

South Asia



About one-quarter of South Asian women and men have raised blood pressure (Table 1). Diabetes prevalence is about 9.3% in males and 8.5% in females.

Table 1. Summary regional indicators for South Asia countries, 2016

Country Indicator		Regional average	Range (min, max)
Percent of population age 65 years or older		4.7	(2.5, 5.6)
Active smoking	males	22.7	(20.4, 39.8)
	females	2.0	(0.7, 11.1)
Raised blood pressure, age 18 years or older*	males	26.5	(24.5, 30.4)
	females	25.0	(20.0, 30.7)
Diabetes, age 18 years or older**	males	9.3	(9.1, 24.8)
	females	8.5	(8.3, 21.6)

*Raised blood pressure (SBP>=140 OR DBP>=90; age-standardized estimate)

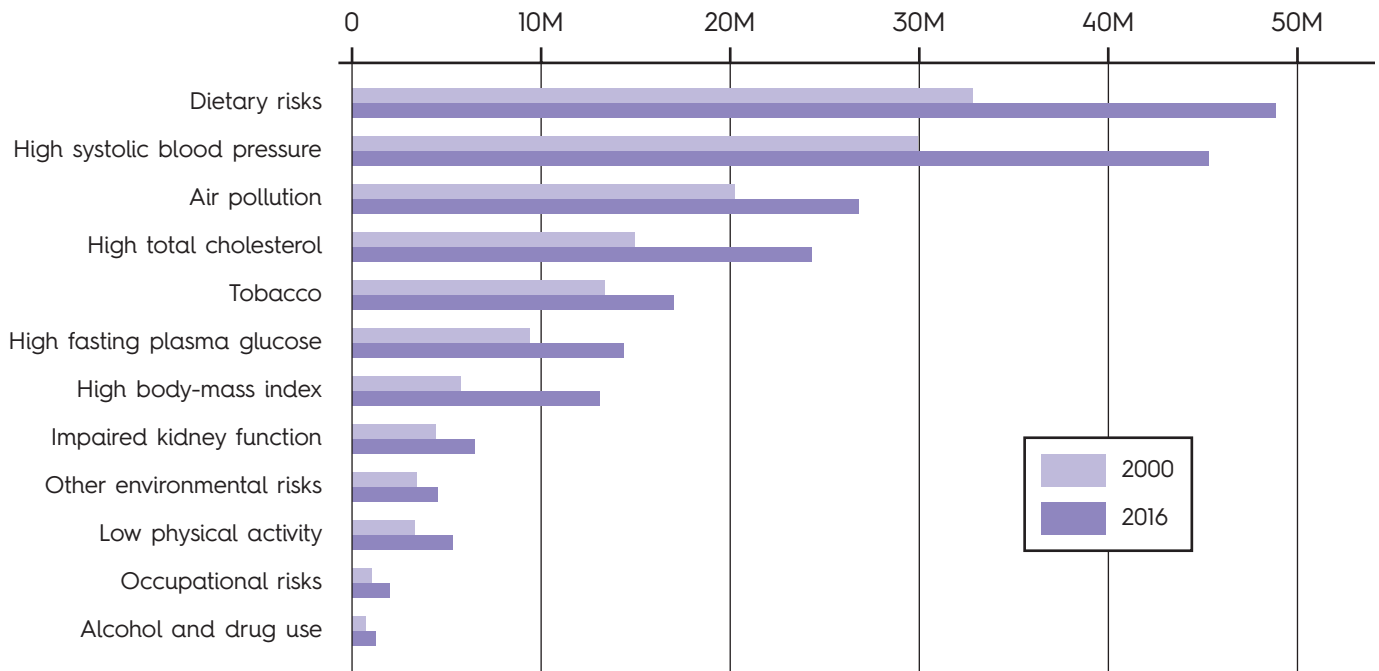
**Raised fasting blood glucose (>=7.0 mmol/L or on medication; age-standardized estimate)

By 2016, over 50% of total CVD burden in South Asia was due to ischemic heart disease (Figure 1). Rheumatic heart disease decreased from the third ranked cause of CVD burden in 2000 (about 5% of total CVD burden) to the fifth ranked cause of CVD burden in 2016 (about 3% of total CVD burden).

Figure 1. Number of DALYs due to CVD, South Asia, both sexes, 2000 and 2016

CVD cause	2000 rank (% of all)	CVD cause	2000 rank (% of all)
1. Ischemic heart disease	28,575,311 (46.0%)	1. Ischemic heart disease	41,963,185 (50.4%)
2. Stroke	22,729,366 (36.6%)	2. Stroke	28,686,022 (34.4%)
3. Rheumatic heart disease	3,228,318 (5.2%)	3. Hypertensive heart disease	3,910,329 (4.7%)
4. Hypertensive heart disease	2,989,833 (4.8%)	4. Other cardiovascular and circulatory diseases	2,639,629 (3.2%)
5. Other cardiovascular and circulatory diseases	2,211,844 (3.6%)	5. Rheumatic heart disease	2,476,936 (3.0%)
6. Cardiomyopathy and myocarditis	1,134,486 (1.8%)	6. Cardiomyopathy and myocarditis	1,695,676 (2.0%)
7. Endocarditis	468,981 (0.8%)	7. Atrial fibrillation and flutter	801,377 (1.0%)
8. Atrial fibrillation and flutter	444,946 (0.7%)	8. Aortic aneurysm	506,448 (0.6%)
9. Aortic aneurysm	300,388 (0.5%)	9. Endocarditis	484,022 (0.6%)
10. Peripheral artery disease	66,689 (0.1%)	10. Peripheral artery disease	116,896 (0.1%)
All CVD causes (total)	62,150,162 (100%)	All CVD causes (total)	83,280,522 (100%)

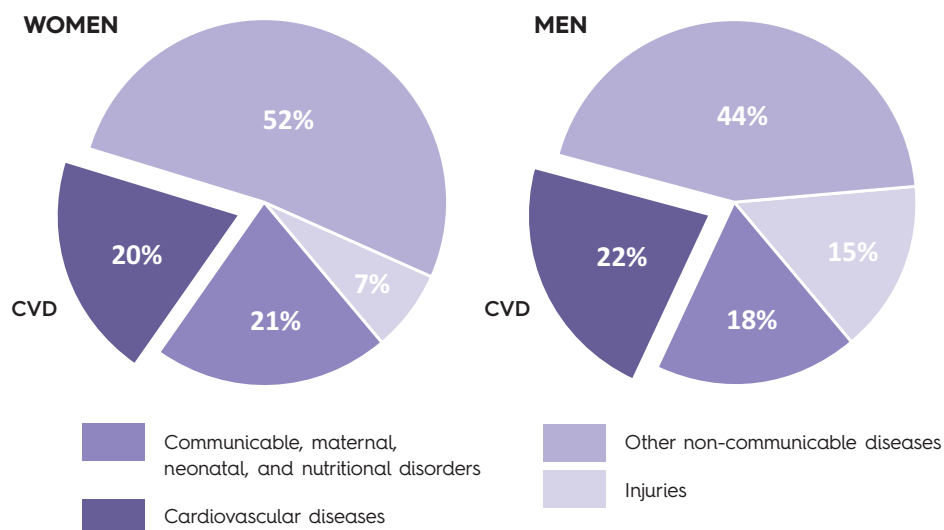
Figure 2. Number of DALYs due to CVD risk factors, South Asia, both sexes, 2000 and 2016*



*Note that DALYs attributed to risk factors overlap, that is, the sum for all CVD causes is greater than total CVD DALYs.

CVD burden according to all risk factors increased over 2000-2016 in South Asia (Figure 2). Notably, air pollution was the third leading source of CVD burden in both 2000 and 2016. CVD burden represents about one-fifth of total burden in South Asian men and women (Figure 3). About 15% of total disease burden in South Asian men is attributed to injuries.

Figure 3. DALYs by cause, South Asia, 2016



CVD burden rate is high in South Asian countries, yet relatively lower in Bangladesh, Bhutan, and Nepal (Figure 4). India saw a 15% increase in CVD burden per 100,000 between 2000 and 2016, and Bangladesh saw a 27% increase (Figure 5).

The Atlas of CVD reports point estimates. Trends may not be statistically significant. Uncertainty intervals for all point estimates should be considered and are available at <http://viz.healthmetricsandevaluation.org/gbd-compare/>.

Figure 4. 2016 DALYs by country, South Asia

CVD DALYs per 100,000 persons, 2016

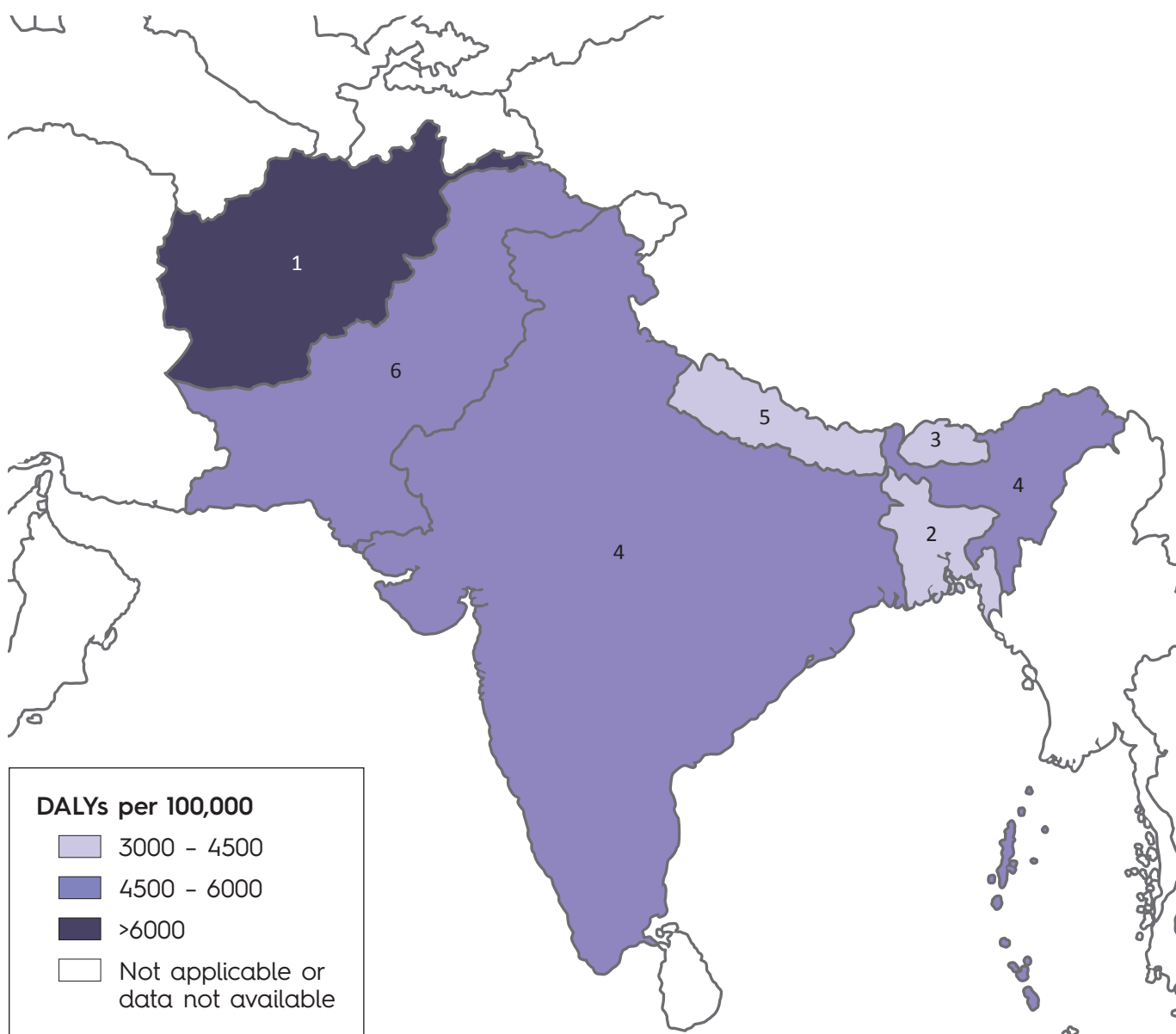
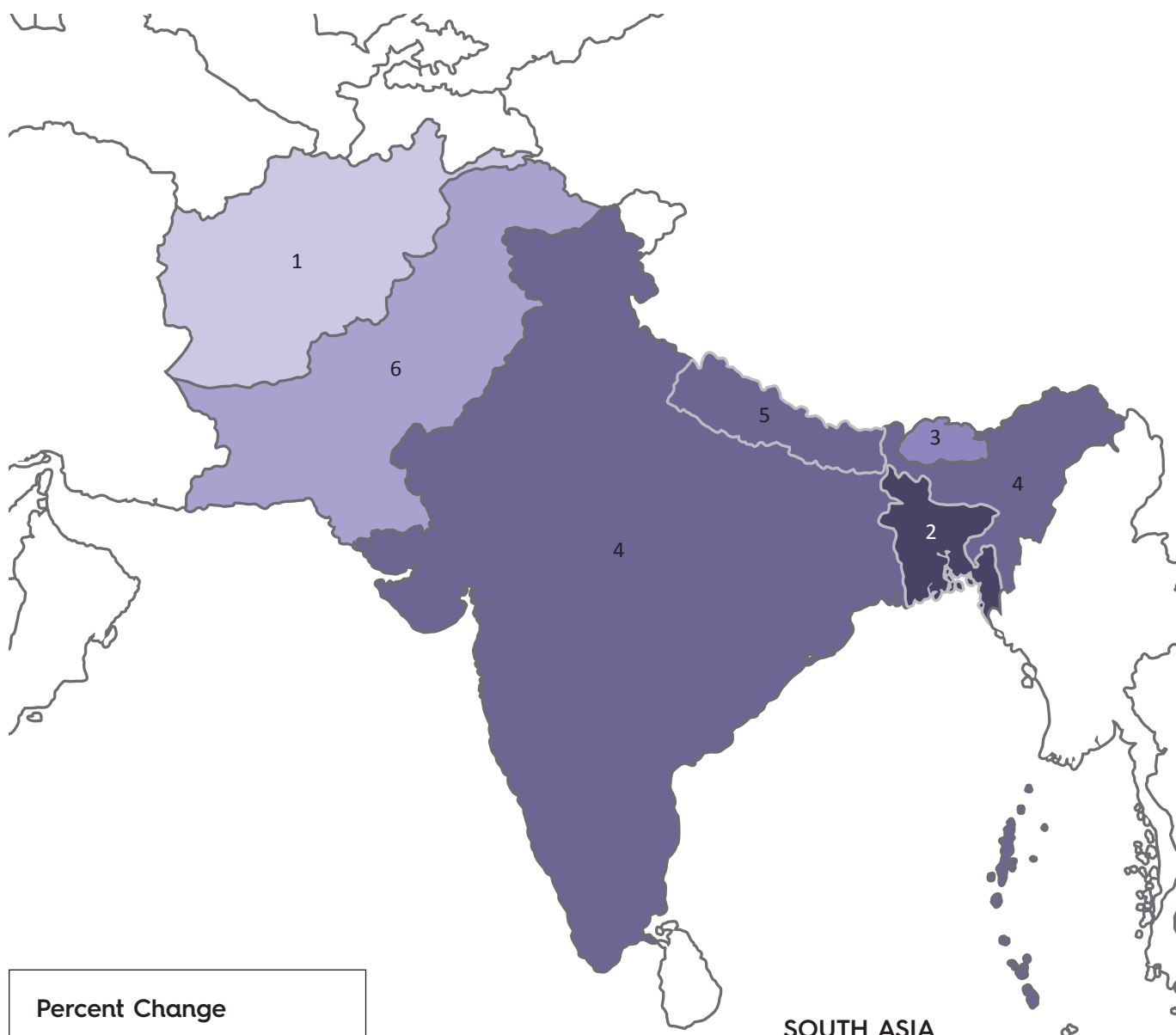


Figure 5. Change in CVD DALYs, 2000-2016, South Asia

Percent change in CVD DALYs per 100,000 between 2000 and 2016



Percent Change

- 10-20% decrease
- 0-10% decrease
- 0-10% increase
- 10-20% increase
- >20% increase
- Not applicable or data not available

SOUTH ASIA

1. Afghanistan
2. Bangladesh
3. Bhutan
4. India
5. Nepal
6. Pakistan