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## World Heart Report - The Burden of CVD



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Findings of the World Heart Report 2023 offer a comprehensive overview of cardiovascular health dimensions, trends and the current landscape. Drawing from epidemiological, policy, and economic data, the report is a valuable resource for national and international policymakers in identifying and addressing critical cardiovascular health priorities. The burden of cardiovascular diseases and associated risks were analysed using data from global initiatives such as the Global Burden of Disease Study, the NCD Risk Factor Collaboration, and the NCD Countdown 2030 initiative.

Cardiovascular diseases (CVDs) remain the leading cause of mortality on a global scale, claiming a significant number of lives and causing disabilities. In 2021 alone, CVDs were responsible for 20.5 million deaths, constituting approximately one-third of all global mortality. Traditionally viewed as diseases prevalent in affluent societies, CVDs now afflict over three-quarters of their victims in low- and middle-income countries (LMICs).

These fatalities constitute the primary source of premature non-communicable disease (NCD) mortality, with ischaemic heart disease emerging as the leading cause of early death in 146 countries for men and 98 countries for women. The global scenario is complicated by the unequal impact of CVDs, with LMICs facing higher rates of premature mortality compared to high-income countries (HICs) and progress in reducing mortality rates advancing at a slower pace in LMICs.

In May 2012, the World Health Assembly set a target to reduce premature mortality from NCDs by 25% by 2025. The following year, the NCD Global Monitoring Framework was introduced to propel progress in NCD prevention and control through advocacy, awareness, political commitment, and global action. The framework outlined nine global targets focusing on behavioural and metabolic risk factors and national healthcare system responses.

Despite over a decade of efforts by international organisations and governments to achieve these targets and reduce premature mortality, the pace of decline remains insufficient. Trends suggest that by 2030, less than 20% of countries will attain the UN Sustainable Development Goal Target 3.4, a one-third reduction in premature mortality from NCDs. Urgent acceleration of progress, especially in low- and lower-middle-income countries, is necessary to meet these objectives.

From 1990 to 2019, the number of deaths due to CVDs increased, though age-standardised death rates declined, indicating progress amid population growth and ageing. Estimated deaths in 1990 were 12.1 million, equally distributed between men and women. By 2019, this number increased to 18.6 million, with 9.6 million deaths among men and 8.9 million deaths among women. CVD accounted for 33% of all global deaths in 2019. Ischaemic heart disease and stroke contributed to 85% of CVD-related deaths.

However, regional disparities persist, with varying rates of decline across regions. The High-income region exhibited the fastest decline, while Sub-Saharan Africa experienced the slowest progress, with virtually no improvement in CVD death rates for men. In 2019, CVD mortality rates in Sub-Saharan Africa surpassed those of the high-income region in 1990.

Regions like Central Europe, Eastern Europe, and Central Asia consistently faced the highest age-standardised CVD death rates, with notable gender disparities. In some regions, such as North Africa and the Middle East, women exhibited higher CVD mortality rates than men.

Ischaemic heart disease emerged as the leading cause of premature death among NCDs, with the highest risks observed in Central Europe,

Eastern Europe, and Central Asia. Risk factor profiles varied across regions, with raised blood pressure being a prominent global risk factor. Most risk factors were more prevalent in men, except for obesity. The risk factor profile offers a comprehensive insight into the prevalence of CVD. The analysis unveils significant variations across different regions. In Central Europe, Eastern Europe, and Central Asia, the majority of countries show elevated levels of sodium intake, high blood pressure, and non-HDL cholesterol among men. Moreover, high sodium intake and tobacco use are common among women in these regions.

Comparatively, Central and Eastern European countries tend to exhibit higher overall levels of risk factors compared to those in Central Asia. In the High-income region, most countries are characterised by heightened levels of behavioural risk factors such as excessive sodium and alcohol consumption, tobacco use, and insufficient physical activity. Both men and women also face elevated levels of non-HDL cholesterol, with men experiencing high rates of obesity. The Latin America and Caribbean region demonstrates considerable diversity, though low physical activity is a prominent risk factor across many countries. Generally, Caribbean nations tend to have higher levels of risk factors compared to other countries in the region. In North Africa and the Middle East, metabolic risk factors are prevalent, notably diabetes and obesity. Air pollution and lack of physical activity are significant risk factors. Middle Eastern countries generally exhibit higher levels of risk factors compared to those in North Africa. Across South Asia, all countries contend with high levels of air pollution, while sodium intake, high blood pressure, and diabetes remain prominent risk factors for both genders.

Countries with higher health expenditure as a percentage of GDP tended to have lower age-standardised CVD mortality rates. Similarly, a higher proportion of out-of-pocket expenditure relative to total health expenditure was associated with higher CVD mortality rates.

Globally, most countries have implemented essential policies for CVD health, such as national tobacco control programmes and guidelines for CVD management. However, disparities exist, with some regions lagging in policy implementation, particularly Sub-Saharan Africa and parts of Latin America and the Caribbean.

Addressing the burden of CVDs requires concerted global, regional, and national efforts. Comprehensive data collection, adequate health expenditure, evidence-based policies, and equitable access to care are crucial in combating CVDs effectively. The WHF Policy Index provides a valuable tool for governments to assess and improve policy implementation. By prioritising cardiovascular health initiatives, the world can work towards achieving global targets and improving population well-being.

Source: [Global Heart Journal](#)

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