

**Supplementary Figure 1. Cost-effectiveness acceptability curve.** It is evident that whatever the WTP threshold is, BP intervention always has higher acceptability. CE, cost effectiveness; CNY, Chinese Yuan; QALY, quality-adjusted life year; BP, blood pressure.

**Supplementary Table 1**: Comparison of cardiovascular event rates between cohort study and Markov simulation.

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|  | Control | BP intervention |
| 3-year CV event rate | CRHCP trial1, 2 | Markov simulation | CRHCP trial | Markov simulation |
| All cause death | 4.7% | 4.7% | 4.0% | 4.0% |
| MI | 0.8% | 0.7% | 0.6% | 0.6% |
| HF | 0.4% | 0.4% | 0.3% | 0.3% |
| Stroke | 5.4% | 5.2% | 3.7% | 3.6% |
| 10-year CV event rate | Kailuan cohort3 | Markov simulation |  |
| All cause death | 12.7% | 14.8% |
| MI | 1.9% | 2% |
| HF | / | 1.2% |
| Stroke | / | 14.4% |

CV, Cardiovascular; CRHCP, China Rural Hypertension Control Project; BP, Blood pressure; MI, Myocardial infarction; HF, Heart failure.

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