The focus of this year’s World Health Day is high blood pressure also known as hypertension.

High blood pressure is the single most important risk factor for mortality, accounting for 1 in every 10 deaths in the South-East Asia Region. High blood pressure increases the risk of heart attack, stroke, loss of vision and kidney disease. Each year, hypertension kills nearly 1.5 million people in our Region.

High blood pressure and related noncommunicable diseases have become rampant. Globalization and unplanned urbanization are driving unhealthy lifestyle patterns in the population, such as increased consumption of processed foods containing excessive salt, low levels of physical activity, and use of tobacco and alcohol. In addition, increasing levels of mental stress contribute to the adoption of unhealthy behaviours thus putting people at a higher risk of acquiring hypertension and related noncommunicable diseases.

High blood pressure can affect anyone regardless of age, race, ethnicity, gender or income level. Today, one in three adults in WHO’s South-East Asia Region has hypertension. As the population of our Region ages, more and more people are likely to be affected.

The good news is that high blood pressure is both preventable and treatable. A holistic approach based on health promotion and primary prevention is required to address risk behaviours that cause hypertension and related noncommunicable diseases. There is a need to promote healthy lifestyle behaviour among populations. This includes increased physical activity to maintain a healthy weight; avoiding tobacco use and limiting alcohol intake; and consumption of a healthy diet that is rich in fruits and vegetables, and low in saturated fats and salt. Promoting healthy behaviours will reduce mortality not only due to hypertension-related cardiovascular diseases but also due to other noncommunicable diseases such as diabetes, cancer and chronic respiratory diseases. Therefore, it should be our priority to educate and motivate people of all ages and in all walks of life to be proactive in preventing the onset of hypertension, by making health-promoting behaviours a part of their everyday lives.

Prevention and management of hypertension and related noncommunicable diseases is not the responsibility of the health sector alone but requires integrated, multisectoral, multidisciplinary and culturally relevant approaches. As most of the major determinants of the disease burden lie outside the health sector, we need to ensure that the strategy for prevention and control of hypertension and related noncommunicable diseases cuts across all sectors and involves collaboration with many stakeholders. Education and labour, food and nutrition, transport and communications, urban development, sports and youth affairs sectors, all need to come together to design interventions to raise awareness and encourage people to make healthy lifestyle choices.

National governments of Member States in the South-East Asia Region need to institute programmes in schools and workplaces towards healthy eating and effective physical fitness. The governments also need to work with the food industry to put regulations in place for decreasing the amount of salt/sodium added to processed foods and increasing the availability of healthier food options.

High blood pressure is a “silent killer” with no signs or symptoms. Many people, therefore, do not realize that they have hypertension. Thus, alongside promoting healthy behaviours for prevention of hypertension, it is also important to educate the population about regular check-ups of blood pressure levels as a means of timely diagnosis of hypertension. Timely diagnosis and treatment can avoid complications such as stroke, heart attacks, kidney and eye damage. It is possible to diagnose and treat hypertension at the primary health care level using simple equipment and standard treatment guidelines. Health systems need to be strengthened to make these services available, affordable and accessible. Improved access and affordability should particularly focus on groups for whom the reach of health programmes is low. In addition to improved access to treatment, counselling should be offered to promote adherence to prescribed medicines and adoption of healthy lifestyles.

In September 2011, at the historic meeting of the United Nations General Assembly on noncommunicable diseases, Member States made commitments to take concerted and comprehensive actions for prevention and control of noncommunicable diseases. These commitments must now be translated into concrete actions through adoption of effective public policies. Adequate resources should be dedicated to promote healthy lifestyles, empower communities and strengthen primary health systems to thwart the growing burden of these diseases.

On World Health Day 2013, I urge all Member States and partner agencies to take tangible and sustained actions to combat high blood pressure through national and local public health agencies and other organizations within and beyond the health sector. Preventing and controlling hypertension means reducing disease, disability and death by protecting the people of the South-East Asia Region from the risk of heart disease, stroke and related noncommunicable diseases, and thereby, further increasing their health and well-being.

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1 Systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg.
Noncommunicable Diseases (NCDs) has become a global concern as the magnitude of morbidity and mortality from NCDs continues to accelerate globally.

Noncommunicable diseases (NCDs) are slow progressing, long duration, largely preventable illnesses that result from numerous common modifiable factors.

Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are four major NCDs that account for 80% of NCD deaths.

Tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol are four modifiable risk factors and are the cause of majority of NCD deaths.

Among cardiovascular diseases, hypertension is on the rising trend in South East Asian region including Myanmar. It is also a leading cause for mortality claiming nearly 1.5 million lives each year in the South East Asian region.

High blood pressure can affect anyone regardless of age, sex, race, ethnicity and social status. The incidence of hypertension is increasing due to rapid urbanization and globalization leading to adoption of unhealthy lifestyles.

Cardiovascular Disease Project (CVD) has been initiated and established in Myanmar since 1981 and conducting hypertension clinics in 43 townships in Yangon Region. The project is also expanding hypertension clinics in districts to increase the accessibility to health care service for hypertension.

High blood pressure is a silent killer with no overt signs and symptoms, so it is also important to provide health education to people about the need for regular check-up and measurement of blood pressure for early and timely diagnosis of hypertension. Lack of awareness for early detection of hypertension and irregular medication are the major causes of morbidity and complications of hypertension. Health care workers at primary care level are trained on diagnosis of hypertension using simple equipment and standard guidelines.

In conducting health education programs, patients are also informed on adherence to medication to reach target blood pressure so as to avoid further complications of hypertension. According to NCD risk factor survey Myanmar 2009, only 37% of men and 45% of women diagnosed as hypertension were taking antihypertensive drugs prescribed by health workers. Thus, counselling to ensure adherence to treatment need to be stressed at each clinic visit.

Health education on life style modifications is also as important as adherence to antihypertensive medications. The CVD project is providing health talks focusing on healthy diet, salt restriction, cessation of tobacco use, regular exercise, weight reduction and on harmful use of alcohol. The reduction of sodium intake is accepted as a cost-effective public health intervention for prevention of NCD including hypertension and particularly relevant for Myanmar people whose daily food intake contains fish paste and dried salted meat.

Many people in developing countries including Myanmar remain undiagnosed, although many of these could be treated with low-cost medications, which would significantly reduce the risk of death and disability from heart disease and stroke. Inadequate treatment and poor control of blood pressure lead to complications and related disabilities affecting workforce productivity and the quality of life of the people.

Sometimes, especially in grade 2 hypertension, patients cannot reach target blood pressure despite medication and in such cases combination of anti-hypertensives is finally needed to control blood pressure. For proper control of hypertension, continuous treatment by medication also plays a crucial role.

The WHO package of Essential Noncommunicable disease interventions (WHO PEN) for primary care in low resource settings is an innovative and action orientated response to the challenges of NCDs. WHO PEN is the minimum standard for NCDs to strengthen national capacity to integrate and scale up care of heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic obstructive pulmonary disease in primary health care.

Myanmar has initiated PEN since 2012 in two townships in Yangon Region with the technical and financial assistance from WHO focusing on WHO PEN protocol 1-prevention of heart attacks, strokes and kidney diseases through integrated management of diabetes and hypertension.

In conclusion, hypertension is “treatable as well as preventable”. Early diagnosis, adherence to treatment and proper control to reach the target blood pressure are equally important to reduce the overall burden from complications of hypertension.

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