



Una storia tragica diventa una avventura straordinaria

Per il gruppo Mabawa
Franco Muggli



1

Ipertensione arteriosa: il killer silenzioso. Si tratta di «un'altra pandemia»

Oggi è ormai indiscusso **che l'ipertensione arteriosa** sia una **causa di gravi danni alla salute e di disabilità**.

Nei paesi a basso e medio reddito, negli ultimi anni si è registrato un aumento significativo del numero di persone affette da ipertensione arteriosa.

Questo fenomeno si è rivelato particolarmente rilevante nel continente africano: ne sono colpiti circa 250 milioni (!) di adulti di età pari o superiore a 25 anni.










2

Hypertension



REVIEW

How to Improve Awareness, Treatment, and Control of Hypertension in Africa, and How to Reduce Its Consequences. A Call to Action From the World Hypertension League

Gianfranco Parati , Daniel T. Lackland , Norman R.C. Campbell , Mayowa Ojo Owolabi , Charlotte Bavuma, Hind Mamoun Beheiry, Anastase Dzudie , Moshen Ibrahim, Wafaa El Aroussy, Sandhya Singh, Cherian V. Varghese , Paul K. Whelton , Xin-Hua Zhang; on behalf of the World Hypertension league

3

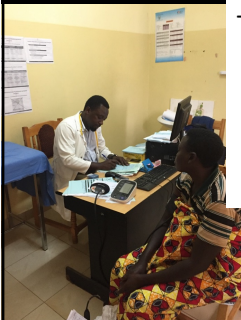
BP screening – Nyamumba HC and Munini District H – 10./12.2017

Nyamumba Health Centre

- Subjects examined **361**
 - **238** subjects with normal Blood Pressure (<140/<90mmHg)
 - **123** subjects with **high Systolic** Blood Pressure (= **34%**)
 - HTA Grad I (≥140 – 159): **14 F / 10 M**
 - HTA Grad II (160 – 179): **24 F / 34 M**
 - HTA Grad III (≥180): **21 F / 20 M**

H Munini

- Subjects examined **381**
 - **243** subjects with normal Blood Pressure (<140/<90mmHg)
 - **138** subjects with **high Systolic** Blood Pressure (= **36%**)
 - HTA Grad I (≥140 – 159): **39 F / 30 M**
 - HTA Grad II (160 – 179): **24 F / 13 M**
 - HTA Grad III (≥180): **4 F / 18 M**



4

Study for better Blood Pressure and Cardiovascular Risk Control in a rural area of the District of Nyaruguru

A model hypertension and preventive medicine consultation at Munini Hospital and Nyamyumba Health Care Centre (Rwanda)

Franco Muggli, MD, Switzerland
Paolo Suter, MD, Pr, Switzerland
Mario Bianchetti, MD, Pr, Switzerland
Gianfranco Parati, MD, Pr, Italy



5

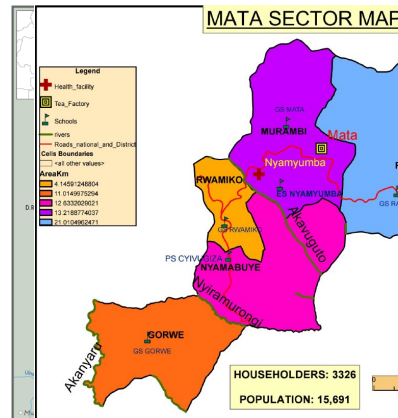
Journal of Human Hypertension

ARTICLE OPEN

Blood pressure screening in Ma

Isabella Hunjan^{1,2,10}, Alice Umulisa^{3,10}, Gianfranco Parati^{1,4,11}, Evariste Ntaganda⁸, Dragana Radovanovic², Clara Stroppa^{1,2}, Pa

© The Author(s) 2024



Mata Sector inhabitants N=15,691

Screened volunteers N=7,425

- Excluded individuals N=222
- Age ≤ 15 years N=9
 - Poorly documented N=126
 - Treated hypertension and/or diabetes N=87

Included individuals N=7,203

ates
la



6

Phase 1 Prevalence of the Phenomena

La pressione arteriosa era normale (<140/90 mm Hg) in 6340 (88%) partecipanti **ed elevata in 863 (12%)** (con il 95% dei casi in cui i soggetti non ne erano consapevoli!).

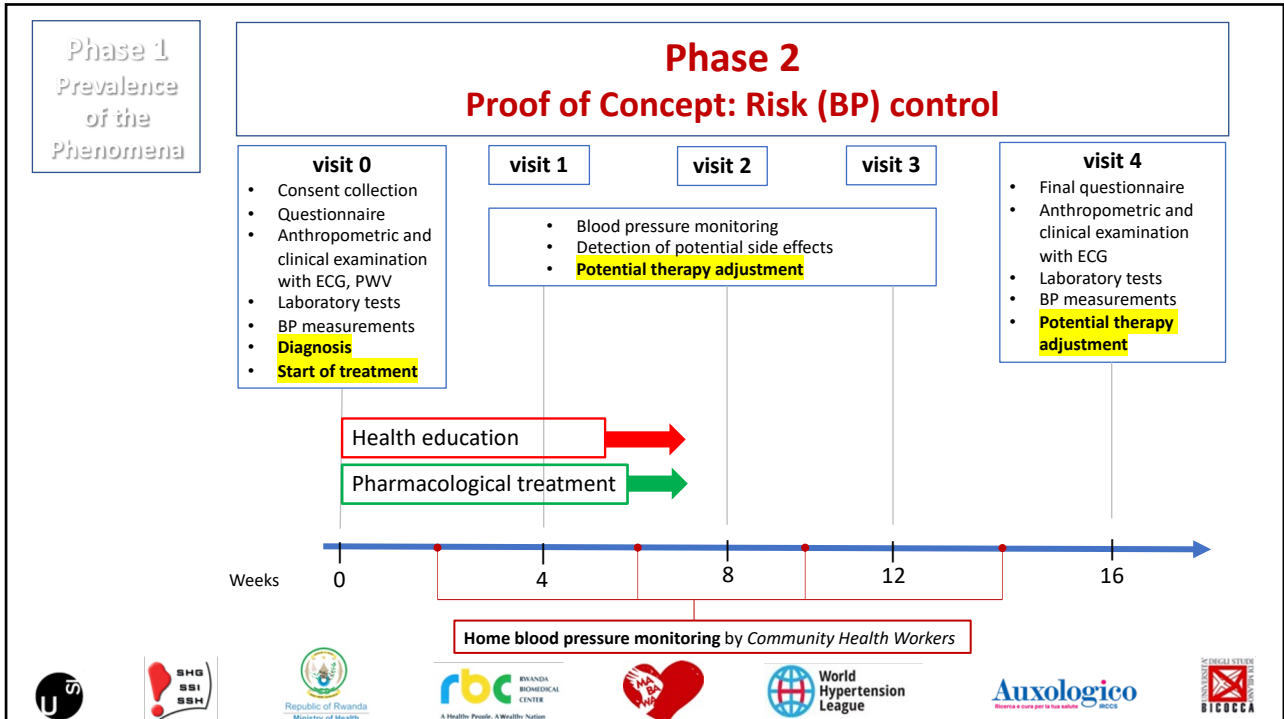
Sono stati rilevati valori di pressione arteriosa ipertensiva di **grado 1** (140–159/90–99 mm Hg) **in 697 (81%)** individui di **grado 2** (160–179/100–109 mm Hg) **in 134 (16%)** individui di **grado 3** ($\geq 180/\geq 110$ mm Hg) **in 32 (3,7%)** individui



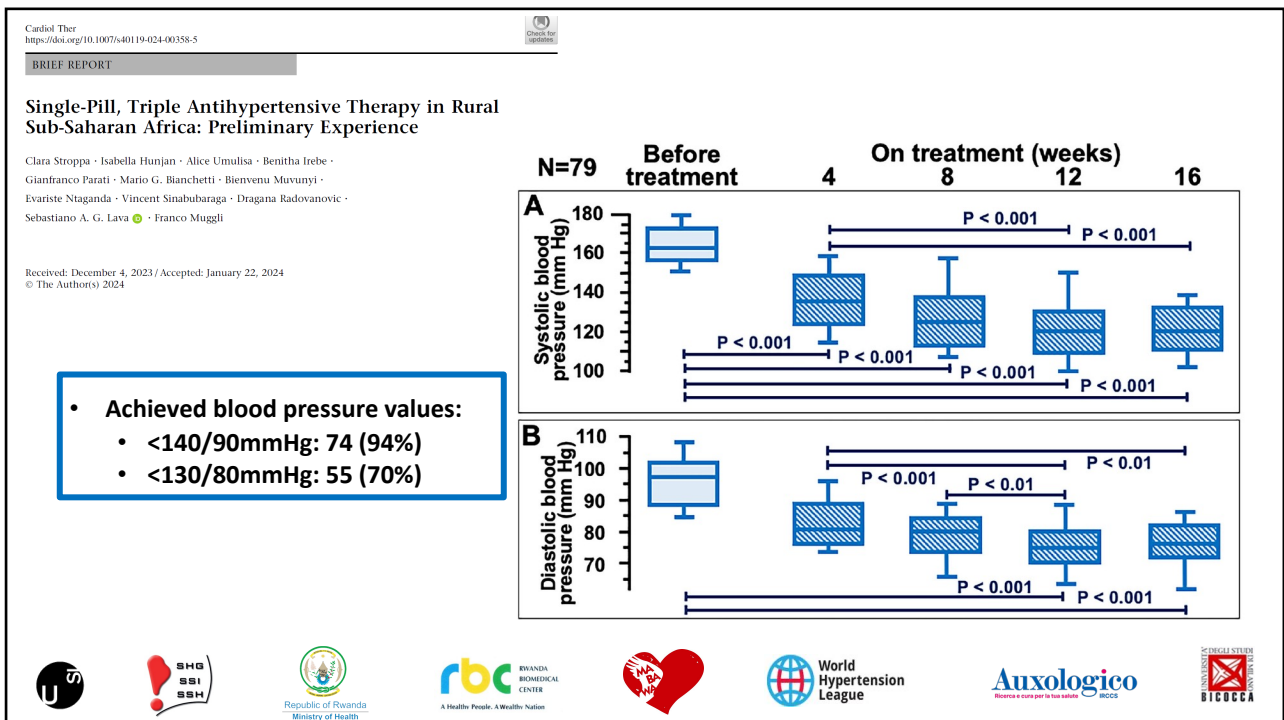
7




8



9



10



BLOOD PRESSURE
For the Advancement of Hypertension Research
Submitted by the European Society of Hypertension


ISSN: 0803-7051 (Print) 1651-

Blood Pressure **24-month single-pill, triple antihypertensive therapy in rural Rwanda**

Isabella Hunjan, Clara Stroppa, Alice Umulisa, Gianfranco Parati, Mario G. Bianchetti, Bienvenu Muvunyi, Willy Mucyo, Evariste Ntaganda, Sebastiano A. G. Lava & Franco Muggli

Risultati: Cinquantasette partecipanti con ipertensione confermata, non complicata e non trattata (età 65 [54–70] anni; mediana e intervallo interquartile) presentavano dati di follow-up disponibili fino a 24 mesi dopo l’inclusione.

Una **pressione arteriosa <140/90 mm Hg** è stata raggiunta in 37 (65%) partecipanti dopo 1 mese, in 51 (89%) dopo 3 mesi, in 44 (77%) dopo 6 mesi, in 43 (75%) dopo 12 mesi e in 47 (**83%**) dopo 24 mesi.



11

SPOTLIGHT ON AFRICA

A project for Hypertension Control in Remote Rural Rwanda Villages endorsed by WHL

Submitted by Franco Muggli, Lugano, Switzerland; Isabella Hunjan, Milan, Italy and Lugano, Switzerland; Gianfranco Parati, Milan, Italy


Between July and December 2022, a first cohort of 98 with confirmed hypertensive BP values were enrolled into the study at the hypertension outpatient clinic of the Health Care Center of Nyamyumba, a rural village in Mata Sector. Ad hoc education by means of culturally adapted notions of health care, related to cardiovascular diseases and hypertension, was repeatedly provided during outpatient visits. An antihypertensive, low-dose, single-pill triple combination of olmesartan (OLM/AML/HCTZ) was prescribed to newly diagnosed patients.

After 16 weeks, blood pressure was reduced below <140/90 mmHg in approximately 95% of patients, with a remarkable rate of adherence of 81% in patients who completed the entire cycle of visits

In February 2025, a second cohort of patients was enrolled using the same diagnostic protocol, scheduled monthly visits and therapy titration up to 6 month follow-up, and then with BP visits every 2 months with blood tests every 6 months.

Our project has provided additional real-life evidence in favour of extensive implementation of single-pill combination therapy also in low- and middle-income countries in the context of an adequate and accurate diagnosis of high blood pressure, implementation of local team-based care, easy availability of simplified antihypertensive therapy and culturally adapted health education

September 2025



WHL · NEWSLETTER

News from the World Hypertension League (WHL)
In Official Relations with the International Society of Hypertension and the World Health Organization

12

World Hypertension League

HOME ABOUT US RESOURCES AWARDS NEWS MEMBERSHIP CONTACT SUBSCRIBE

2026 Excellence Awards

2026 Excellence Awards Winners:

- Detlev Ganten Excellence Award in Hypertension and Global Health Implementation: **Prof. Bruce Ovbiagele, MD, MSc, MAS, MBA, MLS**
- Peter Sleight Excellence Award in Hypertension Clinical Research Trials: **Prof. Sun Yingxian, MD, PhD**
- Claude Lenfant Excellence Award in Population Hypertension Control Through Educational Activities and Guideline Implementation: **Dr. Brent Egan, MD**
- Liu Lisheng Excellence Award in Cardiovascular Risk Factor Control in Low- and Middle-income Populations: **Dr. Jarbas Barbosa da Silva, Jr., MD, MS, PhD**
- Norman Campbell Excellence Award in Population Hypertension Control: **Prof. Xin-Hua Zhang, MD, PhD**
- Daniel Lackland Excellence Award in Collaboration and Advocacy for Population Hypertension Risk Reduction: **Prof. Jeyaraj D. Pandian, MBBS, MD, DM**
- Paul Whelton Excellence Award in Hypertension Translational Research and Prevention: **Dr. Thomas Frieden, MD, MPH**
- Excellence Award in Pediatric Hypertension: **Prof. Joseph T. Flynn, MD, MS**
- Organizational Excellence Award in Population Global Hypertension Control: **Henan Province Jiaozuo City Health Commission**
- Regional Excellence Award in Population Hypertension Control in Low Resource Settings: **Dr. Franco Muggli, MD**

13

World Hypertension League

Dedicated to the Prevention and Control of Hypertension Globally

In official relations with the World Health Organization

2026 WHL Excellence Awards Winners

Regional Excellence Award in Population Hypertension Control in Low Resource Settings

Dr. Franco Muggli, MD

14



15



16