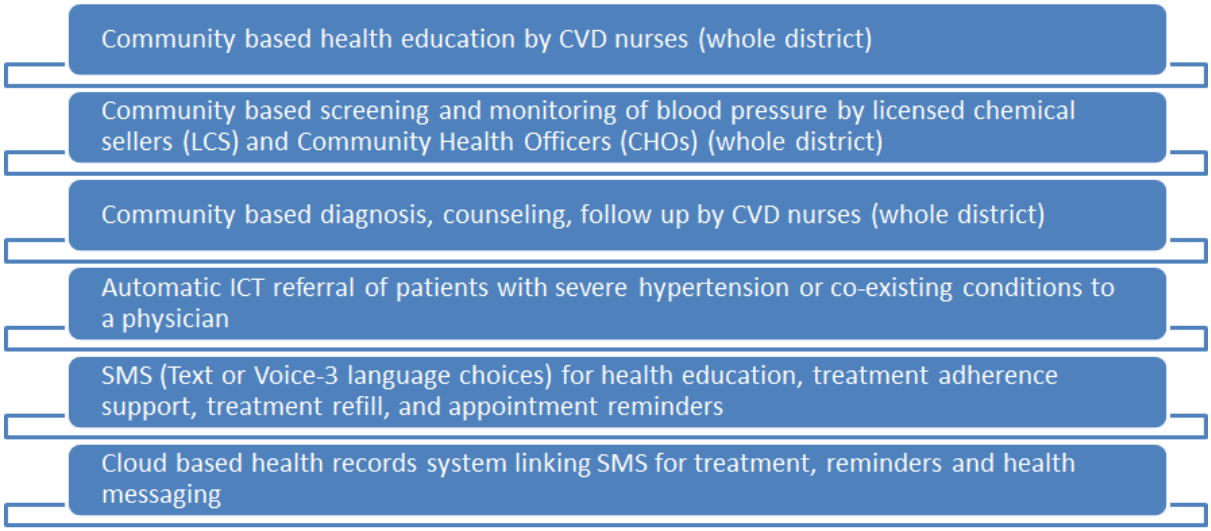

Supplementary figure 1) components of the ComHIP Programme

Visit Number	When?	Activity
1	After patient has been screened and referred by LCS, CHO	CVD Nurse to recheck BP
2	Two weeks after visit 1	1. CVD Nurse to recheck BP and confirm diagnosis 2. Enroll patient, perform risk assessment, perform anthropometric measurements 3. Refer to *Referral SOP for CVD nurse* for all patients that should be referred to Physician. 4. Initiate treatment 5. Order laboratory investigation as needed 6. Perform Hypertension counseling
3	6 weeks after visit 2	1. Re-check BP 2. Assess treatment, perform counseling
4	6 weeks after visit 3	1. Review treatment plan until goal is reached 2. Perform anthropometric measurements every 3 months after enrollment
5 & subsequent visits	• Every 3 months for patients with Mild Hypertension (treated by CVD nurse) • Every 2 months for patient with Moderate Hypertension (treated by CVD nurse) • Monthly for Patients with High (treated by Physicians only)	1. Re-check BP, review treatment, assess for risk factors, perform Hypertension counseling 2. Conduct follow up assessment every 6 months after enrollment

Supplementary Figure 2. guidelines for patient visits

Phase	Activity	Community Health Officer	Licensed Chemical Seller	CVD Nurse	Physician
Phase 1: Screening	Community BP screening	Yes	Yes	No	No
	Screening referral	Yes	Yes	No	No
Phase 2: Diagnostic Evaluation	Confirmation of BP (HTN) diagnosis	No	No	Yes	Yes
	Staging of degree of HTN	No	No	Yes	Yes
	Assessment of other CVD risk factors	No	No	Yes	Yes
	Assessment of prevailing CVD symptoms	No	No	Yes	Yes
	Overall risk assessment/ Stratification	No	No	Yes	Yes
	Assessment of family history of CVD	No	No	Yes	Yes
	Laboratory investigation	No	No	Yes	Yes
	Assessment of target organ complication	No	No	Yes	Yes
	Assessment of Lifestyle Issues	No	No	Yes	Yes
	Diagnostic referral	No	No	Yes	No
	Baseline Anthropometry	No	No	Yes	Yes
Phase 3: Management, Monitoring & Follow Up	Recommendation for drug treatment	No	No	Yes	Yes
	Medication Dispensing	No	Yes	No	No
	Recommendation for Non-drug treatment	Yes	Yes	Yes	Yes
	Evaluation of drug side effects	No	Yes	Yes	Yes
	Monitoring of BP response to treatment	No	Yes	Yes	Yes
	Adherence Counselling	No	Yes	Yes	Yes
	Anthropometric monitoring	No	No	Yes	Yes
	Regular follow up and interaction	No	No	Yes	No
	Management referral	No	No	Yes	Yes*

Supplementary Table 1) Summary of roles of various service delivery personnel
*In rare instances, certain patients may be referred by the Physician to a hypertension specialist

I. Diuretic: Bendroflumethiazide. –initial dose, 2.5mg daily. Maximum dose of 5mg daily.

II. Beta-blocker: Atenolol-initial dose of 50mg daily. Maximum dose of 100mg daily provided the heart rate is greater than 60/min on the lower dose.

III. Calcium channel blocker: Nifedipine retarde or XL -initial dose 30mg daily. Maximum dose of 60 to 90 mg daily.

Supplementary Table 2) Recommended medications and dosages