

## World Hypertension League History 2013-2015

### Reflections on the WHL 2013-2015.

With the support of the WHL executive and board, the WHL started a shift from being a conduit of knowledge and expertise between hypertension organizations to striving to be a driving force for the creation and implementation of strategic approaches to control hypertension and the creator of tools and resources for hypertension prevention and control. The need and opportunity for such a transition is outlined in the global overview of hypertension from the World Health Organization on World Health Day 2013. The need for hypertension prevention and control was emphasized by the United Nations targets to reduce uncontrolled hypertension 25% and reduce dietary salt (sodium) 30% by 2025.

To increase capacity, efficiency and to take advantage of financial opportunities, the WHL had several governance changes. The league moved its' office from Canada to United States, restructured to have a board that represents the major World Health Organization global regions, hired a Chief Executive Officer (Mark Niebylski) and a Population Health and Economics Specialist (Kimbree Redburn), developed an Executive Treasurer position, updated bylaws, developed governance policies on conflicts of interest, supporting /endorsing other organizations materials and activities, travel and publications and updated the mission, vision, values, objectives and goals statements. Roles and responsibilities of the executive and board were more clearly defined and a constantly updated work plan was maintained. Official working relations with the World Health Organization (WHO) were renewed. To better address culture and languages, regional offices of the WHL were opened in China (East Asia), Sub Sahara Africa, Latin America and India. There were early plans for regional offices in the other major WHO regions. A needs assessment of global WHL member organizations was undertaken as well as a specific needs assessment of member organizations in Sub Sahara Africa (1;2). The WHL and the International Society of Hypertension (ISH)) worked closely on many collaborative projects.

To increase its impact, the WHL focused on **strategic planning for hypertension control**, **increasing awareness of having a hypertension diagnosis** and on **reducing dietary salt**.

The WHL developed a template for strategic planning (3;4), a global call to action and fact sheet (5) as well as a Sub-Sahara Africa call to action and fact sheet (6), a manuscript on how to develop a regional/national call to action and fact sheet (7), a slide deck on strategies to prevent and control hypertension (<http://www.whleague.org/index.php/j-stuff/resource-center>), a compellation of various national and regional hypertension strategies (<http://www.whleague.org/index.php/j-stuff/web-links>), a policy to support the Package of Essential Noncommunicable Disease Interventions for Primary Care in Low-Resource Settings from the WHO and presented workshops and talks on strategic planning. Several of the resources were co-sponsored by the ISH. WHL executive members worked to identify best

practices in hypertension prevention and control to highlight in the Journal of Clinical Hypertension ([http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1751-7176](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1751-7176)) (8-10).

A blood pressure screening work group developed videos, slide decks, written tools and resources to promote blood pressure screening (11), a policy statement supporting the transition from manual blood pressure assessment to automated blood pressure assessment (12), a call to regulate automated blood pressure devices and cuffs, and pilot tested the blood pressure screening resources in multiple countries with diverse economies (<http://www.whleague.org/index.php/j-stuff/blood-pressure-assessment-train-the-trainer>). World Hypertension Day (May 17<sup>th</sup>) was dedicated specifically to improving awareness of the hypertension diagnosis and to promote screening of blood pressure from 2013 to 2018 (1). Each year, the WHL sought to increase blood pressure screenings for World Hypertension Day. The Goal in 2014 was 100,000 screenings and more than 300,000 screenings were conducted. In 2015 the goal was 1 million people screened and over 2.5 million people were screened. The WHL and the ISH decided to partner on WHD from 2015 on.

A separate WHL working group developed recommended standards for analyzing blood pressure surveys (13).

To support reduction in dietary salt, the WHL in partnership with multiple international organizations lead the development of a call to action and fact sheet on dietary salt (14). Other WHL resources and actions included development of recommendations for standardized nomenclature on dietary salt (15), a call for quality research (16), collaboration in a weekly Medline science of salt update (<http://www.hypertensiontalk.com/science-of-salt-weekly/>), development of a process to set recommended dietary salt research standards, development of a power point slide set to support the WHL/ISH position and resources (<http://www.whleague.org/index.php/j-stuff/dietary-salt-reduction>), and critic of weak research studies on dietary salt (17;18). The WHL also supported a regular update of literature on dietary salt in the Journal of Clinical Hypertension (19). Several of the resources were co-sponsored by the ISH. The WHL and the ISH supported the WHO recommendations for dietary salt to be less than 5 g (sodium 2000 mg)/day (with lower amounts in children proportional to their lower energy requirements) and the United Nations target of a reduction in dietary salt sodium of 30% by 2025.

For communications, the WHL established official relations with the Journal of Clinical Hypertension (JCH)(20;21). The monthly electronic JCH had strong reputation, a rapidly increasing impact factor, a high interest in the mandate of the World Hypertension League and was made available to access free of charge to support broad global dissemination of high quality evidence. There were extensive efforts to increase the circulation of the newsletter. The WHL office reestablished connections with 25 past WHL member organizations, and recruited 15 new member organizations. A new comprehensive website (WHLeague.org) was established to host the growing number of WHL resources as well as to link to other important resources for hypertension prevention and control. Numerous publications, slide sets and two

videos were developed to support key WHL topics. The WHL has written an article on the need to restructure hypertension meetings to address hypertension prevention and control and is planning to host a World Hypertension Congress in Beijing in 2017.

To recognize people and organizations who have had a substantive impact on preventing and controlling hypertension and in reducing dietary salt sodium, the WHL developed a recognition program in 2014 (21)(<http://www.whleague.org/index.php/news-awards-recognition>). Awards of notable achievement and excellence have been provided since 2014 to global leaders in all regions of the world (22). The WHL also started planning a Global Leaders Program to facilitate knowledge exchange and best practices between global hypertension leaders.

The following members of the board have worked hard on behalf of the WHL and the effort to prevent and control hypertension in the reporting timeframe. Dr Liu Leshing Past President, Dr Daniel Lackland President Elect, Dr Xin-Hua Zhang Secretary General (2014-), Dr A Chockalingam Secretary General 2013-2014, Dr Peter Nilson Executive Treasurer, Dr. Ernesto Schiffrin (ISH representative (2013-), Dr. Stephen Harrap (ISH representative -2014), Dr Rhian Touyz (ISH representative 2014-), Dr. V.V. Muthusamy (-2014), Dr. Istemihan Tengiz (-2014), Dr. Anita Rieder, Dr. Prabhakaran (2015-), Dr Krasimira Hristova (2014-), Dr. Daniel Lemogoun (2014-), Dr Marcello Orias (2014-) and Dr. Bader Almustafa (2015-). Dr Mark Gelfer and Dr. Darwin Labarthe were special advisors to the WHL board (2013-). Chief Executive Officer, Mark Niebylski and Population Health and Economics Specialist, Kimbree Redburn provided support for the WHL 2014- 2015 and Chellam Chellappan was the Administrative Secretary up to May 2014.



Norm Campbell MD

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