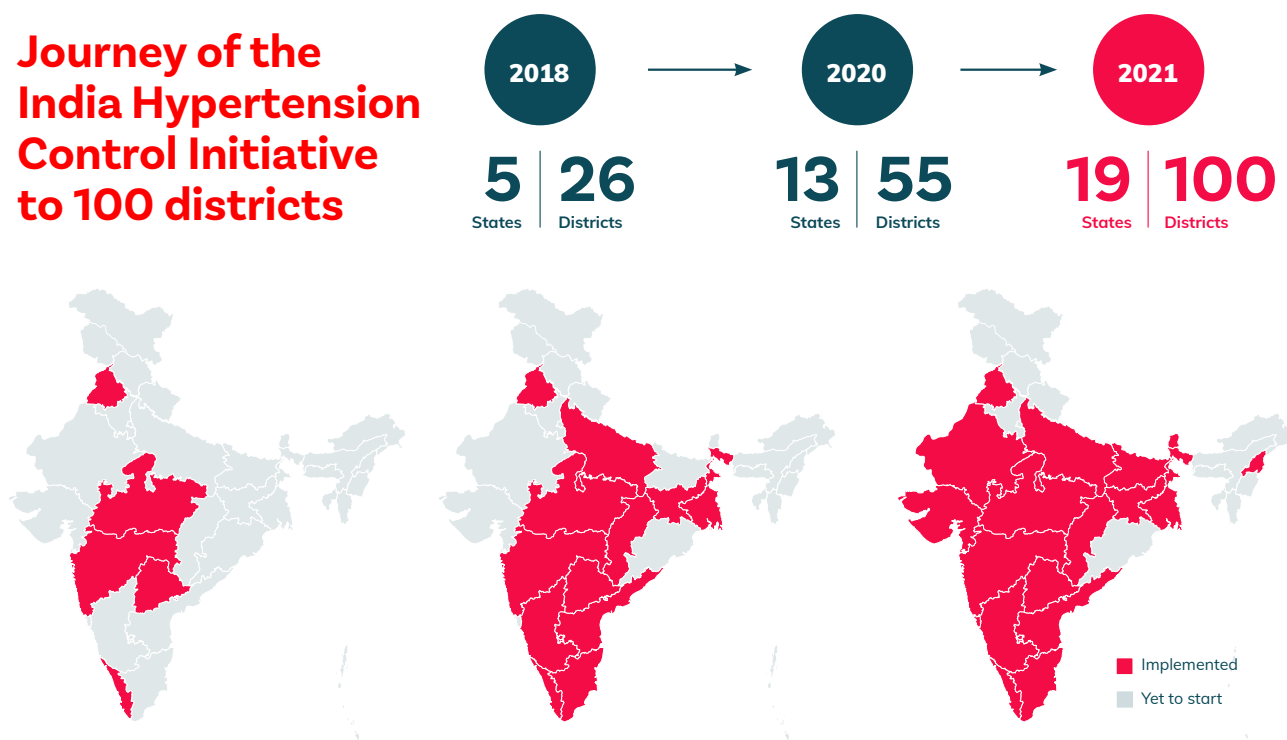


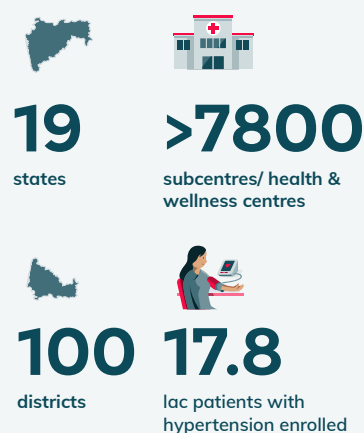
Journey of the India Hypertension Control Initiative to 100 districts



The India Hypertension Control Initiative (IHCI) was launched in Nov 2017. With the aim of strengthening the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the program was initially implemented in 26 districts across 5 states in 2018. Based on initial successes and lessons learnt from Phase I of the program, the Government of India decided to expand the program to 100 districts across the country. Gradually Diabetes was also included under IHCI. Due to the Covid-19 pandemic, progress was slow, but by September 2021, IHCI marked a major milestone, reaching 100 districts across 19 states. This was possible through the leadership of the MOHFW and ICMR, support from the WHO India, state and district health officials' commitment, and international technical partnership.

The initiative has had notable successes, including effective coordination and commitment among multiple partners; selection of state-specific hypertension treatment protocols; improvement in drug supply chain systems and thereby ensuring the availability of protocol drugs; recognising the value of professional digital blood pressure devices; provision of adequate training; dispensing of 30-day supplies of medications to patients; and measurement of blood pressure control each quarter by establishing robust information system allowing, for the first time, systematic and accurate information on hypertension control rates. For more information refer <https://www.ihci.in/>

At a glance



Key Strategies



PROTOCOLS



TEAM CARE AND
TASK SHARING



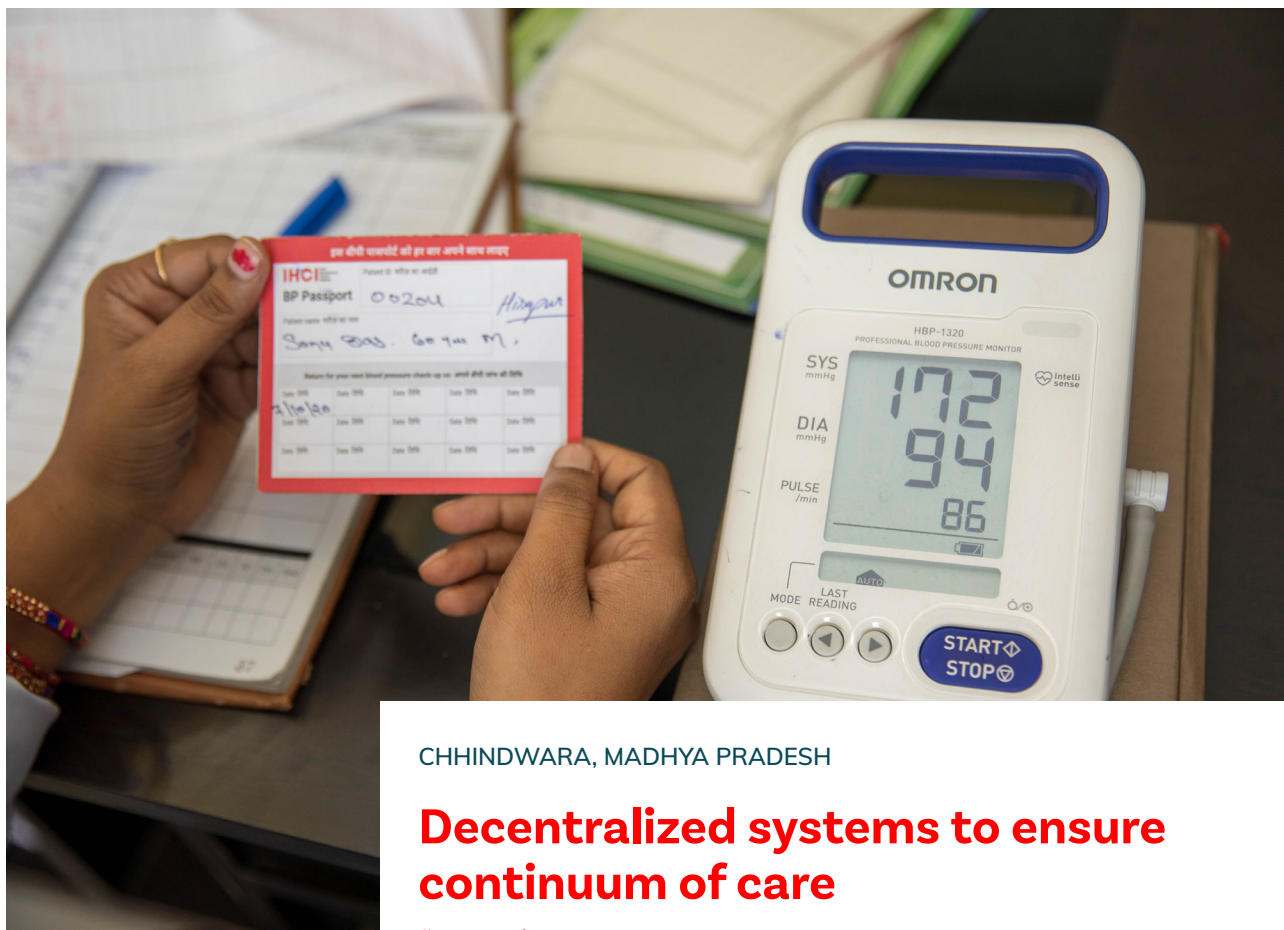
MEDICATION
SUPPLY



PATIENT-
CENTERED CARE



INFORMATION
SYSTEMS



CHHINDWARA, MADHYA PRADESH

Decentralized systems to ensure continuum of care

#case study

Bhimrao, a 76-year-old hypertensive patient is a resident of Rajegaon, and has to visit CHC Mohkhed for his treatment. Though Rajegaon is just 4 kilometers from the CHC, there is no public transport between the village and the hospital. To receive care each month, Bhimrao had to walk all the way to the hospital, wait for long hours to get his blood pressure checked and collect medication refills. Walking all alone to Mohkhed and spending the entire day at the hospital every month became extremely difficult for him, and eventually he stopped his treatment.

CHC Mohkhed, along with five Primary Health Centres and 28 Sub Health Centres (SHC) provide treatment facilities to around 1 lac 70 thousand population in the block. Realising that visiting the CHC for regular follow up was a challenge even for patients from nearby villages, the CHC Medical Officers decided to transfer such patients to nearby sub-centres or Health and Wellness Centres (HWCs) closer to their homes. This process of decentralization started with getting patient information digitized from IHCI registers and treatment cards. Further, village-wise line lists of registered patients were prepared and handed over to the health facilities. In addition, the Medical Officers and the IHCI Senior Treatment supervisor (STS) conducted trainings of health staff such as ANMs, ASHAs and CHOs.

ASHAs were requested to contact registered patients and refer them to SHC or HWC for follow-up.

This brought a sense of relief and happiness to Bhimrao and many other patients who had discontinued their treatment midway. "Now I can go to Sub Health Centre, Rajegaon every month to get my blood pressure checked and collect the prescribed medicines," said Bhimrao. Availability of antihypertensive medicines at the SHC saved him a lot of hard work, time and money. "I am so happy with this arrangement that I have registered my wife who also has high blood pressure!" he added.

Now I go to SHC Rajegaon every month, get my BP checked and receive all prescribed medicines. it saves lots of hard work and money as well! I am so happy with this arrangement that I have registered my wife who also has high blood pressure.

Beneficiary
Rajegaon, MP



MAHARASHTRA

Coordination Beats Distance: Antihypertensive drug relocation from Chandrapur to Pimpri Chinchwad, Pune

#success story

In Maharashtra, the IHCI was launched in Satara, Sindhudurg, Wardha and Bhandara in November 2018, and gradually expanded to nine additional districts (Gadchiroli, Gondia, Chandrapur, Ratnagiri, Kolhapur, Thane, Palghar, Sangli and Pune) in 2020. The Pimpri Chinchwad Municipal Corporation (PCMC) in Pune district initiated the IHCI program in a phased manner across all zones in 2021. The Covid-19 pandemic had disrupted health systems across the country, and Pimpri was no exception. As IHCI was expanded in Pimpri's five zones in May and June 2021, availability of protocol drugs at the health facilities became a challenge. There were limited stocks of essential antihypertensive protocol medicines. As availability of drugs at the health facilities are critical for smooth implementation of the IHCI and procurement at the local level was expected to take more than a month, it was decided to request other districts to send drugs to the PCMC pharmacy.

The State Cardiovascular Health Officer (CVHO) helped identify districts with adequate from where drugs could be relocated. Chandrapur, a district at a distance of 700 km was identified as having available drugs to send to PCMC. To begin the drug relocation process, the CVHO in Pune district supported the store pharmacists at both the locations. The Nodal officer sent official letters to the District Health Officer of Chandrapur to ensure

protocols were maintained. The Chandrapur district pharmacist dispatched the drugs by courier on 9 June and PCMC store received them on 15 June.

In total, 3,00,000 tablets of telmisartan and 10,000 tablets of chlorthalidone were transported from Chandrapur district to PCMC, ensuring uninterrupted drug supply for patients at PCMC.

Non-Availability of NCD medicines at facility level is a bottleneck in implementation of NCD Program; ensuring drug availability for minimum period of 60 to 90 days as per number of patients at every facility will improve service delivery and blood pressure control.

Dr Pavan Salve

Medical Officer of Health,
Pimpri Chinchwad Municipal
Corporation (PCMC), Pune



WEST BENGAL

State-wide expansion of IHCI

#state ownership

The State of West Bengal initiated IHCI implementation in October 2020, with its first patient registration on Simple App on October 1, 2020. And within a year of IHCI's launch, the State took the initiative and successfully rolled out the program across all districts.

The IHCI program was initially launched in five districts—Birbhum, Howrah, Paschim Medinipur, Purba Bardhaman and Purba Medinipur. In order to improve treatment adherence among patients with hypertension, BP passports (physical cards for tracking patient health information) were given to every patient, antihypertensive medicines were made freely available, and regular follow up was ensured on a monthly basis. The health services across these districts were gradually decentralised and currently 863 Health and Wellness Centres (HWCs) are doing regular follow up of hypertension patients.

With overwhelming response from health workers and high patient registration rates under IHCI, West Bengal recently decided to roll out the program to its remaining 22 districts. A state-wide scale up plan was developed, including orientation of hospital superintendent's

block health officers and public health nurses across 27 districts. This was followed by training of medical officers, staff nurses and pharmacists in 92 batches across 22 districts. With these services in place, the IHCI was launched state-wide on 16 August 2021.

With Covid-19 impacting health services significantly, launching IHCI program in the state was challenging. However, ongoing advocacy efforts towards ensuring essential health services at the state and district level helped to overcome these obstacles and successfully roll out the program in the entire state.

IHCI is a good initiative and is now our state-owned program. We have rolled out IHCI in the entire state.

Dr. Subhansu Datta
ADHS & SPO-NCD-2, Govt. of West Bengal

Acknowledgements

The IHCI newsletter is developed with contributions from Dr. Subhasis Bhandari (Cardiovascular Health Officer, West Bengal), Dr. Rupali Bharadwaj (Cardiovascular Health Officer, Madhya Pradesh) and Dr. Tejpal Singh Anand Rao Chavan (Cardiovascular Health Officer, Maharashtra)