Improving quality of care and clinical outcomes to effectively treat hypertension in low- and middle-income countries

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The inability to access high quality cardiovascular care is a significant driver of health inequalities worldwide. Last year, the NAS Global Quality Chasm Report estimated that between 5.7 and 8.4 million deaths occur every year due to ineffective care for noncommunicable diseases (NCDs), including cardiovascular disease. Health systems in low- and middle-income countries are ill prepared to address the growing burden of these diseases, and urgently call for new solutions to address the biggest gaps in cardiovascular care – such as modifying international guidelines to support under-resourced health systems, training clinicians to measure accurately, and improving access to essential treatments.

As part of the Better Hearts Better Cities initiative, the Novartis Foundation and American Heart Association applied the evidence-based quality improvement MAP (Measure Accurately, Act Rapidly, and Partner with Patients) framework [1] in health clinics as one component to improve hypertension management in lower-income urban settings, including Dakar, Senegal; São Paulo, Brazil; and Ulaanbaatar, Mongolia.

Findings from the application of the MAP framework in the United States show improved blood pressure control levels. Better Hearts Better Cities implemented key aspects of this framework in lower-income countries:

1. **Measure accurately**

To measure accurately, we trained healthcare professionals and clinic personnel to ensure high-quality blood pressure screening of all patients visiting the participating clinics.

For example, in Ulaanbaatar, 1,896 (90%) of all primary healthcare workers were trained on the MAP framework, and we modified clinical environments to ensure proper patient positioning and blood pressure measurement.

2. **Act rapidly**

To act rapidly, we standardized primary care guidelines and hypertension protocols to meet the needs of the local health system in each city.

By enhancing data collection processes, clinicians could provide ongoing performance feedback and engage in peer networks to exchange standard guideline best practices.

3. **Partner with Patients**

Partnering with patients is a fundamental principle of Better Hearts Better Cities. By engaging multi-sector
partners, including government and civil society, we reached more people who may be unaware they are living with hypertension.

For example, in São Paulo, we developed health literacy programs for schools and workplaces, while local champions such as football clubs and samba schools spread awareness about heart health to lay audiences.

**Shifting mindsets for better health**

The combination of strategies within the MAP framework is effectively shifting mindsets of health workers, health system managers and policy makers, as well as patients and their families – ultimately improving the quality of hypertension care.

*Results from the Better Hearts Better Cities initiative will be presented at the 2019 European Society of Cardiology Congress in a panel including Ann Aerts, Head of the Novartis Foundation; Nancy Brown, CEO of the American Heart Association; Álvaro Avezum, Research Director at the São Paulo Cardiology Society; Peter Lamptey, Professor at the London School of Hygiene and Tropical Medicine; and Elena Bonfiglioli, Managing Director Health and Life Sciences, Microsoft EMEA.*

*Find out more about the event*

**References**


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