



HYPERTENSION INDICATORS FOR IMPROVING QUALITY AND COVERAGE OF SERVICES

**Virtual meeting,
1-2 March 2021: REPORT**

HYPERTENSION INDICATORS FOR IMPROVING QUALITY AND COVERAGE OF SERVICES

**Virtual meeting,
1-2 March 2021: REPORT**

Hypertension indicators for improving quality and coverage of services, virtual meeting, 1-2 March 2021: report

ISBN 978-92-4-003712-0 (electronic version)
ISBN 978-92-4-003713-7 (print version)

© **World Health Organization 2021**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Hypertension indicators for improving quality and coverage of services, virtual meeting, 1-2 March 2021: report. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](#).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/about/policies/publishing/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

CONTENTS



EXECUTIVE SUMMARY

v



1. INTRODUCTION

1

1.1 Meeting organization

1

1.2 Meeting scope and purpose

1



2. PROCEEDINGS

2

2.1 Opening and background

2

2.2 Country experiences in patient and programme monitoring systems
for hypertension management at primary care level

3

2.3 Expert opinion on HEARTS-S module and hypertension indicators

7

2.4 Review and revision of HEARTS indicators

9



3. CONCLUSION AND RECOMMENDATION

20



ANNEX 1. LIST OF PARTICIPANTS

21



ANNEX 2. PROGRAMME

25

EXECUTIVE SUMMARY

Hypertension is a major cause of cardiovascular deaths, affecting more than one billion people around the world with two thirds of them in low- and middle- income countries. Delays in diagnosis and incomplete and interrupted treatment of hypertension can lead to poor health outcomes and premature deaths. The World Health Organization (WHO) and partners developed the HEARTS technical package to provide a strategic primary health care approach to improve cardiovascular health in countries. It is composed of six modules, including a HEARTS Systems for Monitoring module (HEARTS-S) that contains five indicators for health facility, subnational and national monitoring.

On 1-2 March 2021 WHO convened countries, experts and partners to review implementation of data collection for hypertension with a focus on HEARTS-S and other related hypertension indicators. Countries updated on their implementation of hypertension indicators such as those listed in the HEARTS-S and related patient and programme monitoring systems, while experts provided their assessment of utility of HEARTS-S and quality metrics for clinical indicators.

Countries are at different phases of HEARTS technical package implementation, from pilot phase to nationwide roll-out. These are set up as a national hypertension programme or integrated into existing national noncommunicable disease (NCD) programmes such as country WHO Package of Essential NCD interventions

(PEN), where components of HEARTS are adapted to national guidelines. Six countries shared their experiences in implementing HEARTS-S and hypertension indicators. Countries found the HEARTS-S module to be useful in designing forms and developing indicators for clinical management. They adapted indicators according to national protocols and information needs. Indicator modifications included revised blood pressure targets, age groupings, time frame of indicators and frequency of reporting. Not all hypertension indicators in HEARTS-S are reported by all countries and countries also use other indicators to monitor hypertension programmes at various levels, from health facility level to district, province, state and/or to national or central levels.

Countries also vary in their levels of adoption of digital technologies in their patient and programme monitoring systems. One country reported non-use of digital applications while some countries have used electronic health records and digital patient tracking applications. Despite their transition to digital systems, countries continue to face issues in data sharing across facilities and across levels of care in private and public sector. Other challenges identified by countries include high patient load, low capacities for monitoring, and ineffective incentivized mechanisms for reporting of programme goals.

Experts agreed that the HEARTS-S module provides a simple, focused and practical framework for monitoring at health facility, subnational and national levels in resource-

constrained settings. It includes highly useful tools for recording and reporting that can be easily adapted by countries and a set of standardized indicators that track achievement of major goals of the hypertension programme. All HEARTS-S indicators are considered relevant but lack socio-economic aggregation to reveal inequalities in health care access, specifically among vulnerable populations and fail to identify critical gaps along the cascade of care that should be overcome in order to optimize patient outcomes. Variable measurement of indicators exists due to differences in control targets, denominators and multiple sources. Experts recommended further standardization of indicators, inclusion of additional indicators, subgroup analyses, conduct of subnational surveys and application of digital technologies to address limitations of HEARTS-S indicators.

With consideration of clinical information needs, desirable qualities of indicators and existing patient and programme monitoring capacities, participants gave specific recommendation for the improvement of hypertension indicators and inclusion of additional feasible, practical and statistically sound indicators for monitoring quality and coverage of

services. General recommendations on monitoring included harmonization of hypertension, diabetes and other NCD comorbidity monitoring frameworks, development of simple tools for digital data entry and calculation of indicators, adoption of unique health identifiers for longitudinal monitoring, and implementation of clinical audits and supportive supervision. The group proposed a revision of HEARTS-S hypertension indicators and development of additional indicators to address the following:

1. Inclusion of equity measures such as socio-demographic dimensions of the population with hypertension.
2. Alignment with country-specific clinical protocols and targets.
3. Estimation of the population with hypertension along the cascade of care.
4. Assessment of comorbidities and complications.
5. Long-term tracking of patients, minimizing losses to follow-up.
6. Continuous improvement of quality of clinical programme.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_23374

