

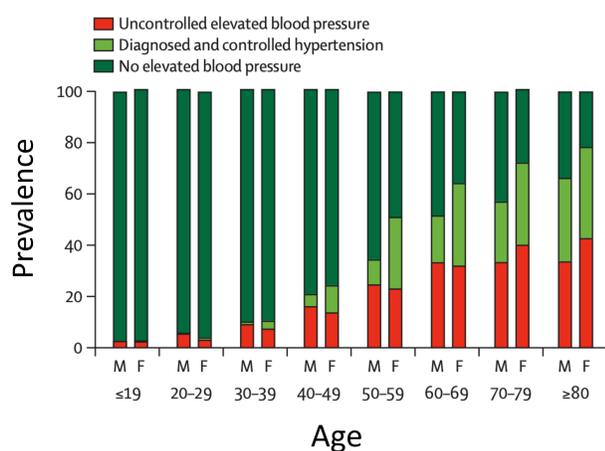
Barriers, facilitators and opportunities for successful blood pressure control among people with hypertension in rural KwaZulu-Natal: Preparation for the IMPACT-BP Trial

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1. Background

- **Uncontrolled hypertension is the primary risk factor for stroke and heart disease, which are the leading causes of non-communicable disease death in South Africa**
- In rural KwaZulu-Natal, one in six adults have hypertension
- <50% of those with hypertension have BP control
- Poor blood pressure control exists despite availability of low-cost, effective treatments
- We sought to explore barriers and facilitators to blood pressure control in rural KwaZulu-Natal ahead of a planned hypertension clinical trial



2. Methods

- We collected data through the following methods:
 - Consultative meetings with Department of Health stakeholders
 - Focus group discussions and key informant individual interviews
- Data were coded thematically using Nvivo and guided by the Conceptual Framework for Implementation Research and Theoretical Framework for Acceptability

3. Results

- Thematic barriers to blood pressure control emerged among the stakeholders, including:
 - **Health-sector challenges**
 - Over-burdened clinics with high-patient volumes
 - Staff shortages
 - Extremely long wait times
 - **Patient-based challenges**
 - Poor patient knowledge of hypertension, its prevention or treatment
 - **Structural challenges**
 - Long distances travel to clinic with lack of time or resources
 - Lacking social support to manage hypertension

Representative Quotes

"Ok, it is difficult, I will not lie, it is hard because if you can think of the staff shortage, think of the infrastructure that we working on, thinking of the resources eh... human resource, whatsoever, all the resources that we need to use are not available and they are talking about the budget, that they have got no money to do this" **Key Informant Interview**

"I have experienced and you find that they give us one type of medication and your system gets used to them then, when you go to your next appointment you find that they have changed your pills to a different kind and so that thing happens repeatedly and it is upsetting to us and to our health" **Focus group of hypertension patients**

"..it helps them when we have to deliver medication for them but sometimes, they have to go to the clinic to check their BP measurements, sometimes they go to the clinic and find out that the machine for testing BP is not working." **Focus group of community health workers**

4. Conclusions

- Major challenges to optimal hypertension management in rural KwaZulu-Natal include high patient volumes at clinics, staff shortages and shortage of equipment
- These results support use of a technology-supported, decentralized care program to decrease clinic patient load, reduce transportation needs, and respond to equipment shortages
- Results from this study informed adaptations to the implementation of the randomized control trial.