

International Cardiovascular Disease Statistics

Cardiovascular Disease (CVD)

- According to World Health Organization (WHO) estimates, in 2003, 16.7 million people around the globe die of CVD each year. This is over 29 percent of all deaths globally. (*www.who.int*)
- 80 percent of chronic disease deaths occur in low and middle income countries and half are women. Cardiovascular disease alone will kill five times as many people as HIV/AIDS in these countries. (*Chronic Diseases and Their Common Risk Factors, WHO, Oct. 2005*)
- At least 20 million people survive heart attacks and strokes every year; many require continuing costly clinical care. (WHO. Cardiovascular Disease: Prevention and Control. 2006) CVD accounted for more than 216,000 deaths in the United Kingdom (UK) in 2004. Thirty-seven percent of deaths are from CVD, and 32 percent of premature deaths in men and 24 percent in women are from CVD. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Each year CVD causes over 4.35 million deaths in Europe and over 1.9 million deaths in the EU. CVD causes nearly half of all deaths in Europe (49 percent) and in the EU (42 percent). CVD is the main cause of death in women in all countries of Europe and is the main cause of death in men in all countries except France and San Marino. CVD is the main cause of years of life lost from early death in Europe and the EU – around a third of years of life lost are due to CVD. (European Cardiovascular Disease Statistics. 2005 Edition, British Heart Foundation Health Promotion Research Group)
- Every seven minutes, a Canadian dies of heart disease and stroke. CVD accounts for more deaths than any other disease. 2000 CVD mortality: 76,426; 34 percent of male deaths and 36 percent of female deaths. CVD costs the Canadian economy about \$18.4 billion annually. (*2004 QuickFacts, Heart and Stroke Foundation of Canada Web Site, www.heartandstroke.ca.*)
- Mortality rates for CHD and AMI continue to decrease, but mortality rates for stroke have not changed significantly during the past 10 years. The number of elderly Canadians has been increasing. As a result, the number of deaths due to stroke and CHD has increased. This trend is expected to continue for the next 15 years. (*2004 QuickFacts, Heart and Stroke Foundation of Canada Web Site, www.heartandstroke.ca.*)
- CVD on average cost every EU citizen 230 Euro's in healthcare, but it led to 268.8 million lost working days, 2 million deaths and 4.4 million whose daily lives were affected. Some 1.4 million people were involved in providing unpaid care to sufferers of CHD and stroke alone, which together account for 47 percent of costs and 2/3 of deaths. (European Heart Journal. Jose Leal, Oxford University, 2006)
- Compared to 2000, the number of years of productive life lost to CVD will have increased in 2030 by only 20 percent in the United States and by 30 percent in Portugal. For Brazil the figure is 64 percent, for China, 57 percent, and for India, 95 percent. The increase in South Africa is 28 percent, greater than that for the United States and comparable to Portugal. Only in Russia does the number of years lost lag, largely because death rates are already at such high levels and the size of the population at risk is falling. (*A Race Against Time. The Challenge of Cardiovascular Disease in Developing Economies, 2004 Columbia University, New York.*)

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- In the Hoorn Study, the metabolic syndrome, however defined, is associated with an approximate two-fold increased risk of incident CV morbidity and mortality in a European population. (*Dekker JM, et al. Circulation 2005;112:666-73*)
- A study of over 90,000 people presenting with an acute vascular event of any type, in Oxfordshire, UK, in 2002-05, showed there were 2,024 acute vascular events occurring in 1,657 individuals. Forty-five percent were cerebrovascular; 42 percent were coronary vascular; 9 percent were peripheral vascular; and 62 deaths were unclassifiable. The high rates of acute vascular events outside the coronary arterial territory and the steep rise in event rates with age in all territories have implications for prevention strategies, clinical trial design, and the targeting of funds for service provision and research. (*The Lancet. Vol. 366, Nov. 19, 2005*)

Coronary Heart Disease (CHD), Angina Pectoris and Heart Failure

- Projected global CHD deaths by sex, all ages, 2005, show that 53 percent are in men and 47 percent are in women. (*Preventing Chronic Disease, A Vital Investment, WHO, 2005*)
- About 231,000 heart attacks (myocardial infarctions) occur annually in the UK (128,000 in men and 103,000 in women in 2004). It is estimated that almost 1.3 million people living in the UK have had a heart attack (MI), (870,000 men and 419,000 women). About 760,000 men and 428,000 women under 75 living in the UK who have or have had angina. Overall, it is estimated that just over 1.5 million men and 1.1 million women who have had CHD (either heart attack or angina) are living in the UK. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Total prevalence of heart failure (definite and probable) in the UK is estimated at 912,000 in people age 45 and older (506,000 men and 406,000 women). (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- In 2002–03 there were just under 30,000 bypass procedures performed in the UK. In addition, 62,780 PCI procedures were performed in 2004. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- According to the WHO, in 2002 there were 7.22 million deaths from CHD globally. (*Atlas of Heart Disease and stroke, WHO, Sept. 2004*)
- CHD alone is the most common cause of death in the UK, causing just under 105,000 deaths in 2004. One in five deaths of men and one in six deaths of women are from CHD. Other forms of heart disease cause more than 32,000 deaths. Total deaths from heart disease in the UK in 2004 were just over 137,500. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- The CHD death rate for men ages 35–74 fell by 42 percent between 1990 and 2000 in the UK, but by 54 percent in Norway and 48 percent in Australia. For women, the death rate fell by 44 percent in the UK, but in Australia and New Zealand the rate fell by 51 and 48 percent, respectively. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- The premature death rate from CHD for male manual workers is 58 percent higher than for non-manual workers. For female manual workers the death rate is more than twice as high as that for female non-manual workers. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)

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- The WHO predicts 11.1 million deaths from CHD in 2020. (*World Health Organization Web site, www.who.int/ncd/cvd*)
- Data from the INTERHEART study showed that rates of CVD have risen greatly in low-income and middle-income countries with about 80 percent of the burden occurring in these countries. Nine potentially modifiable risk factors associated with myocardial infarction (MI) were identified. These varied by populations. Approaches to prevention have the potential to prevent premature cases of MI. The effect of the risk factors is particularly striking in young men (population attributable risks [PAR] 93 percent) and women (PAR 96 percent), indicating that most premature MI is preventable. Worldwide, the most important risk factors are smoking and abnormal lipids. Together they account for about two-thirds of the PAR of an acute MI. (*Lancet 2004;364:937-52*)

Stroke

- According to WHO estimates, 15 million people each year suffer strokes and 5 million are left permanently disabled. (*Atlas of Heart Disease and Stroke, WHO, September 2004*)
- The WHO estimates 5.5 million deaths from stroke worldwide in 2002. (*Atlas of Heart Disease and Stroke, WHO, September 2004*)
- Stroke accounts for a higher proportion of deaths among women than men (11 percent vs. 8.4 percent). Among women, 3 million deaths from stroke occur annually. (*Atlas of Heart Disease and Stroke, WHO, September 2004*)
- In England, the death rates for stroke for people under 65 fell by 25 percent in the last 10 years. Recently, rates have declined at a slower rate, particularly in the younger age groups. Stroke killed 60,458 people in 2004 in the UK. (British Heart Foundation. *Coronary Heart Disease Statistics, 2006 Edition.*)

High Blood Pressure (HBP) or Hypertension

- In England, 34 percent of men and 30 percent of women have HBP (140/90 mmHg or higher) or are being treated for hypertension. About 78 percent of men and 67 percent of women with HBP are not being treated. Of those being treated, just under 60 percent remain hypertensive. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- A study conducted by the Tulane University School of Public Health stated that the prevalence of HBP will soar to 1.56 billion by the year 2025. (*Kearney PM, et al. Global burden of hypertension: analysis of worldwide data. Lancet 2005;365:217-23*)

Rheumatic Fever/Rheumatic Heart Disease

- An estimated 12 million people are currently affected by rheumatic fever and rheumatic heart disease. Two-thirds are children between 5 and 15 years of age. (*Atlas of Heart Disease and stroke, WHO, September 2004*)
- There are about 300,000 deaths a year, with 2 million people requiring repeated hospitalization and 1 million likely to require surgery in the next 5–20 years. (*Atlas of Heart Disease and stroke, WHO, September 2004*)

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- Of the estimated 12 million people with rheumatic fever or rheumatic heart disease, at least 3 million had congestive heart failure (CHF) that required hospitalization. A large proportion with CHF required cardiac valve surgery within 5–10 years. (*Rheumatic Fever and Rheumatic Heart Disease. Geneva, 29 Oct. – Nov. 2001, WHO 2004*)
- Data from developing countries suggest that mortality due to rheumatic fever/rheumatic heart disease remains a problem and that children and young adults still die from acute rheumatic fever. (*Rheumatic Fever and Rheumatic Heart Disease. Geneva, 29 Oct.. – Nov. 2001, WHO 2004*)
- The annual incidence of rheumatic fever in developed countries began to decrease in the 20th century, with a marked decrease after the 1950s; it is now below 1.0 per 100,000. A few studies conducted in developing countries report incidence rates ranging from 1.0 per 100,000 school-age children in Costa Rica, 72.2 per 100,000 in French Polynesia, 100 per 100,000 in Sudan, to 150 per 100,000 in China. (*Rheumatic Fever and Rheumatic Heart Disease. Geneva, 29 Oct.. – Nov. 2001, WHO 2004*)
- Rheumatic heart disease prevalence may reach 15 per 1,000 in school children, and it remains active during the second and third decades of life. (*WHO/AFRO. www.afro.who.int/cdp/epidemiology.html*)

Peripheral Arterial Disease (PAD)

- Based on current epidemiologic projections, 27 million people in Europe and North America have PAD. An estimated 10.5 million are symptomatic and 16.5 million are asymptomatic. The prevalence of asymptomatic PAD is estimated in one study to be as high as 20 percent of the adult population. (*Belch JF, et al. Arch Int Med 2003;163:884-92*)

Socioeconomic Consequences of CVD

- CVD affects people in their peak mid-life years, disrupting the future of the families dependent on them and undermining the development of nations by depriving them of workers in their most productive years. (*World Health Organization Web site, www.who.int/ncd/cvd*)
- In developed countries, lower socioeconomic groups have a greater prevalence of risk factors, higher incidence of disease and higher mortality. In developing countries, as the CVD epidemic matures, the burden will shift to the lower socioeconomic groups. (*World Health Organization Web site, www.who.int/ncd/cvd*)
- CVD is estimated to cost the UK economy a total of 26 billion pounds a year in direct and indirect costs. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Overall CVD is estimated to cost the EU economy 169 Billion pounds a year. Of the total cost of CVD in the EU, around 62 percent is due to health care costs, 21 percent due to productivity loss and 17 percent due to the informal care of people with CVD. (*European Cardiovascular Disease Statistics. 2005 Edition, British Heart Foundation Health Promotion Research Group*)
- Low socioeconomic status is associated with increased risk of CVD. (*Atlas of Heart Disease and stroke, WHO, September 2004*)

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Tobacco Use

- The number of smokers in the world, estimated at 1.3 billion, is estimated to rise to 1.7 billion by 2025 if the global prevalence of tobacco use remains unchanged. (*WHO World Health Report, 2003*)
- In Great Britain in 2004, 26 percent of men and 23 percent of women age 16 and older smoked cigarettes. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- A 50-year cohort study of British doctors showed that mortality from CHD was 60 percent higher in smokers (and 80 percent higher in heavy smokers) than in nonsmokers. In 2000, smoking caused about 14 percent of CVD deaths in men and 12 percent in women. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Data from the Global Youth Tobacco Survey showed the prevalence of current use of any tobacco product, among students age 13-15 years, to be highest in the Americas (22.2 percent) and Europe (19.8 percent). Current cigarette smoking was highest in Europe (17.9 percent) and the Americas (17.5 percent). Current other tobacco use was highest in South-East Asia (13.3 percent) and the Eastern Mediterranean (12.9 percent). Overall, tobacco use was significantly higher in boys than in girls. (MMWR2006;55(20):553-556)
- According to the WHO, one year after quitting, the risk of CHD decreases by 50 percent. Within 15 years, the relative risk of dying from CHD for an ex-smoker approaches that of a long-time (lifetime) nonsmoker. (*World Health Organization Web site, www.who.int/ncd/cvd*)
- The WHO estimates that by 2020, tobacco is expected to be the single greatest cause of death and disability worldwide, accounting for about 10 million deaths per year. (*World No-Tobacco Day, WHO Web site, January 2004*)
- The global tobacco epidemic is predicted to prematurely claim the lives of some 250 million children and adolescents, a third of whom are in developing countries. (*World No-Tobacco Day, WHO Web site, January 2004*)
- A World Bank Study estimates that healthcare costs associated with tobacco-related illnesses result in a net loss of 200 billion U.S. dollars per year, half occurring in developing countries. (*World No-Tobacco Day, WHO Web site, January 2004*)
- In India, projections estimate that tobacco-attributable mortality will grow from 1 percent in 1990 to 13 percent in 2020. In Brazil, studies of acute myocardial infarction indicate that heavy smoking is the most important risk factor for early heart attack. (*A Race Against Time. The Challenge of Cardiovascular Disease in Developing Economies. 2004 Columbia University, New York.*)
- A joint study by the CDC and the WHO stated that smoking results in a 100 percent increase in the risk of stroke and CHD; a 300 percent increase in the risk of death from undiagnosed CHD; more than a 300 percent increase in the risk of PAD; and a 400 percent increase in the risk of aortic aneurysm. (*The Atlas of Heart Disease and Stroke, 2004*)
- Each year, smoking kills over 1.2 million people in Europe (450,000 from CVD) and about 650,000 people in the EU (185,000 from CVD). The numbers dying in Europe from CVD due to smoking rose by 13 percent between 1990 and 2000. (European Cardiovascular Disease Statistics. 2005 Edition, British Heart Foundation Health Promotion Research Group)

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- A study by the Canadian Community Health Survey, found that 21.5 percent of Canadians smoke. (Chronic Diseases in Canada, Vol. 27, No. 1, 2006)

High Blood Cholesterol

- A blood cholesterol level of less than 5.0 millimoles per liter (mmol/L) is suggested for both primary and secondary prevention of CHD. About 66 percent of men and women in the UK have blood cholesterol levels of 5.0 mmol/L and above. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- HDL –cholesterol level for men age 16 and above in England is 1.4 mmol/L and for women 1.6 mmol/L. Overall, about 6 percent of men and 2 percent of women have HDL-cholesterol levels of less than 1.0 mmol/L. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)

Physical Inactivity

- In 2004, only 37 percent of men and 25 percent of women in the UK meet the government's current physical activity guidelines. In addition, in 2003 over one-third of adults were inactive. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Levels of physical inactivity are high in many European countries. (European Cardiovascular Disease Statistics. 2005 Edition, British Heart Foundation Health Promotion Research Group)
- A study by the Canadian Community Health Survey, found that 53.5 percent of Canadians are physically inactive. (Chronic Diseases in Canada, Vol. 27, No. 1, 2006)

Overweight and Obesity

- Using a body mass index (BMI) of 25–30 kg/m² as overweight, 44 percent of men and 35 percent of women in the UK are overweight. An additional 23 percent of men and 24 percent of women are obese (BMI of more than 30 kg/m²). (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- 2002 data from the Health Survey for England showed that in children age 2-15, 22 percent of boys and 28 percent of girls are either overweight or obese. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Obesity rates in men in the UK have tripled since the mid-1980s, with men now as likely to be obese as women. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Recent rates of increase indicate that in India, the proportion of overweight people (including those who are obese) will increase from 9 percent to 24 percent between 1995 and 2025. Overweight is also set to rise in China, where projections indicate that by 2025, 37 percent of men and 40 percent of women will be overweight, compared to 8 percent and 12 percent in 1995. (*A Race Against Time. The Challenge of Cardiovascular Disease in Developing Economies. 2004, Columbia University, New York.*)
- Obesity in the developing world can no longer be considered solely a disease of groups of higher socioeconomic status. The burden of obesity in a particular developing country tends to shift towards the groups of lower socioeconomic

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status as that country's GNP increases. The shift of obesity towards the poor apparently occurs at earlier stages of development among women than among men. (*Bulletin of the WHO 2004;82:940-6*)

- The International Obesity Task Force estimates that about 200 million of the 350 million adults living in the EU may be overweight or obese. From Greece to Germany, the proportion of overweight or obese men is higher than in the United States. Obesity is especially acute in Mediterranean countries. Among the EU's 103 million children, the number of those overweight rises by 400,000 each year. (*EU Platform on Diet, Physical Activity and Health. IOTF EU Platform Briefing Paper in collaboration with the EU Association for the Study of Obesity, March 15, 2005, Brussels*)
- The WHO estimates that if current trends continue, the number of overweight people globally will increase to 1.5 billion by 2015. Raised BMI is a major risk factor for heart disease, stroke, type 2 diabetes and other chronic diseases. The WHO estimates that over the next ten years, CVD – primarily heart disease and stroke – will increase most notably in the regions of the Eastern Mediterranean and Africa, where CVD-related deaths are predicted to rise by over 25 percent. (*www.who.int*).
- Levels of obesity are increasing across Europe in both adults and children. (European Cardiovascular Disease Statistics. 2005 Edition, British Heart Foundation Health Promotion Research Group)
- A study by the Canadian Community Health Survey, found that 44.8 percent of Canadians are overweight. (*Chronic Diseases in Canada, Vol. 27, No. 1, 2006*)

Diabetes

- The number of adults with diabetes in the world is estimated to be 170 million in 2000. (*Roglic G, et al. The Burden of Mortality Attributable to diabetes. Diabetes Care 2005;28:2130-5*)
- Data from the National Population Health Survey showed the two-year incidence rate between 1994/95 and 1996/97 was 4.0 cases per 1,000 person-years at risk, but it rose to 6.7 cases between 1998/99 and 2000/01. (*Hu J, et al. Trends in mortality from diabetes mellitus in Canada, 1986-2000. Chronic Diseases in Canada. Vol. 26. No. 1. Winter 2005*)
- A study of Canadians age 35 and over showed an increase in diabetes mellitus mortality rates during 1986–2000. The increase was 2.4 percent for men and 0.7 percent for women. (*Hu J, et al. Trends in mortality from diabetes mellitus in Canada, 1986-2000. Chronic Diseases in Canada. Vol. 26. No. 1. Winter 2005*)
- It's estimated that just under 1.9 million people in the UK have been diagnosed with diabetes (4 percent of men and 3 percent of women). An estimated additional 589,000 have undiagnosed diabetes, for a total of 2.5 million adults. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- Projections suggest that in China, diabetes will increase from 1.4 percent to 2.4 percent between 1995 and 2025. In India, the equivalent figures are from 2.1 percent to 3 percent. (*A Race Against Time. The Challenge of Cardiovascular Disease in Developing Economies. 2004, Columbia University, New York.*)
- The rising prevalence of type 2 diabetes mellitus (T2DM) in children and adolescents was initially recognized in the United States in the 1990s. T2DM, which 15 years ago accounted for less than 3 percent of all cases of new-onset diabetes in children and adolescents, today accounts for up to 45 percent of new-onset cases among adolescents. Subsequent studies conducted in Asia and

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Europe revealed a similar pattern, and more recently, reports on T2DM in children and adolescents have begun to mount worldwide. (*Pinhas-Hamiel, et al. The global spread of type 2 diabetes mellitus in children and adolescents. J Pediatr 2005;146:693-700*)

- Over 48 million adults in Europe and 23 million adults in the EU have diabetes and the prevalence is increasing. (European Cardiovascular Disease Statistics. 2005 Edition, British Heart Foundation Health Promotion Research Group)

Metabolic Syndrome (MetS)

- The MetS is a cluster of the most dangerous heart attack risk factors: diabetes or prediabetes, abdominal obesity, changes in Cholesterol and high blood pressure. While up to 80 percent of the almost 200 million adults worldwide with diabetes will die of CVD, people with MetS are also at increased risk, being twice as likely to die from and three times as likely to have a heart attack or stroke compared to people without the syndrome. (*International Diabetes Federation, 2005. www.idf.org*)
- Preliminary estimates suggest that 550,000 youngsters may be affected by MetS in the EU. (*International Obesity TaskForce, June 2005*)

Nutrition

- In 2003/04 British adults derived between 36 and 37 percent of their food energy (calories) from total fat and between 14 and 15 percent from saturated fat. About 13 percent of men and 15 percent of women consume the recommended five or more portions of fruits and vegetables daily. Among British children ages 4–11 the average food energy derived from fat is 35.4 percent for boys and 35.9 percent for girls. (*British Heart Foundation. Coronary Heart Disease Statistics, 2006 Edition.*)
- The total worldwide mortality currently attributable to inadequate consumption of fruits and vegetables is estimated to be up to 2.635 million deaths per year. Increasing individual fruit and vegetable consumption to up to 600 g per day could reduce the total worldwide burden of disease by 1.8 percent, and reduce the burden of CHD and ischemic stroke by 31 and 19 percent respectively. (*Bulletin of the WHO 2005;83:100-8*)

Links to Web Sources

Note: These links are provided as a helpful reference tool for finding information. The American Heart Association has NOT evaluated, made any determination about quality or efficacy, and does not endorse any information, service, product or company represented by these hyperlinks. The list is not complete and will not be updated.

British Heart Foundation – Coronary Heart Disease Statistics

<http://www.bhf.org.uk/professionals/index.asp?secondlevel=519>

This site includes European cardiovascular disease statistics.

(Canadian) Cardiovascular Disease Surveillance Online

http://dsol-smed.hc-sc.gc.ca/dsol-smed/cvd/index_e.html

Health Canada provides this site on cardiovascular disease statistics for Canada.:

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European Society of Cardiology

<http://www.escardio.org/>

Eurostat

<http://europa.eu.int/en/comm/eurostat/eurostat.html>

From the Statistical Office of the European Communities, provides statistics on: economy and finance; population and social conditions; energy and industry; agriculture, forestry and fisheries; external trade; distributive trade, services and transport ; environment; research and development; and general areas. Includes full-text online publications

G8 Promoting Heart Health

<http://www.med.mun.ca/g8hearthealth/pages/enter.htm>

The G8 Promoting Heart Health initiative aims at disseminating best practices for implementing cardiovascular disease preventive interventions. The site is searchable and provides summary descriptions of projects.

Global Cardiology Network

<http://www.globalcardiology.org/>

Global Cardiovascular Infobase

<http://www.cvdinfobase.ca/>

This site includes epidemiological data and statistics for cardiovascular diseases for countries throughout the world. However, the focus is on developing nations. The data are not complete and may not be consistent as to the type of data and years available. Please note that more complete data from more developed nations (like the United States) can be found on government health sites for those countries.

Global Health.gov – World Health Statistics

<http://www.globalhealth.gov/worldhealthstatistics.shtml>

Heart and Stroke Foundation of Canada

<http://www.heartandstroke.ca>

This site includes Canadian cardiovascular disease statistics.

International Task Force for Prevention of Coronary Disease

<http://www.chd-taskforce.de/>

LAC Health Accounts

<http://www.lachealthaccounts.org/en/webguide.php>

Covers Latin America and the Caribbean. It includes systematic tabulations of health spending by source, use and function.

Morbidity and Mortality Weekly Report (MMWR) International Bulletins

<http://www.cdc.gov/mmwr/international/world.html>

These reports are not available for all countries. Most data are for Europe, North America and Australia.

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PAHO Pan American Health Organization

<http://www.paho.org/Project.asp?SEL=HD&LNG=ENG&CD=HTREN>

ProCOR Conference on Cardiovascular Health

<http://procor.org/>

This site includes a list of over 50 epidemiological studies. Included are summaries and bibliographies for each.

UNICEF – Statistical Data

<http://www.unicef.org/statis/>

United Nations Population Fund (UNFPA)

<http://www.unfpa.org/>

United Nations, Department of Economic and Social Affairs – Statistics Division

<http://www.un.org/Depts/unsd/>

Provides “statistics and statistical methods in the fields of international merchandise trade, national accounts, demography and population, social indicators, gender, industry, energy, environment, human settlements and disability.”

World Bank Home Page

<http://www.worldbank.org/>

Provides data on the history, functions, governance, financing and development progress of members of the World Bank Group (International Bank for Reconstruction and Development; International Development Agency; International Finance Corporation; Multilateral Guarantee Agency; and International Centre for Settlement of Investment Disputes). The "Countries and Regions" pages are of particular interest.

World Health Organization Statistical Information System (WHOSIS)

<http://www.who.int/whosis/en>

This site is the guide to health and health-related epidemiological and statistical information available from the World Health Organization.

World Federation of Public Health Associations

http://www.apha.org/wfpha/about_wfpha.htm