**Country Demographics**

**World Bank Classification**
- **High income**

**Life expectancy at birth (in years):**
- **Male:** 80.68
- **Female:** 85.68
- **81.06% of population living in urban areas**

**Prevalence of tobacco use age ≥15**
- **Male:** 29.3%
- **Female:** 26.9%

**Global data:**
- Male: 36.1%
- Female: 6.8%

**World Bank Classification**
- **Life expectancy at birth (in years):**
  - **Male:** 80.68
  - **Female:** 85.68

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

**Percentage of adult population (age-standardized) with raised total cholesterol (≥5.0 mmol/L)**
- **Global data:** 38.9%
  - Male: 58.9%
  - Female: 52.9%

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

**Percentage of adults who are overweight (body mass index (BMI) of 25 kg/m2 or higher):**
- **Male:** 68.9%
- **Female:** 54.1%

**Percentage of adolescents (ages 11-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous intensity physical activity daily):**
- **Male:** 69.8%
- **Female:** 83.8%

**Prevalence of diabetes in adults (ages 20-79):**
- **Male:** 10.3%
- **Female:** 14.7%

**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%

**Prevalence of premature CVD mortality attributable to tobacco (%):**
- **Male:** 9%
- **Female:** 6.8%

**Percentage of adolescents (ages 11-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous intensity physical activity daily):**
- **Male:** 69.8%
- **Female:** 83.8%

**Prevalence of diabetes in adults (ages 20-79):**
- **Male:** 10.3%
- **Female:** 14.7%

**Percentage of adults who are overweight (body mass index (BMI) of 25 kg/m2 or higher):**
- **Male:** 68.9%
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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:

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:

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:

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