Country Demographics

World Bank Classification
High income

Life expectancy at birth (in years):
MALE 80.91 FEMALE 84.9

71.35% of population living in urban areas

Premature mortality due to CVD (death during 30-70 years of age) (% of deaths):
MALE 26.9% FEMALE 19.6%

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

Total mortality due to CVD (% of deaths):
MALE 32.84% FEMALE 40.51%

Proportion of premature CVD mortality attributable to tobacco (%)
8%

Percentage of adult population with raised total cholesterol (≥5.0 mmol/L)
MALE 62.3% FEMALE 61.6%

Global data: 38.9%

Percentage of adult population with raised blood pressure (SBP ≥140 or DBP)
MALE 25.2% FEMALE 17.1%

Global data: 24.1% (male) 20.1% (female)

Percentage of adults (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 36.2% FEMALE 46.2%

Percentage of adolescents (ages 11-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous intensity physical activity daily):
MALE 85.9% FEMALE 91.5%

Percentage of adults who are overweight (body mass index (BMI) of 25 kg/m2 or higher):
MALE 65.3% FEMALE 51.5%

Prevalence of diabetes in adults (ages 20-79):
MALE 6.4%

Prevalence of diabetes in adults (ages 20-79):
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
- Clopidogrel

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

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 CVD

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