**Afghanistan**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>40%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>35%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>45%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

![Graph showing prevalence of hypertension globally and in Afghanistan.]

**Trends in uncontrolled hypertension in adults aged 30–79 years**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>20%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>25%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>30%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>35%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>40%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>45%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Hypertension control rate scenarios**

- **Diagnosed**: Male 44%, Female 66%
- **Treated**: Male 35%, Female 54%
- **Controlled**: Male 10%, Female 17%

*In order to achieve a 50% control rate, 1.4 million more people with hypertension would need to be effectively treated.*

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>35</td>
<td>34</td>
<td>36</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>71 300</td>
<td>33 800</td>
<td>37 500</td>
<td>2019</td>
</tr>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>53</td>
<td>52</td>
<td>55</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Risk factors**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>24</td>
<td>40</td>
<td>8</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2016</td>
</tr>
</tbody>
</table>

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Treatment**

- Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Albania

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Mortality

Probability of premature mortality from NCDs (%)

Cardiovascular disease deaths

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)

Current tobacco use, adults aged 15+ years (%)

Obesity, adults aged 18+ years (%)

Total alcohol per capita consumption, adults aged 15+ years (litres)

Physical inactivity, adults aged 18+ years (%)

National response

Targets

National target for blood pressure

National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension

Conducted recent, national survey on salt/sodium intake

Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment

Guidelines for management of hypertension

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Total population (2019): 2 874 000

Total deaths (2019): 31 200

Of the 757 000 adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 310 000 more people with hypertension would need to be effectively treated.

If the progress scenario were achieved, 42 000 deaths would be averted by 2040.

Projected hypertension control rates by scenario:

- Business as usual
- Progress
- Aspirational

Annex 2. Hypertension profiles and explanatory notes
**Algeria**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th></th>
<th>% of population aged 30-79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>36%</td>
</tr>
<tr>
<td>Females</td>
<td>35%</td>
</tr>
<tr>
<td>Both</td>
<td>37%</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

- **Algeria**
- **Global**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

**Hypertension control rate scenarios**

- If the progress scenario were achieved, 168 000 deaths would be averted by 2040.
- Projected hypertension control rates by scenario:
  - Business as usual
  - Progress
  - Aspirational

**Mortality**

- Probability of premature mortality from NCDs (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th>Total population (2019):</th>
<th>76 300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total deaths (2019):</td>
<td>no data</td>
</tr>
</tbody>
</table>

Of the 6.6 million adults aged 30–79 years with hypertension:

- Data not available

In order to achieve a 50% control rate, 2.3 million more people with hypertension would need to be effectively treated.b

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. 
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg. 
- d. Age-standardized estimates are presented for all indicators except salt intake. 
- e. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes 79
**Angola**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP &lt;140 mmHg</td>
<td>39%</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>DBP &lt;90 mmHg</td>
<td>37%</td>
<td>14 500</td>
<td>13 300</td>
</tr>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>63</td>
<td>61</td>
<td>66</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>6</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
</tbody>
</table>

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Notes:**
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg. 
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

---

**Global report on hypertension: the race against a silent killer**

Total population (2019): 32 354 000

Total deaths (2019): 229 000

**Of the 2.9 million adults aged 30–79 years with hypertension:**

- 39% diagnosed
- 22% treated
- 9% controlled

**Probability of premature mortality from NCDs (%):**

<table>
<thead>
<tr>
<th>Year</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>22</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>27 800</td>
<td>14 500</td>
<td>13 300</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td>61</td>
<td>66</td>
</tr>
</tbody>
</table>

**Mortality**

**Cardiovascular disease deaths attributable to high systolic blood pressure (%):**

<table>
<thead>
<tr>
<th>Year</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
</tbody>
</table>

---

**Risk factors:**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

---

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Antigua and Barbuda

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

Percentage of the population aged 30-79 years with hypertension:
- Antigua and Barbuda: 23%
- Global: 33%

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

If the progress scenario were achieved, 430 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Both sexes: 18
- Males: 18
- Females: 18
- Total population (2019): 92,100

Cardiovascular disease deaths
- Both sexes: 230
- Males: 110
- Females: 120
- Total deaths (2019): 650

Cardiovascular disease deaths attributable to high systolic blood pressure (%)
- Both sexes: 27%
- Males: 19%
- Females: 22%

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- Both sexes: 7
- Males: 8
- Females: 6

Current tobacco use, adults aged 15+ years (%)
- Both sexes: 9%
- Males: 10%
- Females: 8%

Obesity, adults aged 18+ years (%)
- Both sexes: 14%
- Males: 12%
- Females: 14%

Total alcohol per capita consumption, adults aged 15+ years (litres)
- Both sexes: 9
- Males: 14
- Females: 6

Physical inactivity, adults aged 18+ years (%)
- Both sexes: 7%
- Males: 8%
- Females: 6%

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Argentina

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) ▲ 813 000 ▼ 333 000 ▲ 16 000
total population (2019): 44 746 000
total deaths (2019): 349 000

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- **Armenia**
  - Total population (2019): 2.821 million
  - Total deaths (2019): 25,400

**Prevalence of hypertension – global comparison (both sexes)**

- Of the **813,000** adults aged 30–79 years with hypertension:
  - **36%** of males and **45%** of females would need to be effectively treated.

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- If the progress scenario were achieved, **14,000 deaths** would be averted by 2040.

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 20
  - Males: 28
  - Females: 13
  - Year: 2019
  - Cardiovascular disease deaths
    - Both sexes: 13,100
    - Males: 6,300
    - Females: 6,800
    - Year: 2019
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)
    - Both sexes: 56
    - Males: 57
    - Females: 54
    - Year: 2019

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 9
  - Males: 10
  - Females: 7
  - Year: 2019
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 26
  - Males: 50
  - Females: 2
  - Year: 2019
- Obesity, adults aged 18+ years (%)
  - Both sexes: 20
  - Males: 17
  - Females: 23
  - Year: 2016
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 5
  - Males: 9
  - Females: 2
  - Year: 2019
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 23
  - Males: 23
  - Females: 22
  - Year: 2016

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- **Treatment**
  - Guidelines for management of hypertension

Footnotes:

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
**Australia**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>Total population (2019):</th>
<th>25 357 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total deaths (2019):</td>
<td>165 000</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

- [% of population aged 30–79 years](#)
  - Global
  - Australia

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- [% of population aged 30–79 years](#)
  - Past trends
  - Projected trends
  - Global target

**Hypertension control rate scenarios**

- [% of population aged 30–79 years](#)
  - Diagnosed
  - Treated
  - Controlled

**Mortality**

**Probability of premature mortality from NCDs (%)**

<table>
<thead>
<tr>
<th>BOTH SEXES</th>
<th>MALES</th>
<th>FEMALES</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>10</td>
<td>7</td>
<td>2019</td>
</tr>
<tr>
<td>42 200</td>
<td>21 200</td>
<td>21 000</td>
<td>2019</td>
</tr>
<tr>
<td>43</td>
<td>43</td>
<td>43</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Cardiovascular disease deaths**

<table>
<thead>
<tr>
<th>BOTH SEXES</th>
<th>MALES</th>
<th>FEMALES</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>27%</td>
<td>27%</td>
<td>27%</td>
<td>2016</td>
</tr>
<tr>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Cardiovascular disease deaths attributable to high systolic blood pressure (%)**

<table>
<thead>
<tr>
<th>BOTH SEXES</th>
<th>MALES</th>
<th>FEMALES</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>34%</td>
<td>34%</td>
<td>2019</td>
</tr>
<tr>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Austria

Hypertension profile

Total population (2019): 8880000
Total deaths (2019): 85000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)*

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Notes:

Hypertension profile
Australia
aged 30–79 years

Trends in uncontrolled hypertension in adults

Of the 2.3 million adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 486 000 more people with hypertension would need to be effectively treated.

If the progress scenario were achieved, 35 000 deaths would be averted by 2040.

Projected hypertension control rates by scenario:

- business as usual
- progress
- aspirational

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors*

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension
**Azerbaijan**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Total population (2019): 10 233 000
- Total deaths (2019): 82 200

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>2019</th>
<th>2019</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>27</td>
<td>34</td>
<td>20</td>
</tr>
<tr>
<td>males</td>
<td>51 300</td>
<td>25 200</td>
<td>26 100</td>
</tr>
<tr>
<td>females</td>
<td>55</td>
<td>56</td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mortality</th>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>41%</td>
<td>40%</td>
<td>42%</td>
</tr>
<tr>
<td>males</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Footnotes: | a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. |
Bahamas
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

- 45% of both sexes
- 46% of males
- 44% of females

Prevalence of hypertension – global comparison (both sexes) a

Of the 90 000 adults aged 30–79 years with hypertension:

- 66% diagnosed
- 53% treated
- 22% controlled

In order to achieve a 50% control rate, 25 000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years c

Hypertension control rate scenarios

Projected hypertension control rates by scenario d

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
**Bahrain**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Both sexes**: 39%
- **Males**: 40%
- **Females**: 35%

**Prevalence of hypertension – global comparison (both sexes)**

- % of population aged 30–79 years with hypertension

**Trends in uncontrolled hypertension in adults aged 30–79 years**

**Hypertension control rate scenarios**

- % of population aged 30–79 years with hypertension

**Mortality**

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

- National target for blood pressure
- National target for salt consumption
- Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Bangladesh

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 
- Both sexes: 29% males, 24% females

Prevalence of hypertension – global comparison (both sexes) 
- Global: 35%
- Bangladesh: 34%

Trends in uncontrolled hypertension in adults aged 30–79 years 
- Past trends: 45% females, 34% males
- Projected trends: 54% females, 34% males

Hypertension control rate scenarios 
- If the progress scenario were achieved, 6.9 million more people with hypertension would need to be effectively treated.

Mortality 
- Probability of premature mortality from NCDs (%)
  - Both sexes: 19%
  - Males: 21%
  - Females: 16%
  - Year: 2019
- Cardiovascular disease deaths
  - Both sexes: 273 000
  - Males: 144 000
  - Females: 129 000
  - Year: 2019
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 54
  - Males: 51
  - Females: 58
  - Year: 2019

Risk factors 
- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 9
  - Males: 9
  - Females: 8
  - Year: 2019
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 35
  - Males: 53
  - Females: 18
  - Year: 2019
- Obesity, adults aged 18+ years (%)
  - Both sexes: 4
  - Males: 2
  - Females: 5
  - Year: 2016
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 0
  - Males: 0
  - Females: 0
  - Year: 2019
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 28
  - Males: 16
  - Females: 39
  - Year: 2016

National response 
- National target for blood pressure
- National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: 
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. 
- c. SBP ≥140 mmHg or DBP ≥90 mmHg. 
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

Total population (2019): 165 500 000
Total deaths (2019): 793 000

Annex 2. Hypertension profiles and explanatory notes
Barbados

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Prevalence of hypertension – global comparison (both sexes)a

% of population aged 30–79 years

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

% of population aged 30–79 years

Hypertension control rate scenarios

% of population aged 30–79 years with hypertension

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsa

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Belarus

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 49% 52% 47%

Prevalence of hypertension – global comparison (both sexes)

Of the 3.2 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 1.2 million more people with hypertension would need to be effectively treated.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes

91
Belgium

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Male: 30%
- Female: 34%
- Total: 26%

Prevalence of hypertension – global comparison (both sexes)

Of the 2.5 million adults aged 30–79 years with hypertension:
- Diagnosed: 67%
- Treated: 59%
- Controlled: 38%

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
- Both sexes: 11%
- Males: 13%
- Females: 8%
- Year: 2019

Cardiovascular disease deaths
- Both sexes: 30 800
- Males: 14 000
- Females: 16 800
- Year: 2019

Cardiovascular disease deaths attributable to high systolic blood pressure (%)
- Both sexes: 49
- Males: 49
- Females: 49
- Year: 2019

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- Both sexes: 8
- Males: 9
- Females: 7
- Year: 2019

Current tobacco use, adults aged 15+ years (%)
- Both sexes: 24
- Males: 26
- Females: 21
- Year: 2019

Obesity, adults aged 18+ years (%)
- Both sexes: 22
- Males: 23
- Females: 21
- Year: 2019

Total alcohol per capita consumption, adults aged 15+ years (litres)
- Both sexes: 10
- Males: 16
- Females: 5
- Year: 2019

Physical inactivity, adults aged 18+ years (%)
- Both sexes: 36
- Males: 31
- Females: 41
- Year: 2019

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Belize
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Total population (2019): 389 000</th>
<th>Total deaths (2019): 1 880</th>
</tr>
</thead>
<tbody>
<tr>
<td>38%</td>
<td>38%</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes) a

Trends in uncontrolled hypertension in adults aged 30–79 years c

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
c. SBP ≥140 mmHg or DBP ≥90 mmHg.
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.
f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Benin

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)¹

<table>
<thead>
<tr>
<th>of population aged 30–79 years</th>
<th>Total population (2019): 12 290 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>of population aged 30–79 years</td>
<td>Total deaths (2019): 93 400</td>
</tr>
<tr>
<td>31% 29% 33%</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)²

Of the 979 000 adults aged 30–79 years with hypertension:

- 28% of men
- 19% of women
- 8% overall

Trends in uncontrolled hypertension in adults aged 30–79 years³

Hypertension control rate scenarios

- The progress scenario would need to be effectively treated.
- If the progress scenario were achieved, 30 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- both sexes: 23
- males: 24
- females: 21
- year: 2019
- total deaths (2019): 13 900
- males: 6700
- females: 7200
- year: 2019
- 56
- 54
- 59
- year: 2019

Risk factors⁴

- Mean population salt intake, adults aged 25+ years (g/day): 7
- Current tobacco use, adults aged 15+ years (%): 7
- Obesity, adults aged 18+ years (%): 10
- Total alcohol per capita consumption, adults aged 15+ years (litres): 8
- Physical inactivity, adults aged 18+ years (%): 16

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Bhutan

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

National response

Physical inactivity, adults aged 18+ years (%)

Mean population salt intake, adults aged 25+ years (g/day)

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Mortality

Probability of premature mortality from NCDs (%)

Cardiovascular disease deaths

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors a

Mean population salt intake, adults aged 25+ years (g/day)

Current tobacco use, adults aged 15+ years (%)

Obesity, adults aged 18+ years (%)

Total alcohol per capita consumption, adults aged 15+ years (litres)

Physical inactivity, adults aged 18+ years (%)

National response

Targets

National target for blood pressure

National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension

Conducted recent, national survey on salt/sodium intake

Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment

Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes

95
**Bolivia (Plurinational State of)**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia (Plurinational State of)</td>
<td>28%</td>
<td>29%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

![Prevalence of hypertension chart]

**Trends in uncontrolled hypertension in adults aged 30–79 years**

![Trends in hypertension chart]

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Risk factors**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>2019</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>2019</td>
</tr>
</tbody>
</table>

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer

96
Bosnia and Herzegovina

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) • 44% • 47% • 41%

Prevalence of hypertension – global comparison (both sexes)•

Of the 1.1 million adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 350 000 more people with hypertension would need to be effectively treated.•

Trends in uncontrolled hypertension in adults aged 30–79 years•

Hypertension control rate scenarios

Projected hypertension control rates by scenario•

If the progress scenario were achieved, 31 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors•

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Botswana

Hypertension profile

Total population (2019): 2 500 000
Total deaths (2019): 20 700

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)*

Of the 364 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 119 000 more people with hypertension would need to be effectively treated.*

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors*

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Brazil
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th>Population aged 30–79 years</th>
<th>45%</th>
<th>48%</th>
<th>42%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>19</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Females</td>
<td>13</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Global</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Of the 50.7 million adults aged 30–79 years with hypertension:

- 62% diagnosed
- 54% treated
- 28% controlled

If the progress scenario were achieved, 365 000 deaths would be averted by 2040.

Projected hypertension control rates by scenario:\(^d\)
- Business as usual
- Progress
- Aspirational

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors:\(^e\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis
- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Brunei Darussalam

Hypertension profile

Total population (2019): 438 000
Total deaths (2019): 2 230

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

Prevalence of hypertension – global comparison (both sexes)  

Of the 100 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 21 000 more people with hypertension would need to be effectively treated.  

Trends in uncontrolled hypertension in adults aged 30–79 years  

Hypertension control rate scenarios  

Mortality  
Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors  
Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response  
Targets
National target for blood pressure
National target for salt consumption
Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis  

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.  
f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Bulgaria
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>32</td>
<td>16</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>68 900</td>
<td>33 200</td>
<td>35 700</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>61</td>
<td>56</td>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

If the progress scenario were achieved, 76 000 deaths would be averted by 2040.

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsa

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Burkina Faso

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>males</td>
<td>31%</td>
</tr>
<tr>
<td>females</td>
<td>32%</td>
</tr>
</tbody>
</table>

Of the 1.5 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 626 000 more people with hypertension would need to be effectively treated.

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Past trends (% of population aged 30–79 years)
  - 2000: 60%
  - 2015: 40%

**Hypertension control rate scenarios**

- Projected hypertension control rates by scenario:
  - Business as usual
  - Progress: 36 000 deaths would be averted by 2040.
  - Aspirational: 65 000 deaths would be averted by 2040.

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 24% (2019)
  - Males: 26% (2019)
  - Females: 22% (2019)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 7 g/day (2019)
  - Males: 7 g/day (2019)
  - Females: 7 g/day (2019)

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 15% (2019)
  - Males: 23% (2019)
  - Females: 7% (2019)

- Obesity, adults aged 18+ years (%)
  - Both sexes: 6% (2016)
  - Males: 3% (2016)
  - Females: 8% (2016)

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 10 litres (2019)
  - Males: 17 litres (2019)
  - Females: 3 litres (2019)

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 20% (2019)
  - Males: 20% (2019)
  - Females: 23% (2019)

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- **Treatment**
  - Guidelines for management of hypertension

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
Burundi
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>Sex</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>33%</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)

Of the 907 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 359 000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

If the progress scenario were achieved, 26 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Cabo Verde

Hypertension profile

Total population (2019): 577 000
Total deaths (2019): 2850

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a  

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>44%</td>
<td>46%</td>
<td>42%</td>
<td></td>
</tr>
</tbody>
</table>

Of the 95 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 35 000 more people with hypertension would need to be effectively treated.b

- If the progress scenario were achieved, 3100 deaths would be averted by 2040.


Prevalence of hypertension – global comparison (both sexes)a

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsa

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer
Cambodia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16 208 000</td>
<td>96 600</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 1.6 million adults aged 30–79 years with hypertension:

- **Diagnosed**: 41% males, 59% females
- **Treated**: 27% males, 45% females
- **Controlled**: 16% males, 27% females

In order to achieve a 50% control rate, 455,000 more people with hypertension would need to be effectively treated.\textsuperscript{b}

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\textsuperscript{c}

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- **Targets**
  - National target for blood pressure
  - National target for salt consumption
  - **Surveillance**
    - Conducted recent, national survey measuring raised blood pressure/hypertension
    - Conducted recent, national survey on salt/sodium intake
    - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Cameroon

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Of the 2.4 million adults aged 30–79 years with hypertension:
  - 37% diagnosed
  - 19% treated
  - 8% controlled

- In order to achieve a 50% control rate, 1 million more people with hypertension would need to be effectively treated.

- Global report on hypertension: the race against a silent killer

Total population (2019): 25 782 000
Total deaths (2019): 196 000

Prevalence of hypertension – global comparison (both sexes)

- Of the 2.4 million adults aged 30–79 years with hypertension:
  - 37% diagnosed
  - 19% treated
  - 8% controlled

- In order to achieve a 50% control rate, 1 million more people with hypertension would need to be effectively treated.

- Global report on hypertension: the race against a silent killer

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Of the 2.4 million adults aged 30–79 years with hypertension:
  - 37% diagnosed
  - 19% treated
  - 8% controlled

- In order to achieve a 50% control rate, 1 million more people with hypertension would need to be effectively treated.

- Global report on hypertension: the race against a silent killer

Trends in uncontrolled hypertension in adults aged 30–79 years

- If the progress scenario were achieved, 53 000 deaths would be averted by 2040.

- Global report on hypertension: the race against a silent killer

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Note: e. Age-standardized estimates are presented for all indicators except salt intake.

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Global report on hypertension: the race against a silent killer
Canada
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Total population (2019): 37,523,000
- Total deaths (2019): 278,000

Prevalence of hypertension – global comparison (both sexes)

<table>
<thead>
<tr>
<th>Year</th>
<th>% of population aged 30–79 years with hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10%</td>
</tr>
<tr>
<td>2005</td>
<td>20%</td>
</tr>
<tr>
<td>2010</td>
<td>30%</td>
</tr>
<tr>
<td>2015</td>
<td>40%</td>
</tr>
<tr>
<td>2020</td>
<td>50%</td>
</tr>
<tr>
<td>2025</td>
<td>60%</td>
</tr>
</tbody>
</table>

Trends in uncontrolled hypertension in adults aged 30–79 years

<table>
<thead>
<tr>
<th>Year</th>
<th>% of population aged 30–79 years with hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10%</td>
</tr>
<tr>
<td>2005</td>
<td>20%</td>
</tr>
<tr>
<td>2010</td>
<td>30%</td>
</tr>
<tr>
<td>2015</td>
<td>40%</td>
</tr>
<tr>
<td>2020</td>
<td>50%</td>
</tr>
<tr>
<td>2025</td>
<td>60%</td>
</tr>
</tbody>
</table>

Mortality

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Probability of premature mortality from NCDs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>75%</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>80%</td>
</tr>
</tbody>
</table>

Risk factors

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>Current tobacco use, adults aged 15+ years (%)</th>
<th>Obesity, adults aged 18+ years (%)</th>
<th>Total alcohol per capita consumption, adults aged 15+ years (litres)</th>
<th>Physical inactivity, adults aged 18+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>9</td>
<td>14</td>
<td>29</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>males</td>
<td>10</td>
<td>16</td>
<td>30</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>females</td>
<td>8</td>
<td>11</td>
<td>29</td>
<td>4</td>
<td>31</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Guidelines for management of hypertension</th>
</tr>
</thead>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Central African Republic

Hypertension profile

Total population (2019): 5,209,000
Total deaths (2019): 56,700

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>41%</th>
<th>40%</th>
<th>43%</th>
</tr>
</thead>
</table>
| Prevalence of hypertension – global comparison (both sexes)\(^a\) | ![Graph showing prevalence of hypertension globally and in Central African Republic.](image)
| Of the 467,000 adults aged 30–79 years with hypertension: | ![Bar chart showing hypertension control rates by scenario.](image)
| Probability of premature mortality from NCDs (%) | ![Table showing mortality rates.](image)
| Cardiovascular disease deaths | ![Table showing risk factors.](image)
| Cardiovascular disease deaths attributable to high systolic blood pressure (%) | ![Table showing risk factors.](image)
| Mortality | ![Table showing risk factors.](image)
| Risk factors\(^e\) | ![Table showing risk factors.](image)
| National response | ![Table showing risk factors.](image)
| Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. | ![Table showing risk factors.](image)
Central African Republic

Trends in uncontrolled hypertension in adults aged 30–79 years (2019)

- Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)
- National response

Risk factors:
- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

National response:
- Targets
- Surveillance

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Chile

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

- Total population (2019): 19 039 000
- Total deaths (2019): 110 000

Prevalence of hypertension – global comparison (both sexes)

- Of the 4 million adults aged 30–79 years with hypertension:
  - In order to achieve a 50% control rate, 642 000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

- If the progress scenario were achieved, 35 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
- Treatment
  - Guidelines for management of hypertension

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Global report on hypertension: the race against a silent killer
China

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>27%</td>
</tr>
<tr>
<td>Females</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>24%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)

- Of the 256.7 million adults aged 30–79 years with hypertension:
  - 52% diagnosed
  - 39% treated
  - 16% controlled

Trends in uncontrolled hypertension in adults aged 30–79 years

- Of the 34 million with hypertension:
  - 23% past trends
  - 26% projected trends
  - 26% global target

Hypertension control rate scenarios

- If the progress scenario were achieved, 10.3 million deaths would be averted by 2040.
- If in order to achieve a 50% control rate, 87 million more people with hypertension would need to be effectively treated.

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 16
  - Males: 20
  - Females: 11

- Cardiovascular disease deaths
  - Both sexes: 4,307,000
  - Males: 2,429,000
  - Females: 1,877,000

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 54
  - Males: 54
  - Females: 54

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 17
  - Males: 19
  - Females: 16

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 26
  - Males: 50
  - Females: 2

- Obesity, adults aged 18+ years (%)
  - Both sexes: 6
  - Males: 6
  - Females: 2

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 14
  - Males: 16
  - Females: 12

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 25
  - Males: 26
  - Females: 24

National response

- Treatment
  - Guidelines for management of hypertension
  - X

- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - ✔
  - Conducted recent, national survey on salt/sodium intake
  - ✔
  - Functioning system for generating reliable cause-specific mortality data on a routine basis
  - ✖

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes
Colombia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total population (2019): 50 187 000</td>
<td>Total deaths (2019): 239 000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)

Of the 7.8 million adults aged 30–79 years with hypertension:

- **69%** of the population were diagnosed with hypertension.
- **55%** of the population were treated with hypertension.
- **33%** of the population were controlled with hypertension.

In order to achieve a 50% control rate, 1.3 million more people with hypertension would need to be effectively treated.

Of the 7.8 million adults aged 30–79 years with hypertension:

- **60%** of the population were diagnosed with hypertension.
- **46%** of the population were treated with hypertension.
- **24%** of the population were controlled with hypertension.

If the progress scenario were achieved, 72 000 deaths would be averted by 2040.

Trends in uncontrolled hypertension in adults aged 30–79 years

- **2023**
- **2025**
- **2030**
- **2035**
- **2040**

Hypertension control rate scenarios

- Projected hypertension control rates by scenario:
  - Business as usual
  - Progress
  - Aspirational

Mortality

Probability of premature mortality from NCDs (%)

- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Comoros

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019):

- Total population (2019): 791,000
- Total deaths (2019): 50,300

- Male control rate: 33%
- Female control rate: 30%
- Overall control rate: 36%

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Of the 82,000 adults aged 30–79 years with hypertension:
- 42% diagnosed
- 25% treated
- 11% controlled

Hypertension control rate scenarios

- In order to achieve a 50% control rate, 32,000 more people with hypertension would need to be effectively treated.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Congo

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th></th>
<th>Total population (2019): 5 571 000</th>
<th>Total deaths (2019): 35 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>40%</td>
<td>Male</td>
</tr>
<tr>
<td>Women</td>
<td>38%</td>
<td>Female</td>
</tr>
<tr>
<td>Both sexes</td>
<td>42%</td>
<td>Total</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)  

Of the 617 000 adults aged 30–79 years with hypertension:

- 39% diagnosed
- 24% treated
- 10% controlled

Mortality  

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>23</td>
<td>23</td>
<td>22</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>6300</td>
<td>2700</td>
<td>3600</td>
<td>2019</td>
</tr>
</tbody>
</table>

Risk factors  

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response  

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✔</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✗</td>
</tr>
</tbody>
</table>

Surveillance  

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
Cook Islands

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
43% men, 45% women, 41% girls

Prevalence of hypertension – global comparison (both sexes)

<table>
<thead>
<tr>
<th>Cook Islands</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years</td>
<td></td>
</tr>
<tr>
<td>57%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Of the 4500 adults aged 30–79 years with hypertension:

- 54% diagnosed
- 39% treated
- 15% controlled

In order to achieve a 50% control rate, 1400 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2005</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2010</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2015</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2020</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2025</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Hypertension control rate scenarios

- Data not available

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Age-standardized estimates are presented for all indicators except salt intake.
- e. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes
A 50% hypertension control rate has already been achieved.\textsuperscript{b} If the aspirational scenario were achieved, 12,000 deaths would be averted by 2040.

### Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Risk factors\textsuperscript{e}

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>Current tobacco use, adults aged 15+ years (%)</th>
<th>Obesity, adults aged 18+ years (%)</th>
<th>Total alcohol per capita consumption, adults aged 15+ years (litres)</th>
<th>Physical inactivity, adults aged 18+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td></td>
</tr>
</tbody>
</table>

| Surveillance | |
|--------------||
| Conducted recent, national survey measuring raised blood pressure/hypertension | |
| Conducted recent, national survey on salt/sodium intake | |
| Functioning system for generating reliable cause-specific mortality data on a routine basis | |

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Côte d'Ivoire

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Among adults aged 30–79 years: 
  - 37% males, 37% females, 38% overall

Prevalence of hypertension – global comparison (both sexes)

- Côte d'Ivoire: 45%
- Global: 32%

Of the 2.5 million adults aged 30–79 years with hypertension:

- 32% diagnosed
- 20% treated
- 6% controlled

Hypertension control rates by scenario:

- In order to achieve a 50% control rate, 1.1 million more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

- Global target: 2025

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 22 2019
  - Males: 24 2019
  - Females: 19 2019

Cardiovascular disease deaths: 25 900 2019
Cardiovascular disease deaths attributable to high systolic blood pressure (%): 63 2019

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 7 2019
  - Males: 10 2019
  - Females: 10 2019

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 3 2016
  - Males: 5 2016
  - Females: 5 2016

- Obesity, adults aged 18+ years (%)
  - Both sexes: 2 2019
  - Males: 4 2019
  - Females: 4 2019

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 3 2016
  - Males: 6 2016
  - Females: 6 2016

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 33 2016
  - Males: 29 2016
  - Females: 37 2016

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption

- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake

- Treatment
  - Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Croatia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>48%</td>
<td>51%</td>
</tr>
<tr>
<td>Of the 1.5 million adults aged 30–79 years with hypertension: In order to achieve a 50% control rate, 425 000 more people with hypertension would need to be effectively treated. b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatments</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Targets</td>
<td>✖</td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)a

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsd

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)f
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Croatia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

National response

Mean population salt intake, adults aged 25+ years (g/day)

Risk factors

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Trends in uncontrolled hypertension in adults aged 30–79 years

Projected hypertension control rates by scenario

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Cyprus

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Total population (2019): 1,229,000
Total deaths (2019): 6,760

31% 36% 26%

Prevalence of hypertension – global comparison (both sexes)a

Of the 235,000 adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 37,000 more people with hypertension would need to be effectively treated.a

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

If the progress scenario were achieved, 2,400 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsa

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Global report on hypertension: the race against a silent killer

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Czechia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

Of the 3.3 million adults aged 30–79 years with hypertension:

- Of the 3.3 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 414 000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years:

- Projected hypertension control rates by scenario:

- If the progress scenario were achieved, 34 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors:

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption
- Surveillances

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Annex 2. Hypertension profiles and explanatory notes

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Democratic People's Republic of Korea

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence of Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>27%</td>
</tr>
<tr>
<td>Females</td>
<td>28%</td>
</tr>
<tr>
<td>Both sexes</td>
<td>25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevalence of Hypertension – global comparison (both sexes)(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic People’s Rep. of Korea</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed</td>
</tr>
<tr>
<td>Treated</td>
</tr>
<tr>
<td>Controlled</td>
</tr>
</tbody>
</table>

| National target for blood pressure |
| Treatment Guidelines for management of hypertension |
|✔|

| National target for salt consumption |
| Treatment Guidelines for management of hypertension |
|✔|

| Surveillance Conducted recent, national survey measuring raised blood pressure/hypertension |
|x|

| Surveillance Conducted recent, national survey on salt/sodium intake |
|x|

| Surveillance Functioning system for generating reliable cause-specific mortality data on a routine basis |
|x|

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk factors(^e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)(^f)</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets National target for blood pressure</td>
</tr>
<tr>
<td>National target for salt consumption</td>
</tr>
<tr>
<td>Surveillance Conducted recent, national survey measuring raised blood pressure/hypertension</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Democratic Republic of the Congo

Hypertension profile

Total population (2019): 89,907,000
Total deaths (2019): 722,000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
♂ 34%  ♀ 33%  ♂ 36%

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Of the 7.4 million adults aged 30–79 years with hypertension:

% of population aged 30–79 years

- 40% (♂ 35%)  
- 26% (♂ 25%)  
- 12% (♂ 11%)

Hypertension control rate scenarios

Projected hypertension control rates by scenario

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Denmark

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

<table>
<thead>
<tr>
<th>Population</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>43%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)

Of the 1.5 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 574,000 more people with hypertension would need to be effectively treated.

National response

- Treatment
  - Guidelines for management of hypertension

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
**Djibouti**

**Hypertension profile**

*Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)*

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Sex</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♂</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>♂</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>♀</td>
<td>36%</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

- Djibouti
- Global

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Past trends
- Projected trends
- Global target

**Hypertension control rate scenarios**

- If the progress scenario were achieved, 5100 deaths would be averted by 2040.

**Mortality**

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
### Dominica

**Hypertension profile**

**Total population (2019):** 71 400  
**Total deaths (2019):** no data

<table>
<thead>
<tr>
<th>Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)</th>
<th>males</th>
<th>females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominica</td>
<td>48%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

<table>
<thead>
<tr>
<th>past trends</th>
<th>global target</th>
</tr>
</thead>
</table>

**Mortality**

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Age-standardized estimates are presented for all indicators except salt intake.
Dominican Republic

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)*

Prevalence of hypertension – global comparison (both sexes)*

Trends in uncontrolled hypertension in adults aged 30–79 years*

Of the 2.3 million adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 663 000 more people with hypertension would need to be effectively treated.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors*

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Ecuador

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prevalence</th>
<th>2019 Total Population</th>
<th>2019 Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>27%</td>
<td>17,344,000</td>
<td>80,200</td>
</tr>
<tr>
<td>Female</td>
<td>29%</td>
<td>17,344,000</td>
<td>80,200</td>
</tr>
<tr>
<td>Total</td>
<td>25%</td>
<td>34,688,000</td>
<td>160,400</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)

Of the 2 million adults aged 30–79 years with hypertension:

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed</td>
<td>62%</td>
<td>51%</td>
<td>75%</td>
</tr>
<tr>
<td>Treated</td>
<td>49%</td>
<td>63%</td>
<td>40%</td>
</tr>
<tr>
<td>Controlled</td>
<td>29%</td>
<td>18%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Surveillance:

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Mortality

- Probability of premature mortality from NCDs (%)
  - Male: 11% 2019, 12% 2019
  - Female: 10% 2019, 9,000 2019

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Male: 19,600 2019, 10,200 2019
  - Female: 43 2019, 43 2019

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Male: 9 2019, 10 2019
  - Female: 3 2019, 5 2019

National response

- National target for blood pressure
- National target for salt consumption

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
**Egypt**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Females: 38%
- Males: 36%
- Both sexes: 41%

**Prevalence of hypertension – global comparison (both sexes)**

- Of the 14.5 million adults aged 30–79 years with hypertension:
  - 61% diagnosed
  - 35% treated
  - 23% controlled

**Trends in uncontrolled hypertension in adults aged 30–79 years**

**Hypertension control rate scenarios**

- If the progress scenario were achieved, 448 000 deaths would be averted by 2040.

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 28
  - Males: 33
  - Females: 23
  - Year: 2019

- Cardiovascular disease deaths
  - Total: 253 000
  - Males: 136 000
  - Females: 117 000
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 57
  - Males: 55
  - Females: 60
  - Year: 2019

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 6
  - Males: 7
  - Females: 5
  - Year: 2019

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 24
  - Males: 48
  - Females: 0
  - Year: 2019

- Obesity, adults aged 18+ years (%)
  - Both sexes: 32
  - Males: 23
  - Females: 41
  - Year: 2016

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 0
  - Males: 0
  - Females: 0
  - Year: 2019

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 31
  - Males: 23
  - Females: 39
  - Year: 2016

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
El Salvador
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

<table>
<thead>
<tr>
<th>Prevalence of hypertension – global comparison (both sexes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>global</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trends in uncontrolled hypertension in adults aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>past trends</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hypertension control rate scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years with hypertension</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>diagnosed</td>
</tr>
<tr>
<td>global</td>
</tr>
</tbody>
</table>

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk factors^e</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)^f</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National response</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
</tr>
<tr>
<td>National target for salt consumption</td>
</tr>
</tbody>
</table>

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Equatorial Guinea

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

- Males: 38%
- Females: 40%

Prevalence of hypertension – global comparison (both sexes)

Of the 141,000 adults aged 30–79 years with hypertension:

- Diagnosed: 34%
- Treated: 23%
- Controlled: 10%

In order to achieve a 50% control rate, 56,000 more people with hypertension would need to be effectively treated.

Mortality

Probability of premature mortality from NCDs (%)

- Both sexes: 22%
- Males: 22%
- Females: 23%

Cardiovascular disease deaths

- Both sexes: 1200
- Males: 530
- Females: 660

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

- Both sexes: 65
- Males: 61
- Females: 68

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)

- Both sexes: 7
- Males: no data
- Females: no data

Current tobacco use, adults aged 15+ years (%)

- Both sexes: 8
- Males: 4
- Females: 13

Obesity, adults aged 18+ years (%)

- Both sexes: 7
- Males: no data
- Females: no data

Total alcohol per capita consumption, adults aged 15+ years (litres)

- Both sexes: 22
- Males: 22
- Females: 23

Physical inactivity, adults aged 18+ years (%)

- Both sexes: 7
- Males: no data
- Females: no data

National response

Targets

- National target for blood pressure ✔
- National target for salt consumption ✗

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension ✗
- Conducted recent, national survey on salt/sodium intake ❌
- Functioning system for generating reliable cause-specific mortality data on a routine basis ❌

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
Eritrea

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  
- Males: 24%  
- Females: 23%  
- Total population (2019): 3,499,000  
- Total deaths (2019): 27,800

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
- Both sexes: 39%  
- Males: 43%  
- Females: 33%

Cardiovascular disease deaths
- Both sexes: 24%  
- Males: 21%  
- Females: 27%

Cardiovascular disease deaths attributable to high systolic blood pressure (%)
- Both sexes: 13%  
- Males: 12%  
- Females: 14%

Risk factors\textsuperscript{e}

Mean population salt intake, adults aged 25+ years (g/day)
- Both sexes: 7 g
- Males: 8 g
- Females: 5 g

Current tobacco use, adults aged 15+ years (%)
- Both sexes: 6%
- Males: 15%
- Females: 8%

Obesity, adults aged 18+ years (%)
- Both sexes: 54%
- Males: 53%
- Females: 56%

Total alcohol per capita consumption, adults aged 15+ years (litres)
- Both sexes: 1 litre
- Males: 2 litres
- Females: 0 litres

Physical inactivity, adults aged 18+ years (%)
- Both sexes: 22%
- Males: 14%
- Females: 31%

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP \textsuperscript{\geq} 140 mmHg or DBP \textsuperscript{\geq} 90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP \textsuperscript{\geq} 140 mmHg or DBP \textsuperscript{\geq} 90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Estonia
Hypertension profile

Total population (2019): 1 327 000
Total deaths (2019): 15 200

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Both sexes: 40%
- Males: 46%
- Females: 34%

Prevalence of hypertension – global comparison (both sexes)

In order to achieve a 50% control rate, 125 000 more people with hypertension would need to be effectively treated.

Hypertension control rate scenarios

If the progress scenario were achieved, 12 000 deaths would be averted by 2040.

Footnotes:
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
c. SBP ≥140 mmHg or DBP ≥90 mmHg.
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
**Eswatini**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Of the 140 000 adults aged 30–79 years with hypertension:
  - Male: 54 000
  - Female: 86 000

- In order to achieve a 50% control rate, 54 000 more people with hypertension would need to be effectively treated.

- If the progress scenario were achieved, 4800 deaths would be averted by 2040.

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 35
  - Males: 45
  - Females: 24
  - Year: 2019
- Cardiovascular disease deaths
  - Both sexes: 2100
  - Males: 1100
  - Females: 950
  - Year: 2019
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 63
  - Males: 61
  - Females: 65
  - Year: 2019

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 8
  - Males: 8
  - Females: 7
  - Year: 2019
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 9
  - Males: 17
  - Females: 2
  - Year: 2019
- Obesity, adults aged 18+ years (%)
  - Both sexes: 17
  - Males: 5
  - Females: 26
  - Year: 2016
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 8
  - Males: 14
  - Females: 3
  - Year: 2019
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 28
  - Males: 24
  - Females: 32
  - Year: 2016

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- **Treatment**
  - Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Ethiopia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)ᵃ

<table>
<thead>
<tr>
<th>Total population (2019): 114 100 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total deaths (2019): 627 000¹</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)ᵃ

Of the 8.3 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 3.7 million more people with hypertension would need to be effectively treated.ᵇ

Trends in uncontrolled hypertension in adults aged 30–79 yearsᶜ

Hypertension control rate scenarios

- If the progress scenario were achieved, 211 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsᵃ

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
- National target for blood pressure
- National target for salt consumption

- Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Annex 2. Hypertension profiles and explanatory notes
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  39%  37%  41%

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption
Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

In order to achieve a 50% control rate, 58 000 more people with hypertension would need to be effectively treated.

If the progress scenario were achieved, 4200 deaths would be averted by 2040.
Finland
Hypertension profile

Total population (2019): 5 522 000
Total deaths (2019): 55 300

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) c

- 36% of population aged 30–79 years
- 41% of population aged 30–79 years
- 31% of population aged 30–79 years

Prevalence of hypertension – global comparison (both sexes) a

- Finland
- Global

Trends in uncontrolled hypertension in adults aged 30–79 years c

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Annex 2. Hypertension profiles and explanatory notes
**France**

**Hypertension profile**

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
![Graph showing prevalence of hypertension](image)

Of the **14.1 million** adults aged 30–79 years with hypertension:

- **65%** diagnosed
- **52%** treated
- **28%** controlled

In order to achieve a 50% control rate, **2.8 million more people** with hypertension would need to be effectively treated.

If the progress scenario were achieved, **155 000 deaths** would be averted by 2040.

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
</table>
| both sexes: 11  
149 000 | males: 14  
67 800 | females: 7  
80 800 |
| 2019 | 2019 | 2019 |

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- **Treatment**
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Gabon
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

Of the 260,000 adults aged 30–79 years with hypertension:

- 33% of males would need to be effectively treated.
- 35% of females would need to be effectively treated.

In order to achieve a 50% control rate, 99,000 more people with hypertension would need to be effectively treated.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths: 21%
- Cardiovascular disease deaths attributable to high systolic blood pressure: 62%

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day): 7 g
- Current tobacco use, adults aged 15+ years (%): 15%
- Obesity, adults aged 18+ years (%): 7%
- Total alcohol per capita consumption, adults aged 15+ years (litres): 25 L
- Physical inactivity, adults aged 18+ years (%): 29%

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Gambia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- **38%** females  
- **35%** males  
- **40%** overall

Prevalence of hypertension – global comparison (both sexes)

Of the **211 000** adults aged 30–79 years with hypertension:

- **45%** diagnosed
- **28%** treated
- **10%** controlled

Mortality

- **36%** males
- **53%** females

Risk factors:

- **7** both sexes
- **7** males
- **11** females

National response

- National target for blood pressure
- National target for salt consumption

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer

140
Georgia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>36</td>
<td>15</td>
<td>2019</td>
</tr>
<tr>
<td>34 200</td>
<td>16 500</td>
<td>17 700</td>
<td>2019</td>
</tr>
<tr>
<td>62</td>
<td>64</td>
<td>60</td>
<td>2019</td>
</tr>
</tbody>
</table>

Total population (2019): 3 771 000
Total deaths (2019): 53 400

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}

Hypertension control rate scenarios

<table>
<thead>
<tr>
<th>Year</th>
<th>Projected hypertension control rates by scenario\textsuperscript{d}</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business as usual</td>
</tr>
<tr>
<td>2023</td>
<td>10%</td>
</tr>
<tr>
<td>2025</td>
<td>15%</td>
</tr>
<tr>
<td>2030</td>
<td>20%</td>
</tr>
<tr>
<td>2035</td>
<td>25%</td>
</tr>
<tr>
<td>2040</td>
<td>30%</td>
</tr>
</tbody>
</table>

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\textsuperscript{a}

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption
Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Germany

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)  
- \(\text{30}\%\) female  
- \(\text{34}\%\) male  
- \(\text{25}\%\) both

Prevalence of hypertension – global comparison (both sexes)\(^a\)

Of the \textbf{19.8 million} adults aged 30–79 years with hypertension:
- Diagnosed: \textbf{72\%}
  - \(\text{71}\%\) male  
  - \(\text{63}\%\) female
- Treated: \textbf{63\%}
  - \(\text{65}\%\) male  
  - \(\text{45}\%\) female
- Controlled: \textbf{45\%}
  - \(\text{48}\%\) male  
  - \(\text{43}\%\) female

In order to achieve a \textbf{50\%} control rate, \textbf{515 000 more people} with hypertension would need to be effectively treated.\(^b\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

Trends in uncontrolled hypertension

Projecting hypertension control rates by scenario\(^d\)

Global report on hypertension: the race against a silent killer

Footnotes:
- a. SBP \(\geq 140\) mmHg or DBP \(\geq 90\) mmHg or taking medication for hypertension.
- b. Control rate: adults aged \(30–79\) years receiving treatment, with blood pressure SBP \(<140\) mmHg and DBP \(<90\) mmHg. c. SBP \(\geq 140\) mmHg or DBP \(\geq 90\) mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Ghana

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

- Total population (2019): 31,522,000
- Total deaths (2019): 190,000

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Of the 3.2 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 1.1 million more people with hypertension would need to be effectively treated.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
**Greece**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Total population (2019):** 10 574 000
- **Total deaths (2019):** 126 000

**Prevalence of hypertension – global comparison (both sexes)**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Greece</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>41%</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Trends in uncontrolled hypertension in adults aged 30–79 years**

<table>
<thead>
<tr>
<th>Year</th>
<th>% of population aged 30–79 years</th>
<th>Greece</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td></td>
<td>60%</td>
<td>55%</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>55%</td>
<td>50%</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td>45%</td>
<td>40%</td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>2025</td>
<td></td>
<td>35%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Hypertension control rate scenarios**

- **Diagnosed:**
  - **Males:** 59%
  - **Females:** 70%
- **Treated:**
  - **Males:** 55%
  - **Females:** 67%
- **Controlled:**
  - **Males:** 28%
  - **Females:** 40%

**Mortality**

- **Probability of premature mortality from NCDs (%):**
  - Both sexes: 12% in 2019, 17% in 2019
- **Cardiovascular disease deaths:**
  - Males: 42 300 in 2019, 20 400 in 2019
  - Females: 47 in 2019, 46 in 2019
- **Cardiovascular disease deaths attributable to high systolic blood pressure (%):**
  - Both sexes: 8% in 2019, 9% in 2019

**Risk factors**

- **Mean population salt intake, adults aged 25+ years (g/day):**
  - Both sexes: 8 g in 2019, 9 g in 2019
- **Current tobacco use, adults aged 15+ years (%):**
  - Males: 35% in 2019, 38% in 2019
  - Females: 25% in 2019, 24% in 2019
- **Obesity, adults aged 18+ years (%):**
  - Males: 7% in 2019, 11% in 2019
  - Females: 38% in 2019, 34% in 2019
- **Total alcohol per capita consumption, adults aged 15+ years (litres):**
  - Both sexes: 35 38 in 2019, 31 31 in 2019
- **Physical inactivity, adults aged 18+ years (%):**
  - Both sexes: 25% in 2019, 24% in 2019

**National response**

- **Targets**
  - National target for blood pressure: ✔
  - National target for salt consumption: ❌
- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension: ✔
  - Conducted recent, national survey on salt/sodium intake: ❌
  - Functioning system for generating reliable cause-specific mortality data on a routine basis: ✔

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Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer
**Grenada**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Total population (2019): 123 000**
- **Total deaths (2019): 1010**

- **Mortality**
  - Probability of premature mortality from NCDs (%)
    - Both sexes: 23, Males: 26, Females: 20
    - Year: 2019
  - Cardiovascular disease deaths
    - Both sexes: 330, Males: 170, Females: 160
    - Year: 2019
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)
    - Both sexes: 52, Males: 53, Females: 50
    - Year: 2019

- **Risk factors**
  - Mean population salt intake, adults aged 25+ years (g/day)
    - Both sexes: 7, Males: 8, Females: 6
    - Year: 2019
  - Current tobacco use, adults aged 15+ years (%)
    - No data: 21, No data: 13, No data: 29
    - Year: 2019
  - Obesity, adults aged 18+ years (%)
    - No data: 8, No data: 13, No data: 3
    - Year: 2016
  - Total alcohol per capita consumption, adults aged 15+ years (litres)
    - No data: 29, No data: 22, No data: 35
    - Year: 2016
  - Physical inactivity, adults aged 18+ years (%)

- **National response**
  - **Targets**
    - National target for blood pressure
    - National target for salt consumption
  - **Surveillance**
    - Conducted recent, national survey measuring raised blood pressure/hypertension
    - Conducted recent, national survey on salt/sodium intake
    - Functioning system for generating reliable cause-specific mortality data on a routine basis

- **Trends in uncontrolled hypertension in adults aged 30–79 years**

- **Hypertension control rate scenarios**

- **Footnotes:**
  - a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
  - b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
  - c. SBP ≥140 mmHg or DBP ≥90 mmHg.
  - d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
  - e. Age-standardized estimates are presented for all indicators except salt intake.
Guatemala

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)  
- 32% males  
- 32% females  
- 33% overall

Of the 1.8 million adults aged 30–79 years with hypertension:
- In order to achieve a 50% control rate, 563,000 more people with hypertension would need to be effectively treated.\(^b\)

Prevalence of hypertension – global comparison (both sexes)\(^a\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

Hypertension control rate scenarios

If the progress scenario were achieved, 32,000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^e\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
- e. Age-standardized estimates are presented for all indicators except salt intake.
Guatemala aged 30–79 years
trends in uncontrolled hypertension in adults
prevalence of hypertension – global comparison (both sexes)

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Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Survellance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

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Footnotes:
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.
Guinea-Bissau  
Hypertension profile

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Diagnosed (%)</th>
<th>Treated (%)</th>
<th>Controlled (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>34%</td>
<td>21%</td>
<td>9%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
<td>31%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Past trends: □□□
- Projected trends: □□□□□
- Global target: □□□□□

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>males</td>
<td>females</td>
</tr>
<tr>
<td>25</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>60</td>
<td>58</td>
<td>62</td>
</tr>
</tbody>
</table>

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Notes:**

- SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- Clinical trial.
- Global report on hypertension: the race against a silent killer.
Guyana
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

Of the 136 000 adults aged 30–79 years with hypertension:

- 55% diagnosed
- 40% treated
- 16% controlled

In order to achieve a 50% control rate, 40 000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

If the progress scenario were achieved, 5800 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Haiti
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Both sexes:  
  - Males: 43%  
  - Females: 48%

Total population (2019): 11 160 000
Total deaths (2019): 97 200

Prevalence of hypertension – global comparison (both sexes)  
- Haiti: 56%

Of the 1.7 million adults aged 30–79 years with hypertension:
- Diagnosed: 56%
- Treated: 28%
- Controlled: 8%

In order to achieve a 50% control rate, 727 000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years  
- Past trends:  
  - Both sexes:  
    - Males: 66%  
    - Females: 65%
- Projected trends:  
  - Both sexes:  
    - Males: 50%  
    - Females: 50%

Projected hypertension control rates by scenario:
- Business as usual:
  - Control rate: 43%
- Progress:  
  - Control rate: 66%
- Aspirational:  
  - Control rate: 77%

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors:
- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

In order to achieve a 50% control rate, 727 000 more people with hypertension would need to be effectively treated.
Honduras

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the 1.1 million adults aged 30–79 years with hypertension:</td>
<td></td>
</tr>
<tr>
<td>% diagnosed</td>
<td>56%</td>
</tr>
<tr>
<td>% treated</td>
<td>48%</td>
</tr>
<tr>
<td>% controlled</td>
<td>25%</td>
</tr>
</tbody>
</table>

In order to achieve a 50% control rate, 202 000 more people with hypertension would need to be effectively treated.

If the progress scenario were achieved, 23 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Hungary

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)∗

- Total population (2019): 9 772 000
- Total deaths (2019): 127 000

Prevalence of hypertension – global comparison (both sexes)∗

Of the 3.4 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 871 000 more people with hypertension would need to be effectively treated.∗

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

- If the progress scenario were achieved, 86 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption

- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

152
Iceland

Hypertension profile

Total population (2019): 361,000
Total deaths (2019): 2,340

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

<table>
<thead>
<tr>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>10</td>
<td>7</td>
<td>2019</td>
</tr>
<tr>
<td>700</td>
<td>370</td>
<td>330</td>
<td>2019</td>
</tr>
<tr>
<td>48</td>
<td>50</td>
<td>47</td>
<td>2019</td>
</tr>
</tbody>
</table>

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%) f
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
India

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>31%</td>
</tr>
<tr>
<td>Females</td>
<td>32%</td>
</tr>
</tbody>
</table>

Of the \textbf{188.3} million adults aged 30–79 years with hypertension:

- \textbf{37%} diagnosed
- \textbf{30%} treated
- \textbf{15%} controlled

- Males: 42%
- Females: 25%

In order to achieve a 50% control rate, 67 million more people with hypertension would need to be effectively treated.\(^b\)

Prevalence of hypertension – global comparison (both sexes)\(^a\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>31%</td>
</tr>
<tr>
<td>India</td>
<td>32%</td>
</tr>
</tbody>
</table>

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

Hypertension control rate scenarios

<table>
<thead>
<tr>
<th>Scenario</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress</td>
<td>34%</td>
<td>40%</td>
<td>45%</td>
<td>50%</td>
<td>56%</td>
</tr>
<tr>
<td>Aspirational</td>
<td>36%</td>
<td>42%</td>
<td>47%</td>
<td>52%</td>
<td>58%</td>
</tr>
<tr>
<td>Business as usual</td>
<td>28%</td>
<td>34%</td>
<td>39%</td>
<td>44%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Mortality

Probability of premature mortality from NCDs (%)

- Cardiovascular disease deaths: 22%
- Cardiovascular disease deaths attributable to high systolic blood pressure: 52%

Risk factors\(^e\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

<table>
<thead>
<tr>
<th>Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✔</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
<tr>
<td>Surveillance</td>
<td>✔</td>
</tr>
</tbody>
</table>

Treatment

Guidelines for management of hypertension

National report on hypertension: the race against a silent killer

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

154
**Indonesia**

Hypertension profile

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Total population (2019): 269,600,000
- Total deaths (2019): 1,816,000

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>both sexes</td>
<td>males</td>
<td>females</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>697,000</td>
<td>355,000</td>
<td>342,000</td>
</tr>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>69</td>
<td>67</td>
<td>71</td>
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<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>10</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>37</td>
<td>71</td>
<td>4</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>7</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>23</td>
<td>22</td>
</tr>
</tbody>
</table>

**Mortality**

- In order to achieve a **50% control rate**, 23.4 million more people with hypertension would need to be effectively treated.

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Indonesia
- Global

**Hypertension control rate scenarios**

- If the progress scenario were achieved, 1.3 million deaths would be averted by 2040.

**National response**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Notes:**

- a. SBP \( \geq 140 \text{ mmHg} \) or DBP \( \geq 90 \text{ mmHg} \) or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP \( <140 \text{ mmHg} \) and DBP \( <90 \text{ mmHg} \).
- c. SBP \( \geq 140 \text{ mmHg} \) or DBP \( \geq 90 \text{ mmHg} \).
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

---

**Annex 2. Hypertension profiles and explanatory notes**
**Iran (Islamic Republic of)**

**Hypertension profile**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target for blood pressure</th>
<th>Target for salt consumption</th>
<th>Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Footnotes:**
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Hypertension profile

Iraq

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 48% 48% 48%

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets

National target for blood pressure
National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Ireland

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  
\[\text{Total population (2019): 4,896,000}\]  
\[\text{Total deaths (2019): 30,800}\]

<table>
<thead>
<tr>
<th>Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years</td>
</tr>
<tr>
<td>Global</td>
</tr>
<tr>
<td>50%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years</td>
</tr>
<tr>
<td>Past trends</td>
</tr>
<tr>
<td>50%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hypertension control rate scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population aged 30–79 years with hypertension</td>
</tr>
<tr>
<td>2023</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>0%</td>
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</tbody>
</table>

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>8300</td>
</tr>
<tr>
<td>51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiovascular disease deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

Risk factors\textsuperscript{e}

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current tobacco use, adults aged 15+ years (%)\textsuperscript{f}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obesity, adults aged 18+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total alcohol per capita consumption, adults aged 15+ years (litres)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical inactivity, adults aged 18+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
</tr>
<tr>
<td>National target for blood pressure</td>
</tr>
<tr>
<td>National target for salt consumption</td>
</tr>
<tr>
<td>Surveillance</td>
</tr>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines for management of hypertension</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Israel

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

Total population (2019): 8,608,000

Total deaths (2019): 45,400

29% 33% 25%

Prevalence of hypertension – global comparison (both sexes) a

Of the 1.3 million adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 280,000 more people with hypertension would need to be effectively treated. b

Trends in uncontrolled hypertension in adults aged 30–79 years c

Hypertension control rate scenarios

Projected hypertension control rates by scenario d

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%) f
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Italy

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>34%</td>
<td>39%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Global</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34%</td>
<td>39%</td>
<td>29%</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes) a

Of the 16.6 million adults aged 30–79 years with hypertension:

- 62% diagnosed
- 54% treated
- 28% controlled

In order to achieve a 50% control rate, 3.3 million more people with hypertension would need to be effectively treated. b

Trends in uncontrolled hypertension in adults aged 30–79 years c

Hypertension control rate scenarios

- Projected hypertension control rates by scenario d
  - Business as usual
  - Progress aspirational

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Jamaica
Hypertension profile

Total population (2019): 2,814,000
Total deaths (2019): 19,300

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

- Of the 670,000 adults aged 30–79 years with hypertension:
  - 51% diagnosed
  - 64% treated
  - 24% controlled

In order to achieve a 50% control rate, 206,000 more people with hypertension would need to be effectively treated.\(^b\)

Projected hypertension control rates by scenario:\(^d\)
- Business as usual
- Progress
- Aspirational

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^e\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)\(^f\)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption

- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Japan
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>31%</td>
<td>40%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)a

![Graph showing prevalence of hypertension globally and in Japan]

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
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</thead>
<tbody>
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<td>2000</td>
<td>50</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>2005</td>
<td>45</td>
<td>40</td>
<td>43</td>
</tr>
<tr>
<td>2010</td>
<td>40</td>
<td>35</td>
<td>38</td>
</tr>
<tr>
<td>2015</td>
<td>35</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>2020</td>
<td>30</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>2025</td>
<td>25</td>
<td>20</td>
<td>23</td>
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</tbody>
</table>

Projected hypertension control rates by scenario.d

<table>
<thead>
<tr>
<th>Scenario</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business as usual</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Progress</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Aspirational</td>
<td>25%</td>
<td>35%</td>
<td>45%</td>
<td>55%</td>
<td>65%</td>
</tr>
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</table>

Mortality

Probability of premature mortality from NCDs (%)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>36</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>46</td>
<td>39</td>
<td>42</td>
</tr>
</tbody>
</table>

Risk factors*

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>10</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)f</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>7</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>35</td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for blood pressure</td>
<td>✔</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
<tr>
<td>Surveillance</td>
<td>no data</td>
</tr>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
<td>✔</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
<td>✔</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
<td>✔</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Global report on hypertension: the race against a silent killer
Jordan

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 38% 40% 36%

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)f
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

 Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Kazakhstan

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>Sex</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP &lt;140 mmHg and DBP &lt;90 mmHg.</td>
<td>22</td>
<td>31</td>
<td>15</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>60 300</td>
<td>27 500</td>
<td>32 800</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>63</td>
<td>65</td>
<td>2019</td>
</tr>
</tbody>
</table>

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption
Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
c. SBP ≥140 mmHg or DBP ≥90 mmHg.
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.
Kenya
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

- Of the 4.8 million adults aged 30–79 years with hypertension:
  - In order to achieve a 50% control rate, 2.1 million more people with hypertension would need to be effectively treated.

- If the progress scenario were achieved, 74,000 deaths would be averted by 2040.
  - Total population (2019): 50,951,000
  - Total deaths (2019): 294,000

Prevalence of hypertension – global comparison (both sexes)a

- Trends in uncontrolled hypertension in adults aged 30–79 yearsc
  - Past trends projected trends – global target

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorss

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%) | year

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
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Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

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c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
### Kiribati

**Hypertension profile**

**Total population (2019):** 124,000

**Total deaths (2019):** 1,280

#### Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

- **Both sexes:** 42%
- **Males:** 40%
- **Females:** 44%

Of the **18,000** adults aged 30–79 years with hypertension:

- **Diagnosed:** 9%
- **Treated:** 5%
- **Controlled:** 2%

#### Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

![Graph showing trends in uncontrolled hypertension](image)

#### Hypertension control rate scenarios

- **Progress scenario**
- **Aspirational scenario**

#### Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>51</td>
<td>58</td>
<td>44</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>390</td>
<td>220</td>
<td>170</td>
<td>2019</td>
</tr>
<tr>
<td>46</td>
<td>50</td>
<td>39</td>
<td>1</td>
<td>2016</td>
</tr>
</tbody>
</table>

#### Risk factors\(^e\)

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)(^f)</td>
<td>42</td>
<td>55</td>
<td>28</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>46</td>
<td>42</td>
<td>50</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>40</td>
<td>34</td>
<td>46</td>
<td>2016</td>
</tr>
</tbody>
</table>

#### National response

**Targets**
- National target for blood pressure
- National target for salt consumption

**Surveillance**
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake

**Treatment**
- Guidelines for management of hypertension

---

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
**Kuwait**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Total population (2019): 4 441 000
- Total deaths (2019): 8 240

<table>
<thead>
<tr>
<th></th>
<th>% of population aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>41%</td>
</tr>
<tr>
<td>males</td>
<td>44%</td>
</tr>
<tr>
<td>females</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

- **SBP <140 mmHg and DBP <90 mmHg.**
- **SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- **Past trends:**
  - Males: 55%
  - Females: 60%
- **Projected trends:**
  - Males: 73%
  - Females: 67%
- **Global target:**
  - Males: 77%
  - Females: 70%

**Hypertension control rate scenarios**

- **Diagnosed:**
  - Males: 58%
  - Females: 73%
- **Treated:**
  - Males: 51%
  - Females: 67%
- **Controlled:**
  - Males: 27%
  - Females: 39%

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>12</td>
<td>14</td>
<td>8</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>3300</td>
<td>2900</td>
<td>460</td>
<td>2019</td>
</tr>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>57</td>
<td>55</td>
<td>60</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Risk factors**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>18</td>
<td>34</td>
<td>2</td>
<td>2019</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>38</td>
<td>33</td>
<td>46</td>
<td>2016</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>67</td>
<td>61</td>
<td>75</td>
<td>2016</td>
</tr>
</tbody>
</table>

**National response**

<table>
<thead>
<tr>
<th>Target</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✓</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Kyrgyzstan

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Total population (2019): 6,324,000
- Total deaths (2019): 29,900

**Prevalence of hypertension – global comparison (both sexes)**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

**Hypertension control rate scenarios**

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

- National target for blood pressure
- National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Males:** 29%
- **Females:** 31%

**Prevalence of hypertension – global comparison (both sexes)**

- **Lao People's Democratic Republic:**
  - **Prevalence of hypertension:** 45%

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- **Past trends:**
  - **Males:** 49%
  - **Females:** 40%
- **Projected trends:**
  - **Males:** 13%
  - **Females:** 16%

**Hypertension control rate scenarios**

- **Global target:**
  - **Controlled:** 14%
  - **Treated:** 32%
  - **Diagnosed:** 45%

**Risk factors**

- **Mean population salt intake, adults aged 25+ years (g/day):** 10
- **Current tobacco use, adults aged 15+ years (%):** 13%
- **Obesity, adults aged 18+ years (%):** 5
- **Total alcohol per capita consumption, adults aged 15+ years (litres):** 12
- **Physical inactivity, adults aged 18+ years (%):** 16

**National response**

- **Targets:**
  - National target for blood pressure
  - National target for salt consumption
- **Surveillance:**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

- a. **SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.**
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. **SBP ≥140 mmHg or DBP ≥90 mmHg.**
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
**Latvia**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Total population (2019): 1 917 000
- Total deaths (2019): 29 800

<table>
<thead>
<tr>
<th>Gender</th>
<th>% of population with hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>63%</td>
</tr>
<tr>
<td>Females</td>
<td>68%</td>
</tr>
</tbody>
</table>

![Prevalence of hypertension – global comparison (both sexes)](image)

- Of the 605 000 adults aged 30–79 years with hypertension:
  - 68% diagnosed
  - 51% treated
  - 17% controlled

![Trends in uncontrolled hypertension in adults aged 30–79 years](image)

- In order to achieve a 50% control rate, 191 000 more people with hypertension would need to be effectively treated.

![Hypertension control rate scenarios](image)

- If the progress scenario were achieved, 22 000 deaths would be averted by 2040.

### Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths:
    - Both sexes: 22%
    - Males: 31%
    - Females: 14%
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)
    - Both sexes: 16 900
    - Males: 6 700
    - Females: 10 200

### Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 7
  - Males: 10
  - Females: 6
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 37
  - Males: 51
  - Females: 24
- Obesity, adults aged 18+ years (%)
  - Both sexes: 24
  - Males: 22
  - Females: 25
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 13
  - Males: 22
  - Females: 6
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 30
  - Males: 25
  - Females: 33

### National response

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Treatment**

- Guidelines for management of hypertension

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Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Lebanon

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Prevalence of hypertension – global comparison (both sexes)
- Trends in uncontrolled hypertension in adults aged 30–79 years
- Hypertension control rate scenarios

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
- Surveillance

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Lesotho Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

| Sex    | Prevalence | Notes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

| Sex    | Prevalence | Notes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

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Liberia

Hypertension profile

Total population (2019): 4,985,000
Total deaths (2019): 36,600

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) ➔ 39% ♂ 37% ♀ 41%

Prevalence of hypertension – global comparison (both sexes) ➔

Trends in uncontrolled hypertension in adults aged 30–79 years ➔

Hypertension control rate scenarios ➔

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors ➔

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Libya

Hypertension profile

Total population (2019): 6 569 000
Total deaths (2019): 27 100

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Of the 1.2 million adults aged 30–79 years with hypertension:

- 48% diagnosed
- 35% treated
- 11% controlled

Women: 40% diagnosed, 28% treated, 8% controlled
Men: 57% diagnosed, 43% treated, 15% controlled

In order to achieve a 50% control rate, 477 000 more people with hypertension would need to be effectively treated.a

Global report on hypertension: the race against a silent killer

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Lithuania

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of premature mortality from NCDs (%)</td>
<td>19</td>
<td>12</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths</td>
<td>24 000</td>
<td>14 500</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>58</td>
<td>56</td>
<td>2019</td>
</tr>
</tbody>
</table>

Risk factors:

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:  
a. SBP <140 mmHg or DBP <90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
Luxembourg

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)  
- 31% of males
- 37% of females
- 24% globally

Prevalence of hypertension – global comparison (both sexes)\(^a\)

Of the 126 000 adults aged 30–79 years with hypertension:
- 59% diagnosed
- 51% treated
- 30% controlled

In order to achieve a 50% control rate, 25 000 more people with hypertension would need to be effectively treated.\(^b\)

If the progress scenario were achieved, 950 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^c\)

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Luxembourg Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Treatments

Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Malawi
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Total population (2019): 18 867 000
- Total deaths (2019): 108 000

Of the 1.2 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 508 000 more people with hypertension would need to be effectively treated.

In order to achieve a 50% control rate, 508 000 more people with hypertension would need to be effectively treated.

- If the progress scenario were achieved, 23 000 deaths would be averted by 2040.

Projected hypertension control rates by scenario:
- Business as usual
- Progress
- Aspirational

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis
- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Malaysia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Functioning system for generating reliable cause-specific mortality data on a routine basis

Conducted recent, national survey on salt/sodium intake

Conducted recent, national survey measuring raised blood pressure/hypertension

Surveillance

Total alcohol per capita consumption, adults aged 15+ years (litres)

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Probability of premature mortality from NCDs (%)

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors*e

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Total population (2019): 32 804 000
Total deaths (2019): 185 000

Annex 2. Hypertension profiles and explanatory notes

179
Maldives

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

- Total population (2019): 505 000
- Total deaths (2019): 1 330

| Notes: | a SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
| e. Age-standardized estimates are presented for all indicators except salt intake.

Prevalence of hypertension – global comparison (both sexes)a

Of the 65 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 24 000 more people with hypertension would need to be effectively treated.b

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

If the progress scenario were achieved, 1400 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsd

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis
- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

In order to achieve a 50% control rate, 24 000 more people with hypertension would need to be effectively treated. In order to achieve a 50% control rate, 24 000 more people with hypertension would need to be effectively treated.

If the progress scenario were achieved, 1400 deaths would be averted by 2040.

Global report on hypertension: the race against a silent killer
Mali

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)  
- Total population (2019): 20,567,000  
- Total deaths (2019): 154,000

Prevalence of hypertension – global comparison (both sexes)\(^a\)

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Mali</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>2010</td>
<td>38%</td>
<td>42%</td>
</tr>
<tr>
<td>2015</td>
<td>36%</td>
<td>41%</td>
</tr>
<tr>
<td>2020</td>
<td>34%</td>
<td>40%</td>
</tr>
<tr>
<td>2025</td>
<td>32%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Of the 1.5 million adults aged 30–79 years with hypertension:

- Diagnosed: 53% (Males 43%, Females 60%)
- Treated: 36% (Males 30%, Females 40%)
- Controlled: 15% (Males 12%, Females 16%)

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 22%
  - Males: 20%
  - Females: 24%
  - Year: 2019
- Cardiovascular disease deaths
  - Total: 15,300
  - Males: 6,300
  - Females: 9,000
  - Year: 2019
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 50%
  - Males: 45%
  - Females: 55%
  - Year: 2019

Risk factors\(^e\)

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 7 g/day
  - Males: 7 g/day
  - Females: 7 g/day
  - Year: 2019
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 9%
  - Males: 16%
  - Females: 1%
  - Year: 2019
- Obesity, adults aged 18+ years (%)
  - Both sexes: 9%
  - Males: 5%
  - Females: 12%
  - Year: 2016
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 4 l/year
  - Males: 7 l/year
  - Females: 1 l/year
  - Year: 2019
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 40%
  - Males: 34%
  - Females: 47%
  - Year: 2016

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg, c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Malta

Hypertension profile

Total population (2019): 504,000
Total deaths (2019): 3,800

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>males</td>
<td>30%</td>
</tr>
<tr>
<td>females</td>
<td>34%</td>
</tr>
<tr>
<td>total</td>
<td>25%</td>
</tr>
</tbody>
</table>

Of the 103,000 adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 2,900 more people with hypertension would need to be effectively treated.\(^b\)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Treating</th>
<th>Controlling</th>
</tr>
</thead>
<tbody>
<tr>
<td>males</td>
<td>70%</td>
<td>65%</td>
</tr>
<tr>
<td>females</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td>total</td>
<td>43%</td>
<td>48%</td>
</tr>
</tbody>
</table>

In order to achieve a 50% control rate, 2,900 more people with hypertension would need to be effectively treated.\(^b\)

Projecting hypertension control rates by scenario:\(^d\)

If the progress scenario were achieved, 700 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)

Cardiovascular disease deaths

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^e\)

Mean population salt intake, adults aged 25+ years (g/day)

Current tobacco use, adults aged 15+ years (\%\(^f\))

Obesity, adults aged 18+ years (\%\)

Total alcohol per capita consumption, adults aged 15+ years (litres)

Physical inactivity, adults aged 18+ years (\%\)

National response

Targets

National target for blood pressure

National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension

Conducted recent, national survey on salt/sodium intake

Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Marshall Islands

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

Of the 6000 adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 2100 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Data not available

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>48</td>
<td>49</td>
<td>45</td>
</tr>
<tr>
<td>46</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>49</td>
<td>34</td>
<td>12</td>
</tr>
</tbody>
</table>

Risk factors

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>Current tobacco use, adults aged 15+ years (%)</th>
<th>Obesity, adults aged 18+ years (%)</th>
<th>Total alcohol per capita consumption, adults aged 15+ years (litres)</th>
<th>Physical inactivity, adults aged 18+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7</td>
<td>53</td>
<td>no data</td>
<td>44</td>
</tr>
<tr>
<td>28</td>
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<td>48</td>
<td>no data</td>
<td>37</td>
</tr>
<tr>
<td>53</td>
<td>48</td>
<td>no data</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>no data</td>
<td>44</td>
<td>37</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td></td>
</tr>
</tbody>
</table>

Surveillance

<table>
<thead>
<tr>
<th>Conducted recent, national survey measuring raised blood pressure/hypertension</th>
<th>Guidelines for management of hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
<td>x</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
<td>x</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Age-standardized estimates are presented for all indicators except salt intake.

Total population (2019): 44 700

Total deaths (2019): no data

Annex 2. Hypertension profiles and explanatory notes

183
Mauritania
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)
- 38% males
- 36% females
- 40% overall

Total population (2019): 4 384 000
Total deaths (2019): 26 300

Mauritania
Prevalence of hypertension – global comparison (both sexes)\(^a\)

Of the 501 000 adults aged 30–79 years with hypertension:
- 43% diagnosed
- 26% treated
- 11% controlled

If the progress scenario were achieved, 7800 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^e\)

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP \(\geq 140\) mmHg or DBP \(\geq 90\) mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP \(< 140\) mmHg and DBP \(< 90\) mmHg.
- c. SBP \(\geq 140\) mmHg or DBP \(\geq 90\) mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer
Mauritania

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Male: 33%
- Female: 34%
- Total: 32%

Prevalence of hypertension – global comparison (both sexes)  
- Mauritius

Trends in uncontrolled hypertension in adults aged 30–79 years  
- Past trends
- Projected trends
- Global target

Hypertension control rate scenarios  
- Diagnosed
- Treated
- Controlled

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 23
  - Males: 28
  - Females: 18
  - Year: 2019
- Cardiovascular disease deaths
  - Both sexes: 3600
  - Males: 1900
  - Females: 1700
  - Year: 2019
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 57
  - Males: 56
  - Females: 59
  - Year: 2019

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 11
  - Males: 11
  - Females: 10
  - Year: 2019
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 21
  - Males: 38
  - Females: 3
  - Year: 2019
- Obesity, adults aged 18+ years (%)
  - Both sexes: 11
  - Males: 6
  - Females: 16
  - Year: 2016
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 8
  - Males: 12
  - Females: 3
  - Year: 2019
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 30
  - Males: 28
  - Females: 32
  - Year: 2016

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes 185
Mexico

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Of the 18.6 million adults aged 30–79 years with hypertension:

- 58% diagnosed
- 50% treated
- 28% controlled

In order to achieve a 50% control rate, 4.2 million more people with hypertension would need to be effectively treated.b

If the progress scenario were achieved, 290 000 deaths would be averted by 2040.

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
c. SBP ≥140 mmHg or DBP ≥90 mmHg.
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.
Micronesia (Federated States of)

Hypertension profile

Total population (2019): 111 000
Total deaths (2019): 1030

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Of the 14 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 5000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Projected hypertension control rates by scenario

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets

National target for blood pressure
National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
## Monaco

### Hypertension profile

#### Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

<table>
<thead>
<tr>
<th>Prevalence of hypertension – global comparison (both sexes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trends in uncontrolled hypertension in adults aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hypertension control rate scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data not available</td>
</tr>
</tbody>
</table>

#### Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>51</td>
<td>53</td>
<td>50</td>
<td>2019</td>
</tr>
</tbody>
</table>

#### Risk factors*

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2016</td>
</tr>
</tbody>
</table>

#### National response

<table>
<thead>
<tr>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
</tr>
<tr>
<td>National target for salt consumption</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines for management of hypertension</td>
</tr>
</tbody>
</table>

---

Footnote: a. Age-standardized estimates are presented for all indicators except salt intake.

Total population (2019): 37 000
Total deaths (2019): no data

Global report on hypertension: the race against a silent killer
Mongolia

Hypertension profile

Total population (2019):  3 232 000
Total deaths (2019):  23 400

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

- 43%
- 45%
- 41%

Prevalence of hypertension – global comparison (both sexes)\(^a\)

Of the 578 000 adults aged 30–79 years with hypertension:

- 70% diagnosed
- 55% treated
- 26% controlled

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^b\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

- a. SBP $\geq$140 mmHg or DBP $\geq$90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP $<140$ mmHg and DBP $<90$ mmHg. c. SBP $\geq$140 mmHg or DBP $\leq$90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Montenegro
Hypertension profile

Total population (2019): 630 000
Total deaths (2019): 7280

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

- Male: 45%
- Female: 50%
- Total: 41%

Prevalence of hypertension – global comparison (both sexes)a

- Montenegro: 57%
- Global: 52%

Of the 185 000 adults aged 30–79 years with hypertension:

- Diagnosed: 64%
- Treated: 52%
- Controlled: 23%

Mortality

Probability of premature mortality from NCDs (%)

- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Morocco

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Observed</th>
<th>Control rate</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP ≥140 mmHg or DBP ≥90 mmHg</td>
<td>35%</td>
<td>35%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Of the \textbf{6.1 million} adults aged 30–79 years with hypertension:

- \textbf{43%} diagnosed
- \textbf{29%} treated
- \textbf{10%} controlled

If the progress scenario were achieved, \textbf{223 000 deaths would be averted by 2040.}

Total population (2019): \textbf{36 304 000}

Total deaths (2019): \textbf{247 000}

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Mozambique
Hypertension profile

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Total population (2019): 30,286,000
- Total deaths (2019): 284,000

| Notes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. |  

**Prevalence of hypertension – global comparison (both sexes)**

- Mozambique: 31%
- Global: 16%
- Women: 36%
- Men: 22%
- Women (controlled): 9%
- Men (controlled): 5%

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Projected trends: 2023, 2025, 2030, 2035, 2040
- Global target

**Mortality**

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✔ Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✗</td>
</tr>
</tbody>
</table>

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:** a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Mozambique

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a 38% 35% 40%

Prevalence of hypertension – global comparison (both sexes) a

Of the 9.4 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 3.3 million more people with hypertension would need to be effectively treated. b

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Namibia
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

![Prevalence of hypertension – global comparison (both sexes)](image)

Of the 341 000 adults aged 30–79 years with hypertension:

- 52% diagnosed
- 44% treated
- 22% controlled

![Trends in uncontrolled hypertension in adults aged 30–79 years](image)

- Past trends
- Projected trends
- Global target

![Hypertension control rate scenarios](image)

- Projected hypertension control rates by scenario
  - Business as usual
  - Progress
  - Aspirational

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence of hypertension among adults aged 30–79 years (2019)(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nauru</td>
<td>42% (♂), 44% (♀), 40% (average)</td>
</tr>
</tbody>
</table>

Of the 1600 adults aged 30–79 years with hypertension:

- Diagnosed: 53% (♂), 29% (♀), 15% (average)
- Treated: 49% (♂), 30% (♀), 13% (average)
- Controlled: 57% (♂), 30% (♀), 17% (average)

In order to achieve a 50% control rate, 580 more people with hypertension would need to be effectively treated.\(^b\)

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^d\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption
- Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Age-standardized estimates are presented for all indicators except salt intake.
### Nepal

**Hypertension profile**

| Total population (2019): 28 832 000 |
| Total deaths (2019): 176 000 |

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Nepal: 36%
- Male: 40%
- Female: 34%

Of the **3.9 million** adults aged 30–79 years with hypertension:

- 33% diagnosed
- 19% treated
- 7% controlled

In order to achieve a 50% control rate, **1.7 million more people** with hypertension would need to be effectively treated.

![Prevalence of hypertension – global comparison (both sexes)](image)

**Trends in uncontrolled hypertension in adults aged 30–79 years**

<table>
<thead>
<tr>
<th>Year</th>
<th>Past trend</th>
<th>Projected trend</th>
<th>Global target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 22
  - Males: 24
  - Females: 19
  - Year: 2019

- Cardiovascular disease deaths
  - Both sexes: 39 000
  - Males: 22 800
  - Females: 16 200
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 46
  - Males: 50
  - Females: 39
  - Year: 2019

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 9
  - Males: 9
  - Females: 8
  - Year: 2019

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 32
  - Males: 49
  - Females: 14
  - Year: 2019

- Obesity, adults aged 18+ years (%)
  - Both sexes: 4
  - Males: 3
  - Females: 5
  - Year: 2016

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 1
  - Males: 2
  - Females: 0
  - Year: 2019

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 13
  - Males: 12
  - Females: 15
  - Year: 2016

**National response**

**Targets**
- National target for blood pressure ✔
- National target for salt consumption ✔

**Surveillance**
- Conducted recent, national survey measuring raised blood pressure/hypertension ✔
- Conducted recent, national survey on salt/sodium intake ✔
- Functioning system for generating reliable cause-specific mortality data on a routine basis ✗

**Treatment**
- Guidelines for management of hypertension ✔

---

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Netherlands (Kingdom of the)

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)†

Prevalence of hypertension – global comparison (both sexes)†

Trends in uncontrolled hypertension in adults aged 30–79 years\)

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\)

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)\)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

References

World Health Organization – Hypertension profiles, 2023

Annex 2. Hypertension profiles and explanatory notes

197
New Zealand
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^{a}\)  31\%  34\%  28\%  
Total population (2019):  4 959 000  
Total deaths (2019):  33 300

Prevalence of hypertension – global comparison (both sexes)\(^{a}\)

Of the 968 000 adults aged 30–79 years with hypertension:
- In order to achieve a 50\% control rate, 193 000 more people with hypertension would need to be effectively treated.\(^{b}\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^{c}\)

Hypertension control rate scenarios

If the progress scenario were achieved, 12 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^{e}\)

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)\(^{f}\)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:  
\(^{a}\) SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
\(^{b}\) Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
\(^{c}\) SBP ≥140 mmHg or DBP ≥90 mmHg.  
\(^{d}\) Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
\(^{e}\) Age-standardized estimates are presented for all indicators except salt intake.  
\(^{f}\) Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
**Nicaragua**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Total population (2019):** 6,664,000
- **Total deaths (2019):** 32,200

<table>
<thead>
<tr>
<th>Mortality</th>
<th>Probability of premature mortality from NCDs (%)</th>
<th>Cardiovascular disease deaths</th>
<th>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>15</td>
<td>9,800</td>
<td>55</td>
</tr>
<tr>
<td>males</td>
<td>18</td>
<td>4,800</td>
<td>56</td>
</tr>
<tr>
<td>females</td>
<td>13</td>
<td>5,000</td>
<td>54</td>
</tr>
<tr>
<td>year</td>
<td>2019</td>
<td>2019</td>
<td>2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>Current tobacco use, adults aged 15+ years (%)</th>
<th>Obesity, adults aged 18+ years (%)</th>
<th>Total alcohol per capita consumption, adults aged 15+ years (litres)</th>
<th>Physical inactivity, adults aged 18+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
<td>10</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>males</td>
<td>11</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>females</td>
<td>9</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>year</td>
<td>2019</td>
<td>2019</td>
<td>2019</td>
<td>2019</td>
<td>2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National response</th>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National target for blood pressure</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td></td>
<td>National target for salt consumption</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Surveillance</strong></td>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Conducted recent, national survey on salt/sodium intake</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
<td>✓</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Niger

Hypertension profile

Total population (2019): 23 443 000
Total deaths (2019): 183 000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>42%</td>
</tr>
<tr>
<td>Female</td>
<td>40%</td>
</tr>
<tr>
<td>Both sexes</td>
<td>43%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)a

Of the 2.2 million adults aged 30–79 years with hypertension:

- 27% were diagnosed
- 13% were treated
- 6% were controlled

<table>
<thead>
<tr>
<th>Sex</th>
<th>Diagnosed</th>
<th>Treated</th>
<th>Controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Female</td>
<td>33%</td>
<td>15%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

If the progress scenario were achieved, 44 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)

- Cardiovascular disease deaths: 21%
- Cardiovascular disease deaths attributable to high systolic blood pressure: 20,900

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day): 55
- Current tobacco use, adults aged 15+ years (%): 8
- Obesity, adults aged 18+ years (%): 6
- Total alcohol per capita consumption, adults aged 15+ years (litres): 0
- Physical inactivity, adults aged 18+ years (%): 22

National response

Targets

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

In order to achieve a 50% control rate, 955 000 more people with hypertension would need to be effectively treated.b

In order to achieve a 50% control rate, 955 000 more people with hypertension would need to be effectively treated.b

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Choosing a version of treatment and control.

In order to achieve a 50% control rate, 955 000 more people with hypertension would need to be effectively treated.b

Global report on hypertension: the race against a silent killer

200
Nigeria
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  
\textsuperscript{a} National target for blood pressure
\textsuperscript{b} National target for salt consumption
\textsuperscript{c} Surveill ance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 19.1 million adults aged 30–79 years with hypertension:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Projected hypertension control rates by scenario\textsuperscript{d}</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>diagnosed</td>
</tr>
<tr>
<td>Progress</td>
<td>42%</td>
</tr>
<tr>
<td>Aspirational</td>
<td></td>
</tr>
</tbody>
</table>

Total population (2019): 203 300 000
Total deaths (2019): 1 650 000

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Niue

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

<table>
<thead>
<tr>
<th>Country</th>
<th>% of population aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niue</td>
<td>54%</td>
</tr>
<tr>
<td>Global</td>
<td>42%</td>
</tr>
</tbody>
</table>

Of the 340 adults aged 30–79 years with hypertension:

- Diagnosed: 50% (Males), 58% (Females)
- Treated: 38% (Males), 46% (Females)
- Controlled: 14% (Males), 23% (Females)

Trends in uncontrolled hypertension in adults aged 30–79 years

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Age-standardized estimates are presented for all indicators except salt intake.
North Macedonia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 

<table>
<thead>
<tr>
<th>Sex</th>
<th>males</th>
<th>females</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>both</td>
<td>23</td>
<td>17</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>15 500</td>
<td>7400</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>58</td>
<td>59</td>
<td>2019</td>
</tr>
</tbody>
</table>

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

<table>
<thead>
<tr>
<th>Sex</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>both</td>
<td>13</td>
<td>15</td>
<td>10</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>23</td>
<td>22</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>2019</td>
</tr>
</tbody>
</table>

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Norway

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Of the 1.2 million adults aged 30–79 years with hypertension:

- 64% diagnosed
- 47% treated
- 29% controlled

In order to achieve a 50% control rate, 236 000 more people with hypertension would need to be effectively treated.b

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsd

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure ✔
- National target for salt consumption ✔

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension ❌
- Conducted recent, national survey on salt/sodium intake ❌
- Functioning system for generating reliable cause-specific mortality data on a routine basis ✔

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Oman

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 46% 48% 39%

Prevalence of hypertension – global comparison (both sexes)

Of the 920 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 377 000 more people with hypertension would need to be effectively treated.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Treatment
  - Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Pakistan

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a} 

<table>
<thead>
<tr>
<th>Gender</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43%</td>
<td>42%</td>
<td>45%</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 32.2 million adults aged 30–79 years with hypertension:

- 34% diagnosed male
- 35% diagnosed female
- 8% controlled male
- 14% controlled female

Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}

Hypertension control rate scenarios

Projected hypertension control rates by scenario\textsuperscript{d}

Mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of premature mortality from NCDs (%)</td>
<td>29</td>
<td>32</td>
<td>27</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths</td>
<td>450 000</td>
<td>245 000</td>
<td>205 000</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>58</td>
<td>57</td>
<td>58</td>
<td>2019</td>
</tr>
</tbody>
</table>

Risk factors\textsuperscript{e}

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

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Palau
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)¹

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palau</td>
</tr>
<tr>
<td>41%</td>
</tr>
<tr>
<td>Global</td>
</tr>
<tr>
<td>54%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)¹

Of the 4900 adults aged 30–79 years with hypertension:

- % diagnosed: 49% (males), 61% (females)
- % treated: 29% (males), 45% (females)
- % controlled: 10% (males), 20% (females)

Trends in uncontrolled hypertension in adults aged 30–79 years²

Mortality

- Probability of premature mortality from NCDs (%)
  - no data
- Cardiovascular disease deaths
  - no data
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - no data

Risk factors³

- Mean population salt intake, adults aged 25+ years (g/day)
  - no data
- Current tobacco use, adults aged 15+ years (%)⁴
  - no data
- Obesity, adults aged 18+ years (%)
  - no data
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - no data
- Physical inactivity, adults aged 18+ years (%)
  - no data

National response

- National target for blood pressure
  - ✓
- National target for salt consumption
  - ✓
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - ✓
  - Conducted recent, national survey on salt/sodium intake
  - ❌
  - Functioning system for generating reliable cause-specific mortality data on a routine basis
  - no data

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Age-standardized estimates are presented for all indicators except salt intake. e. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Panama

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)¹

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>% diagnosed</td>
<td>67%</td>
<td>59%</td>
<td>76%</td>
<td>2019</td>
</tr>
<tr>
<td>% treated</td>
<td>55%</td>
<td>46%</td>
<td>64%</td>
<td>2019</td>
</tr>
<tr>
<td>% controlled</td>
<td>29%</td>
<td>21%</td>
<td>36%</td>
<td>2019</td>
</tr>
</tbody>
</table>

Of the 718 000 adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 154 000 more people with hypertension would need to be effectively treated.²

Panama global

Total population (2019): 4 233 000
Total deaths (2019): 20 200

Prevalence of hypertension – global comparison (both sexes)³

Panama

% of population aged 30–79 years

<table>
<thead>
<tr>
<th></th>
<th>% of population aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>diagnosed</td>
<td>67%</td>
</tr>
<tr>
<td>treated</td>
<td>55%</td>
</tr>
<tr>
<td>controlled</td>
<td>29%</td>
</tr>
</tbody>
</table>

Trends in uncontrolled hypertension in adults aged 30–79 years⁴

Past trends

Projected trends

Global target

Mortality

Probability of premature mortality from NCDs (%)

Cardiovascular disease deaths

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors⁵

Mean population salt intake, adults aged 25+ years (g/day)

Current tobacco use, adults aged 15+ years (%)

Obesity, adults aged 18+ years (%)

Total alcohol per capita consumption, adults aged 15+ years (litres)

Physical inactivity, adults aged 18+ years (%)

National response

Targets

National target for blood pressure

National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension

Conducted recent, national survey on salt/sodium intake

Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

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Global report on hypertension: the race against a silent killer
Papua New Guinea

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- 28% for both sexes
- 25% for males
- 30% for females

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

- Past trends
- Projected trends
- Global target

Hypertension control rate scenarios

- Business as usual
- Progress
- Aspirational

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
- National target for blood pressure
- National target for salt consumption
- Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
**Hypertension profile**

**Paraguay**

**Total population (2019):** 6 530 000  
**Total deaths (2019):** 34 400

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Of the **1.6 million** adults aged 30–79 years with hypertension:
  - **55%** diagnosed
  - **38%** treated
  - **13%** controlled

**Global target**

- % of population aged 30–79 years with hypertension:
  - **55%** of adults

**Prevalence of hypertension – global comparison (both sexes)**

- **Paraguay**
  - % of population aged 30–79 years
  - **60%**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- **Global target**
  - % of population aged 30–79 years
  - **0%**

**Hypertension control rate scenarios**

- Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 16, Males: 19, Females: 13
  - Year: 2019

- Cardiovascular disease deaths
  - Total: 9200, Males: 5200, Females: 4000
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Total: 55, Males: 52, Females: 58
  - Year: 2019

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Total: 9, Males: 10, Females: 8
  - Year: 2019

- Current tobacco use, adults aged 15+ years (%)
  - Total: 12, Males: 20, Females: 5
  - Year: 2019

- Obesity, adults aged 18+ years (%)
  - Total: 20, Males: 17, Females: 23
  - Year: 2016

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Total: 6, Males: 9, Females: 2
  - Year: 2019

- Physical inactivity, adults aged 18+ years (%)
  - Total: 37, Males: 38, Females: 37
  - Year: 2016

**National response**

**Targets**

- National target for blood pressure ✔
- National target for salt consumption ✔

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension ✗
- Conducted recent, national survey on salt/sodium intake ✗
- Functioning system for generating reliable cause-specific mortality data on a routine basis ✔

**Footnotes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Peru

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>25 300</td>
<td>12 700</td>
<td>12 600</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>49</td>
<td>47</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption
Survey
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
c. SBP ≥140 mmHg or DBP ≥90 mmHg.
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.
f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes
Philippines

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<p>| | | |</p>
<table>
<thead>
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</tr>
</tbody>
</table>

% of population aged 30–79 years

Prevalence of hypertension – global comparison (both sexes)

Of the 14.5 million adults aged 30–79 years with hypertension:

- 52% diagnosed
- 36% treated
- 17% controlled

In order to achieve a 50% control rate, 4.8 million more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Poland
Hypertension profile

Total population (2019): 38 494 000
Total deaths (2019): 401 000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Males: 49%
- Females: 56%
- Total: 43%

Prevalence of hypertension – global comparison (both sexes)²

Prevalence of hypertension among adults aged 30–79 years (2019)²

- Age-standardized SBP <140 mmHg

Of the 13 million adults aged 30–79 years with hypertension:

- 69% diagnosed
- 61% treated
- 32% controlled

In order to achieve a 50% control rate, 2.1 million more people with hypertension would need to be effectively treated.³

Trends in uncontrolled hypertension in adults aged 30–79 years²

Hypertension control rate scenarios

If the progress scenario were achieved, 119 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 17%
  - Males: 23%
  - Females: 12%
  - Year: 2019
  - Both sexes: 173 000
  - Males: 77 200
  - Females: 95 600
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 50%
  - Males: 52%
  - Females: 48%
  - Year: 2019

Risk factors²

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 11
  - Males: 13
  - Females: 9
  - Year: 2019

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 23
  - Males: 29
  - Females: 21
  - Year: 2019

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 32
  - Males: 31
  - Females: 33
  - Year: 2016

National response

- National target for blood pressure
- National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes 213
Portugal

Hypertension profile

Total population (2019): 10 290 000
Total deaths (2019): 111 000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)^

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>32%</td>
</tr>
<tr>
<td>Men</td>
<td>37%</td>
</tr>
<tr>
<td>Total</td>
<td>28%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)^

Of the 2.7 million adults aged 30–79 years with hypertension:

- 69% diagnosed
- 63% treated
- 45% controlled

In order to achieve a 50% control rate, 69,000 more people with hypertension would need to be effectively treated.^

Trends in uncontrolled hypertension in adults aged 30–79 years^

- Past trends
- Projected trends
- Global target

Hypertension control rate scenarios

If the progress scenario were achieved, 16,000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors^

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Qatar

Hypertension profile

**Prevalence of hypertension – global comparison (both sexes)**

- **Qatar**
- **Global**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Past trends
- Projected trends
- Global target

**Hypertension control rate scenarios**

- Projected hypertension control rates by scenario:
  - Business as usual
  - Progress
  - Aspirational

### Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

### Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

### National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

---

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
A 50% hypertension control rate has already been achieved.

If the aspirational scenario were achieved, 78,000 deaths would be averted by 2040.

Notes:
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
c. SBP ≥140 mmHg or DBP ≥90 mmHg.
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
e. Age-standardized estimates are presented for all indicators except salt intake.
f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Republic of Korea

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  

<table>
<thead>
<tr>
<th>Risk factors\textsuperscript{e}</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>29</td>
<td>51</td>
<td>6</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>19</td>
<td>16</td>
<td>21</td>
<td>2019</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>11</td>
<td>18</td>
<td>5</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>2016</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th></th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td></td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension ✔

Footnotes: a. SBP \textsuperscript{\textbullet}140 mmHg or DBP \textsuperscript{\textbullet}90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP \textsuperscript{\textbullet}140 mmHg and DBP \textsuperscript{\textbullet}90 mmHg. c. SBP \textsuperscript{\textbullet}140 mmHg or DBP \textsuperscript{\textbullet}90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Annex 2. Hypertension profiles and explanatory notes
Romania
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Prevalence of hypertension – global comparison (both sexes)a

Of the 6.6 million adults aged 30–79 years with hypertension:

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
<th>male</th>
<th>female</th>
</tr>
</thead>
<tbody>
<tr>
<td>diagnosed</td>
<td>68%</td>
<td>59%</td>
</tr>
<tr>
<td>treated</td>
<td>62%</td>
<td>43%</td>
</tr>
<tr>
<td>controlled</td>
<td>30%</td>
<td>23%</td>
</tr>
</tbody>
</table>

In order to achieve a 50% control rate, 1.4 million more people with hypertension would need to be effectively treated.a

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
<th>male</th>
<th>female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>2025</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>2030</td>
<td>20%</td>
<td>31%</td>
</tr>
<tr>
<td>2035</td>
<td>30%</td>
<td>46%</td>
</tr>
<tr>
<td>2040</td>
<td>40%</td>
<td>57%</td>
</tr>
</tbody>
</table>

If the progress scenario were achieved, 141 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)

Cardiovascular disease deaths

Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorsa

Mean population salt intake, adults aged 25+ years (g/day)

Current tobacco use, adults aged 15+ years (%)

Obesity, adults aged 18+ years (%)

Total alcohol per capita consumption, adults aged 15+ years (litres)

Physical inactivity, adults aged 18+ years (%)

National response

Targets

National target for blood pressure
National target for salt consumption

Surveillance

Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment

Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Russian Federation

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^{a}\)

<table>
<thead>
<tr>
<th>% of population aged 30-79 years</th>
<th>Russian Federation</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>10%</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>15%</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>25%</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>30%</td>
<td></td>
<td>30%</td>
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<tr>
<td>35%</td>
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<td>35%</td>
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<tr>
<td>40%</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>45%</td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>50%</td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>55%</td>
<td></td>
<td>55%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)\(^{a}\)

Of the 43.1 million adults aged 30–79 years with hypertension:

- 74% diagnosed
- 50% treated
- 18% controlled

In order to achieve a 50% control rate, 13.9 million more people with hypertension would need to be effectively treated.\(^{b}\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^{c}\)

Hypertension control rate scenarios

- Projected hypertension control rates by scenario:\(^{d}\)
  - Past trends
  - Projected trends
  - Global target

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^{e}\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>Treatment guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
</tbody>
</table>

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP \(\geq 140\) mmHg or DBP \(\geq 90\) mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP \(<140\) mmHg and DBP \(<90\) mmHg. c. SBP \(\geq 140\) mmHg or DBP \(\geq 90\) mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Rwanda

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) ✗ 30% ✗ 29% ✗ 31%

Prevalence of hypertension – global comparison (both sexes) ✗

Trends in uncontrolled hypertension in adults aged 30–79 years ✗

Hypertension control rate scenarios ✗

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors ✗

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Saint Kitts and Nevis

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\) 

- 45% for both sexes
- 45% for males
- 45% for females

Total population (2019): 47,700
Total deaths (2019): no data

Of the 13,000 adults aged 30–79 years with hypertension:

- 50% females were diagnosed
- 38% females were treated
- 17% females were controlled

In order to achieve a 50% control rate, 3,700 more people with hypertension would need to be effectively treated.\(^b\)

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^d\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Treatment
  - Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Saint Lucia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  40%  39%  41%

<table>
<thead>
<tr>
<th>Total population (2019):</th>
<th>179 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total deaths (2019):</td>
<td>1500</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 40 000 adults aged 30–79 years with hypertension:

![Graph showing prevalence of hypertension globally and in Saint Lucia.]

In order to achieve a 50% control rate, 11 000 more people with hypertension would need to be effectively treated.\textsuperscript{b}

Trends in uncontrolled hypertension in adults aged 30–79 years

![Graph showing trends in uncontrolled hypertension.]

Hypertension control rate scenarios

If the progress scenario were achieved, 970 deaths would be averted by 2040.

![Graph showing projected hypertension control rates.]

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td>490</td>
</tr>
<tr>
<td>52</td>
</tr>
</tbody>
</table>

Risk factors\textsuperscript{c}

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>both sexes</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>no data</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>40</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
</tbody>
</table>

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Saint Vincent and the Grenadines

Hypertension profile

Total population (2019): 105,000
Total deaths (2019): 930

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Both sexes: 39%
- Males: 37%
- Females: 42%

Prevalence of hypertension – global comparison (both sexes)

- Saint Vincent and the Grenadines
- Global

Trends in uncontrolled hypertension in adults aged 30–79 years

- Past trends
- Projected trends
- Global target

Hypertension control rate scenarios

- Diagnosed
- Treated
- Controlled

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) \(^a\)  

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>38%</td>
</tr>
<tr>
<td>Females</td>
<td>39%</td>
</tr>
</tbody>
</table>

Of the 27 000 adults aged 30–79 years with hypertension:

- 35% diagnosed
- 20% treated
- 10% controlled

In order to achieve a 50% control rate, 11 000 more people with hypertension would need to be effectively treated.\(^b\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>40%</td>
</tr>
<tr>
<td>2005</td>
<td>45%</td>
</tr>
<tr>
<td>2010</td>
<td>50%</td>
</tr>
<tr>
<td>2015</td>
<td>55%</td>
</tr>
<tr>
<td>2020</td>
<td>60%</td>
</tr>
</tbody>
</table>

Past trends: female; male; global target

Hypertension control rate scenarios

If the progress scenario were achieved, 770 deaths would be averted by 2040.

Probability of premature mortality from NCDs (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>31%</td>
</tr>
</tbody>
</table>

Risk factors\(^e\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
San Marino

Hypertension profile

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**: no data

### Prevalence of hypertension – global comparison (both sexes)

<table>
<thead>
<tr>
<th>Country</th>
<th>Data not available</th>
<th>Data not available</th>
</tr>
</thead>
</table>

### Trends in uncontrolled hypertension in adults aged 30–79 years

<table>
<thead>
<tr>
<th>Country</th>
<th>Data not available</th>
<th>Data not available</th>
</tr>
</thead>
</table>

### Mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of premature mortality from NCDs (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>50</td>
<td>50</td>
<td>49</td>
<td>2019</td>
</tr>
</tbody>
</table>

### Risk factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>2016</td>
</tr>
</tbody>
</table>

### National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✗ Treatment for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✗</td>
</tr>
<tr>
<td>Surveillance</td>
<td></td>
</tr>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
<td>✗</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
<td>✗</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
<td>✓</td>
</tr>
</tbody>
</table>

Footnote: a. Age-standardized estimates are presented for all indicators except salt intake.
Sao Tome and Principe

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Sao Tome and Principe: 45% (  )
- Total population (2019): 215 000
- Total deaths (2019): 1 000

| Prevalence of hypertension – global comparison (both sexes) |
|-----------------|----------|----------|----------|
| % of population aged 30–79 years | Sao Tome and Principe | global |
| 50% | 60% |

- Of the 27 000 adults aged 30–79 years with hypertension:
  - Diagnosed: 36% (  ), 61% (  )
  - Treated: 19% (  ), 36% (  )
  - Controlled: 7% (  ), 11% (  )

- In order to achieve a 50% control rate, 11 000 more people with hypertension would need to be effectively treated.

- Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

| Trends in uncontrolled hypertension in adults aged 30–79 years |
|-----------------|----------|----------|----------|
| % of population aged 30–79 years | past trends | projected trends | global target |
| 40% | 45% | 40% | 35% | 30% | 25% |

- If the progress scenario were achieved, 540 deaths would be averted by 2040.

| Hypertension control rate scenarios |
|-----------------|----------|----------|----------|
| % of population aged 30–79 years with hypertension | 2020 | 2025 | 2030 | 2035 | 2040 |
| 10% | 15% | 20% | 25% | 30% |

| Mortality |
|-----------------|----------|----------|----------|
| Probability of premature mortality from NCDs (%) |
| Cardiovascular disease deaths |
| Cardiovascular disease deaths attributable to high systolic blood pressure (%) |
| both sexes | males | females | year |
| 21 | 22 | 20 | 2019 |
| 240 | 90 | 150 | 2019 |
| 60 | 60 | 60 | 2019 |

- Footnotes: e. Age-standardized estimates are presented for all indicators except salt intake.

| Risk factors |
|-----------------|----------|----------|----------|
| Mean population salt intake, adults aged 25+ years (g/day) |
| Current tobacco use, adults aged 15+ years (%) |
| Obesity, adults aged 18+ years (%) |
| Total alcohol per capita consumption, adults aged 15+ years (litres) |
| Physical inactivity, adults aged 18+ years (%) |
| both sexes | males | females | year |
| 7 | 7 | 7 | 2019 |
| 6 | 10 | 1 | 2019 |
| 12 | 7 | 17 | 2016 |
| 5 | 8 | 2 | 2019 |
| 15 | 10 | 21 | 2016 |

| National response |
|-----------------|----------|----------|----------|
| Targets | Treatment |
| National target for blood pressure | Guidelines for management of hypertension |
| National target for salt consumption | |

- Footnotes: b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

- Functioning system for generating reliable cause-specific mortality data on a routine basis | x |

Global report on hypertension: the race against a silent killer
Saudi Arabia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Of the 5.1 million adults aged 30–79 years with hypertension:

- Of the 5.1 million adults aged 30–79 years with hypertension:
  - 51% diagnosed
  - 41% treated
  - 21% controlled

Hypertension control rate scenarios

If the progress scenario were achieved, 125 000 deaths would be averted by 2040.

Projected hypertension control rates by scenario:
- Projected hypertension control rates by scenario:
  - Past trends
  - Projected trends
  - Global target

Mortality

Probability of premature mortality from NCDs (%)
- Both sexes: 21% 60 300
- Males: 22% 38 200
- Females: 18% 22 100

Cardiovascular disease deaths attributable to high systolic blood pressure (%)
- Both sexes: 54% 57 49
- Males: 53% 45 49
- Females: 53% 45 49

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Senegal
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

Prevalence of hypertension – global comparison (both sexes)a

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factorse

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption
Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Serbia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

- Males: 46%
- Females: 50%
- Overall: 42%

Prevalence of hypertension – global comparison (both sexes)

- Serbia (% of population aged 30–79 years with hypertension)
- Global (% of population aged 30–79 years with hypertension)

Trends in uncontrolled hypertension in adults aged 30–79 years

- Past trends
- Projected trends
- Global target

Hypertension control rate scenarios

- Projected hypertension control rates by scenario:
  - Business as usual: 25%
  - Progress: 58%
  - Aspirational: 66%

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
### Seychelles

#### Hypertension profile

**Total population (2019):** 104,000  
**Total deaths (2019):** 770

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>44%</td>
<td>46%</td>
<td>42%</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seychelles</td>
</tr>
<tr>
<td>global</td>
</tr>
</tbody>
</table>

**Trends in uncontrolled hypertension in adults aged 30–79 years**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>past trends</td>
</tr>
<tr>
<td>projected trends</td>
</tr>
<tr>
<td>projected trends</td>
</tr>
<tr>
<td>global target</td>
</tr>
</tbody>
</table>

**Hypertension control rate scenarios**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>diagnosed</td>
</tr>
<tr>
<td>treated</td>
</tr>
<tr>
<td>controlled</td>
</tr>
<tr>
<td>% of population aged 30–79 years with hypertension</td>
</tr>
</tbody>
</table>

**Mortality**

**Probability of premature mortality from NCDs (%)**

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>21</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>230</td>
<td>120</td>
<td>110</td>
</tr>
</tbody>
</table>

**Risk factors**

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>21</td>
<td>35</td>
<td>7</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>14</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>12</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>19</td>
<td>18</td>
<td>20</td>
</tr>
</tbody>
</table>

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Treatment**

- Guidelines for management of hypertension

---

**Footnotes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.

---

**Notes:**

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

---

**Projected hypertension control rates by scenario**

- If the progress scenario were achieved, 340 deaths would be averted by 2040.
Sierra Leone
Hypertension profile

Prevalence of hypertension – global comparison (both sexes)\(^a\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Global</th>
<th>Males</th>
<th>Females</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>2005</td>
<td>45%</td>
<td>45%</td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td>2010</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
<td>100%</td>
</tr>
<tr>
<td>2020</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>2025</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Notes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

c) Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Leone</td>
<td>45%</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

Mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of premature mortality from NCDs (%)</td>
<td>24</td>
</tr>
<tr>
<td>Cardiovascular disease deaths</td>
<td>9400</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>65</td>
</tr>
</tbody>
</table>

Risk factors\(^a\)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>7</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>14</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>9</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>0</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>14</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Target</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
</tbody>
</table>

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

World Health Organization – Hypertension profiles, 2023

- Projected hypertension control rates by scenario:
  - Business as usual
  - Progress
  - Aspirational

- In order to achieve a 50% control rate, 368 000 more people with hypertension would need to be effectively treated.\(^a\)

- If the progress scenario were achieved, 19 000 deaths would be averted by 2040.

Annex 2. Hypertension profiles and explanatory notes
Singapore

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

![Prevalence of hypertension – global comparison (both sexes)\(^a\)](image)

Of the 1.3 million adults aged 30–79 years with hypertension:

![Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)](image)

Hypertension control rate scenarios

![Mortality](image)

Risk factors\(^e\)

National response

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
**Slovakia**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Total population (2019):** 5,454,000
- **Total deaths (2019):** 50,500

- **Prevalence of hypertension – global comparison (both sexes)**

  - Of the **1.7 million** adults aged 30–79 years with hypertension:
    - **Diagnosed**
      - Male: 68%, Female: 78%
    - **Treated**
      - Male: 59%, Female: 70%
    - **Controlled**
      - Male: 30%, Female: 41%

  - In order to achieve a **50% control rate**, 230,000 more people with hypertension would need to be effectively treated.

- **Trends in uncontrolled hypertension in adults aged 30–79 years**

  - Projected and past trends

- **Hypertension control rate scenarios**

  - Business as usual: 68% male, 78% female
  - Progress: 64% male, 70% female
  - Aspirational: 35% male, 41% female

  - If the progress scenario were achieved, 13,000 deaths would be averted by 2040.

**Mortality**

- **Probability of premature mortality from NCDs (%):**
  - Both sexes: 15, Males: 21, Females: 10
  - Year: 2019

- **Cardiovascular disease deaths:**
  - Total: 16,800, Males: 8,600, Females: 8,200
  - Year: 2019

- **Cardiovascular disease deaths attributable to high systolic blood pressure (%):**
  - Total: 58, Males: 59, Females: 56
  - Year: 2019

**Risk factors**

- **Mean population salt intake, adults aged 25+ years (g/day):**
  - Both sexes: 13, Males: 15, Females: 11
  - Year: 2019

- **Current tobacco use, adults aged 15+ years (%):**
  - Both sexes: 32, Males: 38, Females: 25
  - Year: 2019

- **Obesity, adults aged 18+ years (%):**
  - Both sexes: 21, Males: 21, Females: 20
  - Year: 2016

- **Total alcohol per capita consumption, adults aged 15+ years (litres):**
  - Both sexes: 10, Males: 17, Females: 5
  - Year: 2019

- **Physical inactivity, adults aged 18+ years (%):**
  - Both sexes: 35, Males: 31, Females: 38
  - Year: 2016

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Slovenia
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}  
\begin{itemize}
  \item 45% (both sexes)
  \item 50% (males)
  \item 41% (females)
\end{itemize}

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{prevalence_graph.png}
\caption{Prevalence of hypertension among adults aged 30–79 years.}
\end{figure}

Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{trends_graph.png}
\caption{Trends in uncontrolled hypertension.}
\end{figure}

Hypertension control rate scenarios

\begin{figure}
\centering
\includegraphics[width=\textwidth]{control_rate_scenarios.png}
\caption{Projected hypertension control rates by scenario.}
\end{figure}

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\textsuperscript{e}

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Global report on hypertension: the race against a silent killer

234
Solomon Islands

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 30% 25% 35%

Prevalence of hypertension – global comparison (both sexes)
Of the 58,000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 25,000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

- If the progress scenario were achieved, 2,300 deaths would be averted by 2040.

Hypertension control rate scenarios
Projected hypertension control rates by scenario:
- Business as usual
- Progress
- Aspirational

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
- f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes
Somalia
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)²

- **Total population (2019): 15 981 000**
- **Total deaths (2019): 170 000**

| Notes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. |

In order to achieve a 50% control rate, 533 000 more people with hypertension would need to be effectively treated.³

If the progress scenario were achieved, 55 000 deaths would be averted by 2040.

<table>
<thead>
<tr>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of premature mortality from NCDs (%)</td>
</tr>
<tr>
<td>Cardiovascular disease deaths</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk factors²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
</tr>
<tr>
<td>National target for blood pressure</td>
</tr>
<tr>
<td>National target for salt consumption</td>
</tr>
<tr>
<td>Surveillance</td>
</tr>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines for management of hypertension</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer

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**South Africa**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

![Graph showing prevalence of hypertension - global comparison](image)

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>South Africa</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Of the 10.8 million adults aged 30–79 years with hypertension:**

![Graph showing hypertension control rate scenarios](image)

- **Diagnosed**:
  - Male: 43%
  - Female: 63%

- **Treated**:
  - Male: 37%
  - Female: 55%

- **Controlled**:
  - Male: 16%
  - Female: 30%

**Trends in uncontrolled hypertension in adults aged 30–79 years**

![Graph showing trends in uncontrolled hypertension](image)

- **Past trends**
  - Male: 50%
  - Female: 40%

- **Projected trends**
  - Male: 35%
  - Female: 25%

- **Global target**
  - Male: 20%
  - Female: 15%

**Mortality**

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>24</td>
<td>28</td>
<td>20</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>87 800</td>
<td>42 600</td>
<td>65 200</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

**Targets**

- National target for blood pressure
- National target for salt consumption

**Surveillance**

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Treatment**

- Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
South Sudan

Hypertension profile

Total population (2019): 10 448 000
Total deaths (2019): 90 400

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)°

Prevalence of hypertension – global comparison (both sexes)°

Of the 1 million adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 404 000 more people with hypertension would need to be effectively treated.°

Trends in uncontrolled hypertension in adults aged 30–79 years°

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors°

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Age-standardized estimates are presented for all indicators except salt intake.
Spain
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

Of the 9.9 million adults aged 30–79 years with hypertension:

- 65% diagnosed
- 54% treated
- 31% controlled

In order to achieve a 50% control rate, 1.7 million more people with hypertension would need to be effectively treated. b

Projected hypertension control rates by scenario d:
- Business as usual
- Progress
- Aspirational

If the progress scenario were achieved, 101 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

Footnotes: e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Sri Lanka
Hypertension profile

Total population (2019): 21 650 000
Total deaths (2019): 146 000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)¹

Prevalence of hypertension – global comparison (both sexes)²

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Japan</th>
<th>WHO Region of the Americas</th>
<th>South-East Asia</th>
<th>Western Pacific</th>
<th>Europe</th>
<th>Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>2019</td>
<td>27%</td>
<td>31%</td>
<td>36%</td>
<td>32%</td>
<td>42%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Of the 4.3 million adults aged 30–79 years with hypertension:

- 47% diagnosed
- 36% treated
- 16% controlled

In order to achieve a 50% control rate, 1.5 million more people with hypertension would need to be effectively treated.³

Trends in uncontrolled hypertension in adults aged 30–79 years³

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>past trends</td>
<td>50%</td>
<td>50%</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>projected trends</td>
<td>30%</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>global target</td>
<td>10%</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Hypertension control rate scenarios

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>business as usual</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>progress</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>aspirational</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>13</td>
<td>17</td>
<td>9</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>35 900</td>
<td>19 600</td>
<td>16 300</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td>56</td>
<td>56</td>
<td>2019</td>
</tr>
</tbody>
</table>

Risk factors⁵

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>22</td>
<td>42</td>
<td>3</td>
<td>2019</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>2016</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>20</td>
<td>37</td>
<td>2016</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>Guidelines for management of hypertension</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td></td>
</tr>
</tbody>
</table>

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥150 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Sudan

Hypertension profile

Total population (2019): 43 232 000
Total deaths (2019): 241 000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
41% ♂ 38% ♀ 44% ♀

Prevalence of hypertension – global comparison (both sexes)a

Of the 5.1 million adults aged 30–79 years with hypertension:

In order to achieve a 50% control rate, 2.2 million more people with hypertension would need to be effectively treated.b

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors^c

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure  
National target for salt consumption  

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension  
Conducted recent, national survey on salt/sodium intake  
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Suriname

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)a

<table>
<thead>
<tr>
<th>Suriname</th>
<th>global</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)a

Of the 116 000 adults aged 30–79 years with hypertension:

- Diagnosed: 64% (males 55%, females 73%)
- Treated: 50% (males 42%, females 57%)
- Controlled: 21% (males 18%, females 24%)

In order to achieve a 50% control rate, 34 000 more people with hypertension would need to be effectively treated.b

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

- Global target: 2025

Hypertension control rate scenarios

- Projected hypertension control rates by scenario:d
  - Business as usual
  - Progress
  - Aspirational

If the progress scenario were achieved, 3000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors*e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✔</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
</tbody>
</table>

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Sweden

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Men: 30%
- Women: 25%

Prevalence of hypertension – global comparison (both sexes)  
- Global: 54%
- Sweden: 55%

Trends in uncontrolled hypertension in adults aged 30–79 years  
- Past trends: 50%
- Projected trends: 60%

Hypertension control rate scenarios  
- Projected hypertension control rates by scenario:  
  - Business as usual: 0%
  - Progress: 20%
  - Aspirational: 50%

Mortality  
- Probability of premature mortality from NCDs (%)
  - Both sexes: 8, 10, 7
  - Males: 29,700, 14,600, 15,100
  - Females: 50, 51, 50
  - Year: 2019

Risk factors  
- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 8, 9, 7
  - Males: 25, 31, 19
  - Females: 21, 23, 18
  - Year: 2019

National response  
- Targets
  - National target for blood pressure
  - National target for salt consumption

- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- Treatment
  - Guidelines for management of hypertension

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
Switzerland

Hypertension profile

Total population (2019): 8,576,000
Total deaths (2019): 69,100

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a}

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>22%</td>
<td>26%</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 1.5 million adults aged 30–79 years with hypertension:

- 73% diagnosed
- 56% treated
- 37% controlled

In order to achieve a 50% control rate, 180,000 more people with hypertension would need to be effectively treated.\textsuperscript{b}

Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>21,300</td>
<td>9,700</td>
<td>11,600</td>
<td>2019</td>
</tr>
<tr>
<td>46</td>
<td>47</td>
<td>46</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risk factors\textsuperscript{e}

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)\textsuperscript{f}</td>
<td>26</td>
<td>28</td>
<td>23</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>20</td>
<td>22</td>
<td>17</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>10</td>
<td>16</td>
<td>5</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>24</td>
<td>22</td>
<td>26</td>
<td>2016</td>
</tr>
</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>x</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Syrian Arab Republic

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Female: 41%
- Male: 42%
- Female: 40%

Prevalence of hypertension – global comparison (both sexes)

Of the 2.6 million adults aged 30–79 years with hypertension:

- Diagnosed: 54%
- Treated: 44%
- Controlled: 21%

In order to achieve a 50% control rate, 785 000 more people with hypertension would need to be effectively treated.

Projected hypertension control rates by scenario:

- Business as usual: No data
- Progress: No data
- Aspirational: No data

If the progress scenario were achieved, 55 000 deaths would be averted by 2040.

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 22
  - Males: 26
  - Females: 18
  - Year: 2019

- Cardiovascular disease deaths
  - Both sexes: 39 000
  - Males: 19 200
  - Females: 19 800
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 52
  - Males: 52
  - Females: 53
  - Year: 2019

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 6
  - Males: no data
  - Females: no data
  - Year: 2019

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 28
  - Males: 21
  - Females: 35
  - Year: 2019

- Obesity, adults aged 18+ years (%)
  - Both sexes: 0
  - Males: 0
  - Females: 0
  - Year: 2019

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: no data
  - Males: no data
  - Females: no data

- Physical inactivity, adults aged 18+ years (%)

National response

Targets

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment

- Guidelines for management of hypertension

Footnotes:

a. Prevalence of hypertension – global comparison (both sexes) requires further details.

b. Functioning system for generating reliable cause-specific mortality data on a routine basis.

c. Concluded recent, national survey on salt/sodium intake.

d. Conducted recent, national survey measuring raised blood pressure/hypertension.

e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
**Tajikistan**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Prevalence of hypertension – global comparison (both sexes)**

- **Trends in uncontrolled hypertension in adults aged 30–79 years**

- **Hypertension control rate scenarios**

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

- **Targets**
  - National target for blood pressure
  - National target for salt consumption

- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
Thailand

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  
- Men: 29%
- Women: 29%
- Both sexes: 29%

Prevalence of hypertension – global comparison (both sexes)  

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Global</th>
<th>Thailand</th>
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Trends in uncontrolled hypertension in adults aged 30–79 years  

<table>
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<tr>
<th>% of population aged 30–79 years</th>
<th>Past trends</th>
<th>Global target</th>
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Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 14
  - Males: 17
  - Females: 11
  - Year: 2019

- Cardiovascular disease deaths
  - Total: 115 000
  - Males: 59 800
  - Females: 55 000
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 44
  - Males: 46
  - Females: 42
  - Year: 2019

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 11
  - Males: 11
  - Females: 10
  - Year: 2019

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 23
  - Males: 42
  - Females: 3
  - Year: 2019

- Obesity, adults aged 18+ years (%)
  - Both sexes: 10
  - Males: 7
  - Females: 13
  - Year: 2016

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 8
  - Males: 13
  - Females: 3
  - Year: 2019

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 25
  - Males: 22
  - Females: 27
  - Year: 2016

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP ≥140 mmHg and DBP ≥90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
**Timor-Leste**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- **Total population (2019): 1,280,000**
- **Total deaths (2019): 7,550**

**Prevalence of hypertension – global comparison (both sexes)**

- **Timor-Leste: 37%**
- **Global: 24%**
- **Women: 11%**
- **Men: 14%**

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- **Past trends:**
  - **Women:** 40%
  - **Men:** 45%
- **Projected trends:**
  - **Women:** 30%
  - **Men:** 35%
- **Global target:**
  - **Women:** 15%
  - **Men:** 20%

**Hypertension control rate scenarios**

- **Projected hypertension control rates by scenario:**
  - **Business as usual:**
    - **Women:** 10%
    - **Men:** 12%
  - **Progress:**
    - **Women:** 25%
    - **Men:** 30%
  - **Aspirational:**
    - **Women:** 40%
    - **Men:** 45%

**Mortality**

- **Probability of premature mortality from NCDs (%):**
  - **Both sexes:**
    - **2019:** 20%
    - **2020:** 20%
- **Cardiovascular disease deaths:**
  - **2000:** 2000
  - **2019:** 1000
- **Cardiovascular disease deaths attributable to high systolic blood pressure (%):**
  - **2019:** 60

**Risk factors**

- **Mean population salt intake, adults aged 25+ years (g/day):**
  - **2019:**
    - **Both sexes:**
      - **Males:** 11
      - **Females:** 10
    - **Year:** 2019
- **Current tobacco use, adults aged 15+ years (%):**
  - **2019:**
    - **Males:** 68
    - **Females:** 11
    - **Year:** 2019
- **Obesity, adults aged 18+ years (%):**
  - **2019:**
    - **Males:** 3
    - **Females:** 5
    - **Year:** 2016
- **Total alcohol per capita consumption, adults aged 15+ years (litres):**
  - **2019:**
    - **Males:** 1
    - **Females:** 0
    - **Year:** 2019
- **Physical inactivity, adults aged 18+ years (%):**
  - **2019:**
    - **Males:** 18
    - **Females:** 25
    - **Year:** 2016

**National response**

**Targets**

- **National target for blood pressure**
- **National target for salt consumption**

**Surveillance**

- **Conducted recent, national survey measuring raised blood pressure/hypertension**
- **Conducted recent, national survey on salt/sodium intake**
- **Functioning system for generating reliable cause-specific mortality data on a routine basis**

**Treatment**

- **Guidelines for management of hypertension**

**Footnotes:**

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
**Togo**

**Hypertension profile**

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>34%</td>
<td>38%</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Prevalence of hypertension – global comparison (both sexes)**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
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<tbody>
<tr>
<td>10%</td>
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</table>

**Trends in uncontrolled hypertension in adults aged 30–79 years**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
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<tbody>
<tr>
<td>10%</td>
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**Hypertension control rate scenarios**

<table>
<thead>
<tr>
<th>% of population aged 30–79 years with hypertension</th>
</tr>
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<tbody>
<tr>
<td>10%</td>
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</table>

**Mortality**

**Probability of premature mortality from NCDs (%)**
- Both sexes: 24
- Males: 27
- Females: 21
- Year: 2019
- Total deaths (2019): 8 243 000

**Cardiovascular disease deaths**
- Males: 9300
- Females: 4200
- Year: 2019

**Cardiovascular disease deaths attributable to high systolic blood pressure (%)**
- Males: 61
- Females: 63
- Year: 2019

Risk factors:

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

**National response**

**Targets**
- National target for blood pressure
- National target for salt consumption

**Surveillance**
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

**Footnotes:**
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Tonga
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a} \(\begin{array}{ccc}
& \text{both sexes} & \text{males} \\
\text{Tonga} & 43\% & 40\% \\
\text{Global} & 47\% & \\
\end{array} \)

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 17 000 adults aged 30–79 years with hypertension:

- 37% diagnosed
- 26% treated
- 10% controlled

Mortality

- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\textsuperscript{b}

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Trinidad and Tobago

Hypertension profile

Total population (2019): 1,520,000
Total deaths (2019): 9,440

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

Prevalence of hypertension – global comparison (both sexes)

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>Trinidad and Tobago</th>
<th>Global</th>
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Trends in uncontrolled hypertension in adults aged 30–79 years

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Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Tunisia

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
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<tbody>
<tr>
<td>Tunisian</td>
<td>36%</td>
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<td>54%</td>
<td>2019</td>
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<tr>
<td>Global</td>
<td>45%</td>
<td>43%</td>
<td>51%</td>
<td>2019</td>
</tr>
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</table>

In order to achieve a 50% control rate, 752 000 more people with hypertension would need to be effectively treated.\(^b\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

Mortality

Probability of premature mortality from NCDs (%)

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
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<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>16</td>
<td>19</td>
<td>12</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>33 900</td>
<td>17 300</td>
<td>16 600</td>
<td>2019</td>
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</table>

Risk factors\(^e\)

<table>
<thead>
<tr>
<th></th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
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</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>25</td>
<td>48</td>
<td>2</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>27</td>
<td>19</td>
<td>34</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>30</td>
<td>26</td>
<td>34</td>
<td>2016</td>
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</table>

National response

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Targets</td>
<td>Guidelines for management of hypertension</td>
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<tr>
<td>National target for blood pressure</td>
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<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
<tr>
<td>Surveillance</td>
<td>✔</td>
</tr>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
<td>✔</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
<td>✔</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
<td>❌</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer

252
Türkiye

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)  

<table>
<thead>
<tr>
<th>Both sexes</th>
<th>Males</th>
<th>Females</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>31%</td>
<td>34%</td>
<td>2019</td>
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</table>

Prevalence of hypertension – global comparison (both sexes)

Trends in uncontrolled hypertension in adults aged 30–79 years

Of the 13.8 million adults aged 30–79 years with hypertension:

- 62% diagnosed
- 58% treated
- 32% controlled

Mortality

Probability of premature mortality from NCDs (%)

- 16
- 21
- 155,000
- 67,000
- 32
- 19
- 55
- 53
- 34
- 33
- 31

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment

- Guidelines for management of hypertension

Footnotes:  
a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.  
b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.  
c. SBP ≥140 mmHg or DBP ≥90 mmHg.  
d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.  
e. Age-standardized estimates are presented for all indicators except salt intake.
**Turkmenistan**

**Hypertension profile**

- **Total population (2019):** 6 158 000
- **Total deaths (2019):** 36 900

**Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)**

- Men: 39%
- Women: 40%

**Prevalence of hypertension – global comparison (both sexes)**

- Turkmenistan: 59%
- Global: 48%

**Trends in uncontrolled hypertension in adults aged 30–79 years**

- Past trends:
  - Men: 65%
  - Women: 62%
- Projected trends:
  - Men: 38%
  - Women: 14%

**Hypertension control rate scenarios**

- Projected hypertension control rates by scenario:
  - Business as usual: 50%
  - Progress: 65%
  - Aspirational: 90%

**Mortality**

- Probability of premature mortality from NCDs (%)
  - Both sexes: 28% (2019)
  - Males: 34% (2019)
  - Females: 22% (2019)

- Cardiovascular disease deaths: 16 300 (2019)
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 60% (2019)
  - Males: 61% (2019)
  - Females: 59% (2019)

**Risk factors**

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 9 g/day (2019)
  - Males: 10 g/day (2019)
  - Females: 7 g/day (2019)

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 6%
  - Males: 11%
  - Females: 1%

- Obesity, adults aged 18+ years (%)
  - Both sexes: 19%
  - Males: 16%
  - Females: 21%

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 3 litres
  - Males: 5 litres
  - Females: 1 litre

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: no data
  - Males: no data
  - Females: no data

**National response**

- **Targets**
  - National target for blood pressure ✔
  - National target for salt consumption ✔
- **Surveillance**
  - Conducted recent, national survey measuring raised blood pressure/hypertension ✔
  - Conducted recent, national survey on salt/sodium intake ✔
  - Functioning system for generating reliable cause-specific mortality data on a routine basis ✔
- **Treatment**
  - Guidelines for management of hypertension ✔

Footnotes:

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Tuvalu

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\) 50% 49% 51%

Total population (2019): 11 000
Total deaths (2019): no data

Prevalence of hypertension – global comparison (both sexes)\(^a\)

Of the 2300 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 1000 more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

Hypertension control rate scenarios

Data not available

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^d\)

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- Treatment: Guidelines for management of hypertension
- National target for blood pressure ✔
- National target for salt consumption ✗
- Surveillance: Conducted recent, national survey measuring raised blood pressure/hypertension ✗
- Functioning system for generating reliable cause-specific mortality data on a routine basis ✗

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP ≤140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Uganda
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Total population (2019): 42,949,000
- Total deaths (2019): 228,000

Prevalence of hypertension – global comparison (both sexes)

Of the 3.2 million adults aged 30–79 years with hypertension:

1.4 million more people with hypertension would need to be effectively treated.

In order to achieve a 50% control rate, 50,000 deaths would be averted by 2040.

Trends in uncontrolled hypertension in adults aged 30–79 years

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
Notes:
- Functioning system for generating reliable cause-specific mortality data on a routine basis
- Conducted recent, national survey on salt/sodium intake
- Surveillance
  - National target for salt consumption
  - Functions for generating reliable cause-specific mortality data on a routine basis

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean population salt intake, adults aged 25+ years (g/day)</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>2019</td>
</tr>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>26</td>
<td>41</td>
<td>12</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>24</td>
<td>22</td>
<td>26</td>
<td>2016</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>9</td>
<td>15</td>
<td>4</td>
<td>2019</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>20</td>
<td>19</td>
<td>20</td>
<td>2016</td>
</tr>
</tbody>
</table>

Mortality
- Probability of premature mortality from NCDs (%)
  - Cardiovascular disease deaths
  - Cardiovascular disease deaths attributable to high systolic blood pressure (%)

<table>
<thead>
<tr>
<th>Mortality</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of premature mortality from NCDs (%)</td>
<td>26</td>
<td>383 000</td>
<td>53</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths</td>
<td>37</td>
<td>168 000</td>
<td>55</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>16</td>
<td>214 000</td>
<td>51</td>
<td>2019</td>
</tr>
</tbody>
</table>

National response
- Targets
  - National target for blood pressure
  - National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis
- Treatment
  - Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
United Arab Emirates

Hypertension profile

Total population (2019): 9,212,000
Total deaths (2019): 20,900

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) – 41% ♂ 44% ♂ 35% ♀

Prevalence of hypertension – global comparison (both sexes) – United Arab Emirates: 43% ♂ 37% ♀

Trends in uncontrolled hypertension in adults aged 30–79 years – United Arab Emirates: 35% ♂ 46% ♀

Hypertension control rate scenarios – United Arab Emirates: 18% ♂ 25% ♀

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths: United Arab Emirates, both sexes: 7600 (2019); males: 6100 (2019); females: 1500 (2019)
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- United Arab Emirates: 7 g (no data)

Global report on hypertension: the race against a silent killer

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
United Arab Emirates

Aged 30–79 years

Trends in uncontrolled hypertension in adults

Surveillance

National target for blood pressure
National target for salt consumption

Guidelines for management of hypertension

Conducted recent, national survey measuring raised blood pressure/hypertension

Conducted recent, national survey on salt/sodium intake

Functioning system for generating reliable cause-specific mortality data on a routine basis

Notes:

- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.

Annex 2. Hypertension profiles and explanatory notes

259
United Republic of Tanzania

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) 33% males 31% females 35%

Prevalence of hypertension – global comparison (both sexes) 60%

Of the 4.9 million adults aged 30–79 years with hypertension:
- In order to achieve a 50% control rate, 2.1 million more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 years

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes:
- a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.
- b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.
- c. SPB ≥140 mmHg or DBP ≥90 mmHg.
- d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.
- e. Age-standardized estimates are presented for all indicators except salt intake.
United Republic of Tanzania

Trends in uncontrolled hypertension in adults aged 30–79 years

Prevalence of hypertension – global comparison (both sexes)

Of the 69.3 million adults aged 30–79 years with hypertension:

- 78% of men
- 83% of women
- 66% of men
- 73% of women
- 45% of men
- 51% of women

In order to achieve a 50% control rate, 693,000 more people with hypertension would need to be effectively treated.

Mortality

- Probability of premature mortality from NCDs (%)
- Cardiovascular disease deaths
- Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption
- Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Uruguay
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\textsuperscript{a} • 42% • 46% • 39%

Prevalence of hypertension – global comparison (both sexes)\textsuperscript{a}

Of the 857 000 adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 167 000 more people with hypertension would need to be effectively treated.\textsuperscript{b}

Trends in uncontrolled hypertension in adults aged 30–79 years\textsuperscript{c}

Hypertension control rate scenarios

- If the progress scenario were achieved, 11 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\textsuperscript{e}

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption
Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.

Global report on hypertension: the race against a silent killer
Uruguay

Trends in uncontrolled hypertension in adults aged 30–79 years

- Functioning system for generating reliable cause-specific mortality data on a routine basis
- Conducted recent, national survey on salt/sodium intake
- Surveillance

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Vanuatu
Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>40%</td>
</tr>
<tr>
<td>Males</td>
<td>37%</td>
</tr>
<tr>
<td>Females</td>
<td>42%</td>
</tr>
</tbody>
</table>

Total population (2019): 304,000
Total deaths (2019): 2,130

Prevalence of hypertension – global comparison (both sexes) a

Of the 37,000 adults aged 30–79 years with hypertension:

- Diagnosed: 30% (♂ 24%, ♀ 14%)
- Treated: 14% (♂ 11%, ♀ 16%)
- Controlled: 5% (♂ 4%, ♀ 6%)

In order to achieve a 50% control rate, 17,000 more people with hypertension would need to be effectively treated. b

Projected hypertension control rates by scenario. d

- Business as usual
- Progress
- Aspirational

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

Targets
- National target for blood pressure
- National target for salt consumption

Surveillance
- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Treatment
- Guidelines for management of hypertension

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake. f. Data refer to tobacco smoking only, in the absence of sufficient data on all tobacco use.
Venezuela (Bolivarian Republic of)

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Female: 39%
- Male: 40%
- Total population (2019): 28,972,000
- Total deaths (2019): 172,000

Prevalence of hypertension – global comparison (both sexes)

- Venezuela: 72%
- Global: 63%

Tracked hypertension control rate scenarios

- Projected hypertension control rates by scenario:
  - Business as usual
  - Progress
  - Aspirational

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 15%
  - Males: 17%
  - Females: 13%
- Cardiovascular disease deaths
  - Both sexes: 47,000
  - Males: 24,900
  - Females: 22,100
- Cardiovascular deaths attributable to high systolic blood pressure (%)
  - Both sexes: 60%
  - Males: 62%
  - Females: 57%

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 10
  - Males: 11
  - Females: 9
- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: no data
  - Males: no data
  - Females: no data
- Obesity, adults aged 18+ years (%)
  - Both sexes: 26
  - Males: 22
  - Females: 29
- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 3
  - Males: 5
  - Females: 29
- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 31
  - Males: 29
  - Females: 33

Support

- National target for blood pressure
- National target for salt consumption
- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.
Viet Nam

Hypertension profile

Prevalence of hypertension – global comparison (both sexes)a

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>global</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the 14.3 million adults aged 30–79 years with hypertension:

- Diagnosed: 47%
- Treated: 30%
- Controlled: 13%

In order to achieve a 50% control rate, 5.4 million more people with hypertension would need to be effectively treated.

Trends in uncontrolled hypertension in adults aged 30–79 yearsc

<table>
<thead>
<tr>
<th>% of population aged 30–79 years</th>
<th>past trends</th>
<th>projected trends</th>
<th>global target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Hypertension control rate scenarios

If the progress scenario were achieved, 671 000 deaths would be averted by 2040.

Mortality

<table>
<thead>
<tr>
<th>Probability of premature mortality from NCDs (%)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease deaths</td>
<td>21</td>
<td>29</td>
<td>14</td>
<td>2019</td>
</tr>
<tr>
<td>Cardiovascular disease deaths attributable to high systolic blood pressure (%)</td>
<td>287 000</td>
<td>154 000</td>
<td>133 000</td>
<td>2019</td>
</tr>
<tr>
<td>60</td>
<td>62</td>
<td>57</td>
<td></td>
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</tr>
</tbody>
</table>

Risk factors°

<table>
<thead>
<tr>
<th>Mean population salt intake, adults aged 25+ years (g/day)</th>
<th>both sexes</th>
<th>males</th>
<th>females</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco use, adults aged 15+ years (%)</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>2019</td>
</tr>
<tr>
<td>Obesity, adults aged 18+ years (%)</td>
<td>25</td>
<td>48</td>
<td>2</td>
<td>2019</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, adults aged 15+ years (litres)</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2016</td>
</tr>
<tr>
<td>Physical inactivity, adults aged 18+ years (%)</td>
<td>9</td>
<td>15</td>
<td>4</td>
<td>2019</td>
</tr>
<tr>
<td>25</td>
<td>20</td>
<td>31</td>
<td></td>
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</tbody>
</table>

National response

<table>
<thead>
<tr>
<th>Targets</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National target for blood pressure</td>
<td>✔</td>
</tr>
<tr>
<td>National target for salt consumption</td>
<td>✔</td>
</tr>
<tr>
<td>Surveillance</td>
<td>✔</td>
</tr>
<tr>
<td>Conducted recent, national survey measuring raised blood pressure/hypertension</td>
<td>✔</td>
</tr>
<tr>
<td>Conducted recent, national survey on salt/sodium intake</td>
<td>✔</td>
</tr>
<tr>
<td>Functioning system for generating reliable cause-specific mortality data on a routine basis</td>
<td>✗</td>
</tr>
</tbody>
</table>

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Yemen

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019) a

<table>
<thead>
<tr>
<th>Total population (2019): 31 547 000</th>
<th>Total deaths (2019): 170 000</th>
</tr>
</thead>
</table>

Prevalence of hypertension – global comparison (both sexes) a

Trends in uncontrolled hypertension in adults aged 30–79 years c

Of the 2.2 million adults aged 30–79 years with hypertension:

- 45% diagnosed
- 37% treated
- 17% controlled

Hypertension control rate scenarios

- If the progress scenario were achieved, 115 000 deaths would be averted by 2040.

Mortality

Probability of premature mortality from NCDs (%)
- both sexes 28
- males 31
- females 25
- year 2019
- both sexes 52 600
- males 27 100
- females 25 600
- year 2019

Risk factors e

- Mean population salt intake, adults aged 25+ years (g/day)
- Current tobacco use, adults aged 15+ years (%)
- Obesity, adults aged 18+ years (%)
- Total alcohol per capita consumption, adults aged 15+ years (litres)
- Physical inactivity, adults aged 18+ years (%)

National response

- National target for blood pressure
- National target for salt consumption

Surveillance

- Conducted recent, national survey measuring raised blood pressure/hypertension
- Conducted recent, national survey on salt/sodium intake
- Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.

Annex 2. Hypertension profiles and explanatory notes
Zambia

Hypertension profile

Total population (2019): 18,380,000
Total deaths (2019): 121,000

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)\(^a\)  

Of the 1.3 million adults aged 30–79 years with hypertension:

- In order to achieve a 50% control rate, 534,000 more people with hypertension would need to be effectively treated.\(^b\)

Prevalence of hypertension – global comparison (both sexes)\(^a\)

Trends in uncontrolled hypertension in adults aged 30–79 years\(^c\)

Hypertension control rate scenarios

Mortality

Probability of premature mortality from NCDs (%)
Cardiovascular disease deaths
Cardiovascular disease deaths attributable to high systolic blood pressure (%)

Risk factors\(^e\)

Mean population salt intake, adults aged 25+ years (g/day)
Current tobacco use, adults aged 15+ years (%)
Obesity, adults aged 18+ years (%)
Total alcohol per capita consumption, adults aged 15+ years (litres)
Physical inactivity, adults aged 18+ years (%)

National response

Targets
National target for blood pressure
National target for salt consumption

Surveillance
Conducted recent, national survey measuring raised blood pressure/hypertension
Conducted recent, national survey on salt/sodium intake
Functioning system for generating reliable cause-specific mortality data on a routine basis

Footnotes: a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension. b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg. c. SBP ≥140 mmHg or DBP ≥90 mmHg. d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control. e. Age-standardized estimates are presented for all indicators except salt intake.
Zimbabwe

Hypertension profile

Age-standardized prevalence of hypertension among adults aged 30–79 years (2019)

- Total population (2019): 15,355,000
- Total deaths (2019): 118,000

Prevalence of hypertension – global comparison (both sexes)

- Of the 1.6 million adults aged 30–79 years with hypertension:
  - 48% diagnosed
  - 36% treated
  - 17% controlled

- In order to achieve a 50% control rate, 568,000 more people with hypertension would need to be effectively treated.

Expected trends global target

- % of population aged 30–79 years
  - 10%
  - 15%
  - 20%
  - 25%
  - 30%
  - 35%
  - 40%
  - 45%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

- % of population aged 30–79 years
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%

Mortality

- Probability of premature mortality from NCDs (%)
  - Both sexes: 28, Males: 30, Females: 27
  - Year: 2019

- Cardiovascular disease deaths
  - Both sexes: 17,300, Males: 7,300, Females: 10,000
  - Year: 2019

- Cardiovascular disease deaths attributable to high systolic blood pressure (%)
  - Both sexes: 60, Males: 55, Females: 64
  - Year: 2019

Risk factors

- Mean population salt intake, adults aged 25+ years (g/day)
  - Both sexes: 8, Males: 8, Females: 8
  - Year: 2019

- Current tobacco use, adults aged 15+ years (%)
  - Both sexes: 12, Males: 23, Females: 2
  - Year: 2019

- Obesity, adults aged 18+ years (%)
  - Both sexes: 16, Males: 5, Females: 25
  - Year: 2016

- Total alcohol per capita consumption, adults aged 15+ years (litres)
  - Both sexes: 4, Males: 7, Females: 1
  - Year: 2019

- Physical inactivity, adults aged 18+ years (%)
  - Both sexes: 27, Males: 23, Females: 31
  - Year: 2016

National response

- Targets
  - National target for blood pressure
  - National target for salt consumption

- Surveillance
  - Conducted recent, national survey measuring raised blood pressure/hypertension
  - Conducted recent, national survey on salt/sodium intake
  - Functioning system for generating reliable cause-specific mortality data on a routine basis

- Treatment
  - Guidelines for management of hypertension

Footnotes:

a. SBP ≥140 mmHg or DBP ≥90 mmHg or taking medication for hypertension.

b. Control rate: adults aged 30–79 years receiving treatment, with blood pressure SBP <140 mmHg and DBP <90 mmHg.

c. SBP ≥140 mmHg or DBP ≥90 mmHg.

d. Progress and aspirational scenarios reflect a theoretical scaling up of treatment and control.

e. Age-standardized estimates are presented for all indicators except salt intake.