Context: 29.8% of Senegalese 18-69 are hypertensive (STEPS, 2015); majority don’t know status

4 districts in Dakar
- Dakar West: 237,725 people
- Dakar North: 507,458 people
- Dakar Center: 373,905 people
- Dakar South: 197,466 people

Dakar West, North, Center and South
### Interventions
- Situational analysis
- Algorithms and training materials on hypertension management
- Cascade training of health care providers
- Fill equipment gaps at facility level
- Districts engage community-based organizations

### Objectives
- Improve health workers’ capacity to screen, diagnose, and manage hypertension cases
- Promote healthy behaviors

### Goal
- Decreased morbidity and mortality related to hypertension
Ngoné, a community health worker, takes Raki’s blood pressure in Dakar West.

“I’m glad you’re coming to my house to do this. We old people, we don’t want to have to go to a health facility.” - Raki
Monitoring and Evaluation Activities

- Indicator definitions
- Design of new data collection tools
- Roles/responsibilities
- Data quality audits/data supervision
- Electronic health registry
- Extra staff for data entry
- Data analysis and visualizations
- Frequent data reports and discussions
Screening Timeline and Trend

Cumulative number of people screened by quarter

- Thru Mar 2018
- Thru June 2018
- Thru Sept 2018
- Thru Dec 2018
- Thru March 2019

- 674
- 17,138
- 43,837
- 187,340
- 293,819

Events:
- Doctor training in Dakar West
- CHW training in Dakar West
- CHW training in Dakar Center and Dakar North
- Doctor training in Dakar Center and Dakar North
- Provider training in Dakar South
Cumulative # people diagnosed, under treatment, and controlled by quarter

Hypertension Cascade of Care

<table>
<thead>
<tr>
<th>Quarter</th>
<th># people diagnosed</th>
<th># patients under treatment</th>
<th># patients controlled (BP &lt; 140/90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thru June 2018</td>
<td>237</td>
<td>208</td>
<td>27</td>
</tr>
<tr>
<td>Thru Sept 2018</td>
<td>606</td>
<td>401</td>
<td>79</td>
</tr>
<tr>
<td>Thru Dec 2018</td>
<td>2,173</td>
<td>1,545</td>
<td>250</td>
</tr>
<tr>
<td>Thru March 2019</td>
<td>3,412</td>
<td>2,691</td>
<td>596</td>
</tr>
</tbody>
</table>

88% 66% 71% 78% 13% 20% 16% 22%
Lessons Learned

• Important to target more men in primary prevention activities.

• Task-sharing from providers to community health workers for hypertension prevention and screening is feasible and expands reach.

• Routine review of data and increased frequency and quality of supportive supervision leads to improved quality of and linkage to care.

• Better targeting of screening strategies can significantly improve the diagnosis rate.

• Strong collaboration between facility and community health workers in follow-up of patients increases proportion under control.

• Routine taking of blood pressures has improved quality of care for other illnesses.

• Leveraging multisectoriality for health promotion and advocacy among local authorities will further sustain interventions.