension and established hypertension in children and adolescents, with a new section on "African Voices", and much more. Look out for the next issue – coming soon.

ISH Podcasts



The ISH Mentorship and Training Committee (MTC) has produced multiple podcasts interviews featuring senior members of the society and hypertension community. These mentors have provided us with pearls of wisdom and allowed us to feel that we are getting to know our doyens despite much of the world being in lockdown. Listen to the latest podcasts on [Spotify](#).



Women in Hypertension Research Newsletter

The ISH Women in Hypertension Committee (WiHRC) is making great strides in bringing together women working in hypertension research globally. We encourage you to read the latest issue of the Women in Hypertension Research Network newsletter and to [find out more](#).

New Investigator Network



The ISH New Investigator Network (ISHNIN) has been established to serve as a platform for interaction between students and new investigators to allow new avenues for communication, collaboration and education. [Find out more](#)

Visit www.ish-world.com for further information on the work of the Society, or to submit your membership application, or follow us on Twitter @ISHBP.

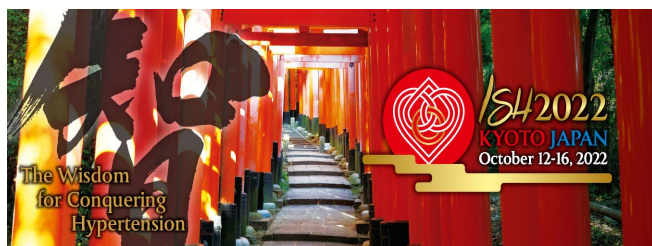
ISH KYOTO 2022 MEETING 12-16 Oct



We look forward to welcoming as many participants as possible to Kyoto in October. The meeting will be held in a hybrid format, with flexible registration options, to enable those who are not able to travel to Japan to participate and present. [Register here!](#)

Please watch our invitational Kyoto 2022 [Meeting video](#) and visit the [meeting website](#) to find out more. See you in Kyoto in October 2022!

Hiroshi Itoh, MD PhD Chair, ISH 2022 Kyoto
#ISH2022 #Kyoto



PAHO HEARTS in the Americas Initiative **Highlights of a comprehensive model to tackle hypertension and reduce the burden of cardiovascular disease.**

Prepared by: Cintia Lombardi, Yenny Rodriguez, Gloria Giraldo and Pedro Ordunez on behalf of HEARTS Team.



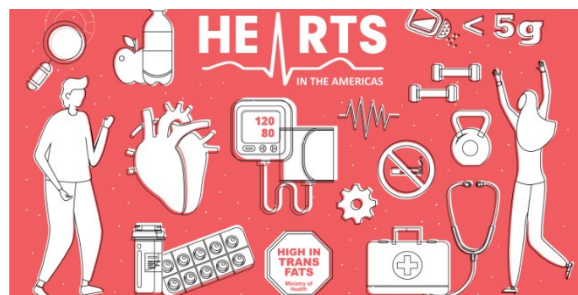
[HEARTS in the Americas](#), is the Pan American Health Organization's flagship initiative for hypertension control and CVD secondary prevention and is currently being implemented in 2095 centers in 24 countries.

Jointly with the *Journal of Human Hypertension*, HEARTS held a **webinar** on [Accurate Blood Pressure Measurement - Implications and](#)

[Actions](#) on June 29th. The webinar highlighted the importance of **Improving Blood Pressure Measurement Accuracy**, and focused on the need for exclusive use of validated blood pressure measurement devices (BPMs), describing validation protocols, online market situation, and the strategy adopted by HEARTS in the Americas. Prof. James Sharman from the University of Tasmania, Australia, and editor of the special issue of the *Journal of Human Hypertension* on BPMs, delivered the keynote lecture. The webinar also showcased the latest **publications** by the HEARTS Initiative team members and collaborators in this special issue:

[HEARTS in the Americas: a global example of using clinically validated automated blood pressure devices in cardiovascular disease prevention.](#)

[Country experiences on the path to exclusive use of validated automated blood pressure measuring devices within the HEARTS in the Americas Initiative.](#)



To celebrate the 100th anniversary of the *Pan American Journal of Public Health (PAJPH)*, a [Special Issue was dedicated to the HEARTS in the Americas Initiative](#), describing key components and innovative aspects of the initiative, and showcasing implementation research efforts and early results of its impact on hypertension control and CVD prevention in the Region of the Americas.

Country specific highlights of the Hearts in the Americas Initiative include:

Belize has joined the HEARTS in the Americas Initiative, thus becoming the 24th country to formally join the community of countries implementing HEARTS.

Chile has conducted the first training of CVD community health workers in rural and remote jurisdictions of the Region of Atacama, a novel approach to the control of noncommunicable diseases in the country.

Costa Rica conducted a national webinar on July 15th aimed to further sensitize all relevant stakeholders, including academia, on the evidence related to the HEARTS hypertension control drivers.

Dominican Republic held a national meeting with the program managers of the seven health regions where HEARTS is implemented.

El Salvador initiated the implementation of HEARTS in five health networks located in 16 municipalities, with a total of 77 primary health care facilities.

Mexico progressed in the implementation of the DHIS2-based HEARTS System for Monitoring and Evaluation (SM&E), including the training of 130 Adult Health Program health professionals from 10 districts of the State of Chiapas, representing 99 HEARTS primary health care implementing centers.

Trinidad and Tobago became the first country with a population of over a million to scale up the HEARTS in the Americas Initiative to 100% of the country, which now covers all 102 primary care centers in the seven Regional Health Authorities. [Find more about it here.](#)



SODIUM REDUCTION NEWS

Spot and short duration timed urine samples to assess an individual's usual sodium intake

Sodium plays a pivotal role in the pathophysiology of hypertension (HTN). Therefore, it is important to have a valid and reliable method for estimating individual and population levels of sodium intake. The recommended standard is to measure the amount of sodium in one or more 24-hr. urine collections for assessing the intake in a

population and the average sodium excreted in 3 or more nonconsecutive 24-hr. urine collections in an individual. Easier methods have been proposed to estimate 24-hr. urinary sodium excretion, including methods based on sodium measurements in spot and short duration timed urinary collections. When used to assess an individual's usual sodium intake, use of these easier methods (spot and short duration timed urine samples; hereafter referred to as spot urine collections) has resulted in large systematic and random errors and the values have not been reproducible. In addition, the formula used for estimation of 24-hr. sodium excretion using spot urine measurements have resulted in spurious associations with blood pressure and mortality. Leading health and scientific organizations have recommended against the use of spot urine sodium measurements for the estimation of an individual's 24-hr. sodium intake or for the estimation of associations between sodium intake and health outcomes. They also suggest caution (and concurrent use of 24 hr. urine sodium assessments) be employed when spot urinary sodium measurements are used to estimate the population average sodium intake.

Despite recommendations to the contrary, some scientists continue to conduct and publish studies that use spot and timed urine samples to assess an individual's usual sodium intake and/or to assess associations between urinary sodium excretion and health outcomes. It is likely that many reviewers and editors are unaware of the lack of validity of the research method employed in these reports but there is also substantial dissemination of misinformation regarding the value of spot urinary sodium measurements. Some scientists continue to claim that the use of formulas based on spot urinary sodium measurements provides a valid method for estimating 24-hr. sodium excretion in individuals and have repeatedly made false and misleading statements regarding the value of spot urine sodium measurements and regarding research on the health benefits of sodium reduction. Low quality research publications, misinformation and possibly financial conflicts of interest, are major causes of the scientific controversy.

An approach is needed to address both lack of awareness and misinformation. The World Hypertension League (WHL) with the International Society of Hypertension (ISH) and partner organizations are developing an advocacy position to journal editors to discourage the use of spot and timed urine samples for assessing an individual's usual sodium intake and use of the resulting estimates to assess associations with disease outcomes. Recently the WHL, ISH, and over 70 partner organizations developed a fact sheet and call to action to help clarify critical facts and accelerate efforts to reduce dietary sodium (in suggested reading below). Organizations interested in supporting the call to action can do so by contacting Dr. N Campbell: (ncampbel@ucalgary.ca).

Norm RC Campbell MD
Marcelo Orias MD
Paul K Whelton MD

Suggested reading:

Campbell NRC, Whelton PK, Orias M, Wainford RD, Cappuccio FP, Ide N, et al. 2022 World Hypertension League, Resolve To Save Lives and International Society of Hypertension dietary sodium (salt) global call to action. *J Hum Hypertens.* 2022; <https://doi.org/10.1038/s41371-022-00690-0>.

Campbell NRC, He FJ, Tan M, Cappuccio FP, Neal B, Woodward M, et al. The International Consortium for Quality Research on Dietary Sodium/Salt (TRUE) position statement on the use of 24-hour, spot, and short duration (<24 hours) timed urine collections to assess dietary sodium intake. *J Clin Hypertens.* 2019;21:700-9

McLean RM. Measuring population sodium intake: a review of methods. *Nutrients.* 2014;6(11):4651-62.

He FJ, Ma Y, Campbell NRC, MacGregor GA, Cogswell ME, Cook NR. Formulas to estimate dietary sodium intake from spot urine alter sodium-mortality relationship. *Hypertension.* 2019;74(3):572-8.

Cappuccio FP, Campbell NRC, He FJ, Jacobson MF, MacGregor GA, Antman E, et al. Sodium and health: old myths, and a controversy based on denial. *Current Nutrition Reports.* 2022;11:172-84.

Campbell N, L'Abbe MR, McHenry EW. Too much focus on low-quality science? *CMAJ.* 2015;187(2):131-2.

VIRCHOW PRIZE FOR GLOBAL HEALTH

The Virchow Prize for Global Health 2022 is awarded to:

Dr John N. Nkengasong

A scientist bridging the worlds of health diplomacy, laboratory research and fighting diseases



Born in Cameroon, Dr Nkengasong has over thirty years of experience in global health. He began his academic career at the University of Yaoundé studying Virology. In Belgium, he received his M.Sc. from the Institute of Tropical Medicine Antwerp and his PhD from the Faculty of Medicine, University of Brussels, where his doctoral research in virology was the first to characterise all genetic subtypes of HIV in Africa.

John N. Nkengasong continued his impressive career as Chief of Virology at the World Health Organization (WHO) and subsequently as the Acting Deputy Director at the Centre for Global Health, U.S. Centres for Disease Control and Prevention (CDC). Dr Nkengasong then served as the Founding Director of the Africa Centres for Disease Control and Prevention (Africa CDC). In June 2022, he was confirmed as the US Coordinator of the Global AIDS Response and Special Representative for Global Health Diplomacy at the US Department of State – the first person of African origin to hold this position.

The Virchow Prize Committee stated that Dr John N Nkengasong is a role model for unparalleled commitment to addressing complex global health challenges and making healthcare accessible to world's most vulnerable. Through his various leadership roles, he has developed systemic and holistic approaches which have fundamentally shaped the global health landscape, mobilising efforts towards the attainment of the health-related UN 2030 Agenda Sustainable Development Goals (SDGs).

“The Virchow Prize for Global Health under the High Patronage of the German Federal President and supported by the German Parliament has been established by the Virchow Foundation for Global Health and is funded with 500.000 Euros. Emphasis is on holistic approaches to fight diseases and achieve SDG 3: ‘Good Health and Well-being for All’. Such a holistic approach is especially needed also in the cardiovascular area!”, stated Professor Detlev Ganten, former President of the WHL.

EDUCATIONAL RESOURCES SECTION

The Fundamentals of Clinical Hypertension 2022

Free Online Course (Asynchronous)

August 20 - December 10, 2022

Organized by the Philippine Society of Hypertension



This course was established as one of the major activities of the society to fulfill its **MISSION** of decreasing the prevalence, risks, and complications of hypertension. This year, the 19th CFCH will be offered online (asynchronous) and free. This course is designed to serve as a review and provide an update on clinical hypertension and related disorders.

Target Participants:

- A. Doctors: Consultants, Fellows, Residents
- B. Paramedical Professionals: nurses, pharmacists, technicians, teachers

The course will be useful for the following:

Doctors (practicing cardiologists, nephrologists, endocrinologists, neurologists) and other specialists or primary physicians who manage patients with hypertension; those teaching hypertension in medical schools and training institutions; residents and fellows-in-training; and doctors preparing to take the “PSH Certifying Examination for Hypertension Specialists.”

The course has the following attributes:

Authoritative source of the most recent and important information about hypertension; lecturers are professors in the academe and/or presidents or officers of specialty organizations concerned with hypertension; it is a continuing medical education program free of commercial color, developed, reviewed and delivered by a faculty of experts in their respective clinical areas; it is intended to help medical and allied medical practitioners hone their skills and competence in the prevention and management of hypertension; and **most importantly, it is now given ONLINE free of charge.**

The PSH Board of Trustees and the Committee on 19th CFCH extends its invitation to you, your officers, country and individual members, our collaborators in US, Europe and Asian region, to join and participate in this noble endeavor. The online course consists of fifteen (15) modules and commenced on Aug 20, 2022 continuing through Dec 10, 2022 (1 module per week). All modules **CAN BE ACCESSED ANYTIME** within the said period.

[Registration via the PSH website.](#)

ICCPR's Women-Focused Cardiac Rehab Clinical Practice Guidelines Released



The International Council of Cardiovascular Prevention and Rehabilitation (ICCPR) is delighted to share with you that ICCPR's clinical practice guideline on women-focused cardiac rehabilitation is now available online in the *Canadian Journal of Cardiology* at [this link](#). This is the first-ever guideline on this topic. More resources to support women-focused CR can be found on the ICCPR website at [this link](#).

WHL Welcomes New Members

Iraqi Hypertension Society



The IqHS promotes sound knowledge and advice to health care professionals and the community at large, with special attention to the needs of the lower income population. It promotes hypertension research in its all aspects, through scientific and social activities in collaboration with health care providers as well as other medical societies.

The Society aims to achieve the following:

- a. Keep up with scientific developments in the field of specialization and treatment of hypertension.
- b. Spread health awareness to treat hypertension in Iraqi society

- c. Improve and ensure a high standard for medical personnel working with hypertension.
- d. Improve the health system associated with the treatment of hypertension in Iraqi health institutions.

Means of achieving goals

- a. Hold conferences, seminars and workshops.
- b. Prepare and publish magazines, brochures, posters and other publications.
- c. Hold training courses for medical staff.
- d. Provide awareness and guidance through audio and visual media.

Renal Association of Mauritius



Submitted by: Dr. Davy IP MIN WAN, President, Renal Association of Mauritius IP

Our association was set up in 2019 and is open to all doctors in Mauritius interested

in nephrology. Chronic kidney disease (CKD) affects up to 200,000 of our compatriots. 1,770 of them are on regular dialysis and 175 have functioning renal transplants. Morbidity and mortality are shockingly high and yet CKD is still little known to the public at large. Our main goal in setting up the association is to promote the profession of nephrology and to improve the plight of kidney patients in Mauritius. We intend to facilitate co-operation and contact between all interested parties in the field of nephrology and related subjects, to promote continuous professional development of health care providers, to organize regular scientific meetings and seminars and engage in health promotion and education in nephrology among the general public in Mauritius.

Hypertension is highly prevalent in Mauritius at 28% with only a small fraction who are treated to target. Hypertension and CKD are intertwined in cause and effect. Presently, there is a lot of effort on diabetes by various health agencies and societies but hypertension remains an orphan in the country. World Hypertension Day is a low

profile event compared to World Diabetes Day or World Cancer Day. The Renal Association members feel they should take up the campaign to fight hypertension in Mauritius. This year we are working on patient leaflets, radio programmes and a new foundation course for general practitioners on hypertension.

Website: <https://renal.mu/>

RECENT MEETINGS OF NOTE

Joint WHL-ESH Session at the 31st ESH Meeting on Hypertension and Cardiovascular Protection

A joint ESH-WHL meeting was organized during the 31st Scientific Meeting of the European Society of Hypertension (ESH) in Athens, June 17-20, 2022. The focus was on the content and the implications of the recently published **“CALL TO ACTION FOR HYPERTENSION CONTROL IN AFRICA”** (Parati G, Lackland DT, Campbell NRC, Ojo Owolabi M, Bavuma C, Mamoun Beheiry H, Dzudie A, Ibrahim M, ElAroussy W, Singh S, Varghese CV, Whelton PK, Zhang XH; on behalf of the World Hypertension league. *How to Improve Awareness, Treatment, and Control of Hypertension in Africa, and How to Reduce Its Consequences. A Call to Action From the World Hypertension League. Hypertension (Dallas, Tex. : 1979), 31 May 2022, 79(9):1949-1961*)

DOI: [10.1161/hypertensionaha.121.18884](https://doi.org/10.1161/hypertensionaha.121.18884) PMID: 35638381).

The session was chaired by J. Brguljan-Hitij (Ljubljana, SLOVENIA) and M. Owolabi (Ibadan, NIGERIA), with four lectures. A. Dzudie (Yaounde, CAMEROON), addressed the issue of the hypertension epidemic in low resource settings, with a focus on Africa, and WHL President, Xin-Hua Zhang (Beijing, CHINA) described the details of the HEARTS programme. The WHL Secretary General Gianfranco Parati (Milan, Italy) provided updates on the perspectives for a larger use in Africa of automated blood pressure measuring devices and for their combination with digital health solutions. Finally the WHL Past President Daniel Lackland (Charleston, SC, USA), reported on the indications given by the **WHL Call to Action** for a more active involvement of governments, health care personnel, associations and individuals in the fight against

hypertension in Africa. The session was well attended and the general discussion at its end involved clinicians already engaged in hypertension-related activities in Africa, offering perspectives for a larger global collaboration in this field.

5th International Conference of the Iraqi Hypertension Society



The Iraqi Hypertension Society held their 5th International conference in the Crowne Plaza Hotel, Beirut, Lebanon on August 5th. This year's conference focused mainly on the burden of hypertension in Arabic countries, especially Iraq, Jordan and Lebanon, and witnessed discussions on establishing a common society that involves these countries in addition to others like Saudi Arabia and Egypt, which are expected to join this Society in the near future, and probably others, under the suggested heading of the Arab Hypertension Society.



The idea was welcomed by the attendees and it was scheduled for further discussion and refinement. The conference also dealt with different updated subjects in hypertension managed by different distinguished speakers like Prof. Mohammed Ghnaimat from Jordan and Prof. Robert Najem, Prof. Moussa Riachi and Prof. Sola Aoun from Lebanon in addition to top leaders from Iraq. It was a very successful meeting according to participant testimonials.

UPCOMING MEETINGS OF NOTE

ISH KYOTO 2022 MEETING 12-16 Oct

The ISH Kyoto meeting will be held in a hybrid format, with flexible registration options, to enable those who are not able to travel to Japan to participate and present. [Register here!](#)

Please visit the [meeting website](#) to find out more. See you in Kyoto in October 2022!

Hiroshi Itoh, MD PhD Chair, ISH 2022 Kyoto
#ISH2022 #Kyoto



WHL BOARD/COUNCIL MEETING - October 12, 2022

The WHL Board/Council Meeting will be held on **October 12, 2022 in Kyoto, Japan in Room 104** at the Kyoto International Conference Center.

WHL Joint Sessions at ISH-Kyoto Meeting

1) WHL-ISH-Lancet Commission on Hypertension

Validity of Automated Blood Pressure Measurement Devices in Clinical Practice and Public Health. A Global Need for More Precise Hypertension Management

October 16, 2022 7:30-8:30 (JST) UTC+9

2) WHL-ISH-RTSL

Salt Intake and Hypertension in the World: Current Challenges

October 15, 2022 7:40-8:40 (JST) UTC+

14th World Stroke Congress (WSC) 2022

26-29 October 2022 | Singapore



We look forward to welcoming you to the **14th World Stroke Congress in Singapore from 26-29 October 2022**. 2022 WSC will allow stroke professionals to meet in person after such a long time for an exciting scientific meeting with many opportunities for face-to-face interactions.

The program for the 2022 Congress will feature the latest and emerging topics in stroke care for stroke professionals, researchers and policy makers. Please note that when registering to WSC 2022 you will have the option to [become a member of WSO and get a registration discount](#).

Annual Meeting of the Bulgarian Hypertension League

October 28-30, 2022

Submitted by Prof. Krassimira Hristova

The Bulgarian Hypertension League (BLH) was established 30 years ago by Prof. Chudomir Nachev with his colleagues from the Clinic of Cardiology, Prof. Art. Kirkovich, Medical University-Sofia, and like-minded, qualified persons working on the problems of arterial hypertension in various disciplines, clinical and fundamental. Under the leadership of Prof. Nachev, arterial hypertension became an emblematic topic and attracted many big names from Bulgaria and Europe, who participated in the pleiad symposia, presented to a wide audience, as well as in significant scientific developments.

After the unexpected death of Prof. Nachev, the leadership of the League was taken over by the long-time deputy Prof. Svetla Torbova, together with the main part of its composition. The activity of the League began under the motto "From methodological guidelines to clinical practice: hot spots". Thematic symposia were held, with a

number of the new methodological guidelines of the European Society of Hypertension.

A number of European authors of the guidelines were guest speakers at League symposia. The BLH was included in a number of activities of the European Society of Hypertension, including the creation of a Selection Committee to present a proposal for Specialists in Clinical Hypertension and two "Hypertension Excellence Centers" were registered - in Sofia and Varna. The BLH is a regular, associate member of the International Society of Hypertension and is a member of the World Hypertension League. The League's office was the first WHL office in East Europe.

The upcoming annual meeting will be held 28-30 October 2022.

LINKS OF NOTE

LINKS A global community for cardiovascular health

LINKS is a collaborative effort of [the World Health Organization](#), the [U.S. Centers for Disease Control and Prevention](#) and [Resolve to Save Lives](#), to improve cardiovascular health globally. For more information, go to [this link](#).



Tool for Checking Validation Status of Blood Pressure Devices: [Click here](#)



WHO Essential Medicines List (EML) for Hypertension Combination Therapy NCD Alliance Newsletter: [Click here](#)



WSO Newsletter: [Click here](#)



SCIENCE OF SALT WEEKLY: [Click here](#)

Publication of weekly Medline searches related to dietary sodium



KNOWLEDGE ACTION PORTAL (KAP)

WHO's platform for NCD info, [Click here](#)



HEARTS CVD RISK CALCULATOR APP

Mission

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is in official relations with both the International Society of Hypertension (ISH), and the World Health Organization (WHO).

Board Officers:

Dr. Xin-Hua Zhang (Beijing, China), President
Dr. Daniel T. Lackland (Charleston, SC USA), Past-President
Dr. Marcelo Orias (New Haven, CT USA), Vice-President
Dr. Paul K. Whelton (New Orleans, LA USA) President-Elect
Prof. Gianfranco Parati (Milan, Italy), Secretary-General

Board Members:

Dr. Bader Almustafa (Saudi Arabia)
Dr. Krassimira Hristova (Sofia, Bulgaria)
Prof. Leilani Mercado-Asis (Philippines)
Dr. S.N. Narasingan (India)
Dr. Rajdeep S. Padwal (Edmonton, Canada)
Dr. Mario Fritsch Neves (Brazil)
Dr. Michael Weber (USA)
Prof. Mayowa Owolabi (Nigeria, Sub-Saharan Africa)

Special Advisors to the Board:

Dr. Liu Lisheng (Beijing, China)
Dr. Norman Campbell (Calgary, Canada)

ISH Representation:

Prof. Maciej Tomaszewski (UK) President
Prof. Alta Schutte (South Africa) Past President

WHO Representation:

Dr. Taskeen Khan, MD (Geneva, Switzerland)
Dr. Slim Slama, MD (Geneva, Switzerland)

Secretariat:

Dr. Xin-Hua Zhang, President
Rachel Zhang
Internet: <http://www.whleague.org>

Editorial Office:

Editor-in-Chief: Dr. Daniel Lackland
Associate Editor: Mary L. Trifault
E-mail: whleague17@gmail.com

Associate Editor:

Dr. Detlev Ganten

The WHL Newsletter is published quarterly by the World Hypertension League (ISSN 2077-7434).

Calendar of Events

Global Week for Action on NCDs

September 5 –11, 2022

[click here for more information](#)

World Heart Day

September 29, 2022

[Click here for more information](#)

Hypertension Canada

ISH Kyoto 2022

October 12-16, 2022

Kyoto, Japan

[Click here for information](#)

World Health Summit

October 16-18, 2022 Berlin & Digital

[click here for registration](#)

14th World Stroke Conference (WSC)

October 26-29, 2022 Singapore

[click here for registration](#)

20th Annual Meeting of the National Forum for Heart Disease & Stroke Prevention

October 27, 2022 Virtual

[Click here for registration](#)

World Stroke Day

October 29, 2022

[Click here for more information](#)

PreHT, HT and CMS 2022

November 3-6, 2022 Zagreb, Croatia

[Click here for registration](#)

6th Big Sky Cardiology Conference

20-22 January 2023

virtual with local in-person participation

Novotel Fujairah, United Arab Emirates.

World Congress of Nephrology 2023

March 30 – April 2, 2023

Bangkok Thailand

[Click here for more information](#)