

Providing the medicines patients need to control high blood pressure

High blood pressure is the leading risk factor for early death worldwide, with approximately 80% of related deaths occurring in low- and middle-income countries. Daily medication can control high blood pressure and reduce risk of heart attack, stroke, chronic kidney disease, dementia, and premature death.¹

Yet millions around the world still lack access to lifesaving blood pressure medicines — even though these drugs can cost as little as a penny per pill.

Governments and donors can make a huge health impact at a relatively low cost by investing in blood pressure medicines and making them accessible to large populations.



Why high blood pressure medicines remain out of reach

Drugs aren't always available when and where patients need them.

- **Facilities close to home aren't equipped** to treat high blood pressure
- Clinics and pharmacies **frequently run out of stock** due to sub-optimal forecasting of demand, inadequate budgeting, and weak procurement and distribution systems

Drug prices are too high or higher than they should be.

- **Unreliable medicine supply** in the public sector forces patients to buy out-of-pocket in the private sector — or drop out of treatment if they can't afford
- **Many health insurance plans don't cover** hypertension medicines for all patients
- **Inconsistent prescribing and purchasing practices** weaken negotiating power with manufacturers and increase supply chain operational costs
- **Economic hardship** forces patients to prioritize basic needs over essential medicines — especially those living in poverty

Most governments and donors haven't given high blood pressure the attention it deserves.

- Hypertension causes more deaths globally than all infectious diseases combined, but it receives **just 0.1% of all global funds** for health
- Many governments haven't committed to making preferred hypertension drugs available by adding them to national essential medicines lists and prioritizing them in their budgets

¹ Frieden, Thomas R. et al. (2025). Unlocking health equity by eliminating copayments for essential antihypertensive medications. *eClinicalMedicine*, Volume 81, 103094. <https://doi.org/10.1016/j.eclinm.2025.100026>



What governments and donors can do to bridge the gap

Ensure every person living with hypertension has reliable access to affordable, quality-assured medicines by taking the following actions:

- **Provide timebound catalytic funding:** Short-term funding for blood pressure-lowering medicines can help kick-start hypertension programs. Donors and development banks can support by matching government spending on hypertension medicines, providing the initial drug stock for a revolving fund, or starting a regional purchasing pool to lower prices through bulk purchasing, among other mechanisms.
- **Include in benefits packages:** Including antihypertensive medicines in benefits packages of national health programs, national insurances, and private insurances can reduce economic pressures on patients and improve availability in health facilities.
- **Adopt a simple treatment protocol:** [Simple, standardized treatment protocols](#) simplify forecasting of medication needs and allow for bulk purchasing, which drives down costs. Protocols can further streamline by including combination pills for patients who need two or more drugs to control their blood pressure, which is usually cheaper than buying individually as separate pills.
- **Add to priority list - aligned with treatment protocol:** Including antihypertensive medicines in national essential medicines list and priority lists for government procurement can incentivize insurance companies to cover them and empower clinicians to prescribe them.
- **Buy generic:** Quality assured generic medicines work just as well as pricier brand name versions. For example, generic amlodipine, one of the preferred first line treatments for most uncomplicated hypertension can be purchased for as little as a penny a pill. Governments can set national standards for quality that manufacturers must adhere to. Clinicians can educate patients of the cost benefit of generic alternatives.
- **Supply chains:** Have longer-term agreements with multiple suppliers for timely sourcing of drugs and establish a mechanism for seamless distribution of drugs to all points of service delivery.
- **Create or add to drug revolving funds:** Drug revolving funds are self-sustaining funding mechanisms that start with a seed fund and reinvest revenue into buying more medicines. A proven strategy for other health conditions, creating a drug revolving fund for antihypertensives or adding antihypertensives to existing funds can improve both availability and affordability of drugs if governments can make medicines free at the point of care.
- **Adopt simple, digital information systems:** [Simple](#), digital information systems allow programs to record, report and monitoring drug availability along the entire supply chain, minimizing drug stock-outs.
- **Decentralize hypertension treatment:** Increasing capacity to treat high blood pressure at the primary health care level brings care closer to home and helps [keep patients in care](#).