Country Demographics

World Bank Classification

High income
Life expectancy at birth (in years):

MALE
80

FEMALE
84

19% of population living in rural areas
81% of population living in urban areas

General government health expenditure as percentage of GDP:
11%

Status of CVD and risk factors

Total mortality due to CVD (% of deaths):

Both: 23.3%
Male: 23.5%
Female: 23.1%

Prevalence of tobacco use ≥15
Global data: 36.1% (male) 6.8% (female)

Prevalence of youth (ages 12-17) tobacco use:
Global data: 36.1% (male) 6.8% (female)

Percentage of adult population with raised total cholesterol (≥5.0 mmol/L)
Global data: 38.9%

Percentage of adults who are insufficiently active (less than 150 minutes of moderate intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week):
Both: 45.4%
Male: 40.7%
Female: 40.9%

Prevalence of adult population (age-standardized) with raised blood pressure (SBP ≥140 or DBP ≥90)
Global data: 24.1% (male) 20.1% (female)

Percentage of adults with fasting glucose ≥126 mg/dl (7.0 mmol/l) or on medication for raised blood glucose (age standardized):
Male: 10.4%
Female: 6.2%

Prevalence of adult obesity (body mass index (BMI) of 30 kg/m2 or higher):
Both: 27.7%
Male: 28.4%
Female: 26.9%

Prevalence of diabetes in adults (age-standardized):
Both: 9.1%
Male: 10.2%
Female: 8.1%

Prevalence of adolescents (ages 12-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous-intensity physical activity daily):
Both: 44.5%
Male: 39.6%
Female: 49.9%
Heart Failure in Canada

- More than **650,000** people are living with heart failure.
- Heart failure claimed the lives of nearly **6,300** people in 2019.
- Heart failure is a leading cause of hospitalization. In 2018, there were more than **70,000** hospitalizations for heart failure.
- Heart failure is expected to cost **$2.8 billion per year** by 2030.

- There are more than **98,000** new cases of heart failure each year.
- In 2019, **21%** more women than men died from heart failure.
- Nearly **70%** of people hospitalized for heart failure have at least one other health condition.

Clinical Practice and Guidelines

- Essential medicines generally available in primary care facilities in the public health sector: 
  
- Locally-relevant (national or subnational level) clinical tool to assess CVD risk: 
  
- Locally-relevant (national or subnational level) clinical guidelines for CVD prevention (within the last 5 years):

Cardiovascular Disease Governance

- National strategy or plan that addresses CVDs and their risk factors specifically: 
  
- National strategy or plan that addresses non-communicable diseases (NCDs) and their risk factors: 
  
- Policies that ensure screening of individuals at high risk of CVDs: 
  
- Legislation that mandates essential CVD medicines at affordable prices: 
  
- Legislation banning the marketing of unhealthy foods to minors: 
  
- Legislation mandating clear and visible warnings on foods that are high in calories/sugar/saturated fats: 
  
- Policy interventions that promote a diet that reduces cardiovascular disease risk: 
  
- Policy interventions that facilitate physical activity: 

Stakeholder action

- NGO advocacy for CVD policies and programmes: 
  
- Active involvement of patients’ organizations in advocacy for cardiovascular disease prevention and management: 
  
- Involvement of civil society in the national multisectoral coordination mechanism for NCDs/CVDs: 

For more information, please email info@worldheart.org

Source References: Global Health Data Exchange; WHO Global Health Observatory data repository; WHO NCD Document repository; Country specific publications. (Primary data sources included Statistics Canada; Canadian Chronic Disease Surveillance System; Public Health Agency of Canada; Canadian Cardiovascular Society Quality Indicator data.)