World Health Organization
South Sudan

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Knowledge Management Series for Health

Hypertension in South Sudan: A Growing Public Health Crisis

Analytical Factsheet

Hypertension (high blood pressure) is a chronic medical condition in which blood pressure in the arteries is persistently and permanently elevated. It is a major risk factor for cardiovascular and kidney-related illnesses and deaths globally and in South Sudan, it is an emerging and rapidly growing non-communicable disease (NCD) concern demanding urgent national action.

Global Burden

1.4 billion adults aged 30–79 worldwide living with hypertension (2024). Only **23%** have blood pressure adequately controlled.

Africa

More than **40%** of African adults are affected. Sub-Saharan Africa alone has **74.7 million** people living with hypertension.

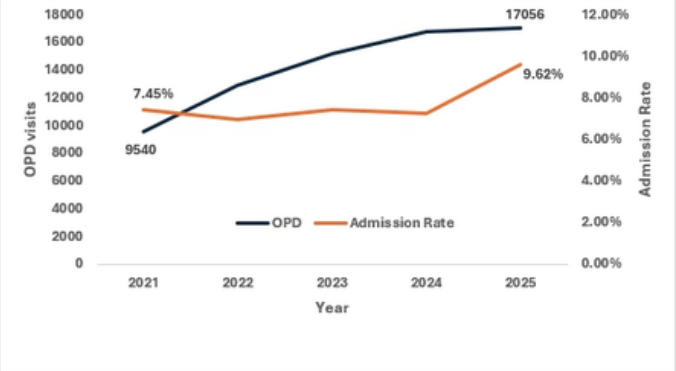
South Sudan

34%	41%	25%	11%
Est. Prevalence	**Diagnosed**	**Treated**	**Controlled**
among adults 30 -79 years	of those affected have been diagnosed	of those affected are receiving treatment	only 11% have controlled hypertension

Hypertension is increasingly becoming a cause of morbidity and mortality in South Sudan. Based on WHO Country Profile estimates for 2019, the country has a slightly higher than average level of hypertension among adults aged 30–79 years compared to the global average, with an estimated prevalence of 34%, approximately 1 million adults.

In contrast, facility-based data from the Health Management Information System (HMIS/DHIS2) captures only those who present to health services AND are documented, significantly underestimating actual prevalence due to weak surveillance, limited screening, and low care-seeking behavior. Available HMIS/DHIS2 facility data therefore provides only a partial, but telling, picture of the crisis.

Fig 1: **OPD and Admission Rates (2021–2025)**



Source: DHIS2

From 2021 to 2025, hypertension-related outpatient visits and inpatient admissions have risen significantly, with a 79% increase in OPD visits and a 29% increase in admissions.

This reflects a broader epidemiological transition underway in South Sudan, where the double burden of communicable and non-communicable diseases is placing unprecedented pressure on an already fragile health system

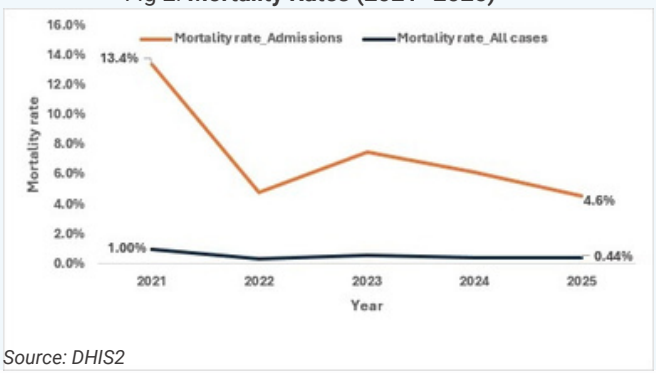
Risk factors of hypertension in South Sudan: Age, overweight & obesity, Alcohol & sendetary lifestyle, Dietary changes, and non-modifiable factors.

Mortality due to hypertension

Hypertension is killing silently and invisibly in South Sudan. Despite remaining among the top 20 causes of death in the country, the majority of those affected are unaware of their condition, diagnosed only when a stroke, heart attack, or kidney failure forces them into a health facility. By then, the damage is often irreversible

Inpatient mortality rates among admitted hypertension patients declined significantly from 13.4% in 2021 to 4.6% in 2025, a sign of improving clinical management within facilities. However, the all-cases mortality rate remains below 1%, masking the true picture: the majority of hypertension-related deaths occur outside health facilities, among the large undiagnosed and untreated population. This divergence underscores why facility data alone cannot capture the full mortality burden.

Fig 2: **Mortality Rates (2021–2025)**



Source: DHIS2

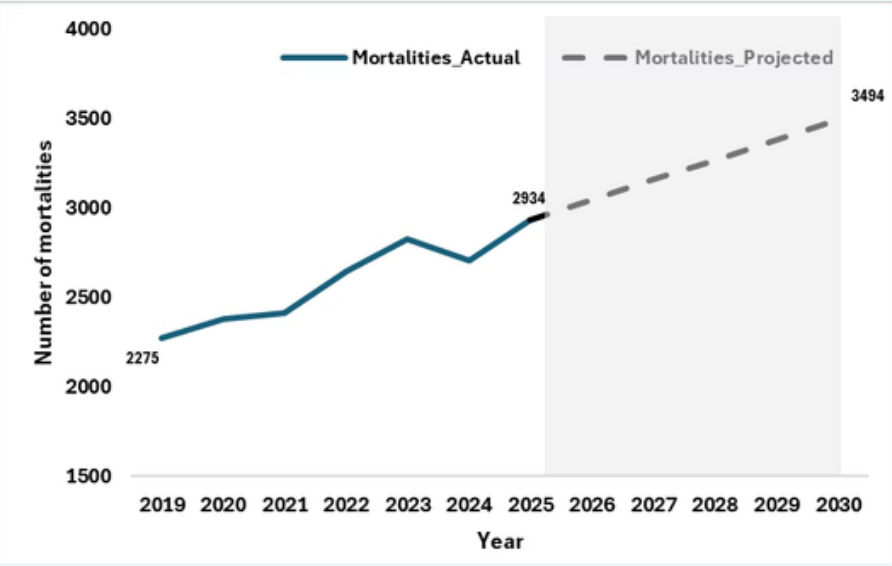
Table 1 illustrates the stark contrast between facility-reported hypertension deaths and the *2025 Health Statistics Report* modelled estimates. Across all years, facility data captures less than 4% of the estimated true mortality; a gap that reflects not an improvement in outcomes, but a failure of detection and reporting. The declining facility figures should not be misread as progress; they reflect a system that is seeing fewer patients relative to the actual burden.

Table 1: Facility reported mortalities vs population-based projections/estimates

Year	Facility data	Modelled Estimate	Gap	Observation
2021	95	2415	96%	A large reporting gap
2022	90 ↓	2646 ↑	97%	A large reporting gap; estimates show an increase while facilities show decreasing mortalities
2023	86 ↓	2826 ↑	97%	A large reporting gap; estimates show an increase while facilities show decreasing mortalities
2024	62 ↓	2706 ↓	98%	A large reporting gap; however, trend is consistent

Source: 2025 Health Statistics Report

Fig 3: **Estimated & Projected Hypertension Mortality in South Sudan (2019–2030)**



Source: 2025 Health Statistics Report

Modelled estimates in Figure 3 project hypertension-related mortality in South Sudan to rise from 2,934 in 2025 to 3,494 by 2030, a 19% increase over five years. This trajectory is not inevitable: it reflects the cost of inaction.

Without accelerated investment in early detection, treatment, and surveillance, South Sudan risks losing over 3,000 lives annually to a largely preventable condition.

Health systems analysis of hypertension in South Sudan

Access

- **Service availability:** Hypertension services remain limited and unevenly distributed, with many health facilities lacking functional BP equipment, trained staff, and essential medicines.
- **Service access**: Vulnerable populations including IDPs face additional barriers due to geographic, financial, and service availability constraints.
- **Increasing utilization:** Growing outpatient visits and admissions suggest rising utilization, but also point to late entry into care and unmet need for early detection.
- **Diagnosis and treatment:** A significant proportion remain undiagnosed, reflecting weak routine screening at point of care.

Quality of Care

- **Major drop-off:** Only 41% reached and diagnosed, 25% treated, and 11% controlled; indicating weak detection, continuity and effectiveness of care.
- **Limited medicines & personnel:** Undermines treatment adherence and long-term management.
- **Late presentation:** Rising inpatient admissions and occasional mortality spikes suggest late presentation and suboptimal management of complications.

Demand & Health Education

- **Awareness**: A large proportion remain unaware of their hypertension status, reflecting low population awareness and weak risk communication.
- **Increasing demand:** Rising outpatient attendance from 2023 onward suggests improving care-seeking behavior, but may also reflect rising disease burden.
- **High risk groups:** Behavioral risk factors (alcohol, poor diet, inactivity, obesity) are increasing due to urbanization. Targeted awareness in high-risk groups is required.
- **Prevention:** Preventive interventions remain limited, with insufficient community-level screening and health promotion.

Resilience

- **Weak surveillance & HMIS:** Incomplete HMIS/DHIS2 reporting and limited population-level data lead to underestimation of the true burden.
- **Overloaded health systems:** System is already under strain from communicable diseases, humanitarian crises, and limited infrastructure.
- **Inadequate integration:** Hypertension services are not yet fully integrated into routine health services and emergency response systems, particularly in fragile settings.

Private-public partnership: Routine data is only collected from public institutions. There is need to integrate with caseload in the private sector

Calls to Action

For Ministry of Health, Partners, and Public Health leaders

- **Institutionalize routine hypertension screening at first point of contact:** Every patient entering a health facility, whether for ANC, OPD, HIV care, or any other service, should have their blood pressure measured as a standard part of the encounter. This universal screening approach ensures no opportunity for early detection is missed, regardless of the reason for the visit.
- **Strengthen management & continuity of care:** Ensure essential antihypertensive medicines, WHO HEARTS protocols, and follow-up systems to improve adherence and control rates.
- **Strengthen national NCD surveillance:** Integrate hypertension indicators into HMIS/DHIS2, standardize reporting, and expand STEPS surveys for reliable planning data.
- **Public-Private partnership:** Invest in public-private partnerships to bridge existing gaps such as hypertension service support and uptake as well as data flows between the sectors.
- **Integrate into national & humanitarian responses:** Embed NCD services into emergency platforms, prioritize IDPs, and scale prevention strategies targeting diet, alcohol, and inactivity.

For Communities and Individuals

- **Know your numbers:** Get your blood pressure checked regularly; hypertension often has no symptoms but causes severe complications if untreated.
- **Adopt healthier lifestyles:** Reduce salt intake, limit alcohol, stay active, and maintain a healthy weight.
- **Stay on treatment:** Adhere to prescribed medication and attend routine follow-ups to prevent stroke, heart disease, and kidney failure.

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