

Stakeholder's Perspectives on Acceptable Interventions for Promoting Hypertension Medication Adherence in Namibia: Nominal Group Technique

Olivia Nakwafila^{1,2}, Benn Sartorius^{1,3}, Tonderai Washington Shumba⁴, Tafadzwa Dzinamarira⁵,
Tivani Phosa-Mashamba-Thompson^{1,6}

¹ Discipline of Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, South Africa

² School of Nursing and Public health, Department of Public Health, University of Namibia, Oshakati Campus, Namibia

³ Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, UK.

⁴ School of Allied Health Sciences, Department of Occupational therapy and Physiotherapy, University of Namibia, Hage Geingob campus, Namibia

⁵ School of Health Systems & Public Health, University of Pretoria, Pretoria 0002, South Africa

⁶ Faculty of Health Science, University of Pretoria, Pretoria, South Africa

Corresponding Author: Olivia Nakwafila, MSc (Field Epidemiology)

Address: School of Nursing and Public Health, Department of Public Health, University of Namibia, Oshakati Campus, Namibia

Email Address: onakwafila@unam.na

Interview Transcripts

Moderator: Once again, thank you for agreeing to participate in this important study. I believe we all know that we have challenges of hypertension blood pressure specially here in Namibia. I'm going to take you through the procedures, how we are going to be discussing throughout the session.. The first question we want to find out about what barriers hinders people from taking high blood pressure drugs. We also want to find out about the enables or what helps people to adhere to hypertensive drugs .We move on to the next question, where we are asking for strategies how to adhere to the hypertensive drugs.

The first question is, what are those in your own experience as a patient or as a community health worker, or as a key stakeholder from your own experience what do you think hinders people who take hypertensive drugs? Secondly, What helps or facilitates people to adhere to hypertensive drugs? We will give you 10 minutes so that you write down what you think hinders people from taking hypertensive drugs and what helps them to adhere. After that, you get in 4 groups of 3 each. After you finish, you discuss your thoughts and choose a group leader.

The group leader's purpose is to put the thoughts together so that we have one set and don't have duplicates. After that we ask you to come to one group, just the way we are seated and then each group presents their findings. We write the findings of group one and findings of group two. After that we discuss the findings together. After we get back in our groups again and rank or vote on the findings we got. Then we will be done with the first face of barriers and facilitators.

Next stage we get in our groups and find the solutions. We discuss again and vote for the solutions. But as we go we will always be explaining, if there is anyone with a question, you are free to ask. We will be helping each other as we go feel free to express yourself. We printed out papers where you have to write, on one side it's the enables, what helps you to adhere to take in hypertensive drugs. On the other side you write what hinders or what are those barriers that challenge taking of hypertensive drugs. Before we divide you into groups there is a concerned form attached behind. The form is like you are agreeing to participate and then you sign it.

We will start with group one and explain what you discussed in your groups and then move to group two,three, and then last group four. In that sequence.

1. Groups presentation on barriers to Hypertension Adherence

[Group 1 reported barriers]

Moderator: I think we are all ready, Group 1, you may start presenting the barriers that you have identified.

Participant 1: The first barrier is Lack of knowledge on hypertension medication – What we mean here is patients need to be educated about hypertension itself as well as the medication. What causes it? What happens in case of non-adherence? Most of the patients default because they do not know and understand the complications due to non-adherence because they are not educated about it.

Participant 2: When you go to the hospital, and your blood pressure is high or low, and you are going there for the first time, you might not know, it's always good to study the meaning of the blood pressure, what are the numbers that represent that the blood pressure is high. For example, if your blood pressure is 120, you know the meaning of it.

Participant 1: Medication is very important and it should be taken every day. My neighbors would complain about dizziness after consuming medication, so they hide it, and they don't take it. So one day I saw one of them had swollen feet, I asked what's wrong, and if they are taking their medication, they said no, then I asked then why do you go and get the medication if you are not drinking it, they said We sometimes just go to the pharmacy to have that record on the hospital cards, to avoid a reaction from the doctors on the next follow-up., laughs

Participant 3: See it all comes down to Education. Sometimes you just do it to please the doctors and not get into trouble

Participant 1: Another barrier we discussed is diet. The medication has strong effects on the body and if a patient does not have enough food at home for breakfast, lunch, and dinner, they will not take the medication to avoid unwanted reactions of the body. Sometimes, you will collapse if you take the medication without eating.

Participant 2– You need a glass of milk to have enough calcium in your body to avoid blockage of veins in the body. The blood will not flow properly, and sometimes the food that contains this are expensive and they are needed, and the supplements that contain calcium.

Moderator: Ouk... What you are saying is patients do not take their medication because they do not have money to buy food..?

Participant 1: Yes, the healthy food is very expensive

Participant 1: Alcohol is also a problem. When you are on medication and you drink alcohol, you might forget to take your medication. Especially when you are taking medication for hypertension, instead of drinking your medication with water, you will end up taking it with just alcohol. So too much alcohol will hinder you from taking your medication.

Moderator: So in other words, alcohol can shift either way. If it is becoming too much, it will hinder you from taking your medicine. If you are advised not to take alcohol, it will enable you to take your tablets

All participants agree...

Participant 1: Which brings us to our 4th barrier which is not having someone to remind you to take your medication. That, can lead to non-adherence.

Moderator: Lack of a support system...Can you elaborate on that..?

Participant 3: What we mean is at least you need someone to remind you to take medication. It could be a family member or spouse. It is always good to have someone by you to remind you. Especially with age, a ``katekulu``(grandchild) can be of great help)..participants laugh

Participant 1– Usually, if the patients who are on hypertension drugs, a large number of such patients are also taking medication of high cholesterol and a good number of diabetes medication. So many patients become exhausted and feel burdened with taking too many drugs, so The costs of buying the tablets are also high, especially for patients with unemployment status. And also, for the state patients, sometimes when they come and get their medication, they only had that transport

money, now they must come back again when there is stock in the hospital, so finance is also an issue.

Participant 2: The only issue I have is the new immerging Companies offering ``Forever-Living products``, ``Herbal Life``, and they are all curing hypertension, products that are advertised everywhere, and by nurses as well doctors, which is marketed to provide speedy recovery instead of life-long medication from hospitals encourage patients to avoid taking their tablets. And when one has a condition you are looking for answers, it makes it difficult for the patients to take their medication for life because they feel there is herbal life or forever-living product that can cure it. (all participants laugh)

Participant 1: Social stigma also plays a large role in patients taking their medication as patients are afraid of being criticized because of their hypertension and medical status. So sometimes, when one is told hypertension is a killer disease, the person will sometimes shy away and not want to talk about their condition. It's just like when I meet a beautiful girl when I approach her, I will not tell her, hi, how are you, I want something with you, but I am on hypertension medication, she will obviously say, no this one can go, he is going to die (all participants laugh) so because of that stigma, one is not going to adhere, so if I go to her every weekend, that means I will not take my medication. (Participants continue to laugh)

Participant 2: Just to add on that, our African population we have a mistrust and misbelief on adverse medical issues that might be brought about during the period a patient will be taking hypertension medication. And some drugs end up causing a lack of blood circulation, causing sexual impotence with some people, and causing a lack of sexual drive in many people; this can drive you crazy sometimes

Moderator: The medication have an effect on sexual dive?

Participant 1: Yes, it does, in the long run, especially when you are aging. Also hospital accessibility, hospitals being far from the people, so at the end of the day, you debate, should I go, or should I not go, do I have transport money to go get the medication, and also because of poverty, there is no many things we priorities in the African context, so the medication will be part of them. And there is also a shortage of drugs, and the drugs these patients take is quite expensive, and sometimes you might not have the money to buy the drugs, and sometime the public hospitals

might not have the stock. Also, the elderly, when it comes to issues of not understanding why they should take the medication, they will tend to forget, and we also spoke about social support, if you do not have anyone to help you as well, there is no one to inspire you, or encourage you to take the medication, it makes it a barrier, even if you have the money, to buy the medication, And you do not have anyone to remind you, you will tend to forget.

Moderator: Okay... Thank you group 1, great discussions!

Moderator: Let us move on to group 2

[Group 2 reported barriers]

Participant 4: Our barriers are similar to those of group 1. The first one was Lack of Education. Patients need to be educated on what hypertension is, implications of non adherence. Education is key. From initiation of treatment, Education must be continuous

Participant 5: Most of the barriers we discussed are around Education

Moderator: Yes, go ahead...

Participant 4: Exercise and alcohol is another point we discussed.

Moderator: So if you are taking exercises, how does it help you take your medication?

Participant 4: It is very important for health professionals to continuously educate on the importance of exercise and to avoid excessive alcohol intake. If you exercise and you have hypertension, it reduce high blood pressure, it can reduce hypertension, don't just come from the car, and you go sit, and when you exercise the blood pump properly. Patients also need to be educated that in order to take their medication on time, they should not drink too much alcohol. This will also help them not to forget

Moderator: So Forgetfulness was also another barrier identified

Participant 4: Yes

Participant 5: To add on exercise, If you are doing exercises and you are hypertensive, you are encouraged to continue taking walks as it will reduce hypertension, and the blood in the veins circulates all over the body and the heart pumps faster when you do heavy things. It is recommended to exercise at least daily.

Participant 6: When you exercise, it is another way of treatment as it puts your blood pressure on the desired level.

All in agreement...

Moderator: Is that all from Group 2... Well, thank you very much group 2.

[Group 3 reported on Barriers]

Moderator: Lets continue with the discussion: Group 3 can you present the barriers you have identified..

Participant 7: Walking long distances to collect the drugs. As opposed to the availability of cars here in Windhoek, should you find yourself somewhere far at the villages were there are rarely cars, when a patient has to go collect their medication and go for a follow-up and they take the distance into consideration they might change their mind on going for the follow-up.

Participant 7- Some cultures are based on traditional medication and believe that God will heal you without taking your medication, as well as prophets' teachings during church services. Some cultures believe they can use their traditional medicine, that is another barrier.

Moderator: Do you have any idea of a tribe that prohibits people from taking their medicine?

Participant 8:Can I add on that?

Moderator: Yes, please

Participant 8: Some prophetic churches are the ones that can say don't take your medicine.

Participant 7- Yes, But you also have to think to yourself, God will heal you but you must also take your weapons, its just like when someone tells you that you must not eat anymore, will you stop eating, if you stop obviously you will be starving. (Laughs)

Moderator: So the barriers here are distance, Lack of transport, cultural beliefs, and prophetic churches. Is that right?

Yes... all participants concur

Participant 7 - Another barrier we identified is the Unavailability of medication at hospitals: It is a stressful matter in Namibia - When you go for your follow-ups at the hospitals, you might wait from 8 am to 5pm and when you reach the queue at the pharmacy, they at times tell patients that they have ran out of hypertension medication, and by the time you are going to run to the pharmacy, the pharmacy is closed , and sometimes you do not have money, you didn't budget to go to the pharmacy, it's really frustrating us, and they don't even put a notice to say that there is no medication today, They give no prior communication from the staff there and personally when I

find myself experiencing low-blood pressure and I am referred to counseling. You will be told to go see the doctor instead, and doctors will eventually offer no help; and it is a waste of time as doctors tell you to go buy the medication from private pharmacies and not all of us have money to afford that medication, because you already used the transport money to come there.

Moderator: I understand...

Participant 7: That's about it from our group

Moderator: Great! Thank you group 3

[Group 4 reported barriers]

Moderator: We are almost there. Group 4, Can we discuss the barriers you have written down.

Participant 9: Education, just like the rest of the group members we listed it as a barrier. Perhaps what we can add which have not been mentioned is patients who take multiple medications.

Moderator: Ouk, Can you explain on that?

Participant 11: Yes, of course when taking a lot of medication can be discouraging. In the private facilities, we have what we call combination medication. However, these are expensive, not everyone can afford them. So perhaps the state can subsidise on this type of medication so that patients do not end up so many medications.

Participant 12: I agree...

Male Speaker 10: Otherwise, all the other points are the same, we agree with what other groups have discussed

Moderator: Okay, thank you, group 4

[End of recording]

2. Groups presentation on enablers for Hypertension Adherence

[Group 1 reported enablers]

Moderator: Group 1, can we go to the Enablers. Lets go ahead and discuss the enablers

Participant 1: Education, There are so many factors that we named about hypertensive-patients. What is hypertension; Signs and symptoms; the type of medication that they are supposed to take and why they are taking that; The side-effects of the drugs. Those factors maybe that will probably improve the adherence to of the drugs. And we thought that the most important thing is the health workers explaining the condition to the patient about why it is important for them to take their medication and adhere...including education on Herbal life as well, (participants laugh)

Participant 3: on the point of taking medication – If the patient understands how the medication works in their body and what will happen if they do not take their medication, they will likely adhere

Participant 1: The second point is having a support system: If you got a very good social, support system or home support system there is a high chance that you have someone who is going to remind you to take your medication. So, if I am a granny with hypertension and I go to the hospital with my little daughter, for example. My daughter can actually help me remember that I am supposed to take my medication at 7 o' clock every day. So good.

Moderator: Ouk...Can other participants add...

Participant 2: Yes, another important enabler with regards to sticking is having a social support system by mmeans of stroke clinics at various public healthcare services that offer this medication. You can have a day when stroke patients or patients with hypertension come to meet and interact. So, that social interaction can motivate other patients who are not adhering to their medication to start doing it. So maybe having stroke clinics at our hospitals may act as an enabler.

All participants in agreement...

Participant 1: There must also be an availability of the drugs, accessibility of the hospitals, disclosure of BP by patients, sharing of hypertensive status with friends and community members. If there can be support groups, this will really assist the patients

Participant 2: In ensuring that medication is available, the hospital environment must be welcoming as well when the patients go to collect their medication. especially when they are sacrificing the whole day to come and collect their medication.

Moderator: Ouk, So in other words you are saying there should be a good rapport between patients and Health Care workers?

Participant 2: Not only that, I mean if you go in our state facilities there is no privacy, it is congested. Is just that many of us in Namibia we are Christians however you find in some certain religion like Muslim they don't allow to be just undressed in the open. So that need to change

Participants agree

Participant 3: Medication should always be there, should be enough stock, so when there is a guarantee that the medication is at the hospital and you will not miss a day or two,

Moderator: Good..., Can we go to the next points?

Participant 1: Accessibility to the health facilities., are the hospitals accessible to the people because some of these patients leave very far from the hospitals, do they have transport to take them to the clinic and so forth, and also encouraging patients to disclose their status, sharing your hypertension status with your close friends,

Participant 2: To add, usually, patients do not take their medication when there are people around whom they have not disclosed their statuses with, and if there are always people around, they will never take their medication.

Participant 2: Also, Marital status favors adherence to taking medication. When you have a partner, the chances of him/ her reminding you to take your medication is there, and also the level of education.

Moderator: Do this only favor those that are married or also those that are staying together (cohabitating)

Male speaker 1: As long as there is someone to offer that support, that reminder that you are supposed to take your medication, reminding them what the side effects are, what are the importance of taking their medication.

All participants agree

[Group 2 response to enablers]

Participant 4: Education on the importance of exercise and the need to avoid alcohol when taking medication. Checking the trend of your BP also helps you to adhere – If you do regular check-ups of your blood pressure, and when it is high that will help you to adhere to taking the tablets.

Participant 4: Proactive health workers actively involved in reminding the patients on taking their medication because of old age of many the patients, could be helpful as well. If Dr's and nurses are actively reminding patients maybe a social visit, or digital reminders, they can maybe send them SMS's,

Participant 5: I agree as well, Education and being active is key, Is vice versa with the barriers
...Participants agree...

Moderator: Thank you group 2

[Group 3 responses to the enablers]

Moderator: I know that most of the barriers and enablers are similar. Group 3, can you go ahead and discuss the enablers that you have written down:

Participant 7: One of the enablers we discussed is to have nearby clinics in the villages to avoid long distances. Also to have community health workers to assist with distributing hypertension medication.

Participant 8: Another thing we need to understand is that Education is very important when it comes to changing patients' negative belief of the medication to avoid going to prophets .

Participants agree...

Participant 8: ...Go ahead participant 7, just wanted to add on that point

Participant 7: Another enabler we discussed to help with the accessibility of medication is for the hospitals to learn how to plan and control stock so that the medication can be available

Moderator: How can we ensure the availability of medication at all time?

Participant 8: Develop something to monitor the medication stock, Also announce on the different media platforms on when medication will be available to also avoid patients from traveling long distances when there is no medication

Moderator: Good, Is there anything else...?

Participant 7: That is all for now

Moderator: Ouk, Thank you group 4

[Group 4 Reported Enablers]

Moderator: Group 4 can you comment on the enablers

Participant Male Speaker 9: The enablers we discussed is for the Health professionals to educate patients on hypertension and the consequences of non-adherences. Health professionals must also educate themselves on non-communicable diseases. You might find that a patient will be diagnosed as hypertensive as a first timer already; however, it could be just that that day maybe they were going through something that put their pressure up and not necessarily that they have high blood pressure.

Participant Female speaker 9: Yes...So education for all health professionals involved in hypertension care

Participant Male Speaker 10: Perhaps the government can come up with some sort of solution to meet the patients halfway so that the number of state patients' medication can be reduced to avoid defaulting.

Moderator: Well, Ouk, thank you group 4

A discussion is going on about which enablers and barriers will be added to the respective lists.

A discussion is going on about how to rank the barriers and enablers.

(The final list comprises 14 Enablers and 14 Barriers).

3. Groups presentation on the strategies for hypertension

[Participants responses on Strategies]

Moderator: Thank you so much, we are done with this round. The next round we are not going to get into ranking but we are just going to discuss more on the solutions that can help patients to adhere. We want to explain further on these items and the strategies thereof).

(A discussion is going on about the accumulative results, other possible factors that can be added to the list and a further analysis of the listed factors)

Participant 2: I just wanted to speak on the period of refill, if it can be shorter, like for example if it can be maybe two weeks rather than 3 months, so the issue of forgetting and remembering also plays a role, if you do not see your physician for a long time, you tend to forget, unlike when you go to them more often, they will be able to see that you don't look so good, so when they go there often they kind of adhere better. When you go to the Dr after a week, its easier for you to remember, rather than if you go once after a long time.

Participants ranking the barriers and enablers from a scale of 1- being the lowest, and 5 being the highest

The participant writing down the most important strategies.

Moderator: Explaining on the strategies of the barriers and enablers. Patient Education, how can it help the people to adhere to their medication to hypertension?

Participant 1: I think every time, when the patients go to the hospital, every time, if they can get brochures indicating (What is hypertension; what are the signs and symptoms of hypertension; how is hypertension treated; what are the side effects; what are the consequences of a lack of adherence to the medication) and this are explained to the patient's every time they go to the hospital, because you know adherence is also physiological, because now I will need to be reminded or know, why am I taking this medication, like when the patient default, they default after six months or so when the blood pressure is now controlled by the medication, then when the blood does not go up anymore, then they stop taking the medication, because they are no longer seeing the sign and symptoms, so all this things need to be explained, so that they fully understand the importance of adherence, the blood is not controlled by the medication, the moment you stop taking your medication, your heart loses the ability to control the blood, so the problem will still come back again even if you stop taking the medication. So this whole patient education should be continual, from day one, it's not just at the beginning, it has to be every day, when they come to the hospital, the Dr or the nurses must check on their log book if they are taking their medication, they must see a counsellor first, and explain this figures, what they mean, some of this figures are not explained to them, we don't even know what some of the values of this figures mean.

Participant 12: Highly educated people are highly likely to adhere. More knowledgeable tend to be adhere and also individual attitudes, beliefs, which is influenced by knowledge. Their belief is. Most people are not used to taking medication for life. Health education is very important for knowledge and therefore will be a good strategy for medication adherence. Again on knowledge, if you know the consequences and complications you ware likely to adhere.

Participant 4: Yes, I think at the hospital, when you go there for the first as a hypertension patient with high blood pressure, the nurses do not give some sort of counselingE prior to the patient receiving the medication. Like for me I was just informed, you have high blood pressure, go to the pharmacy, you are not informed if your blood is low, then you are okay, or if it's at this stage, it's too high.

Participant 6: If you diagnose a person with hypertension and you don't educate the person on what is hypertension, what are the contributing factors to hypertension, is likely that the patient will not have information and adherence will be very low. Most of the patients they are just told you have high blood pressure. Right? And you are going to be on medication. Lack of knowledge on the bases of the patients. Both nurses and doctors. Education is an ongoing process with every follow up. Any barriers the patient is facing. Constant Education on diet, and exercise. Sometimes there is a shortage of manpower the clinics are overcrowded. When you are dealing with NCDs is a broad spectrum of NCDs so we need a guide education. Make use capacitate and strengthen community health workers. From nurses to the pharmacies. Hypertension is a silent killer, the fourth month they default because they feel fine hence Education. Some people default because of money issues, because of Lack of knowledge. Education is the most strategy that you can use, if you are not educating, the people will not adhere. Educate all the stakeholders involved especially outreach. Capacitate our health workers

Moderator: Who should be accountable for this patient education, is it the health workers only?

Participant 1: All health workers are mandated to give health education to the patients, on the key issues that is affecting their health, it could be the nurse, it could be the medical doctor, it could be the community health workers, as long as they are known legible about the health condition, so information is power.

Moderator : Is there another way, apart from pamphlets that this information can be disseminated to the people?

Participant 6: There is so many ways that can be used, we can use media, you can make presentation, tv presentations, adverts, community awareness, like example what she said, we can use the pastors, because like how are you going to influence the church, you have to find a way on how to engage the community, especially the key members of the community of who they influence our decisions, the traditional leaders, the heads of households, all those people are extremely important, because sometimes, your own husband can be a barrier to taking your medication, maybe he does not approve to you taking your medication, so maybe we need to use quite a number of platforms.

Moderator: How often do you think the information should be disseminated, like the example on the radio?

Participant 1: Quite often.

(The aforementioned questions are being further explained and discussed in depth)

(A discussion is going on about how often the nation needs to be educated on hypertension on the radio)

Participant 1 : At least twice a month. If the person was not able to available for the first broadcast, then they will have another chance on the next broadcast. And it should be done in certain languages, in all the local languages. And they must always explain, even myself that medication that I am taking, I cannot even read that name, (all participants laugh) it's true, I cannot read it, (other participants concur with her) Even if you want to do some research on the medication, you cannot because you can't read it.

Participant 2 (On a side note) : Contrary to the past, I have been receiving my medication every month and now I feel much better. So now the question I have been asking myself, should I stop taking my medication, because the doctor did not tell me when to stop, even though my blood pressure has been low. (Participants giggle)

Participant 3 (Adding to the above point) : Sometimes you might experience high blood pressure for a while but later the level becomes lower again when you go back to the doctor. So the hospitals should offer more Education on what causes high blood pressure and what can increase it, hypertension can be caused by different things, sometimes it can be generational inherited, or stress can cause hypertension.

Participant 2: (Adding to the point of Education and causes of hypertension)

They are kind of modifiable facts. Patients need to be educated on lifestyle changes to improve their condition, to understand why they need to change improve their diet and lifestyle when they see improvement in their condition, once educated they can make their adjustment, because when they take their medication, they will see change. unlike when you are on medication, but you are still drinking alcohol, eating too much fat, you will not see any change. (Other participants concur).

Moderator : (A probing discussion is going on about the support system)

(The community and family need to support hypertensive patients)

(There should be support groups for hypertension, as there are for other medical conditions and diseases)

Participant 1: There should also be community support, it could be that you have your families support, but the community members are still looking down on you. There is need for community sensitization of what hypertension is, and also how this people are supposed to survive or live, within the community because come people discriminate, because like some people will say how am I going to employ you if you are hypertensive, so I think it's a spectrum on community sensitization, the community support up to the family support as well. (other participants concur).

Moderator: Do we have support groups for hypertension in the community? So we only have for HIV, TB. Respondents (all together).No, there are no support groups.

Participant 1 : So I think that is where the problem is, because they are putting so much on the tertiary treatment, and not primary prevention if we do have clinics that cater for this patients before they actually have a TI or a stroke, but our focus is more on once they have had the stroke is when we start putting them in a group, but we are not really proactive enough in prevention hypertension in developing into a stroke, so more emphasis is needed on putting them in groups, let them share ideas, let them interact, because one of the major causes of a stroke is default, because if we do not address the adherence to the medication now, that is going to result into a stroke,, so I believe maybe if you put more resources into primary prevention, by actually implementing some of this techniques within the community may, or even, within hospital set ups. (We as a nation are not proactive enough and focus more on treatment of hypertension than the prevention thereof, to prevent the development of hypertension leading to strokes)

Participant 2: When you are diagnosed of hypertension at 35 years of age for instance, instead of having doubts about whether you will leave long enough (participants laugh), when you are introduced to a fellow patient whom has been having hypertension for years and is surviving for many years, you might be encouraged to adhere to medication and build hope. And then the issue of having children, some will tell you I have been on medication before I got married, now I have my 7 children (all participants laugh) so when you are being told by someone who is a living example, it really encourages and helps you. (other participants concur)

Participant 1: There should be good rapport between health workers and patients, changing their attitude towards the patients and providing care to the patients, medical staff, they need to develop an interested in the patients wellbeing.

Moderator: How do we make them change?

Participant 1: Attitude change I think, the training on professional issues, ethical issues, because this is a job you are giving, you are rendering a service to somebody, basic training on how to handle a patient, because you are rendering a service, sympathy, empathy, the ubuntu kind of spirit, humanistic approach to someone in need, so all that should be included in our training,

Moderator: Are there any challenges experienced by health workers when providing a good environment for patients, is caused by staffing, money issues?

Participant 1: I am sure it has nothing to do with staffing. You do not need all the proper equipment to engage well with patients as merely kindness and show of care will bring about an open environment around the patients, just sitting with the patient and just asking if everything is okay at home.

Participant 1: There are 3 settings in the health sector, we have the government, when if you come and get your medication, you are just given medicine and you are told, okay, here is your medicine, you can go, (all participants laugh) and then we have a hospital like lady pohamba, where they have a boss, so they have to act accordingly because, any complaint that happens and goes to top management, then they are in trouble, and then you find Shali there who is their own boss, for him its all about money, you get your medicine and go, but if you have a setting there where you ask, mam how are you doing, do you have any side effects, are you eating well at home, it will help the patient to adhere better because they know my Dr's are expecting this from me, unlike some health professionals when the patient comes to the office, then they are like, or are you back again, you are not dead, (all participants laugh) or this thing of calling people by their sickness, e.g you tate with high blood pressure go (participants continue to laugh) so if our health care workers can improve on that, and even at medical school I see this in our medical students, you are studying medicine, but the whole month your focus is just there in the bank, and thinking of what car to buy, and wanting to look like some models out there (all participants laugh) so if we can have a culture of saying, that you focus on your work, and whatever reward you get is based on that, and we treat humans, as humans, I think that will solve that problem, I mean a good health worker, where the Dr really cares about the patient, like going back in the days when we were small boys, nurses use to care for me more than my own mother, because when you go to the hospital the nurses really care more than my own mother, because with your mother even if you cut yourself she will be like you people like playing around, and then she hits you on the butt, (participants laugh) but if you go to the hospital, the nurses will be like, don't worry you won't feel any pain, it will heal in how many days, so we need such kind of health workers. Health care workers need to show better care and communication with patients, and treat patients with a sense of belonging and respect for their medical status.

Moderator: The availability of drugs at hospitals: what do you think can help us? What can you suggest to make the drugs readily available at pharmacies?)

National dashboard- stock availability

Participant 11: If we have the national dashboard where everybody who is in each and every region of Namibia, whose of course is authorized, have access to it, this way you will have many people looking at the dashboard and if there are flags someone will be able to alert the person at the central medical store that this region the stock is low, send some stock. Countries like Rwanda have a national dashboard. Instead of you working with those cards, they used to take stock, a very primitive physical thing. The National dashboard will be like a calendar for a Google meeting. Some of the government employees steal the medication.

Participants in shock...

Participant 7: Wow..., Also another thing, we need to prevent stock-outs of medication at the central medical store, stock control from the supplier, from Central medical store and local pharmacies. If you know your stock is less then you need to add. Actually, stock-outs are a result of poor planning``

Participant 2: The person responsible for ordering the drugs should ensure an ever availability of the drugs and they should at least announce on social media or on the radio in advance that there is no stock available on this date, and also the way this pharmacist are responding to you, that there is no medication, they are very rude, now image sitting there the whole day, and when you come to the pharmacy the person is very rude with you (all participants concur). At least if they can announce that we do not have high blood pressure medicine this month, it saves us from going there.

Participant 2 (Adding to the above point) : The hospitals should estimate the drug usage rate depending on an estimated increase of the rate of high blood pressure patients per month to maintain a certain number of drugs available at specific times. Additionally, proper procurement should be exercised to have a batch of drugs available at all times. And it should be treated as an emergency, if we have run out of stock, there must be a way where the medication can be procured,

because patients, need the medicine, e.g in Namibia, we have a tendency of bottle neck, you already have two or more committees to the procurement, then later you still want to add another committee again, and this committee there will be a middle man that needs a share from the tender, so the only way is to shorten the process of buying this life saving drugs.

Participant 1: And also make the drugs available, at Local clinics should have the first-line medication, to avoid time-consuming queues and costs of transport fare. Decentralize the services to the local communities, where people can just walk to clinics and get their medication.

Participant 1 : I stay in Shandumbala, we have a clinic near Donderhoek. The staff there literally select a certain group everyday which they will assist on that specific day, without a timetable anywhere at the clinic stating the group that will be assisted every day, instead of announcing to the visitors in the queues. And sometimes they just look at your age and they will say, go to katutura, imagine now you have spent the whole day in the queue.

Participant 1 : You will be told while sitting there, imagine now sitting there for two to three hours and later you are told we are not assisting high blood pressure patients. If they see someone go in there for high blood pressure, they will come out and announce, if they cannot do the job, perhaps they can hire us, and we give service to our people living with high blood pressure (participants giggle).

Participant 1: One thing that can assist will be to have a registry of all the hypertensive patients, this data is quite helpful, which I think we do not have in Namibia, and also what kind of medication they are taking, that makes the availability so easier because you know what the people need, and it's easier to plan the decentralization of the medication to cascade down to, the local people.

Participant 8: People who work in the sea, the fisherman/ engineers. Most of the ship have doctors inside however BP medication is not available. For medicine control, you have to give after 3 months. The pharmacists are not authorized. You have a person going in the sea for 6 months and you have a person who is sick. Is a dilemma. There is no regulation to keep medication in the ship, you cannot keep it in the ship. This people most of the time their adherence is low

Moderator: Disclosure of medical status, will be with the aid of support systems. and then money issue has to do with employment as a financial constraint amongst patients.

Participant 1: It is a perennial problem, we all struggle with money, When there is medication at the public health centers and hospitals, patients are forced to go to private health practitioners to buy the medication and it is costly, so the country has to subsidize, so there is a huge need for government subsidies, so that at least when people go and buy the medication at pharmacies it's a bit affordable, because when you go to the general practitioner, he is recommended to give you certain medication, but when you go to a private physician, he is a specialist, he will give you very expensive medication, I can give you an example of kajura, its very expensive, and you cannot find it in government hospitals, you will have to buy it for like N\$ 700-00 dollars, and imagine its per month, that you need this medication, so it's going to be very expensive, and you may not have that money, so the government need to subsidize, or make the drugs available at public hospitals.

Moderator: With the demographic features, what strategies can we utilize to bring about improvement

Participant 1: Maybe patient Education, because this are non-modifiable.

Moderator: In terms of gender, there seem to be more women at pharmacies as men follow stereotypes surrounding certain medications).

Participant 1: More women are more courageous to soldier on when it comes to taking hypertensive medication. There is a requirement for more research on the topic)

Moderator: According to survey I did, most of the hypertensive people in Namibia are women but this is also due to the population differences in the country, according to statistics.

Participant 2: Men are more ignorant when it comes to taking medication and they are less easy to educate compared to women, because if you look at the statistics of the people that die of stroke, most of them are man, like we had a friend who had a stroke, so when we took him to the Dr, the Dr was like, is the guy not taking his tablets, then the people were like, which tablets? Later somebody found that prescription in his pocket, so he was diagnosed with hypertension like a

month ago, he did not go to any hospital after that, he did not did not go to the pharmacy, he will just go to the pharmacy to buy pain killers to control his headache, so its more of people thinking they are brave, and while we are on Education, what needs to be done, is some sort of tailor made, message for man, but with a better strategies on how to get them, because women they are easy to educate, they are easy to access, man they are very diverse, even the place you will find them, even if they are not doing anything productive, they are still busy for you to engage them, so if we are to engage them in terms of Education, one will really need to come up with a strategy that really target man, I don't know now whether it will have to go through some sort of sports or, whatever recreational activity that is being done, (other participants concur) .

Moderator: If we have a support system where the community and health workers engage in reminding patients about collecting their medications. For interest sake, how are you reminded that your time is up, for you to collect your medication

Participant 2: You will have to confirm with your health passport to remember when next you have to go collect your medication, you just have to make sure of the dates that are on your passport, and make sure you put it in your head, (participants laugh) and if you don't go, they will not even bother to call you.

Moderator : What if perhaps they can use this automated sms via mtc, and remind people over the phone, but that will now have to involve the government.

Moderator : I think that system is only in the private facilities, because I understand its quite expensive.

Participant 1: The government must be able to sacrifice. And also create a data base, because what is the point of taking my number if you don't even use it.

Participant 2: There should be a way where they can charge me on my phone.

Participant 1: The government should be able to do a cost benefit analysis, they are spending billions of dollars on stroke patients, why not use telecommunications, where they just send reminders to patients, to get their medication, and stopping the stroke from happening. So I think its just prioratasation of resources there, as long as there is information that states the magnitude

of a problem, that you are dealing with, at stroke level, its so easy for us to channel the resources for prevention rather than treatment (participants concur).

A discussion is going on about how the government should intervene in reminding patients to go collect their medication once the period of the latest medication lapses. A discussion is going on about how alcohol and too much of it affects the patients, and exercises and length of refilling the patients' medication batch.

Participant 1: It will come back to lifestyle modification, its not only about taking medication that is involved with hypertension, so there is a lot of emphases not to take alcohol, you need to exercise, you need to drink a lot of water, (all participants concur)

Moderator: What strategies can be used for the medication refilling period, shorter or longer periods?) (A 3-month medication prescription period might be best)

Participant 1: The medication period should be tailored made as patients reside at different places, with different distances from the health care facilities, and also maybe the Dr's are not there all the time, I think its better to give them a 6 months' prescription, they take the medication once, then they go, and then they come back when the 3 months is gone.

Participant 2: The medication should be tailored made, I did a study on adherence in opuwu, there is an area during the census, and their political, and drought relief, is only assessed by helicopter, now if somebody is staying there, than definitely that person will need a longer period, you will then need to adhere to the medication, while those ones that are staying in town, for example Khomas region, if you see that they are having a challenge with adherence, then they need a shorter period, I think it needs to be tailor made depending from person to person.

Moderator: (The technology used to remind patients about their medication collection and other vital details for diseases like TB should be used comprehensively a means of communication for high blood pressure)

Participant 6: Medication follow up, when you give medication for too long they forget their next appointment. I see some people ant to give up to 6 months. There is no guideline, the only schedule available is the one available at the pharmacy. We don't have a system to help patients for scheduled follow up. Causes a lot of problem

Participant 1: Namibia should change the quantification methodology that has existed for years to move with what exists now. There is a huge need for research to understand the magnitude, because how do you argue with the politicians, the policy makers and the ministers, what you need to do, especially when you do not have data to prove.

Participant 2: The data is there, it is just that people are still leaving in the past (participants laugh) during the 90's hypertension was not as much as it used to be, unlike the TB and malaria's where quite a lot, but now the NCD's are taking over from the communicable diseases, but the decisions and the policies are still based on those diseases, so if we are saying Namibia has a high prevalence of hypertension with 50%, which other disease has that high percentage, it's not that much, it's now a matter of quantifying the numbers and telling the decision makers that look, you need to change that. Currently most of the money is pumped into HIV and AIDS, and if you look at what's put into hypertension, it's less, and the attention given is not that much maybe because that disease is not communicable, but in the end it's going to ask a lot (participants laugh)

Moderator: How best can we resolve the problem with medical beliefs followed by prophetic churches?)

Participant 2 : There should be appropriate measures regulating how and what medical information can be shared and what consequences will be faced by culprits sharing the information contradicting the regulations. There should be policies in place, and if you are going to sell certain products, there should be policies that regulate this message, and it should go through this body. Because in absence of that regulator, the person will go preach anything in the name of freedom of speech, because then if the person knows that if you are going to preach healing you are going to follow this rule, otherwise I can come up with a church and say, if you have hypertension, you can drink petrol and get cured (participants laugh) so there the authority there just need to stand up and say this are the rules and people will have to abide by this rules, especially when it comes to this companies selling supplements, they are becoming a lot, and they are taking people's money.

Participant 2: Other medications such as Herbalife have side effects and they comprise of many chemicals added. And about the churches, people should continue to go to churches but they should not concord with whatever the pastors and prophets preach about (participants concur).

Participant 1: We need to restore belief in our body systems and try to avoid products which are rumored to offer quick recovery. We must make our health system robust so that the drugs are there, the health workers are there, that way we restore faith in the health system, people don't have faith in the health system, people don't believe in the help that they get, they get at the clinic or the hospital, and worse of all you are putting me on this long term drugs, without proper Education.

A closing speech is going on, thanking all the participants and communicating what will be follow next as part of the workshop.

[End of recording]