



AFRICA CHA PLATFORM



ACHAP Capacity Brief

Non-Communicable Diseases (NCDs)

THE ISSUES

Hypertension, commonly known as high blood pressure, is a chronic medical condition characterized by elevated blood pressure levels persistently higher than normal. It is a significant risk factor for various cardiovascular diseases (CVDs), including heart disease, stroke, and kidney disease. According to WHO, an estimated 1.28 billion adults aged 30–79 years worldwide have hypertension, most (two-thirds) living in low- and middle-income countries[1].

Furthermore, an estimated 46% of adults with hypertension are unaware that they have the condition. Hypertension is a major cause of premature death worldwide[2] and less than half of adults (42%) with hypertension are diagnosed and treated. There were approximately 130 million adults with high blood pressure in sub-Saharan Africa in 2010 and this figure is expected to rise to 216.8 million by 2030[3]. Lifestyle changes like eating a healthier diet, quitting tobacco and being more active can help lower blood pressure. Some people may still need to take medicines.

Blood pressure is written as two numbers. The first (systolic) number represents the pressure in blood vessels when the heart contracts or beats. The second (diastolic) number represents the pressure in the vessels when the heart rests between beats. Hypertension is diagnosed if, when it is measured on two different readings, the systolic blood pressure on both readings is ≥ 140 mmHg and/or the diastolic blood pressure on both readings is ≥ 90 mmHg.

[1] <https://www.who.int/news-room/fact-sheets/detail/hypertension>

[2] World Health Organization_ Hypertension factsheet. Available at: <https://www.who.int/news-room/fact-sheets/detail/hypertension> Last accessed February 2023

[3] Dzudie A, et al. Roadmap to achieve 25% hypertension control in Africa by 2025. *Cardiovasc J Afr.* 2017;28(4):262-272. <https://globalheartjournal.com/articles/10.1016/j.gheart.2017.06.001>

RISK FACTORS

Modifiable risk factors include unhealthy diets (excessive salt consumption, a diet high in saturated fat and trans fats, low intake of fruits and vegetables), physical inactivity, consumption of tobacco and alcohol, and being overweight or obese. Non-modifiable risk factors include a family history of hypertension, age over 65 years and co-existing diseases such as diabetes or kidney disease

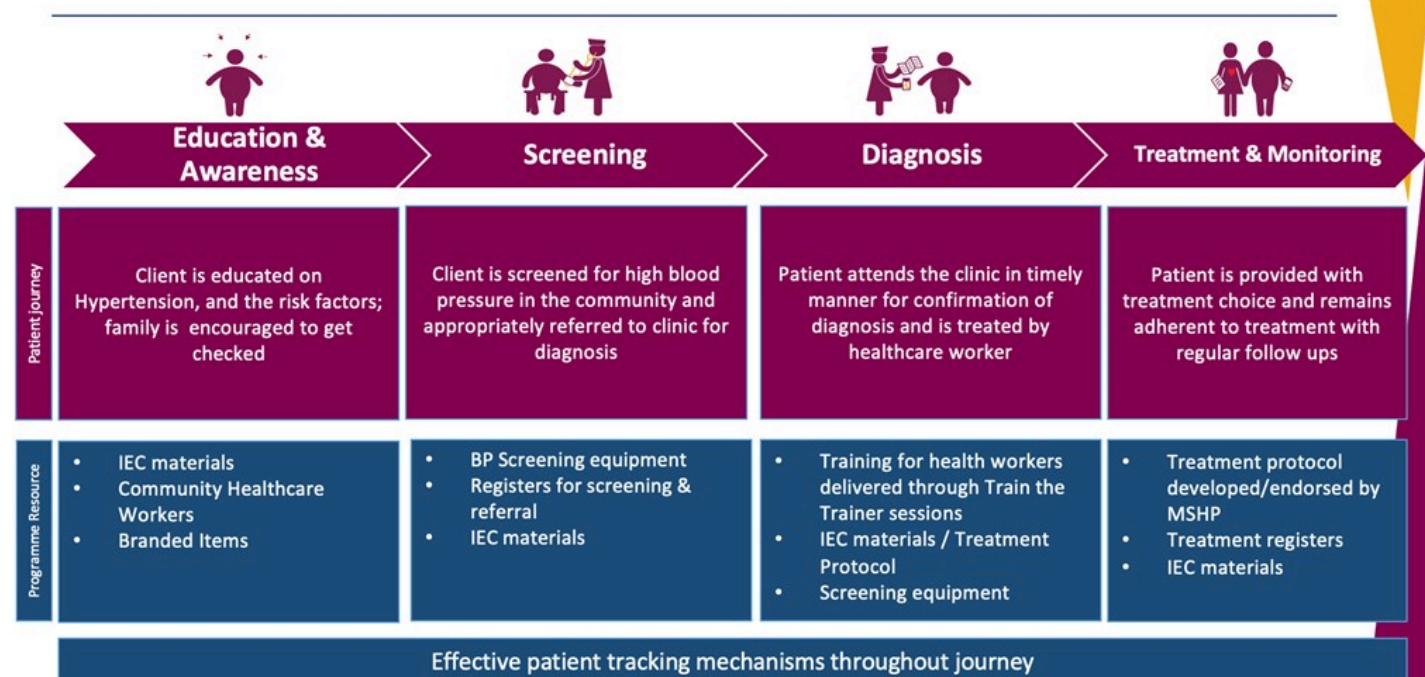
ACHAP Technical Approach

The Healthy Heart Africa programme in Cote D'ivoire was launched in May 2021 through a partnership between AstraZeneca and the Africa Christian Health Associations Platform (ACHAP). programme is committed to tackling hypertension and the increasing burden of cardiovascular disease while supporting local health systems through:

- Increasing awareness of the symptoms and risks of hypertension
- Training providers and driving care to the lower levels of the healthcare system
- Offering health education, screening, and reduced-cost treatment and control, as applicable.

These key interventions are implemented in Cote D'ivoire plus 5 other African countries of Liberia, Malawi, Sierra Leone, Madagascar and Liberia.

HHA Patient Journey & Programme Implementation Resources



The HHA programme complements efforts of the ministry of health through provision of blood pressure screening equipment including digital BP machines, weighing scales and height boards; provision of health facility registers (screening registers, Health care provider diagnosis registers, Community Health Volunteers (CHVs) Counselling guides, height boards; provision of health facility registers (screening registers, Health care provider diagnosis registers, Community Health Volunteers (CHVs) Counselling guide

Engagement of Community Health Volunteers (CHVs)

Use of CHVs has been identified as an important strategy in the delivery of culturally relevant programmes for hypertension control in different settings. The CHVs approach is not only affordable and sustainable but also enhances cultural relevance of health information, providing an important linkage between community and healthcare system[1]. Under the HHA programme, CHVs undergo a training on health education and counselling, screening for hypertension and referral as well as data documentation.

CHV intervention is designed to promote targeted prevention of high BP in healthy individuals through community awareness but also BP control mainly for hypertensive patients and those with CVD risks. The interventions are mixed with both home-based and community-based awareness and screening activities.

[1] Gilmore B, McAuliffe E. Effectiveness of community health workers delivering preventive interventions for maternal and child health in low- and middle-income countries: a systematic review. BMC Public Health 2013;13:847. 10.1186/1471-2458-13-847

FAITH COMMUNITY ENGAGEMENT TO TACKLE NON-COMMUNICABLE DISEASES

ACHAP engages faith communities to address hypertension as a powerful strategy due to their influence, reach, and trusted position within communities. Here are some steps key approaches ACHAP deploys to effectively utilize faith community engagement:

Education and Awareness: ACHAP through in-country members partner with local faith leaders to educate community members about hypertension, its risk factors, and preventive measures. This includes organizing health seminars, workshops, or distributing informational materials health seminars.

Screening and Testing Events: ACHAP collaborates with faith-based organizations to host hypertension screening events within the communities. These events often help identify individuals at risk and encourage them to seek medical attention.

Healthy Lifestyle Promotion: Encourage faith communities to promote healthy lifestyle choices such as balanced diets, regular exercise, and stress management techniques. This is done and integrated into religious teachings and community activities e.g. holding 5-minutes health talks in places of worship (churches and mosques) before the sermons/prayers.

Support Groups and Counseling: Establish support groups within faith communities for individuals with hypertension or at risk. These groups routinely provide emotional support, share experiences, and offer guidance on managing the condition.

Access to Healthcare Services: Work with local faith-based healthcare providers to ensure that community members have access to affordable healthcare services for hypertension diagnosis, treatment, and management. This also involves organizing health fairs or facilitating referrals to clinics.

Policy Advocacy: Advocate for policies that support hypertension prevention and management, such as promoting healthier food options in community gatherings or advocating for better access to healthcare services.

Incorporate Spiritual Practices: Integrate spiritual practices such as meditation, prayer, or mindfulness into hypertension management programs. These practices can help reduce stress and promote overall well-being.

Training of Faith Leaders: Provide training and resources to faith leaders on hypertension awareness, prevention, and support strategies. Empowering them with knowledge and skills enables them to effectively address the issue within their congregations.

Community Engagement Events: Organize community events focused on hypertension awareness and prevention, such as walks, health fairs, or cooking demonstrations featuring heart-healthy recipes.

By leveraging the influence and resources of faith communities, ACHAP has made significant strides in addressing hypertension and other NCDs and promoting overall community health and well-being for all.

Lessons learnt

- **Importance of Community Engagement:** One crucial lesson is the significance of involving the community from the outset. Effective programs often require community buy-in, trust, and active participation. It's essential to understand the community's needs, beliefs, and barriers to successful hypertension management.
- **Tailored Educational Approaches:** Different communities have diverse literacy levels, cultural beliefs, and health practices. A lesson learnt is the need for tailored educational materials and approaches that resonate with the target communities. This might involve using local languages, culturally relevant examples, and visual aids to convey information effectively.
- **Empowering Individuals:** The successful of ACHAP hypertension program is from empowering individuals to take charge of their health. This included providing practical tools and resources for self-monitoring, medication adherence, and lifestyle modifications. Empowering individuals with the knowledge and skills to manage hypertension can lead to better health outcomes.

- **Integration with Existing Health Systems:** Integration with existing health systems and services is key for sustainability. ACHAP collaborates with local healthcare providers, leveraging existing infrastructures including faith-based structures, and ensuring continuity of care beyond the program's duration.
- **Addressing Socioeconomic Factors:** Socioeconomic factors greatly influence hypertension management. Lessons learned may include the need to address social determinants of health such as access to healthcare, affordability of medications, transportation barriers, and food insecurity. NCD Programs should consider holistic approaches that address these underlying factors.
- **Continuous Monitoring and Evaluation:** Continuous monitoring and evaluation have been essential for ACHAP program success and improvement. ACHAP hold quarterly pause and reflection meetings to track progress, identify challenges, and make necessary adjustments. Regular feedback from programme beneficiaries and stakeholders have also provided valuable insights.
- **Community Leadership and Sustainability:** Building community leadership and ownership is crucial for sustainability. ACHAP identifies and trains local leaders or champions who can continue the program beyond its initial implementation phase. These community-owned resource persons take ownership of their health initiatives.
- **Flexibility and Adaptability:** Finally, flexibility and adaptability are essential qualities for the successful ACHAP NCD program implementation. It is Important to adapt strategies based on ongoing feedback, changing community needs, and unforeseen challenges. Being responsive to feedback and willing to adjust approaches accordingly enhances the programme.



The Africa Christian Health Associations Platform (ACHAP) is a regional faith-based organization providing a platform for advocacy, networking, and capacity building for Christian Health Associations (CHAs) and Church Health Networks in Sub-Saharan Africa.

Established in January 2007 through a declaration of commitment by the 3rd Africa Christian Health Associations Biennial Conference held in Bagamoyo, Tanzania, ACHAP brings together about 40 national level faith-based networks providing services in 32 countries across Sub-Saharan Africa to share resources, establish technical working groups (TWGs), and provide ongoing training and Technical Assistance (TA) to its members.

Members of ACHAP play a critical role in public health as they partner with their governments towards achieving equitable access to quality healthcare in Africa.

CONTACT US FOR MORE INFORMATION

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