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FROM THE EDITOR-IN-CHIEF

Beyond the Numbers: Stemming the Rising Tide of Hypertension and Cardiovascular Disease

We are pleased to welcome you to another edition of the journal. It is with deep appreciation that we acknowledge the ongoing support and commitment of our contributors, reviewers, editorial board members, and readers. Your steadfast engagement continues to sustain the vision and mission of this journal, even in the face of persistent challenges, including the economic and infrastructural constraints that affect scholarly publishing across the West African subregion. Despite these realities, we remain committed to maintaining the integrity and consistency of our publication schedule. As always, we invite you to read, reflect, and respond—so that together, we may advance the frontiers of medical knowledge and improve health outcomes across our communities.

Hypertension is widely recognized as the most important modifiable risk factor for cardiovascular disease (CVD) and a leading cause of death globally. Yet, efforts to control its growing burden are continually undermined by a complex web of interrelated factors that extend beyond the individual. A number of the articles in this edition emphasize the importance of rethinking conventional care approaches, bringing to the fore the critical influence of often-neglected factors such as environmental exposures, low risk perception, and poor adherence to treatment.

As highlighted in the study by Oyibo et

al, many people are at elevated risk of hypertension due to lifestyle factors—yet they remain unaware or unengaged. The community-based study assessed CVD risk knowledge, perception, and screening behaviour among adults in Nigeria and found a disturbing disconnect: while over 77% of participants had good knowledge of cardiovascular risk, only 19.6% perceived themselves to be at risk, and just one-third had undergone any form of CVD screening in the previous year. Compounding the issue, two-thirds of the population engaged in at least three modifiable risk behaviours. This gap between knowledge and perception is a critical weakness in our prevention strategies. It calls for a more effective approach to health promotion—one that not only provides information but also inspires and equips individuals to take preventive action.

The findings from another study by Mankwe and colleagues, conducted in oil-producing communities of Rivers State, suggest the potential influence of environmental exposure on cardiovascular health. Residents of these communities exhibited significantly higher blood pressure readings and a higher prevalence of electrocardiographic left ventricular hypertrophy compared to a control group in a non-oil-producing area. These findings strongly hypothesize that chronic exposure to pollutants associated with oil exploration may be contributing to the development and progression of hypertension and its

complications. While this requires further inquiry, it reinforces the urgent need for public health interventions that incorporate environmental health surveillance alongside clinical care, particularly in resource-rich but environmentally burdened regions. Even with a confirmed diagnosis and treatment underway, managing hypertension continues to present major challenges. A third study from Delta State found that over 80% of patients attending public secondary health facilities were non-adherent to their anti-hypertensive medications. Better adherence was associated with older age, higher education, socioeconomic status, and longer duration of diagnosis, underscoring the role of patient understanding, financial stability, and engagement in long-term care. Without improved adherence, even the most advanced therapeutic interventions will have limited population-level impact.

These studies serve as poignant reminders of a silent yet rapidly escalating health crisis unfolding across the region. Cardiovascular disease, long considered a condition of the developed world, has emerged as a leading cause of morbidity and mortality in many West African countries. At the heart of this epidemic is uncontrolled hypertension that is now alarmingly prevalent across rural and urban populations alike.^{1,2} The reality is sobering: despite increasing recognition of non-communicable diseases (NCDs), the systems in place to prevent, detect, and manage hypertension and other

cardiovascular risks remain woefully inadequate. Several barriers continue to impede effective hypertension control in the region.^{2,5} Foremost is the structural weakness of many primary healthcare systems, which remain predominantly geared toward acute and infectious disease care. The cost of antihypertensive medications, limited supply chains, and lack of follow-up mechanisms further compound the problem. Cultural beliefs, low health literacy, and misinformation also play a role-leading to poor adherence and reliance on alternative therapies in some cases.

These challenges are taking place within a broader context of the so-called “double burden of disease”—a scenario in which longstanding infectious diseases such as malaria, tuberculosis, and HIV/AIDS continue to coexist with rising rates of NCDs. In many West African countries, the health system is stretched thin, forced to juggle multiple competing priorities with limited financial and human resources. Donor funding and national budgets have historically focused on communicable diseases, leaving NCDs underfunded and underserved. The result is an overburdened healthcare system increasingly unable to meet the needs of a population transitioning rapidly in terms of lifestyle, diet, urbanization, and demography.³⁻⁵ Yet, even in the face of this daunting challenge, there are opportunities for innovative responses. This will require bold, creative, and contextually appropriate solutions—many of which lie in leveraging technology and community-based approaches.

Digital and mobile health platforms offer promising avenues for improving hypertension awareness and control. With mobile phone penetration

exceeding 80% in many West African countries, SMS-based reminders, voice messages in local languages, and mobile apps can be used to promote medication adherence, reinforce lifestyle changes, and connect patients to care.⁶⁻⁸ Community health workers equipped with mobile blood pressure monitors and simple electronic records can conduct house-to-house screening and follow-up, bringing services closer to the people. Another critical strategy involves task-shifting—training and empowering non-physician health workers, including nurses, pharmacists, and community volunteers, to screen for and manage uncomplicated hypertension. This approach has been shown to be effective in other low- and middle-income settings and holds significant promise for scaling access to care across the subregion.⁹ Beyond service delivery, systemic changes are necessary. Governments must prioritize the development and implementation of national NCD strategies with sustainable financing mechanisms. Investment in local production of antihypertensive medications and diagnostic devices could reduce costs and improve availability. Stronger regulatory frameworks and public-private partnerships can enhance medicine supply chains and promote affordability.

At the heart of all these interventions is the need for cross-sectoral collaboration. Health professionals, researchers, civil society, and the private sector must work in concert with political leaders to reshape the trajectory of cardiovascular health in West Africa. Community leaders and faith-based organizations can amplify public education efforts and help shift social norms around health behaviour. The political leadership at all levels

must rise to the occasion. Health must be seen not as a cost but as an investment—a pillar of sustainable development. Cardiovascular disease threatens the productivity of the workforce, the stability of households, and the future economic growth of our nations. Ignoring this crisis is not an option. If we act decisively—through innovation, integration, and collaboration—we can stem the tide and build healthier, more resilient populations. The future of our people's health depends on what we do now.

In a time when the health challenges facing our region are increasingly complex and dynamic, meaningful dialogue and shared learning are more vital than ever. We welcome and encourage the ongoing submission of high-quality manuscripts for timely and thorough peer review for potential publication. We are working towards a special issue that will highlight ground-breaking research, innovative thinking, and impactful discoveries, and thus invite original research articles, reviews, and scholarly perspectives for inclusion in the edition. All submissions will receive expedited review, and accepted papers will enjoy special waivers on article processing charges. Through collaboration, innovation, and critical inquiry, we can shape a healthier future for West Africa and contribute meaningfully to the global discourse on health and development.

Professor G. E. Erhabor

Editor-in-Chief, West African Journal of Medicine, 6, Taylor Drive, Edmund Crescent, Yaba, Lagos / Department of Medicine, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria.

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