High blood pressure is very common. One out of three adults in the South-East Asia Region is affected by high blood pressure. It is the leading risk factor for mortality claiming nearly 1.5 million lives each year in the Region.

High blood pressure is increasing in the Region due to rapid urbanization and globalization leading to adoption of unhealthy lifestyles.

Many people in the Region are unaware that they have high blood pressure and remain undiagnosed. Even the majority of those who are diagnosed do not get treated to control the blood pressure.

Undiagnosed and uncontrolled blood pressure leads to heart attack, stroke as well as kidney and eye damage. Early death, disability, loss of income, and medical care expenditures due to high blood pressure, all take their toll on families, communities and national budgets. The loss of family income from death or disability can be devastating. Spending on health care, which is often long term or lifelong in the case of complications of high blood pressure, pushes millions of people into poverty.

Each year high blood pressure kills nearly 1.5 million people in the Region.

poor control of high blood pressure. Addressing complications of high blood pressure drains individual and government budgets because of the need for costly interventions such as bypass surgery and dialysis. Early detection and treatment of high blood pressure and its risk factors can decrease premature mortality (due to heart disease and stroke) leading to improved health and well-being.

Integrated health programmes need to be established particularly at the primary care level to increase access to health care services for high blood pressure and other associated noncommunicable diseases. Health workers should be trained in diagnosis and management of high blood pressure and other noncommunicable diseases using standard guidelines.

Primary health care facilities must be equipped with basic technologies and generic medicines for treatment of high blood pressure and associated noncommunicable diseases, such as diabetes. These include technologies — at least a blood pressure measurement device, a weighing scale, blood sugar measurement device and urine strips for albumin assay; medicines — at least aspirin, a statin, an angiotensin converting enzyme inhibitor, thiazide diuretic, a calcium channel blocker, an oral hypoglycemic agent and insulin. In addition to

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What should be done to increase access to early diagnoses and management of high blood pressure?

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treatment, counselling should be offered to ensure adherence to treatment.

WHAT PUBLIC POLICY INTERVENTIONS CAN HELP PREVENT AND CONTROL HIGH BLOOD PRESSURE IN THE POPULATION?

Public health policies should help to make healthier options the default choice. These include policies to reduce the exposure of the whole population to major risk factors, such as unhealthy diet, physical inactivity, harmful use of alcohol and tobacco use.

**LIST OF COST-EFFECTIVE POLICY INTERVENTIONS**

**EATING A HEALTHY DIET**
- Salt reduction through mass media campaigns and reduced salt content in processed foods.
- Replacement of trans fats with polyunsaturated fats.
- Public awareness programme about diet and physical activity.

**INCREASING PHYSICAL ACTIVITY**

**STOPPING TOBACCO USE**
- Excise tax increases.
- Smoke-free indoor workplaces and public places.
- Health information and warnings about tobacco.
- Bans on advertising and promotion.

**REDUCING HARMFUL ALCOHOL USE**
- Excise tax increases on alcoholic beverages.
- Comprehensive restrictions and bans on alcohol marketing.
- Restrictions on the availability of retailed alcohol.

**HOW CAN THE IMPACT OF ACTION BE MONITORED?**

Surveillance and health information systems in countries have to be strengthened to monitor the impact of action to prevent and control high blood pressure and other noncommunicable diseases. Noncommunicable disease surveillance is the ongoing systematic collection and analysis of data to provide information regarding a country’s noncommunicable disease burden. Monitoring systems need to collect reliable information on risk factors and their determinants, noncommunicable disease mortality and morbidity. Surveillance and monitoring is critical for providing information needed for policy and programme development including appropriate regulations and legislation required for prevention and control of noncommunicable diseases.

**WHAT ACTION IS BEING TAKEN BY WHO TO ADDRESS HIGH BLOOD PRESSURE?**

As the world’s leading public health agency, WHO tracks the global burden, articulates evidence-based policy, sets norms and standards, and provides technical support to countries to address health and disease. Since 2000, WHO has played a critical role in efforts to address noncommunicable diseases including high blood pressure through a public health approach.

Key activities include: evidence-based guidance and implementation tools to assist countries to address high blood pressure through a combination of interventions that focus on individuals and the whole population; coordinating the development of the global noncommunicable diseases action plan 2013–2020 and a global monitoring framework in consultation with Member States and other partners to provide a roadmap to operationalize the commitments of the United Nations political declaration on noncommunicable diseases.