Status of Cardiovascular Disease (CVD) and Non-communicable diseases (NCD)

Country Demographics

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

**Life expectancy at birth (in years):**
- **MALE** 79.79
- **FEMALE** 82.99

**84.15%**
- of population living in **urban** areas

**UK**

**Prevalence of tobacco use age ≥15**
- **MALE** 17.9%
- **FEMALE** 14.2%

**Global data:**
- **36.1%** (male)
- **6.8%** (female)

**World Bank Classification Life expectancy at birth (in years):**
- **High income**

**MALE**
- 79.79

**FEMALE**
- 82.99

**Percentage of adult population with raised total cholesterol (≥5.0 mmol/L):**
- **MALE** 40%
- **FEMALE** 45%

**Global data:**
- 38.9%

**Percentage of adult population (age-standardized) with raised blood pressure (SBP ≥140 or DBP ≥90):**
- **MALE** 17.9%
- **FEMALE** 12.4%

**Global data:**
- 24.1%

**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** 31.5%
- **FEMALE** 40%

**Percentage of adolescents (ages 11-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous intensity physical activity daily):**
- **MALE** 74.7%
- **FEMALE** 85.4%

**Percentage of premature CVD mortality attributable to tobacco (%):**
- **16%**

**Proportion of adults who are overweight (body mass index (BMI) of 25 kg/m2 or higher):**
- **MALE** 68.6%
- **FEMALE** 58.9%

**Prevalence of diabetes in adults (ages 20-79):**
- **6.3%**

**Prevalence of hypertension in adults (ages 20-79):**
- **6.3%**

**Prevalence of chronic kidney disease in adults (ages 20-79):**
- **6.3%**

**Prevalence of obesity in adults (ages 20-79):**
- **6.3%**

**Prevalence of diabetes in adults (ages 20-79):**
- **6.3%**

**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** 31.5%
- **FEMALE** 40%
**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 CVDs: 

**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