



WHL • NEWSLETTER

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

No. 167, March 2020

Note from the Editor



Dr. Dan Lackland

The first **Newsletter** in 2020 includes critical content that none of us anticipated. The COVID-19 Pandemic has greatly affected all of us and certainly the WHL family. In this issue, the WHL provides a statement regarding hypertension

and blood pressure in the midst of the Pandemic. In light of the critical situation, the WHL leadership has postponed the celebration of World Hypertension Day until October 17th. Likewise, the Children's Art Contest has extended the submission date accordingly.

While the Pandemic takes top global priority, hypertension control does not stop. The **Newsletter** includes updates from WHL partner organizations LINKS, the International Council of Cardiovascular Prevention and Rehabilitation (ICCP), and the Pan American Health Organization (PAHO). As well, reports from various education initiatives from around the world include a report from Dr. David Heller regarding hypertension control in Sub-Saharan Africa.

We focus on the Pandemic now with good thoughts for all, but maintain the hope for tomorrow.

Dan Lackland

President's Column



Firstly, thank you to all our colleagues from health care organizations and alliances globally who are working so hard to beat COVID-19. The global pandemic is now putting millions of people in danger and exhausts health care resources in severely affected communities.

Everyone is at very high risk of getting COVID-19 if exposed to the virus, but the outcome can be catastrophic for the elderly, especially those with hypertension or other pre-existing conditions. Hypertension is a major risk factor of cardiovascular and chronic renal disease that cause millions of deaths every year, and the pandemic of COVID-19 makes the situation even worse. WHL has issued Guidance to help hypertensive patients and health care workers to be better prepared to prevent COVID-19 and effectively control blood pressure at the same time.

For people who don't know their blood pressure yet, and for those under antihypertensive treatment, **Know Your Blood Pressure** level accurately by taking measurements with validated devices and standard procedures, and **Control It** to the goal constantly, throughout your lifetime, will help you to **Live Longer** and healthier. This is the theme of the World Hypertension Day 2020 (WHD2020).

World Hypertension Day on 17 May was initiated by the WHL as a global campaign for promoting awareness of hypertension and best practice for prevention and control, encouraging participation by all communities and societies, and improving

control of hypertension. This year, WHD2020 has been postponed to 17 Oct 2020 due to the pandemic of COVID-19. We are looking forward to celebrating WHD2020 and the success of controlling COVID-19 globally with all our colleagues on 17 Oct 2020.

Please take care of yourself, your family and your colleagues during this stressful time.

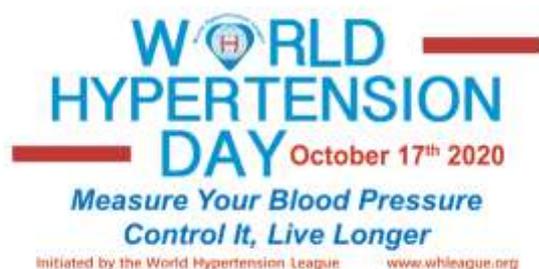
Xin-Hua Zhang

IN THIS ISSUE	Page
Editor & President's Column	1
World Hypertension Day 2020	2
COVID-19 Hypertension Guidance	2
Children's Art Contest	4
Call for Nominations	4
Educational Resources	4
100&Change	5
HTN Control in Sub-Saharan Africa	5
Macquarie/Apollo MD Program	7
HEARTS in the Americas - Mexico	8
Past Meetings – PHFI/AHA/COSEHC	9
Connections of Note	10
WHL Mission and Board	11
Calendar of Events	11

WORLD HYPERTENSION DAY 2020

Due to the global COVID-19 pandemic, World Hypertension Day 2020 has been postponed until October 17, 2020.

Building on the message of "Know Your Blood Pressure", the themes for World Hypertension Day 2020 will be **"Measure Your Blood Pressure, Control It, Live Longer"**. We hope through this expanded theme to promote validated device and accurate measurements, with the goal to improve the control of Hypertension for longer and healthier lives, globally.



For more information on WHD [click here](#).

COVID-19 THREAT – GUIDANCE FOR PEOPLE WITH HYPERTENSION

From the World Hypertension League
For translations in Chinese, Italian, Spanish and Portuguese, please [click here](#).

Background

This novel coronavirus affects the lungs and causes flu-like symptoms and pneumonia. It was first reported in China in late 2019 and has since spread worldwide. This outbreak has now been classified as a pandemic.

The main symptoms of this illness are:

- Fever
- Cough
- Shortness of breath
- Chest pain

The virus is transmitted among people as contaminated air droplets released when infected individuals cough or sneeze. At present there is no available anti-viral medication or vaccine to combat or prevent this illness, so public health measures to prevent contact between unaffected people with active disease or who might be carriers remains the primary strategy for containment. Young, healthy, people affected by the virus usually experience a relatively mild illness, but older people – aged over 60 – and individuals with co-morbid conditions are more vulnerable to serious outcomes, including death.

Throughout the world, governmental agencies and other authoritative organizations are providing instruction to people on how best to protect themselves. The World Hypertension League is committed to supporting this vital task.

People with Hypertension

About one-third of adults have hypertension, also known as high blood pressure. Hypertension is a serious condition that strongly increases the risk of major heart events, strokes and kidney disease. Treating hypertension, usually with medications that reduce the blood pressure, significantly lowers the risk of these dangerous outcomes.

Important Note: So far there is no evidence that people with hypertension have a greater risk of serious COVID-19 infection than people who do not have hypertension. Also, there is currently no evidence that the types of medications used to

treat hypertension alter the probability of getting COVID-19 disease or changing its severity, so there is no need for people with hypertension to change their medications.

People with hypertension should observe the following rules for protecting themselves from the coronavirus.

General Recommendations

- Frequently wash hands with soap (at least 20 seconds) or if hand washing is not possible use an alcohol-based hand cleanser
- Avoid touching your face (eyes/nose/mouth)
- If you cough or sneeze do it into a tissue (and then discard it) or into the inside of your arm
- Use household cleaning sprays or wipes to clean commonly touched objects, for instance your mobile phone!
- Avoid people with illness who might be affected by the virus (fever/cough/shortness of breath)
- If you have these symptoms yourself, remain as isolated as possible; if you can, inform your own doctor or source of healthcare in advance of going in person to a medical facility
- Maintain social distance (about two meters or six feet) even from people who appear to be healthy
- Avoid crowded places. This includes buses and trains, although sometimes it can be difficult to find alternatives when needing to get to work or to provide care for another person in need

Focused Recommendations for People with Hypertension

- Continue taking your blood pressure medications as prescribed
- If possible, measure your blood pressure at home. It might become somewhat lower or higher than usual, but if possible do not change your treatment without first talking to your doctor or clinic. Remember: low blood pressure can result from poor hydration – see the next bullet.
- Keep hydrated. Many people, particularly older adults, do not consume adequate fluids. Make up a schedule to ensure that throughout the day you drink fluids on a regular basis.
- Physical activity: Because many of us will spend more time at home to minimize exposure to the virus, it is likely we will also reduce physical activity. One solution: going for walks outside the home, provided social distance is maintained, is a healthy and even morale-boosting activity during difficult times

People with Hypertension at High Risk

Some people with hypertension are at a particularly high risk of the complications of hypertension as well as from the COVID-19 flu. The following situations require special attention:

- Older individuals (over 60) are at increased risk of poor outcomes from the COVID-19 flu as well as from their hypertension. Be particularly vigilant in observing our recommendations. Do not hesitate to get medical help if you develop symptoms.
- A previous heart condition, stroke or kidney disease: Be careful to take all your prescribed medications, follow all the recommendations already given and be prepared – if necessary – to actively seek medical help
- Diabetes and high cholesterol (lipid disorders): People with hypertension quite often have diabetes and abnormal cholesterol. It is very important to keep taking all prescribed medications and follow all our general recommendations, including proper hydration and physical activity, to counteract the increased risk of the COVID-19 flu and heart complication. If you have diabetes please also read the special instructions provided through the World Health Organization for patients with diabetes.
- Chronic obstructive lung disease, asthma, and being a current or former smoker: People with these conditions are all predisposed to extra vulnerability to COVID-19 and to the complications of hypertension. Be very sensitive to changes in how you feel, especially worsening of lung symptoms – shortness of breath/cough – and seek medical help rapidly.

References:

1. Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med* 2020; [https://doi.org/10.1016/S2213-2600\(20\)30116-8](https://doi.org/10.1016/S2213-2600(20)30116-8)
2. Statement by the ESC: [https://www.escardio.org/Councils/Council-on-Hypertension-\(CHT\)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-an](https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-an)
3. Statement by the ESH: <https://www.eshonline.org/spotlights/esh-statement-on-covid-19/>

ESH Statement on COVID [here](#)

ISH Statement on COVID [here](#)

ISN COVID Resources at [this link](#)

NCD Alliance COVID Guidance: [here](#)

CHILDREN'S ART COMPETITION 2020

DEADLINE extended to October 1, 2020

The WHL Children's Art Competition is a key component of the 2020 World Hypertension Day awareness campaign. The theme of the artwork can be any aspect of hypertension: **blood pressure measurement, stroke and cardiovascular disease prevention, healthy lifestyle, healthy diets including salt reduction, high blood pressure risks, etc.**



2018 First Place
Winners Melina
Florian & Karla
Gallardo from
LA, California

The Announcement, Submission Form and promotional poster for the Art Competition can be downloaded [here](#).

Program Sponsors

Daniel T. Lackland, DrPH, Prof. of Epidemiology, Medical Univ. of South Carolina; WHL Past President
Edward J. Roccella, PhD, MPH, Coordinator, U.S. National High Blood Pressure Education Program; National Institutes of Health (ret); Chair, Strategic Action Comm. InterAmerican Soc. for Hypertension
Bonita Falkner, MD, Professor Emeritus, Thomas Jefferson University; Chair, Executive Committee, The International Pediatric Hypertension Assoc. (IPHA), WHL Pediatric Envoy

CALL FOR NOMINATIONS - 2020 EXCELLENCE AWARDS

DEADLINE April 30, 2020

To nominate an individual or an organization, download guidelines & application forms [here](#).

Award Categories:

Individual Awards

Norman Campbell Excellence Award in Population Hypertension Prevention and Control

Detlev Ganten Excellence Award in Hypertension and Global Health Implementation

Daniel Lackland Excellence Award in Diplomacy and Advocacy for Population Hypertension Risk Reduction

Claude Lenfant Excellence Award in Population Hypertension Control

Lisheng Liu Excellence Award in Population Cardiovascular Risk Factor Control

Graham MacGregor Excellence Award in Dietary Salt Reduction at the Population Level

Peter Sleight Excellence Award in Hypertension Clinical Research

Organizational Awards:

Excellence Award in Dietary Salt Reduction at the Population Level

Excellence Award in Population Hypertension Prevention and Control

Excellence Award in Population Cardiovascular Risk Factor Control

Excellence Award in Hypertension Clinical Research

EDUCATIONAL RESOURCES

Johns Hopkins University Global Online Course in Hypertension Control

By Carol E. Resnick, Research Associate
Dept. of Epidemiology; Johns Hopkins Bloomberg
School of Public Health

A group from the Johns Hopkins University has designed an online course, "*Fundamentals for Implementing a Hypertension Program in Resource-Constrained Settings*". This online course aims to help program managers and implementers in designing, planning, and implementing a hypertension control program. While every factor involved in implementing this type of program cannot be addressed in one course, we believe this course provides the basic knowledge necessary for successful program implementation. Although the main target audience is program managers and implementers, the information provided here will certainly be relevant to other types of personnel like physicians, nurses, pharmacists, and community-health workers.

You can take all or part of this course, at your own pace. All Modules should be easily understandable, have interactive learning experiences, and real-world examples. There are downloadable practical materials, and "**Dig Deeper**" sections for learners who would like to know more.

The course can be found at:

<https://globalhypertensionathopkins.org/courses>

Cardiac Rehab Certification – ICCPR CRFC

By Prof. Sherry Grace, CRFC; Past-Chair, ICCPR

As you may know, WHL is a member of the International Council of Cardiovascular Prevention and Rehabilitation (ICCPR; globalcardiacrehab.com). ICCPR is comprised of named Board members from 35 CR-related societies from across the globe, and 10 “friends” from countries where CR is being developed. The current WHL representative to our Council is Dr. Dan Lackland.

Cardiac rehab is an established model of outpatient care for chronic disease management; this centrally involves strategies to assess and control blood pressure, through exercise, diet and medication.

ICCPR would like to inform WHL members about the availability of our CR Foundations Certification:

(<http://globalcardiacrehab.com/training-opportunities/certification/>).

Not only is the certification applicable to providers from multiple disciplines (e.g., nursing, physiotherapy, nutrition, mental health care professions), it is also applicable to trainees who may wish to demonstrate their competency and motivations to provide comprehensive outpatient cardiac care. Having the CRFC designation denotes you are equipped with the knowledge to deliver the basic preventive and rehabilitation services for cardiovascular diseases.

Eligibility:

Applicants require a minimum of 12 years of formal education and 500 hours of healthcare experience (includes volunteering). We have also had ~1000 cardiologists in India complete the certification.

Requirements:

To earn the CRFC designation, learners complete the following:

- 8 online video modules, delivered by experts in the field (60-90 min. each)
- Self-directed supplemental resource studying
- Final online examination (80 multiple choice questions)

How To Apply:

The application can be accessed through the ICCPR website [here](#). Once received you will get an email with further instructions to log in. The cost of the certification is \$100 USD.

For More Information:

Contact us at iccprrcfc@gmail.com



CONGRATULATIONS!

AHA/WHL/AMA Proposal Among Top 100 Proposals for MacArthur \$100 Million Grant

The John D. and Catherine T. MacArthur Foundation unveiled on February 19, 2020 that the American Heart Association (AHA) hypertension proposal in collaboration with the World Hypertension League (WHL) and the American Medical Association (AMA) had one of the highest-scoring proposals, designated as the Top 100, in its *100&Change* competition for a single \$100 million grant to help solve one of the world's most critical social challenges.



The Top 100 represent the top 21 percent of competition submissions. The proposals were rigorously vetted, undergoing MacArthur's initial administrative review and a technical review by specialists whose expertise was matched to the project.

Each proposal was evaluated using four criteria: impactful, evidence-based, feasible, and durable. MacArthur's Board of Directors will select up to 10 finalists from these high-scoring proposals this spring.

AHA's joint proposal with WHL and AMA, "Transforming Hypertension Care to Extend Human Life Expectancy", seeks to scale proven, low-cost, sustainable practices that reduce high blood pressure, the leading risk factor and

contributor to human death and disability worldwide.

“The MacArthur Foundation seeks to generate increased recognition, exposure, and support for the high-impact ideas designated as the Top 100,” said Cecilia Conrad, CEO of Lever for Change and MacArthur Managing Director, *100&Change*. “Based on our experience in the first round of *100&Change*, we know the competition will produce multiple compelling and fundable ideas. We are committed to matching philanthropists with powerful solutions and problem solvers to accelerate social change.”



HYPERTENSION CONTROL IN SUB-SAHARAN AFRICA

Where Do We Go From Here?

By David Heller, MD, MPH

Arnhold Institute for Global Health



Hypertension is more common, more severe, and less often treated in Sub-Saharan Africa than high-income countries. 30% or more of adults have hypertension, and less than a fifth of them

achieve blood pressure control (Yuyun, 2020). Accordingly, hypertension is the leading cause of stroke death in the region, and the second-leading cause of heart failure. And both of these diseases occur one or two decades sooner in sub-Saharan African populations than in high-income countries (Damasceno, 2012; Mensah, 2015) - even though tobacco, high cholesterol, and physical inactivity are more common in the latter. Hypertension therefore drives the burgeoning heart disease epidemic in sub-Saharan Africa almost single-handedly.

A lack of doctors and limited preventive care infrastructure compounds this challenge. Fortunately, however, non-physicians such as nurses, pharmacists, and even community volunteers offer hope. For more than a decade, studies have demonstrated that these staff can provide hypertension care as accurately as doctors (Abegunde, 2007). And this work has produced results in settings as diverse as Ghana, Nigeria, Uganda, and Kenya. These models have

both employed existing validated guidelines - such as the World Health Organization's Package of Essential Non-Communicable Disease Interventions (WHO-PEN) - and helped create new ones, such as the recent HEARTS protocol the WHO has focused on cardiovascular disease.

These innovations are laudable - and sorely needed - but not nearly enough. Even if non-doctors can prescribe hypertension medications correctly - or counsel patients consistently to exercise or quit smoking - not all of them will follow this advice, or even be able to. In addition to medication shortages and stock-outs, persons with hypertension in sub-Saharan Africa may struggle with remembering to take medications, as all humans do. And stopping unhealthy habits - such as alcohol abuse, tobacco use, or poor diet - is daunting when these behaviors are sometimes addictive. When compounded by depression and anxiety, these challenges become harder still.

A new generation of hypertension research and clinical programs must rise up to tackle these barriers - and this welcome effort is now just underway. Non-governmental organizations like Access Accelerated and the Coalition for Access to Non-Communicable Disease Medicines are unpacking supply-chain barriers in Kenya, Uganda, and Ghana - borrowing tactics from the HIV/AIDS response to identify fixable gaps in medication procurement. Adherence programs, in which nurses and other non-doctors help patients link to care and track how and when to take these medicines, have emerged at the International Hospital Kampala in Uganda as well as the clinics of the AMPATH consortium in Kenya. And these care models are expanding further still to address structural and sociocultural barriers to care. The AMPATH program, for instance, now uses peer support to help persons with hypertension learn finance and agricultural skills simultaneous to health behavior counseling and treatment. And our group - a collaboration between the Navrongo Health Research Centre in rural Ghana and the Arnhold Institute - is developing an initiative to treat depression along with hypertension through peer coaching around exercise and tobacco and alcohol reduction. Research demonstrates non-doctors can treat both these conditions through behavior coaching (Heller, 2019), but integrating this care is too uncommon.

The path ahead for hypertension control - in sub-Saharan Africa just as in high-income regions - is to focus on the patient as well as the provider, and in particular the cultural and psychosocial factors like poverty and depression that can hold back positive behavior change and a sense of hope for change. These models - which use peer coaches along with doctors and nurses - can improve blood pressure control in almost any setting. But they can also treat many other chronic conditions at the heart of primary care. ■

REGIONAL NEWS

Launch of Macquarie/Apollo MD Program

Submitted by: Professor Stephen A. Deane, Associate Dean, Clinical Partnerships, Faculty of Medicine and Health Sciences, Macquarie University, Sydney, Australia

Professor C Venkata S Ram MD, Director, Apollo Institute for Blood Pressure Management, Campus Dean, Apollo Hospital (Hyderabad) Clinical School, FMHS, Macquarie University, Sydney, Australia



We are pleased to announce that the MQ Apollo MD Program formally took off with a bang on January 20th, 2020. The first week's program was dedicated to orientating our students to the Apollo Hospital environment, teaching schedules and HR policies, and to familiarising them with the hospital and staff. Some time was scheduled for them to settle further into their accommodation, and local living environments. The orientation week was extremely useful not only to the students but also to the Apollo staff members. The feedback which we received was both enthusiastic and consistent with the academic, clinical and professional objectives outlined previously.

For us, the commencement of clinical experiences for MQ students at Apollo was a fulfilling and emotional milestone. We greatly value the unique privilege which we have shared in bringing reality to the large and innovative vision of the leaders of each of our organisations. The hard work that so many of

you have put into activating the Apollo Hospital clinical rotations is very much appreciated and some results are already evident. We were also fortunate that the Australian Consul General (Chennai), Ms. Susan Grace, specially visited Apollo Hospital to address the students; her remarks were inspirational and helped to set the stage for a great experience that our students will have in India.

The students were impressed and privileged to experience warm welcome greetings and expressions of support from Dr. Sangita Reddy, Joint Managing Director, Apollo Hospitals Group and Dr. Hari Prasad, President of (all) Apollo Hospitals. The students were invited to a major public event, the launch of Dr. Hari Prasad's autobiography book, "*I'm Possible*", a powerful and gripping story of his life. In an extremely rare moment, our students shared a greeting and photograph with the founder and Chair of Apollo Hospitals, Dr. Prathap C. Reddy. In another unique opportunity which followed, the students were invited to a dinner reception hosted by the Australian Consul General as part of the Hyderabad Literary Festival 2020, and they enjoyed meeting ex-pat Australians and other folks in Hyderabad with Australian connections in business and culture.

In closing, we express our deep satisfaction at the induction of MQ MD students into the Apollo Hospital Clinical School of the Faculty of Medicine and Health Sciences of Macquarie University. Our sincere thanks are offered to all who have made it possible to accomplish this paramount landmark in the MQ MD program and in the progress of Apollo Hospital, Hyderabad.

We look forward to seeing greater outcomes when these medical students, and those who follow in their steps, progress into their careers as doctors who have graduated from a uniquely globally-orientated medical school and from an exceptional partnership between two outstanding healthcare and medical education providers in India and Australia. ■

HEARTS in the Americas: FOCUS ON MEXICO

By Donald J. DiPette, MD, WHL Envoy to Latin America & the Caribbean, Health Sciences Distinguished Professor, USC School of Medicine, SC

The HEARTS in the Americas and Global HEARTS initiatives continue to expand in Latin America and the Caribbean. These initiatives, targeted to reduce the burden of cardiovascular disease, particularly hypertension, are led by key stakeholders including the Pan American Health Organization (PAHO), the regional office of the World Health Organization (WHO) for the Americas, the Centers for Disease Control and Prevention of the United States (CDC), the Resolve to Save Lives Initiative, and the World Hypertension League, among others.



National Launch of HEARTS of Mexico in Mexico City, photo Courtesy of Dante, PAHO Office

As mentioned in previous newsletters, there are now three cohorts of countries participating in the initiative. This newsletter will focus on Mexico, the 12th country to implement HEARTS, and its two initial implementation states of Chiapas and Sonora. Mexico joins the third cohort (with each cohort consisting of four countries). The third cohort includes the Dominican Republic, Saint Lucia, Peru, and now Mexico. The addition of Mexico is of particular importance, given that it is the second largest country in Latin America after Brazil with a population of 119 million.

This report highlights the efforts being implemented in Mexico at the national and state levels, working together in close collaboration, to reduce the disease burden of cardiovascular disease, targeting increasing the control rates of hypertension. It is important to note, that Mexico is undergoing a far-reaching re-examination of the delivery of health care within the country, particularly emphasizing and strengthening primary care services and

health care delivery. Thus, this is a particularly opportune time to implement HEARTS.

In February, HEARTS in the Americas was launched at the national and state levels in Mexico. The national launch took place in Mexico City on February 17-20. Strong support for HEARTS implementation was obvious by the overwhelmingly positive addresses on the first day by leadership from the Ministry of Health, CENAPRECE (Centers for Prevention and Control of Disease), and PAHO/WHO Mexico and PAHO Washington D.C. Following the official launch, Train-the-Trainer National Workshops were conducted with a wide range of participants at the national and state levels. While the states of Chiapas and Sonora will now implement HEARTS, three other states are to follow quickly. Leadership from all five initial implementation states were among the participants. Leadership from PAHO, CDC, and HEARTS consultants also participated and presented throughout the meeting. In addition, there was significant small group work around three areas, the HEARTS Technical package modules: Group 1- Evidence-based Medicine and Access to Medications and Devices, Group 2- Healthy Lifestyles, Team-based Care and Systems for Monitoring, and Group 3- Costing. The enthusiasm of the participants and stakeholders clearly predicts future success.



Launch of HEARTS in the State of Chiapas, Mexico

Following the national launch and workshops, the leadership were divided into two groups, with one group traveling to the state of Chiapas and the other group traveling to the state of Sonora, to participate in the individual state launches of HEARTS and importantly to visit local primary care and chronic disease clinics, where HEARTS will be implemented. Visiting the primary care health centers was critical and

rewarding in that it gave the team members the opportunity to see where patients with hypertension will be enrolled and managed. The team also received important feedback regarding the opportunities and challenges each clinic faced.



Launch of HEARTS in the State of Sonora, Mexico

With the addition of Mexico, the expansion of HEARTS in Latin America and the Caribbean continues at a rapid pace. Today there are 371 primary care centers with a collective catchment area population nearing 6 million. These centers are implementing interventions such as a standardized hypertension treatment protocol, team-based care, increased blood pressure measurement competency, and systems for monitoring. It cannot be said enough, WHL continues to be in a key position to support and to play an important role in improving the lives of individuals by addressing the global burden of cardiovascular disease. ■

PAST MEETINGS OF NOTE

AHA/India

Melanie B. Turner, MPH, FAHA

International Science Program Director

American Heart Association

The Public Health Foundation of India (PHFI) and the American Heart Association (AHA) are collaborating to develop an e-course in hypertension management. *eCertificate Course in Management of Hypertension (eCCMH)* is a joint program in collaboration with the British & Irish Hypertension Society (BIHS), the International Society of Hypertension (ISH), the Pan-African Society of Cardiology (PASCAR) and the World Hypertension League (WHL). eCCMH is based on PHFI's existing ten-month course conducted in a classroom setting at regional training centres across India. The course's

Scientific Advisory Board (pictured) met in November 2019 in Philadelphia, PA to review course content and plan transition to an online format. The e-course will allow dissemination to a broader audience of healthcare practitioners and geographic locations.



AHA PHFI Advisory group picture from the Advisory Board meeting, November 2019. ■

COSEHC Meeting

From 2015-2019, The Consortium for Southeastern Hypertension Control (COSEHC), a 501c3 professional organization headquartered in Winston-Salem, North Carolina, was one of 29 healthcare organizations that was awarded a cooperative agreement under HHS' Transforming Clinical Practice Initiative (TCPI). COSEHC is well-versed in caring for high-needs patients and brings more than 25 years of experience in lowering cardiovascular disease and diabetes morbidity and mortality in the Southeast United States.

The TCPI initiative was designed to help clinicians achieve large-scale health transformation and strengthen the quality of patient care, while spending healthcare dollars more wisely. COSEHC enrolled clinicians in the Southeast Region and provided quality improvement expertise and resources that improved health outcomes, reduced unnecessary utilization and healthcare costs, and successfully prepared clinicians for value-based care delivery.

Recent AIM results summarized by COSEHC include:

Clinician engagement – Enrolled 4,692 clinicians; exceeding their goal by 16%

Health outcome improvement – improved cardiovascular related high-impact measures,

in 196,585 patients diagnosed with cardiovascular conditions; exceeding their goal by 166%.

Unnecessary utilization reduction – averted 43,130 cases of all-cause hospitalizations and emergency room visits, exceeding their goal by 172%

Cost savings – doubled the targeted cost savings goal of \$118 million, with a collective 696% return on investment

Unnecessary testing & procedures reduction – reduced 13,234 targeted unnecessary low back pain imaging cases exceeding their goal by 17%.

Transitioning practices to Alternative Payment Models – transitioned 583 practice sites to Alternative Payment Models, a 4% achievement above its initial commitment.

Fee-for-Service Medicare Savings – \$54 million from an average reduction of 5% in inpatient admissions per year, and a 3.9% average reduction in ED visits per year, representing approximately 100,000 beneficiaries; 10% of the total attributed beneficiaries in the COSEHC PTN.¹

1 Avalere Health LLC. Medicare FFS 2015-2018 Claims Data analysis.

International Stroke Conference (ISC) in Los Angeles



Mitch Elkind, President Elect AHA and Dan Lackland, WHL Past President, at the International Stroke Conference, February 18–21, 2020, Los Angeles, CA

CONNECTIONS OF NOTE

LINKS A global community for cardiovascular health

LINKS members are eligible to apply on behalf of government, NGOs, or the private sector for one-time, catalytic grants to improve cardiovascular health in low- and middle-income countries (LMICs). For more information, please go to [this link](#).

2019 WHO Essential Medicines List (EML) for Hypertension

Combination Therapy: [Click here](#)

World Stroke Organization (WSO)

Current Newsletter [Click here](#)

Int'l. Society of Hypertension (ISH)

Current Newsletter, [Click here](#)

SCIENCE OF SALT WEEKLY –

Publication of weekly Medline searches related to dietary sodium, [Click here](#)

KNOWLEDGE ACTION PORTAL (KAP)

WHO's interactive online platform for NCD information, [Click here](#)

WORLDSTROKE ACADEMY APP [Click here](#)

RESOLVE TO SAVE LIVES

90-second primer on HTN treatment protocols [click here](#)

90-second primer on digital BP monitors: [click here](#)

ICCPR newly released policy statement on how to promote greater utilization of cardiac rehab: [click here](#)

Portuguese translation of WHL BP Measurement video [click here](#)

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, USA), Past-President
Dr. Marcelo Orias (Cordoba, Argentina), Vice-President
Dr. Paul K. Whelton (New Orleans, USA) President-Elect
Prof. Gianfranco Parati (Milan, Italy), Secretary-General
Dr. C. Venkata S. Ram (India & Dallas, USA), Treasurer

Board Members:

Dr. Bader Almustafa (Saudi Arabia)
Dr. Krassimira Hristova (Sofia, Bulgaria)
Dr. Jacob Plange-Rhule (Africa)
Dr. Christopher M. Reid (Australia)
Prof. Zhaosu Wu (China)
Dr. Rajdeep S. Padwal (Edmonton, Canada)
Dr. Mario Fritsch Neves (Brazil)

Special Advisors to the Board:

Dr. Liu Lisheng (Beijing, China)
Dr. Norman Campbell (Calgary, Canada)
Dr. Michael A. Weber (New York, USA)

ISH Representation:

Prof. Alta Schutte (South Africa)
Prof. Neil Poulter (London, UK)

WHO Representation:

Dr. Cherian Varghese MD., Ph.D. (Geneva, Switzerland)

Secretariat:

Dr. Xin-Hua Zhang, President
E-mail: whleague17@gmail.com
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

5th Global Summit on Circulatory Health

June 15-17, 2020
Washington DC
[click here](#)

2020 Hypertension Sessions

September 10-13, 2020
New Orleans, LA
[click here](#)

Canadian Hypertension Congress

September 24-26, 2020
Montreal, Quebec, Canada
[click here](#)

PreHT Conference 2020

October 15-18, 2020
Vilnius, Lithuania
[click here](#)

World Health Summit

October 25-27, 2020
Berlin, Germany
[click here](#)

ESO-WSO Joint Stroke Conference 2020

November 7-9, 2020
Vienna, Austria
[click here](#)