On the occasion, they announced that hypertension will be made a national priority.

The report highlights scalable key strategies from the program, which include standard treatment protocols, patient-centred care, access to drugs and simple information systems to ensure treatment and control of high blood pressure. The report also shares best practices from 100+ districts treating more than 20 lakh patients with hypertension at primary and secondary health care facilities.

Of a million patients registered till Dec 2020, 7.4 lakhs were under care between April 2020 – March 2021. Nearly half of the hypertension patients under treatment achieved blood pressure control with low-cost generic antihypertensive drugs in the first quarter of 2021. Blood pressure control was highest (55%) at Health and Wellness Centres (HWC) and second highest (48%) at Primary Health Centres (PHC), compared to higher-level public health facilities.

The results demonstrate that treatment and control of hypertension are feasible in primary care settings in diverse health systems across various States in India. To achieve India’s goal of 25% reduction in raised blood pressure by 2025, there is a need to rapidly scale up free hypertension treatment in primary care, an effort that will involve doctors, nurses and community health workers.

The project staff: Cardiovascular Health Officers and Senior Treatment Supervisors have played a key role in operationalization, implementation, and monitoring of the IHCI. For more information, please visit www.ihci.in/

At a glance

- **21** states
- **105** districts
- **15,703** healthcare facilities
- **25 LAKH** patients with hypertension enrolled
- **10 LAKH** patients with diabetes enrolled

DG ICMR, WR India, JS NCD, DDG, ED NHSRC and other dignitaries releasing the IHCI annual progress report 2021
The IHCI program was launched in the state of Chhattisgarh in two districts, Raipur and Durg, in March 2020, just days before Covid 19 was declared a pandemic. As a result, the initial three to six months of IHCI implementation in both districts witnessed a high number of missed visits among registered patients and low follow-up rates. This was primarily during the first wave of Covid 19 due to lockdowns and travel restrictions. As soon as the first wave subsided, field level plans were made to bring patients back on treatment primarily by engaging field level health providers or the ASHA workers.

ASHA workers, commonly known as Mitanin (“a friend”) in Chhattisgarh, play a critical role in linking the community with the health system and ensuring that those living in remote rural villages can access primary health care services. Though most of their work is focused on maternal and child health and health promotion, they can play a significant role in hypertension management.

In order to engage Mitanins in hypertension treatment and control, they were oriented on the IHCI strategies. The trainings were conducted at the health facilities in presence of medical officers and staff nurses. Line lists of IHCI-registered patients were generated at the health care facilities on a monthly basis and provided to the Mitanins for follow up in the community to improve treatment adherence and ensure continuum of care.

Additionally, new strategies were adopted in the districts to ensure patient care. Since many patients were not willing to visit health facilities for follow up and refilling of medicines during Covid 19, Mitanins were trained on blood pressure measurement and provided digital blood pressure monitors to visit patients and check their blood pressure at regular intervals in the comfort of their homes. The Mitanins recorded the blood pressure measurements in patients’ BP passport and updated the record in health facilities, which helped the facilities to refill medicines immediately. They were supported by the IHCI staff, along with facility in-charge, who reviewed the processes in order to maintain quality of care. This strategy has significantly improved the follow up rate among patients and improved the blood pressure control of patients registered under the program. Quarterly cohort blood pressure control rates have improved from 26% in Oct-Dec 2020 to 47% in Jan-March 2022, while missed visits have declined from 45% to less than 25%.

Despite disruptions caused by successive waves of Covid 19, Mitanins have diligently continued with their duties of ensuring continuum of care to patients enrolled under IHCI.

**CHHATTISGARH**

**Mitanins play a key role in improving blood pressure control**

With initiation of IHCI & involvement of Mitanins in tracking NCD patients, we are ensuring regular follow up of registered patients with BP measurement and regular refilling of medicines.

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Dr Mujahid Hasan  
Medical Officer,  
UPHC Mathpurena,  
Raipur, Chhattisgarh
RAJASTHAN

IHCI makes rapid strides

In the last two years, the IHCI program expanded rapidly, reaching 105 districts across 21 states. Rajasthan is one such state that has shown remarkable improvement with patient registrations and blood pressure control rates.

The IHCI program in Rajasthan was initiated in March 2021 in two districts – Churu and Bikaner. Prior to the launch, all health cadres including medical officers, ANMs, staff nurse, pharmacists and community health officers were sensitized and trained on the program.

Initially, a baseline survey in Bikaner district helped to assess the status of the ongoing NCD program and the on-ground realities pertaining to patient treatment outcomes. The survey indicated lack of NCD staff across clinics. Numbers of patients on treatment were unknown in almost all facilities and patient follow up information was unavailable across clinics. Patients would also require frequent visits to the facilities to refill medicines as they were dispensed for a shorter duration of 10-15 days.

The IHCI program brought a significant shift in health outcomes of patients living with hypertension in Churu and Bikaner. Currently, 39,000 patients are registered in the IHCI program in the state and data indicates that more than 50 percent of patients have their blood pressure under control in a short span of 14 months compared to 24 percent control rate during program inception.

Key interventions, such as a standard treatment protocol, dispensation of essential medicines for a minimum of 30 days and regular lifestyle modification and counselling sessions at health facilities for patients with high blood pressure resulted in improved treatment outcomes. Moreover, introduction of the Simple App helped health workers in managing patients with high blood pressure and diabetes, and seamlessly maintaining their records and preparing monthly reports.

Block level trainings on the IHCI program helped health workers in treating NCD patients more effectively. Involvement of District level monitors played a key role in sensitizing ASHA workers and ANMs on IHCI strategies, proper blood pressure measurement techniques and key messages on lifestyle modification. The IHCI blood pressure checklist helped health care providers in measuring blood pressure accurately using digital devices.

The IHCI program is designed well and in the simplest way. BP passports and Simple App is a good source of maintaining patients BP readings & medicine history for a longer duration, which helps us to examine and treat patients easily.

Dr. Ayush
MOIC- PHC Sanwantsar, block, Shri Dungargarh

ICMR & WHO have focused at the right time by implementing the program in the district, as NCD patients are increasing in multi digits every single year.

Mr. Indrajeet Singh Dhaka
DPC NCD
The National level CVHO review meeting and capacity building on the India Hypertension Control Initiative took place from 11–14 May 2022 in Pune Maharashtra. Hosted by WHO–India, the four-day meeting saw active participation from key officials from the National Programme from Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), MOHFW, NCD State Nodal Officers, officials from WHO, ICMR, RTSL and 35 cardiovascular health officers working towards successful implementation of the IHCI program across India.

Prior to the meeting, a rapid assessment questionnaire was shared with the field teams in order to understand and prioritize the challenges faced in IHCI implementation and identify any knowledge gaps among CVHOs. The agenda was crafted accordingly based on the responses received.

The meeting focused on reviewing IHCI program implementation, challenges, and way forward, capacity building for the newly joined CVHOs and mentored supervision field visits to understand implementation at the health facility level. It also gave participants an opportunity to learn about the IHCI progress updates and best practices adopted in different states, provided a platform for experience sharing by state NCD nodal officers and other participants, offered cross learning for all CVHOs, and generated discussions on the next steps to improve program quality and state-wide scale up by leveraging existing resources.

The last in-person CVHO review meeting was held in Bangalore in Aug 2019. At that time there were only 19 CVHOs covering 26 districts from five Phase 1 states. Since then, the IHCI has seen tremendous growth and geographic expansion and has expanded to cover 105 districts across 21 States. “The national level CVHO review meeting was an insightful experience with a lot of cross-learning, sharing best practices and outlining the way forward under the guidance of Dr Sudarsan Mandal, DDG MoHFW and IHCI national leadership. This will have enormous impact on the management of other NCDs too.” added Dr. Madhur Raimule, CVHO, Jharkhand.

MAHARASHTRA

Highlights from the national level CVHO review meeting

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IHCI has demonstrated the feasibility of hypertension care at the peripheral health facilities. This meeting was aimed to further strengthen the implementation of IHCI project under NPCDCS.

Dr. Sudarsan Mandal, DDG (NPCDCS & IH), DteGHS

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About India Hypertension Control Initiative (IHCI):
The IHCI was launched in 2017 as a multi-stakeholder initiative between the Ministry of Health & Family Welfare, Government of India, State Governments, Indian Council of Medical Research, and WHO India, with Resolve to Save Lives as the technical partner.