WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTÉ**

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

Seventy-seventh session
Manila, Philippines
19–22 October 2026

WPR/RC77/7

3 September 2026

ORIGINAL: ENGLISH

Provisional agenda item 10

HYPERTENSION CONTROL

Hypertension is the leading modifiable risk factor for cardiovascular disease, stroke, disability and premature mortality across the Western Pacific Region. Although effective, affordable and evidence-based interventions to control hypertension are widely available, levels of detection, treatment and blood pressure control remain unacceptably low in many parts of the Region, particularly in resource-constrained settings and Pacific island countries and areas. The persistent gap between evidence and implementation threatens progress towards universal health coverage, undermines efforts to reduce premature mortality from noncommunicable diseases and places avoidable strains on health systems and households.

To address this issue, the draft *Regional Plan for Accelerating Hypertension Control in the Western Pacific Region* brings together global WHO recommendations, regional evidence and extensive technical input to provide a practical framework based at the primary health-care level for accelerating hypertension control at a scale widely available throughout health systems. The draft Regional Plan is deliberately framed as a health system intervention, rather than a stand-alone or vertical programme. It emphasizes equity, continuity of care across the life course, community engagement and pragmatic solutions that are feasible in diverse contexts, including small islands, remote rural areas and densely populated urban settings. Across all sections of the Regional Plan, the focus is on translating evidence into actionable policy and service delivery reforms that can be sustained over time.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Regional Plan for Accelerating Hypertension Control in the Western Pacific Region.*

DRAFT
REGIONAL PLAN FOR ACCELERATING HYPERTENSION CONTROL IN THE WESTERN PACIFIC REGION

1. BACKGROUND

Sustainable Development Goal (SDG) target 3.4 calls for a one-third reduction in premature mortality from noncommunicable diseases (NCDs) through prevention and treatment by 2030. Current projections indicate that the Western Pacific Region is not on track to achieve SDG target 3.4, underscoring the need for accelerated and coordinated action to strengthen NCD prevention and control efforts. Hypertension remains a major barrier to reducing premature mortality and improving population health outcomes across the Region. Despite the availability of effective, affordable and evidence-based interventions, hypertension diagnosis, treatment and control rates remain unacceptably low. One in three adults in the Region is living with hypertension (blood pressure ≥ 140/90 mmHg), while control rates remain below 20% in many countries and below 10% in some Pacific island countries and areas.

Prevention remains the most cost-effective approach to reduce the burden of hypertension. However, given the magnitude of the problem and the limitations in achieving prevention, it is of critical importance to focus on management and treatment. The *Global Report on Hypertension 2025* highlights that hypertension is both preventable and manageable, yet millions of people remain at risk because of inadequate detection, treatment and access to affordable medicines. The Global Report emphasizes that strengthening early diagnosis, expanding access to affordable treatment and integrating hypertension services within primary health care (PHC) can save millions of lives, reduce health-care costs and accelerate progress towards global health and development targets.

The Regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)*, identified accelerating hypertension control as a key delivery-for-impact priority. The vision establishes an ambitious target of an additional 100 million people with their hypertension under control in the Region by 2029. Achieving this target requires systematic strengthening of the hypertension care cascade, including diagnosis, treatment and long-term control. To guide implementation and strengthen accountability, the Region proposes achieving the global 80-80-80 hypertension targets by 2030: ensuring 80% of people with hypertension are diagnosed; 80% of those diagnosed receive treatment; and 80% of those treated achieve blood pressure control.

Achieving the 80-80-80 targets will require sustained political commitment, strong PHC systems, community engagement and focused efforts to address persistent inequities in access to hypertension prevention, diagnosis, treatment and long-term care.

Details of the situational analysis conducted in preparing this draft *Regional Plan for Accelerating Hypertension Control in the Western Pacific Region* are available in the information document: *Situational Analysis for Accelerating Hypertension Control in the Western Pacific Region*.

2. PLAN OF WORK

The *Global Report on Hypertension 2025* emphasizes that progress across the hypertension care cascade depends on coordinated action at three interconnected levels: policy, programme and individual. Policy-level interventions create an enabling environment through governance, financing, workforce development, and access to essential medicines and technologies. Programme-level interventions strengthen service delivery, including screening, treatment, follow-up and quality improvement. Individual-level interventions empower people and communities to seek care, adhere to treatment and adopt healthy behaviours.

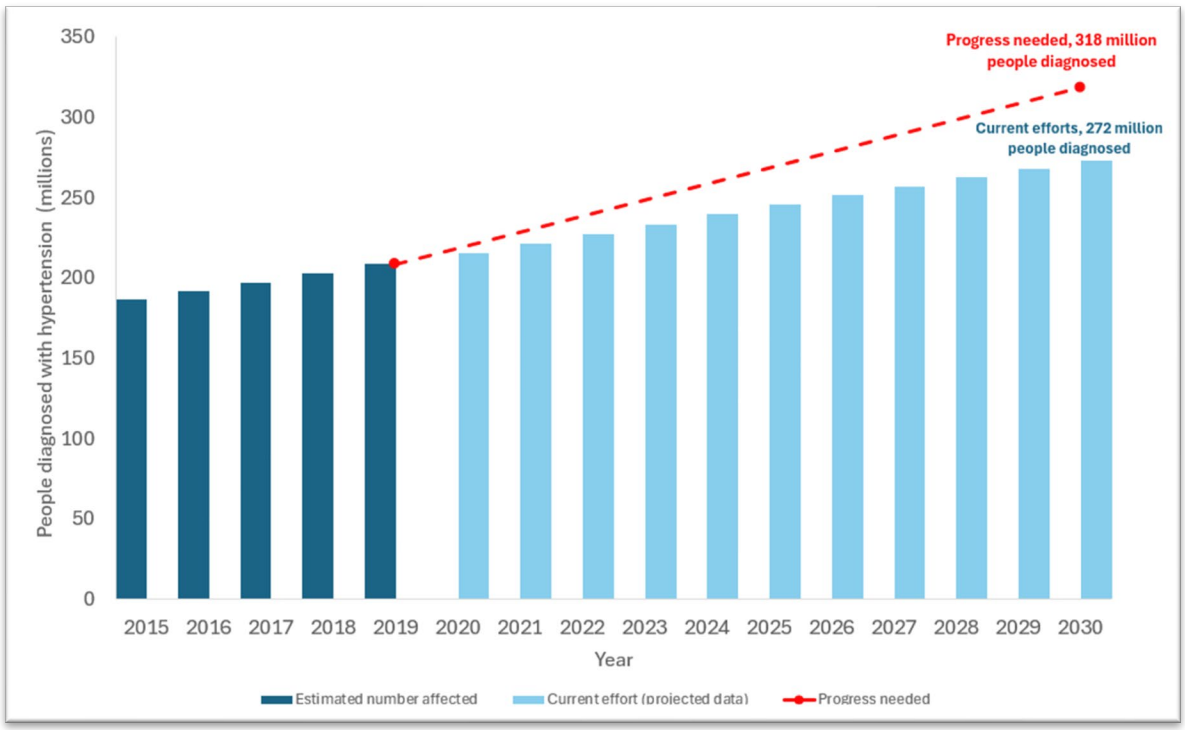
Reflecting this framework, the plan of work in the draft Regional Plan applies the policy–programme–individual levels approach across the 80-80-80 hypertension care cascade to the three interconnected objectives: ensuring 80% of people with hypertension are diagnosed; 80% of those diagnosed receive effective treatment; and 80% of those receiving treatment achieve and maintain blood pressure control. Together, these objectives pillars reflect the continuum of hypertension care and highlight the need for coordinated action across service delivery, health systems, communities and policy environments. Progress in any one area depends on progress in the others; therefore, Member States are encouraged to pursue a comprehensive and integrated approach that strengthens each step of the care cascade while advancing equity, quality and sustainability.

2.1 Identify and diagnose 80% of all hypertensives

Achieving an 80% hypertension diagnosis rate is the first step in the hypertension care cascade. Hypertension is frequently asymptomatic, so many people remain unaware of their condition and do not consult with health providers until complications occur. Fig. 1 shows the projected increase in the diagnosis rate based on current efforts versus progress needed to reach the 80% target.

Complementary action is required at the policy level to strengthen PHC and the integration of services at the programme level to expand screening and diagnosis, and at the individual level to improve awareness, health-seeking behaviour and uptake of screening services.

Fig. 1. Projected trajectory of the hypertension diagnosis target in the Western Pacific Region to 2030



Raise public awareness, make hypertension control everyone's business

Because hypertension is often asymptomatic, public awareness and health literacy are essential for increasing demand for blood pressure measurement, earlier diagnosis and sustained treatment. Awareness-raising should be connected to service delivery so that people reached through campaigns, community activities or workplace programmes can be screened, referred and enrolled in primary care with follow-up. This approach strengthens the first step of the care cascade while supporting adherence and control in later stages.

Provide essential NCD services at PHC

Effective hypertension coverage depends on strong, people-centred PHC. Hypertension management should be fully embedded within broader PHC service delivery, rather than implemented as a vertical NCD programme.

Reach the unreached

In addition, service delivery must be strengthened by reaching populations currently missed by routine services and by designing service delivery models that bring hypertension services closer to people. This includes complementing facility-based PHC care with targeted outreach to populations

that have limited contact with routine services, such as young adults, students, migrants and mobile workers, and those in informal or nonstandard employment.

Adapting service delivery hours, locations and platforms – through approaches such as workplace-based screening, community outreach aligned with local availability including evenings and weekends, and mobile or town-hall service models – can improve early detection, follow-up and continuity of care. Aligning services with when and where people live and work can reduce lapses in follow-up and support sustained blood pressure control in urban, rural and remote settings.

Integrate hypertension across the life course and health programmes

Integrating hypertension services with other health programmes enhances reach, efficiency and continuity. Opportunistic blood pressure screening and management should be embedded across the life course, including within diabetes services, adolescent health, reproductive health, maternal and child health, immunization platforms, occupational health and long-term care services. Immunization programmes offer strategic entry points for screening and referral, particularly as adult immunization expands, while ongoing management remains anchored in primary care. Various settings can also be used to expedite blood pressure screening, such as workplaces, malls and wellness centres.

Maternal health services require particular attention, with systematic screening and management of hypertensive disorders of pregnancy, preconception counselling, and routine blood pressure and glycaemic monitoring during antenatal and postnatal care. For older people and those receiving long-term care, routine blood pressure measurement, medication reconciliation and well-managed transitions of care are essential. Interoperable digital health records and unique patient identifiers support coordinated management across services and levels of care.

Action points

Member States should raise public awareness of hypertension as a silent but preventable and treatable condition, linking communication campaigns and community mobilization directly with blood pressure measurement, referral, enrolment in primary care and long-term follow-up.

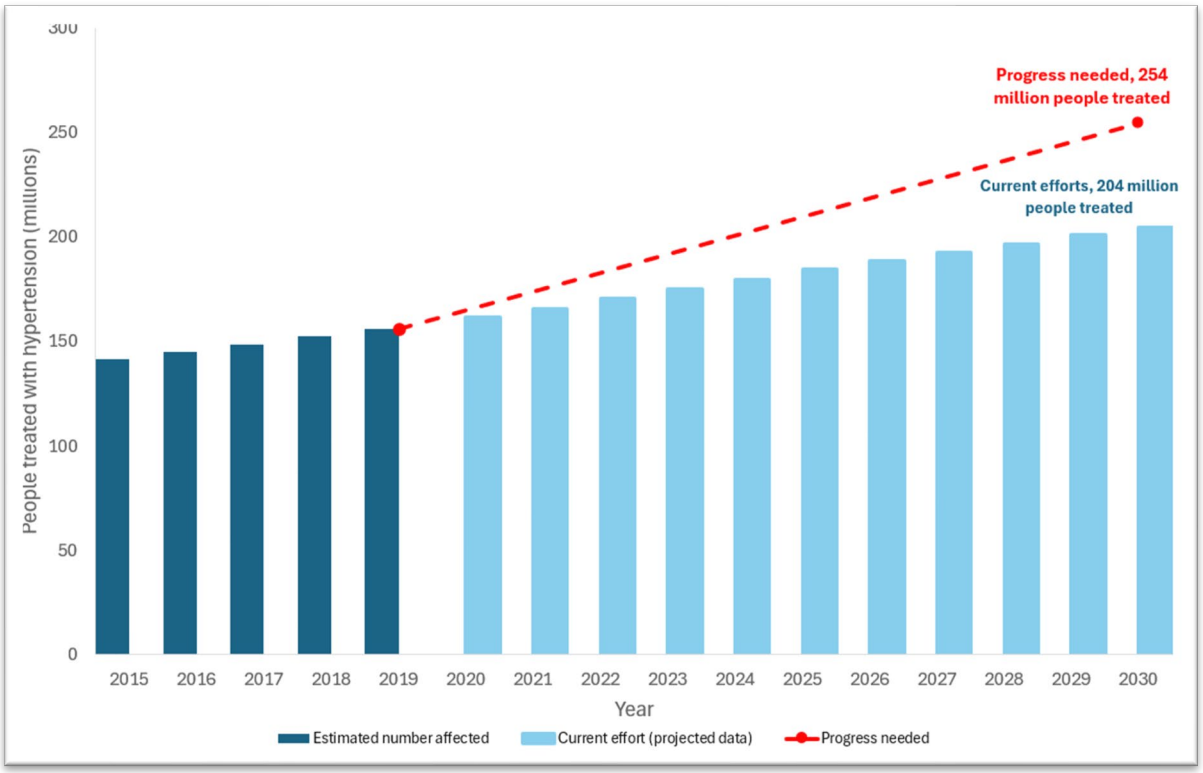
Member States are encouraged to embed hypertension prevention, detection, treatment and long-term follow-up as core functions of people-centred PHC, and to integrate routine blood pressure screening and management across the life course and within priority health programmes – including maternal, reproductive, adolescent, infectious disease, outreach, occupational health services and services for older people – supported by coordinated referral pathways and interoperable health information systems.

2.2 Treat 80% of diagnosed hypertensives

Achieving the second "80" of the hypertension care cascade requires ensuring that people who have been diagnosed are promptly initiated on treatment and remain engaged in care. Despite the availability of effective and affordable therapies, treatment rates remain suboptimal in many countries because of delays in treatment initiation, clinical inertia, workforce constraints, financial barriers and interruptions in access to medicines and services.

Closing this treatment gap requires simplified and scalable approaches that support consistent, high-quality care. Standardized clinical protocols and treatment pathways help reduce variations in practice and help facilitate timely initiation and intensification of treatment. Equitable and uninterrupted access to essential medicines, blood pressure devices and basic technologies is equally critical for starting and sustaining treatment. These strategies address the major barriers to treatment and are essential for achieving the target of treating 80% of all people diagnosed with hypertension by 2030 and closing the gap between the current projections and the regional goal illustrated in Fig. 2.

Fig. 2. Projected trajectory of the hypertension treatment target in the Western Pacific Region to 2030



Adopt simple clinical protocols and treatment pathways

Simplified, standardized and evidence-based clinical protocols are central to improving the quality and consistency of care. Approaches such as the *WHO package of essential noncommunicable (PEN) disease interventions for primary health care* and the *HEARTS Technical package for cardiovascular disease management in primary health care* help reduce unwarranted clinical variation, support task-sharing and counteract clinical inertia. Effective protocols provide clear guidance on diagnosis, cardiovascular risk assessment, treatment initiation and continuing management, use of first-line antihypertensive medicines, simple stepwise intensification and multi-month prescribing when appropriate. Incorporating mechanisms for tracing defaulters – those who drop out of treatment – and follow-up further strengthens continuity and outcomes.

As a starting point for implementation, Member States are encouraged to prioritize the development and adoption of national standardized clinical treatment protocols for hypertension, aligned with the WHO PEN and HEARTS approaches. This should be complemented by ensuring that medicines included in these protocols are incorporated into national essential medicines lists. At the same time, training of PHC workers on proper diagnosis, treatment initiation and ongoing management of hypertension using these protocols should be scaled up. Together, these elements constitute a minimum package to achieve high impact, which countries can implement early to accelerate progress in hypertension control while broader system strengthening efforts are being advanced.

Ensure access to essential medicines, devices and technologies

Equitable access to quality-assured antihypertensive medicines remains a cornerstone of hypertension control. Member States are encouraged to ensure that all essential antihypertensive medicines are included in national lists of essential medical products and universal health coverage (UHC) packages. Strengthening regulatory systems and procurement mechanisms, improving forecasting and supply chain management, and systematically monitoring and addressing stockouts are critical to maintaining uninterrupted treatment and safeguarding quality of care.

Out-of-pocket expenditures for patients must be reduced to improve adherence to treatment and long-term control, particularly among low-income populations and those living in remote, rural or island settings. Multi-month dispensing policies should be prioritized where clinically appropriate to reduce the burden of frequent facility visits. Together, these measures help ensure that hypertension treatment is affordable, continuous and equitable across diverse country contexts.

Regulatory and policy constraints that hinder scale-up of hypertension services must be addressed, including prescribing restrictions, limitations on task-sharing, medicine registration and

pricing challenges, and procurement barriers. Regulatory reform and policy dialogue are essential to enable standardized, team-based care at a scale widely available throughout the health system.

Reliable access to validated automated blood pressure devices, appropriate device cuff sizes and basic diagnostic technologies is fundamental for accurate diagnoses and effective management. These devices should be available at all levels of PHC and in outreach settings, supported by standardized measurement protocols, regular maintenance and ongoing competency assessments for health workers. In line with the *Global Report on Hypertension 2025*, medicine access should be treated as a core system function rather than a downstream procurement issue. Countries should review the full value chain for antihypertensive medicines, including selection, registration, pricing, procurement, prescribing, dispensing and reimbursement.

Action points

Member States are encouraged to adopt simplified, standardized, evidence-based clinical protocols for hypertension management, aligned with the WHO PEN and HEARTS approaches to support early treatment initiation, timely intensification, continuity of care and improved blood pressure control.

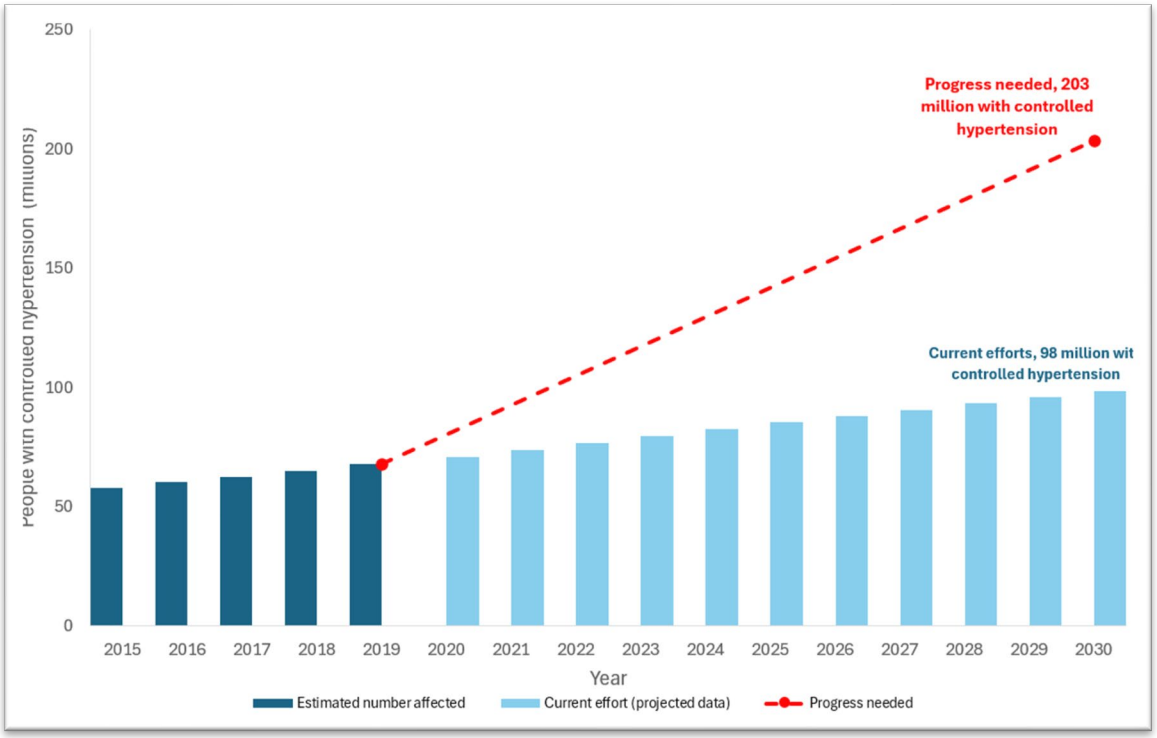
Member States must ensure equitable and uninterrupted access to quality-assured antihypertensive medicines through inclusion in national essential lists and UHC benefit packages; strengthened regulation, procurement and supply chain systems; and measures to reduce out-of-pocket expenditures for patients.

2.3 Achieve and maintain 80% blood pressure control

Achieving and maintaining blood pressure control in 80% of people receiving treatment is the goal of the hypertension care cascade. While diagnosis and treatment initiation are essential, many patients fail to achieve control because of inadequate follow-up and poor treatment adherence. Fig. 3 shows a steeper curve because it reflects the necessary progress in diagnosing hypertensives, initiating treatment and maintaining blood pressure control.

Reaching the 80% control target requires a sustained partnership between an enabled PHC team and an informed, engaged patient. Team-based care expands the capacity of health services to provide timely treatment intensification, regular follow-up, adherence support and coordinated management, while patient engagement strengthens understanding, shared decision-making and the ability to sustain treatment and healthy behaviours between visits.

Fig. 3. Projected trajectory of the hypertension control target in the Western Pacific Region to 2030



Promote team-based care

Team-based care and task-sharing are critical. Nurses and other trained non-physician providers can safely initiate and adjust antihypertensive treatment as needed using standardized protocols, supported by appropriate supervision and referral systems. Reliable access to validated automated blood pressure devices, use of correct device cuff sizes and standardized measurement practices are essential, along with regular competency assessments. Behavioural counselling addressing diet, physical activity, alcohol and tobacco use should be integrated into routine primary care contacts. Community engagement also plays a crucial role in supporting follow-up, adherence and continuity of care, especially in rural and island settings.

Empower the patient

Patient engagement and self-management should be strengthened as an integral component of routine hypertension care. Patients should be supported to become active partners in managing their condition through clear communication, practical education and shared decision-making. Counselling should help patients understand their diagnosis, know their treatment goals, and recognize the importance of lifelong adherence to medication and healthy lifestyles, including regular follow-up even when they feel well and have no symptoms.

Noncompliance with maintenance medications is often a cause for failure of treatment. There are behavioural and motivational factors for frontline workers to take into consideration to improve their ability to motivate individuals to stay on their medications for long periods of time. It is important therefore to address behavioural aspects of chronic medication intake.

Patients should also be encouraged and enabled to monitor their own health, including through home blood pressure monitoring where feasible, tracking medication use and recognizing warning signs that require medical attention. Simple reminder systems, digital health tools and defaulter tracing can help patients stay connected to care and reduce loss to follow-up. Empowering patients with the knowledge, skills and confidence to manage their condition is essential for achieving sustained treatment adherence and better cardiovascular outcomes.

Action points

Member States should strengthen team-based hypertension care through task-sharing and multidisciplinary care models, enabling nurses, pharmacists, community health workers and other trained providers to support blood pressure measurement, treatment initiation and intensification, adherence counselling, follow-up and referral in accordance with standardized national protocols.

Member States must empower patients through education and self-management support while strengthening the capacity of frontline health workers to improve treatment initiation and adherence, sustain patient motivation and ensure continuity of care.

2.4 Cross-cutting actions

Achieving and sustaining hypertension control at scale requires more than improvements in clinical services. Long-term success depends on strong connections between health systems and communities, robust mechanisms to monitor performance and outcomes, sustained financing and system improvement, and continuous learning that enables countries to adapt and refine implementation. These enabling functions support progress across the entire hypertension care cascade and help translate effective interventions into lasting population-level impact.

Engage the community

Community engagement should be strengthened as an important component of hypertension programmes at all stages of the 80-80-80 cascade, complementing facility-based services and extending the reach of PHC. Community platforms should be leveraged to promote healthy behaviours, normalize routine blood pressure measurement and improve early detection, follow-up and continuity of care, particularly among underserved populations.

Community health volunteers should be mobilized and supported as key agents in delivering community-based interventions. With appropriate training and supervision, they can facilitate screening, provide basic counselling and support adherence and follow-up, thereby strengthening linkages between communities and the health system. At the same time, people living with NCDs should be actively engaged through peer support groups to reinforce self-management, improve adherence and provide psychosocial support, contributing to sustained control and improved outcomes.

Strengthen facility-based surveillance and quality assurance systems

High-quality, routine data systems are indispensable for effective programme management, quality assurance and accountability in hypertension control. Countries should transition from reliance on episodic surveys to continuous, patient-centred data platforms, including electronic hypertension registries that enable real-time tracking of diagnoses, treatment initiation, treatment intensification and blood pressure control. These systems provide a foundation not only for monitoring coverage but also for assessing the quality and appropriateness of care delivered across the hypertension care cascade.

Routine data should be used to support clinical audit and feedback mechanisms, enabling health-care providers and managers to identify gaps in diagnosis, delays in treatment initiation, inadequate treatment intensification and poor adherence. Facility- and district-level dashboards can facilitate regular performance reviews, benchmarking and supportive supervision, helping to ensure that patients receive timely, standardized and evidence-based care in line with national protocols.

To assure adequate treatment and outcomes, data systems should incorporate key quality indicators, such as control rates among treated patients, follow-up intervals, medication adherence and protocol compliance. These indicators should be systematically analysed and disaggregated to identify inequities in care and outcomes across population groups and geographic areas.

Continuous data and quality improvement systems enable a shift from passive reporting to active programme management, supporting early identification of underperforming areas, targeted corrective actions and sustained improvements in hypertension control at a scale that will be widely available throughout the health system. Facility-level readiness indicators, district-level dashboards and longitudinal monitoring of premature NCD mortality support performance improvement and equity-focused action. All indicators should be systematically disaggregated by sex, age, socioeconomic status, geography and facility type.

The public sector may consider engaging with private health-care providers, including through partnerships that support adoption of national treatment protocols and routine reporting of hypertension service data. Where appropriate, governments should develop simple, standardized surveillance tools

that allow private practitioners to contribute data for programme monitoring, planning and quality improvement, with appropriate data governance safeguards.

Invest in sustainable financing and system improvement

Sustained political and financial commitments are required to achieve and maintain high levels of hypertension control. Governments are encouraged to prioritize investments in the health workforce, essential medicines, diagnostics, digital systems and primary care infrastructure. Cost savings can be achieved through pooled procurement and the strategic use of quality-assured generic drugs.

Incorporating hypertension services into UHC benefit packages and reducing financial barriers for patients are essential steps to improve adherence and outcomes. The design of benefit packages can be leveraged to promote continuity of hypertension care, including primary care enrolment schemes, registration-based follow-up and benefit structures that support long-term treatment adherence. Financing arrangements should reinforce patient tracking, regular follow-up and uninterrupted access to medicines, rather than focusing solely on episodic service coverage. NCD investment cases can help identify and prioritize the most cost-effective interventions.

Share experience and learning within the Region

The Western Pacific Region offers a wealth of experience countries can share and learn from each other. Several Member States have demonstrated that high levels of blood pressure control are achievable through strong PHC, simplified treatment protocols, broad insurance coverage and sustained investments in health systems. Community-based screening, task-sharing, mobile services and digital innovations have proven particularly valuable in diverse contexts, including large middle-income countries and small island states. These experiences underscore the importance of adapting global guidance to local realities while maintaining focus on quality, equity and sustainability.

Building on these experiences, sharing best practices across the Region is critical for accelerating progress. Structured platforms for knowledge exchange can enable Member States to learn from other implementation approaches, adapt proven models to their contexts and avoid common pitfalls. Documenting operational lessons also helps translate experience into actionable guidance. Strengthening regional collaboration – including through communities of practice and peer-to-peer learning – fosters continuous improvement, supports policy dialogue and promotes the rapid scale-up of effective hypertension interventions across diverse settings.

Action points

Member States should secure sustained political and financial commitments for hypertension control and strengthen efforts through the engagement of community health volunteers and peer support networks to expand screening, diagnosis, adherence and continuity of care, while enhancing patient-centred monitoring, evaluation and surveillance systems that use data to drive quality improvement, equity-focused action and accountability.

Member States are encouraged to document, share and adapt national experiences and best practices in hypertension control, as well as actively participate in regional learning platforms to support peer-to-peer exchange, policy dialogue and continuous improvement across diverse country contexts, thereby accelerating scale-up of effective interventions across the Region.

3. MONITORING AND EVALUATION

Monitoring and evaluation should assess progress across policy-, programme- and individual-level interventions, recognizing that successful hypertension control depends on coordinated action throughout the care cascade.

Consistent with the *Global Report on Hypertension 2025*, monitoring should give particular attention to the number and estimated proportion of people with hypertension who are diagnosed, are receiving treatment and who have their blood pressure controlled. These indicators should be complemented by measures of treatment initiation, treatment intensification, medicine availability, validated device availability, follow-up intervals, adherence support and equity gaps.

4. ROLE OF THE WHO SECRETARIAT

WHO will advocate for hypertension control as a central and high-impact priority within the broader NCD, PHC care and UHC agendas of the Western Pacific Region. WHO will engage high-level policy-makers and leverage regional and global policy platforms to promote sustained political commitment to achieve the 80-80-80 hypertension targets.

WHO will also support coordinated partnerships and resource mobilization efforts, ensuring that hypertension control remains a key entry point for strengthening health systems and advancing equity.

The Organization will also provide technical assistance to countries and areas to support the design and implementation of comprehensive PHC-based approaches to hypertension control. This support will be organized around the five action areas highlighted in the *Global Report on Hypertension 2025*: 1) integrating hypertension into UHC reforms; 2) affordable access to quality-assured medicines

and validated devices; 3) workforce capacity and team-based care; 4) stronger health information systems for monitoring treatment and control; and 5) public awareness and community engagement. Attention will be given to strengthening the hypertension care cascade – from early detection to long-term adherence – through the adoption of simplified treatment protocols, such as WHO PEN and the HEARTS technical package.

WHO will also support countries in addressing barriers to access, including improving the availability and affordability of essential medicines and validated blood pressure devices, and reducing inequities in underserved populations, including those in rural, remote and island settings.

In addition, WHO will develop and disseminate practical regional tools and resources to facilitate implementation at scale. These include standardized clinical protocols, training modules for PHC workers, and policy guidance to support integration of hypertension services across the life course and within existing health programmes. The Organization will also support the strengthening of digital health solutions and interoperable data systems to improve patient tracking, continuity of care and programme management, while ensuring appropriate governance and equity considerations.

WHO will facilitate knowledge-sharing, regional collaboration and continuous learning among countries and areas. This will include establishing and strengthening regional platforms and communities of practice to share best practices, innovations and lessons learnt from diverse country contexts. WHO will also support countries in monitoring progress using standardized indicators and reporting tools to support timely feedback, accountability and data-driven decision-making.

Through these coordinated efforts, WHO will support Member States in translating evidence into sustained, scalable action to accelerate hypertension control, improve population health outcomes and strengthen resilient, people-centred health systems across the Western Pacific Region.

5. CONCLUSION

Improving hypertension control is among the most impactful and cost-effective actions available to reduce premature mortality and strengthen health systems in the Western Pacific Region. Member States can rapidly accelerate progress towards UHC and the achievement of SDG health targets by adopting a PHC-centred, life-course approach; integrating services across programmes; ensuring equitable access to essential medicines and technologies; responsibly harnessing digital innovations; and investing in robust monitoring systems. This guidance is intended to support countries in translating evidence into practical, scalable actions to save lives and advance health equity so that no one in the Western Pacific Region is left behind.