

Healthy Heart Africa



Overview

Hypertension – also known as high blood pressure – is a key entry point for addressing the growing non-communicable disease (NCD) burden across Africa.¹

- Hypertension is associated with an increased risk of cardiovascular disease (CVD).²
- Out of 17 million premature deaths (under the age of 70) due to NCDs in 2015, 37% are caused by CVDs and this is now the number one cause of death worldwide,³ yet hypertension is preventable.³
- Nearly 30% of African adults were estimated to have high blood pressure in 2014, the highest prevalence in any region.⁴ There were approximately 80 million adults with high blood pressure in Sub-Saharan Africa in 2000 and this figure is expected to rise to 150 million by 2025.⁵
- NCDs are projected to be the most common cause of death in Africa by 2030, exceeding the combined mortality of communicable diseases, nutritional diseases and maternal and perinatal deaths.⁶

Healthy Heart Africa Summary

AstraZeneca has over a century of experience in treating cardiovascular diseases and an extensive portfolio of anti-hypertensives. AstraZeneca's HHA is an innovative programme committed to tackling hypertension and the increasing burden of cardiovascular disease (CVD) across Africa.

Aligned with AstraZeneca's sustainability goals, HHA aims to improve access to hypertension care across Africa. HHA was established with the ambition to be sustainable; we sell the branded AstraZeneca medicines that are part of the programme at a significant discount,⁷ but one that enables us to implement a no-profit/no-loss business model.

HHA aspires to reach 10 million people with high blood pressure across Africa by 2025, by working with local and global partners to:

- **Raise awareness and educate** around lifestyle choice and CVD risk factors
- **Train providers and drive care to lower levels** of the healthcare system
- Facilitate access to **low cost, high quality branded anti-hypertensives**

Healthy Heart Africa Milestones

Since launching in Kenya 2014 and in Ethiopia 2016, HHA has already:

- **Conducted 5.7 million blood pressure screenings** in the community and in healthcare facilities^{8a}
- **Trained over 5,000 healthcare workers**,^{8b} including doctors, nurses, community health volunteers and pharmacists to provide education and awareness, screening and treatment services for hypertension
- **Activated 675 healthcare facilities in Africa**^{8c} to provide hypertension services, including the establishment of secure supply chains for low cost, high-quality branded antihypertensive medicines
- **Identified over 1 million people living with high blood pressure**^{8d}



How HHA started

HHA was launched in **Kenya** in October 2014 in collaboration with the Ministry of Health (MOH) and in support of its commitment to combat NCDs. The initiative began with an 18-month demonstration phase to understand how to integrate hypertension services into the existing healthcare service infrastructure.

Given the novel nature of HHA, and the reality that there is a lack of evidence of successful implementation of NCD interventions within the primary care setting in African countries,⁹ AstraZeneca launched **five different demonstration projects. In collaboration with a range of partners**, HHA tested different models across a relatively fragmented healthcare system¹⁰ to identify what works and at what cost, to inform future scale-up both within Kenya and across the region more broadly.

The partner programme models explored a number of approaches for improving access to hypertension care, including:

- Integrating hypertension and infectious disease programming
- Providing hypertension programming across public, social franchise, and faith-based facility networks
- Testing uptake of hypertension care in community settings

Integration of HIV and Establishing New Entry Points

We believe our approach to fighting hypertension **works best when integrated into existing health platforms**. Our partnerships with public and private facilities are helping to integrate blood pressure screening and hypertension treatment into routine care in Kenya and Ethiopia.

Additionally, our demonstration phase proved the potential of using hypertension as a **new entry point** for treatment of other disease areas, including HIV/AIDS. We learned that formal partnerships are critical for strong integration of hypertension and HIV care and so have prioritised new partnerships to build on the potential for collaboration across disease areas.

In November 2017, HHA signed a Memorandum of Understanding (MoU) with the Kenya Medical Supplies Authority (KEMSA) to have the Programme's medicines made available to participating public health facilities, faith-based organisations and non-governmental organisations. This new partnership complements the existing partnership AstraZeneca has with the Mission for Essential Drugs and Supplies (MEDS), which has also been strengthened with the signing of an MOU.

About the AZ-PEPFAR Partnership

Announced in September 2016, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and AstraZeneca embarked on an innovative and ambitious global public-private partnership to tackle the burden of HIV and hypertension in Africa. The partnership will **jointly invest up to \$10 million over five years to integrate hypertension services into existing HIV platforms across Africa** to improve access to HIV and hypertension care.

The **partnership between PEPFAR and AstraZeneca marks the first expansion of PEPFAR's investments to specifically address hypertension and cardiovascular disease**, one of the largest drivers of non-communicable diseases (NCDs) across Africa.¹⁸

With a long history of developing products for the treatment of cardiovascular disease, AstraZeneca developed HHA to support African governments in testing and scaling effective models of hypertension care. HHA has identified new strategies for bringing hard-to-reach populations into hypertension care, including men from 25 – 50 years of age. Men in Sub-Saharan Africa are also a difficult population to engage for HIV care,²⁰ and HHA's model presents a natural opportunity for partnership with PEPFAR to improve HIV care in the same population.





Having started with an initial one-year pilot programme in Western Kenya, **the PEPFAR-HHA partnership is leveraging PEPFAR's existing HIV infrastructure in Homa Bay and Kisumu and working with the Kenyan Ministry of Health.** The programme is being implemented by **PATH**, a current PEPFAR partner with extensive expertise implementing both HIV²¹ and NCD programming.²² As a key partner for both AstraZeneca and PEPFAR through existing initiatives, **the partnership will work closely with the Government of Kenya** to contribute to both the HIV and NCD programming priorities of the country.

In 2017 we worked to optimise the HIV/HTN integration and have extended our relationship with our implementing partner for a further 12 months. Together we screened approximately 300,000 people over the year and observed an indicative growth in male engagement.²⁶

Healthy Heart Africa in Ethiopia

After the success of the HHA programme in Kenya, **AstraZeneca developed a partnership with the Federal Ministry of Health in Ethiopia in February 2016²⁵** to integrate HHA programming into the Ethiopian healthcare system in support of the Government of Ethiopia's **National Strategic Action Plan for Non-Communicable Diseases.** The HHA partnership in Ethiopia is designed to provide the same elements that have been successful in Kenya while ensuring their appropriate adoption to meet the needs of the Ethiopian healthcare system by **utilising the Government's extensive Health Extension Programme** to bring care closer to the community.

The goal for the Ethiopia-HHA partnership is to **decentralise and scale up high-quality hypertension care and treatment** across health facilities in **eleven hospitals and thirty-six health centres across seven regions.** Implementation is being adapted in partnership with the Ethiopian Ministry of Health for integration into public facilities. In the course of 2017, we moved beyond the pilot phase and screened approximately 470,000 people.²⁷ In 2018, the programme will continue in the current forty-seven health facilities and expand into thirteen new facilities (six new hospitals and seven new health centres).²⁷

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