

## **Scaling Impact: Primary Health Care-Based Hypertension Control in NHCI States (Kano and Ogun), Nigeria – A Model for National Scale-Up**

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### **Introduction**

Hypertension remains a leading cause of premature morbidity and mortality in Nigeria, with significant gaps in diagnosis, treatment, and control. In response, the Nigeria Hypertension Control Initiative (NHCI), supported by Resolve to Save Lives (RTSL), is being implemented by Project HOPE in Kano and Ogun States, with a focus on strengthening hypertension care within Primary Health Care (PHC) settings.

### **Methodology**

The NHCI program, spanning 2021 to 2025, scaled hypertension services across 236 PHCs in Ogun and 280 PHCs in Kano. The program deployed the WHO HEARTS technical package and adopted a simplified treatment protocol. Task-shifting and sharing approaches were employed, enabling non-physician health workers to deliver care. Healthcare providers received structured training, supported by regular mentoring and data-driven supportive supervision. Routine data from DHIS2 and other facility-based systems were analyzed to track screening, enrolment, retention, and blood pressure control outcomes.

### **Results**

As of May 2025, 1,209,898 adults were screened. Diagnosed hypertension cases rose from 11,348 to 97,368, with 23,117 patients under care. Patient retention improved from 894 to 13,084, with 39% achieving BP control (<140/90 mmHg). These outcomes were driven by health worker capacity building, digital reporting, and enhanced medication access, including insurance-based models.

### **Conclusion**

The NHCI model demonstrates the feasibility of delivering effective hypertension care through PHCs using standard protocols and task-sharing strategies. These results offer a scalable and sustainable model for national hypertension control aligned with Nigeria's Universal Health Coverage goals.

**Keywords:** Hypertension, PHC, WHO HEARTS, blood pressure control, task-shifting, Nigeria, RTSL, NHCI