

## TEMPLATE FOR OVERSIGHT AND IMPLEMENTATION OF A POPULATION HYPERTENSION CONTROL PROGRAM

Hypertension is the leading risk factor that drives cardiovascular disease (heart attack and stroke). Improving blood pressure diagnosis and treatment by way of systematic national or subnational hypertension control programs will save lives, reduce disability from heart attacks and strokes, reduce medical costs, and improve productivity. Improving hypertension control 25% by the year 2025 is a World Health Organization (WHO) voluntary target approved by the World Health Assembly. Successful hypertension control programs require a Strategic Advisory Committee of experts and other stakeholders to guide the design and implementation of the program and ensure quality, patient safety, timely scale-up, and accurate monitoring.

### STRATEGIC ADVISORY COMMITTEE FOR HYPERTENSION CONTROL

#### Proposed Members

**Chairperson:** A well-respected, senior leader who has strong track record of accomplishment and is dedicated to and accountable for improving hypertension control (e.g. President of the national hypertension society or Director General of a Ministry of Health). Chosen from the committee membership.

**Secretariat:** Led by a senior administrator who has strong track record of accomplishment and organizational management experience and who is within or logistically supported by the Ministry of Health. Responsible for organizing meetings, minutes, agendas, and necessary supporting documents.

**Membership:** Representatives from the main stakeholder organizations concerned with hypertension control. The individual representatives would be senior, influential within their constituencies, responsible to report to and from their constituencies, and responsible to advocate for implementing the committee's recommendations. If there is an optional operations committee, the aim would be to keep the strategic committee size to a maximum of 8 members to aid decision making. If there is no separate operations committee, then individuals with the skills sets indicated in the operational committee can be incorporated into the strategic advisory committee. Potential committee members include:

- 1) Ministry of Health representative(s)
- 2) National program manager responsible for improving hypertension control (e.g. non-communicable disease, cardiovascular disease, or hypertension manager)
- 3) Specialist representative (e.g. hypertension, cardiology, or nephrology) preferably involved in developing or implementing national hypertension recommendations (e.g. president of the national hypertension society)
- 4) Primary care physician representative
- 5) Primary care nurse representative
- 6) Primary care pharmacist representative
- 7) A major civil society organization representative (e.g. heart foundation, consumer organization)

- 8) Ex officio representative of a global or global regional hypertension control effort (WHO, WHO region, Resolve to Save Lives)

**Suggested terms of reference**

- 1) To provide oversight and strategic direction for the national hypertension control program
- 2) To develop and maintain hypertension control as a high priority and promote a culture of continuous quality improvement for hypertension control amongst policy makers and civil society
- 3) To annually review program performance and identify barriers and evidence-based actions to improve hypertension control. These may include health systems change, regulations to enhance care (task sharing, affordable and available long-acting high-quality medications, ensuring the sale of only accurate BP devices, etc.), education-training-knowledge translation (e.g., to optimize hypertension control through enhanced task sharing), use of registries with performance reporting for screening and blood pressure measurement, program monitoring and evaluation, updating hypertension diagnosis and treatment recommendations.
- 4) To take into consideration new developments from other hypertension control programs.
- 5) To promote prevention of hypertension, including through policy and educational initiatives to reduce sodium consumption.
- 6) To report progress on hypertension control to stakeholder organizations.
- 7) To meet on a regular basis and as needed.