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# PROGRESS BRIEF

## OVERVIEW

There are an estimated 20 crore adults with hypertension in the country, but less than 10% of them have their blood pressure under control. To achieve India's target of a 25% relative reduction in the prevalence of raised blood pressure, approximately 4.5 crore additional people with hypertension need to get their blood pressure under control by 2025.

The India Hypertension Control Initiative (IHCI) was launched in November 2017 to help achieve India's NCD goals by supplementing and intensifying evidence-based strategies towards strengthening the building blocks of hypertension management and control. In the first year, IHCI covered 26 districts across the five states namely Punjab, Kerala, Madhya Pradesh, Telangana, and Maharashtra. The phase-2 of the IHCI was launched in July 2019 and by December 2021 had expanded to 104 districts across 21 states and enrolled almost 23 lakh patients in 15,420 health facilities including 10,222 Health & Wellness Centres (HWC)/Sub centres.

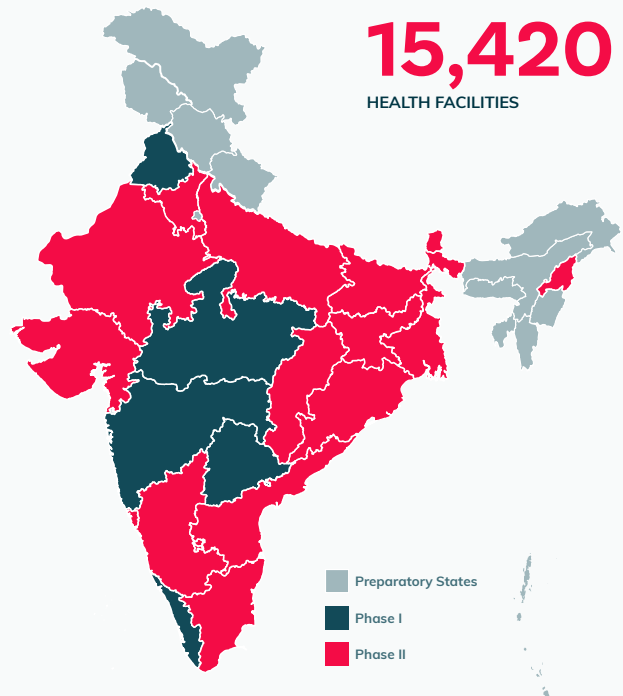
Treating patients with high risk of cardiovascular disease is one of the best buys as recommended by the World Health Organization (WHO). Managing blood pressure for 2.5 crore individuals can prevent up to five lakh deaths due to cardiovascular disease in the next 10 years.

The project staff: medical doctors with public health experience (Cardiovascular Health Officers) and non-medical staff with public health experience (Senior Treatment Supervisors) are playing a key role in operationalization, implementation, and monitoring of the IHCI.

## IHCI Implementation States

2018 → MARCH 2022

<b>5</b>	<b>26</b>	<b>21</b>	<b>104</b>
STATES	DISTRICTS	STATES	DISTRICTS



Using standard treatment protocols and drug consumption from the IHCI, the average cost for treating hypertension patients treated in the public sector could be as low as Rs 200 per patient per year. The lives saved can be doubled if we can treat and control the blood pressure of five crore individuals.

## Key intervention strategies



PROTOCOLS



TEAM CARE AND  
TASK SHARING



MEDICATION  
SUPPLY



PATIENT-  
CENTERED CARE



INFORMATION  
SYSTEMS

# IHCI ACHIEVEMENTS



## PATIENT ENROLMENTS

- By December 2021, 101 districts across 19 States had initiated the project activities. The project districts enrolled almost 21 lakh patients across 13,821 health facilities.
- In the 26 initial districts, one fifth of the expected patients were enrolled. State wise proportions were Maharashtra (27%), Kerala (22.6%), Madhya Pradesh (18.7%), Telangana (18.6%) and Punjab (14.2%).



## TREATMENT OUTCOMES

- Of a million patients registered in the 4505 health facilities in five phase I and three phase II states till Dec 2020, 7.4 lakhs were under care between April 2020 – March 2021.
- Nearly half (47%) of the registered patients under care had BP under control during the most recent visit in the first quarter of 2021.
- The blood pressure control was highest (55%) at HWC and second highest (48%) at PHC, followed by 44% in hospitals and 37% in CHC facilities.

# IHCI CHALLENGES



## TREATMENT OUTCOMES

Nearly one-fourth (23%) patients under care had uncontrolled BP, and 27% did not return for follow-up in the first quarter of 2021.



## DRUG AVAILABILITY

Drug availability improved in all Phase I states with at least one-month refills for all three drugs in five phase I states. Punjab, Madhya Pradesh and Telangana had stocks for nearly 6 months for protocol drugs. Kerala had only one month stock and Maharashtra had two months stock available in May 2021.

Availability of drugs was a challenge in most Phase II states and procurement process took nearly one year from planning



phase to availability of drugs at the facility level.

## BLOOD PRESSURE MONITORS



Lack of validated high-quality digital blood pressure monitors in several health facilities affected accuracy of hypertension diagnosis.

## HUMAN RESOURCES

In phase I states, dedicated nurses for NCD work lacked in most facilities except Telangana and Maharashtra.

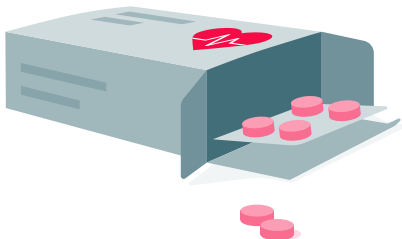
In Phase II states, most districts did not have dedicated NCD nurses at PHC level except Chennai. Few phase II districts lack doctors and nurses at the PHC level.



## DOCUMENTATION

The states which used paper-based treatment cards had challenges in documenting visits due to the COVID19 pandemic. A quarter of patients did not have any documented follow up visit in 12 months.

## WAY FORWARD



1

### TO INCREASE THE NUMBER OF REGISTRATIONS AND COVERAGE

- Encourage screening in the HWCs and Covid19 vaccination camps.
- Ensure dedicated NCD staff nurse (one at PHC and two or more at CHC and hospitals) and fill the Medical officer vacancies in all health facilities.
- Promote opportunistic screening and assign the support staff in every health facility to check blood pressure of all adults visiting the facility.
- Procure validated high-quality digital BP monitors for primary care health facilities.
- Enhance the linkages and referral of patients detected with high blood pressure during Population-Based Screening to health facilities for confirmation of diagnosis and registration.



3

### CONDUCT REGULAR MONTHLY REVIEW

of IHCI at block/ district level and 3-monthly reviews at State level as a part of NPCDCS review.



2

### TO REDUCE THE MISSED VISITS

- Encourage the use of IT tools for better documentation of visits and send periodic automated reminders for patients who did not return for follow up visits.
- Decentralize hypertension drugs refills to HWCs/Sub centres.
- Provide extended period prescriptions up to 60 days for those with controlled BP.
- Leverage existing ASHA incentives for follow-up of patients in the community and ensure regular disbursement.



4

### DISSEMINATE THE REPORTS TO ALL STAKEHOLDERS

and promote the Simple dashboard's use to review the performance of health facilities, districts, and states on a regular basis and in review meetings.



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## TO IMPROVE THE BLOOD PRESSURE CONTROL RATE

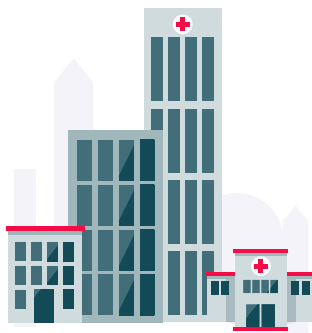
- Improve the compliance to State specific Hypertension treatment protocol at all levels of facilities in the public sector.
- Sensitize the medical officers for timely titration of drugs to decrease the proportion of patients with uncontrolled BP.
- Utilize the Telemedicine services (e-Sanjeevani/ Simple app) effectively in HWCs/Sub centres to titrate the drugs.
- Train and retrain all health workers focusing on Community Health Officers and ANMs for follow-up of patients who missed visits.



6

## TO IMPROVE THE AVAILABILITY OF DRUGS

- Identify the gaps in procurement systems and strengthen systems to procure annual requirement of drugs based on rational forecasting on time.
- Ensure uninterrupted availability of drugs at the health facility level by using IHCI drug forecasting tool and ready reckoner and improving the process of distribution from warehouse to health facility.



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## ENGAGE THE PRIVATE SECTOR

to enhance the coverage and quality of hypertension treatment and community-level hypertension control.

### ABOUT INDIA HYPERTENSION CONTROL INITIATIVE (IHCI):

The IHCI is 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 international technical partner.