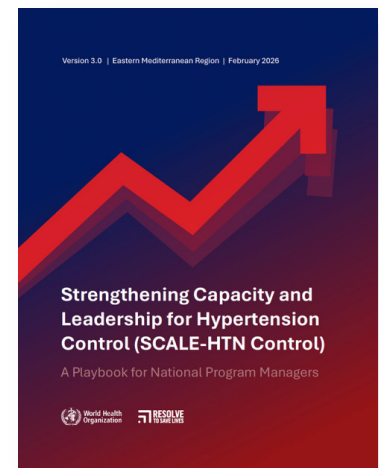


SCALE-HTN Control

Competency-based training for national and subnational NCD program managers

What is Strengthening Capacity and Leadership for Hypertension Control (SCALE-HTN Control)?

- Five-day, in-person, competency-based training program to strengthen the capacity of national and sub-national program managers responsible for hypertension, cardiovascular disease, and noncommunicable disease programs
- Designed and led by technical experts at Resolve to Save Lives (RTSL) and the World Health Organization (WHO)



What makes SCALE-HTN Control different

SCALE-HTN Control addresses a critical implementation gap by combining global guidance with practical implementation experience — and developing leaders who can translate policies into measurable population-level outcomes.

Learning by doing

- Participants work through real-world case studies, problem-solving exercises, simulations, role plays, and peer-learning activities with expert facilitators.
- A field visit to a local facility provides an opportunity to observe HEARTS implementation in practice, bringing the curriculum to life.

Competency-based learning

- The curriculum is designed to build technical, managerial, and leadership skills needed to run successful hypertension control programs at scale.

Action planning for immediate impact

- Participants develop country- or program-specific action plans that reflect the realities of their contexts and address real problems in feasible ways, so they're ready to share with partners and stakeholders back home and implement immediately.

Grounded in WHO HEARTS

- The training aligns with internationally recognized best practices for hypertension prevention, treatment, monitoring, and quality improvement.



How SCALE-HTN Control works

A structured, 12-module curriculum covers the core elements of effective hypertension control programs, including specialized topics such as program design and implementation, data use for decision-making, and strategies for program sustainability..

Participants receive a package of implementation tools, including:

- ✓ A comprehensive playbook for program managers
- ✓ Facilitator guides
- ✓ Practical exercises and case studies
- ✓ Data analysis tools
- ✓ Action-planning templates
- ✓ Country localization tools

Together, these resources help participants build the skills needed to design, implement, scale, and sustain effective hypertension programs in their own settings.

MODULE 3

Availability of Accurate Blood Pressure Measuring Devices

Expected Competencies

By the end of this module, participants will be able to:

- ☐ Recognize why accurate blood pressure (BP) measurement depends on validated BP measuring devices
- ☐ Identify and select automated BPMs based on validation status
- ☐ Plan programmatic actions to improve access to validated BPMs

3.1 Why is it important to measure blood pressure accurately?

- Accurate BP measurement is vital for the diagnosis, management, and control of hypertension. Inaccurate BP readings can influence both case detection and treatment decisions, leaving patients at risk for heart attacks and stroke, and premature death.
- Overestimation or underestimation of BP by even 10/5 mm Hg can falsely increase or decrease perceived hypertension prevalence and falsely decrease or increase perceived hypertension control.
- To get an accurate BP measurement, besides ensuring proper measurement technique, we need a reliable blood pressure measuring device (BPM).

Accurate BP measurement is the foundation for hypertension diagnosis and control.

3.2 What are the different types of blood pressure measuring devices?

Why choose automated BPMs

- BPMs can be either **manual** (mercury or aneroid), or **automated** (automated or semi-automated).
- Compared to manual devices, automated BPMs are user-friendly, making it easy to train users, facilitate task sharing, and support their use at the primary health care level.

Impact to date

Since its launch in 2025, SCALE-HTN Control has meaningfully translated HEARTS-based strategies and guidance into country-level action, while positioning hypertension control as a strategic entry point for integrated NCD strengthening within primary health care systems.. Regional trainings in Sri Lanka, the Philippines, and Egypt have led to:

- ✓ 115 program managers trained
- ✓ 20 countries engaged across three WHO regions
- ✓ 23 facilitators trained and oriented
- ✓ Several countries including the Philippines, Indonesia, and Egypt have cascaded or adapted the training model within their own systems, demonstrating the potential for sustainable, country-led expansion.

These trainings have strengthened collaboration among governments, WHO regional offices, WHO headquarters, and Resolve to Save Lives while creating a growing cadre of hypertension implementation leaders who can accelerate hypertension control through stronger management, better execution, and continuous improvement.

