More people die each year from cardiovascular disease (CVD) than from any other cause. In 2019, out of 56 million deaths, 18 million were due to CVD. Diseases of the heart, brain, kidneys and other organs are significantly increased by hypertension (HTN), which afflicts about 1.28 billion people worldwide. Only 23% of women and 18% of men have it under control. The guideline makes eight recommendations:

**Drug therapy initiation**

**R1:** BP threshold for starting drug treatment
- Those with diagnosis of HTN and BP of ≥140/≥90 mmHg
- Those with CVD and SBP ≥130–139 mmHg
  
  Recommendation: strong
  Evidence: moderate–high certainty

- Those without CVD but with high CVD risk, diabetes, CKD and SBP ≥130–139 mmHg
  
  Recommendation: conditional
  Evidence: moderate–high certainty

**R2 & 3:** Whether screening and assessment are needed before treatment is started
- Obtain tests to screen for comorbidities and conduct CV risk assessment
  but only if it doesn’t delay treatment
  
  Recommendation: conditional
  Evidence: low certainty

**R4:** Which drug(s) to prescribe
- Any of these drug classes: diuretics/ACEi, ARB/CCBs
  
  Recommendation: strong
  Evidence: high certainty

**R5:** Combination therapy
- To improve adherence and persistence combination therapy recommended
  preferably in a single pill
  
  Recommendation: conditional
  Evidence: moderate certainty

**Targets and follow-up**

**R6:** BP target for control of HTN
- 140/90 mmHg in those without comorbidities
- SBP 130 mmHg in those with CVD
  
  Recommendation: strong
  Evidence: moderate certainty

- SBP <130 mmHg in those with high CVD risk, diabetes and CKD
  
  Recommendation: conditional
  Evidence: moderate certainty

**R7:** Follow-up intervals
- Monthly follow up until patient reaches target BP
  
  Recommendation: conditional
  Evidence: low certainty

- 3–6 month follow up once target BP is reached
  
  Recommendation: conditional
  Evidence: low certainty

**R8:** Use of nonphysician HCWs in further management of HTN
- Treatment can be provided by nonphysician professionals as long as they are given training, prescribing authority, management protocols and physician oversight
  
  Recommendation: conditional
  Evidence: low certainty