Country Demographics

**World Bank Classification**
- High income

**Life expectancy at birth (in years):**
- Male: 79.8
- Female: 85.1
- Urban areas: 81.24%

**Prevalence of tobacco use age ≥15**
- Male: 35.2%
- Female: 31.9%
- Global data: 36.1% (male) 6.8% (female)

**Total mortality due to CVD (% of deaths):**
- Male: 24.75%
- Female: 30.42%

**Premature mortality due to CVD (death during 30-70 years of age) (% of deaths):**
- Male: 3%
- Female: 10%

**Proportion of premature CVD mortality attributable to tobacco (%):**
- Male: 35.2%
- Female: 31.9%

**Percentage of adult population with raised blood pressure (SBP ≥140 or DBP ≥90):**
- Male: 27.7%
- Female: 16.4%
- Global data: 24.1% (male) 20.1% (female)

**Percentage of adult population with raised total cholesterol (≥5.0 mmol/L):**
- Male: 27.8%
- Female: 19%
- Global data: 38.9%

**Percentage of adult population (age-standardized estimate) 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):**
- Male: 24.3%
- Female: 34%

**Percentage of adolescents (ages 11-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous intensity physical activity daily):**
- Male: 82.4%
- Female: 91.8%

**Prevalence of diabetes in adults (ages 20-79):**
- Male: 5.3%

**Percentage of adults (age-standardized estimate) who are insufficiently active (less than 60 minutes of moderate intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week):**
- Male: 24.3%
- Female: 34%

**Prevalence of diabetes in adults (ages 20-79):**
- Male: 5.3%
Cardiovascular Disease Governance

A National strategy or plan that addresses:

- CVDs and their risk factors specifically:
- NCDs and their risk factors:
- A national tobacco control plan:
- A national multisectoral coordination mechanism for tobacco control:
- A national surveillance system that includes CVDs and their risk factors:
- Legislation that mandates essential CVD medicines at affordable prices:
- Policies that ensure screening of individuals at high risk of CVDs:

Essential Medicines and Interventions

Following essential medicines generally available in primary care facilities in the public health sector:

- ACE inhibitors:
- Aspirin:
- Beta blockers:
- Statins:
- Metformin:
- Insulin:
- Warfarin:
- Clopidrogrel:

Clinical Practice and Guidelines

Locally-relevant (national or subnational level):

- Clinical tool to assess CVD risk:
- CVD prevention (within the last 5 years):
- Treatment of tobacco dependence:
- Detection and management of Atrial Fibrillation:

Stakeholder action

NGO advocacy for CVD policies and programmes:

Active involvement of patients’ organizations in advocacy for CVD prevention and management:

Involvement of civil society in the development and implementation of a national CVD prevention and control plan:

Specific activities by cardiology professional associations aimed at 25% reduction in premature CVD mortality by 2025:

Hypertension screening by businesses at workplaces:

For more information, please email info@worldheart.org