



How to increase hypertension control 6-fold through primary health care

Lessons from scaling the Philippines Healthy Hearts Programme

Context

- Cardiovascular diseases (CVDs) are the leading cause of death in the Philippines, with hypertension, their most important risk factor, affecting 33% of adults aged 30–79 (16.8M people).
- Only 1 in 3 hypertensive adults receive treatment, and more than 4 in 5 remain uncontrolled.¹
- The economic cost of CVDs is estimated to be USD 8.2 billion annually, nearly 2.8% of GDP.
- In 2018, the Department of Health, with WHO and partners, launched the Healthy Hearts Programme (HHP) to strengthen hypertension detection, treatment, and control at the primary health care (PHC) level.

Healthy Hearts Programme

Grounded in WHO's HEARTS technical package, HHP is built on five foundational pillars:

- A simplified, stepwise hypertension treatment protocol
- Reliable access to affordable, quality-assured medicines and validated digital blood pressure (BP) measuring devices
- Team-based, patient-centered care involving task-sharing and reducing barriers to BP control
- Digital tools for patient tracking and program performance monitoring
- Scalable, context-responsive implementation, adaptable to local capacities and aligned with Universal Health Care (UHC) reforms.

Strategies for implementation include high-level advocacy and leadership engagement, facility readiness assessments and locally tailored implementation plans, training of over 2,000 health workers—online and on-site, and decentralized services via Barangay Health Workers in underserved areas. Unlocking financing through support for PhilHealth Konsulta accreditation and innovative procurement models, such as pharmacy outsourcing, were also pursued. Regular supportive supervision, performance audits, and multi-stakeholder mobilization were embedded in the program implementation.

Results from the Iloilo Demonstration Project

Despite pandemic-related disruptions, HHP was piloted successfully in District 1 of Iloilo Province, Western Visayas region, covering seven diverse municipalities. Results confirm that hypertension control can be effectively delivered at scale through the primary care network.

- **Patient enrollment increased from <6,000 to >22,000 in 15 months.²**
- **Percentage of hypertensives with blood pressure control increased from 14% to 86%.²**
- **High retention in care.**
- **Estimated hypertensive adults under care increased from 12% to 43% in catchment areas.**

Key Lessons Learned

1 Standardized Treatment Protocols

- Simple, stepwise national protocol with three essential medicines improved BP control and streamlined training, procurement, and forecasting.
- **Lesson** High control rates are achievable using simplified, consensus protocols with few selected medicines.

2 Medicines & Devices Access

- Frequent stock-outs and fragmented procurement undermine continuity of care.
 - Pooled procurement, for example through Philippine Pharma Procurement Inc. (PPPI), can lead to substantial reductions in medicine costs. Lam et al. observed that annual cost to treat a patient per year can be cut from **USD 9.10** to **USD 2.90** with such an arrangement.³
 - Deployment of validated automated BP monitors improved diagnostic accuracy and task-sharing efficiency.
- **Lesson** Pooling demand ensures reliable supply and reduces costs.

3 Team- and Community-Based Care

- Task-sharing with nurses, midwives, and Barangay Health Workers expanded capacity, reduced wait times, and maintained patient continuity.
 - Community outreach in remote areas expanded access to care, improved retention and boosted control rates. For example, in San Joaquin, hypertension control rates among treated increased from 16% to 75%.
- **Lesson** Decentralized, community-driven models increase equity, coverage, and adherence.

4 Digital Monitoring Systems

- Facility-based e-Registry, an excel-based tool, enabled patient tracking and forecasting. Focusing on three core indicators—coverage, BP control, and retention—helped drive program performance.
- **Lesson** A robust yet simple tool that can effectively track a few key indicators is better than using paper or complicated EHRs which aim to collect many data points.

² Quarterly Progress Report Data, WHO Philippines, Q4 2021 baseline to end of Q4 2022

³ Lam, H.Y., Valverde, H.A., Mugrditchian, D. et al. The Healthy Hearts program to improve primary care for hypertension in seven rural health units of Iloilo Province, Philippines: a comparative cost study. *BMC Prim. Care* 26, 80 (2025). <https://doi.org/10.1186/s12875-025-02758-5>

5 Policy & Financing Alignment

- Integration of antihypertensive medicines into **PhilHealth's Konsulta benefit package** expanded financial protection for hypertension treatment
 - Strong political commitment at provincial and municipal levels ensured inclusion in investment plans.
- **Lesson** UHC reforms and strategic purchasing create sustainable fiscal space for NCD care.

Strategic Enablers for Scale-Up

- 1 **Reliable supply of affordable, quality protocol medicines** – pooled procurement, inclusion of Single Pill Combinations (SPCs) in the Essential Medicines List, and PhilHealth reimbursement.
- 2 **Validated BP devices at all PHC levels** – with regulatory standards and pooled procurement to ensure affordability.
- 3 **Robust digital systems** – interoperable program monitoring tools integrated into national health information systems.
- 4 **Sustainable financing** – increased PhilHealth capitation, pooled local budgets, and targeted support for poorer municipalities.
- 5 **Strong governance and adaptive implementation** – multi-level political buy-in, regional technical advisory groups, and quality assurance mechanisms.

Way Forward

Scaling the Healthy Hearts Programme is urgent and feasible, and the government's plans are aligned to create an enabling environment for an evidence-based national scale up. Key priorities for an effective national scale up are as follows:

- Ensuring facility-based universal BP screening, use of validated digital BP devices, and protocol-based hypertension treatment in primary care settings
- Budgeting and forecasting for medicines based on need, leveraging partnerships and optimizing PhilHealth reimbursements for sustainable financing
- Introduction and scale up of simple and effective digital tools with a focus on a few critical indicators especially BP control
- Establishing a national NCD/hypertension coordination body to align policy, financing, regulation, and digital systems for phased national scale-up.

Scaling the Healthy Hearts Programme nationally can avert about half a million premature deaths in the Philippines by 2040 if 50% control rate is achieved and contribute significantly to the WHO Western Pacific Region's goal of achieving 100 million more people with controlled hypertension by 2030.