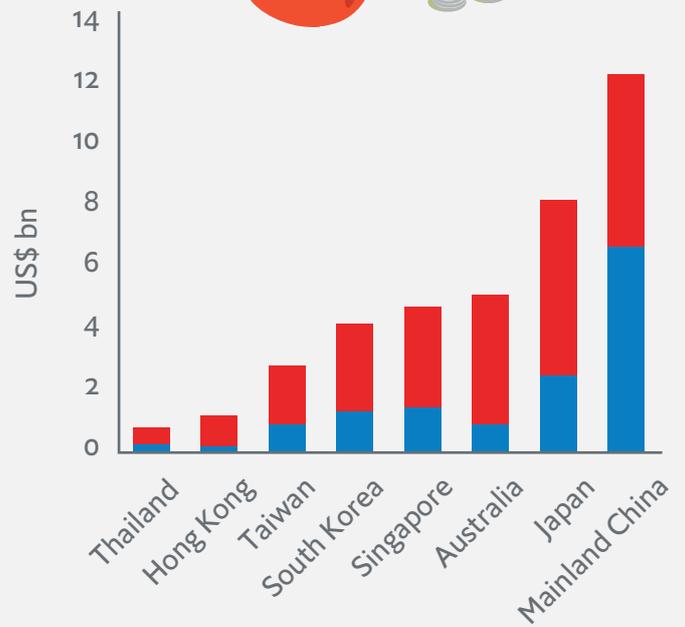
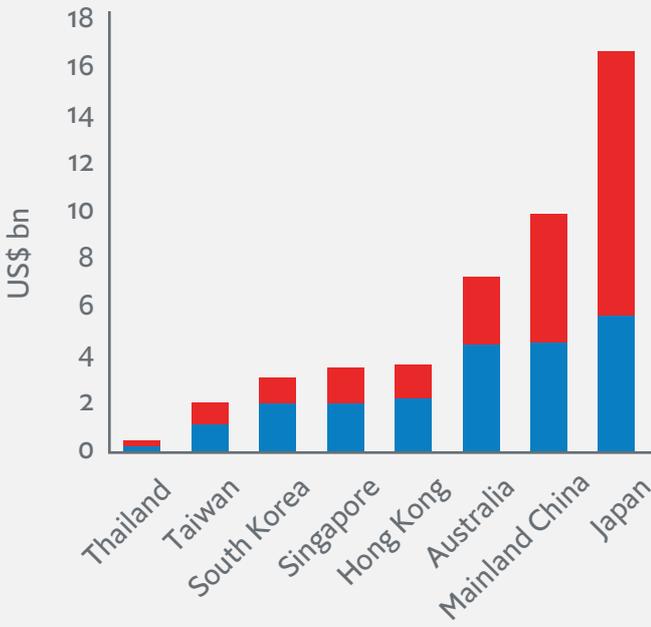


Addressing recurrent cardiovascular events in Asia-Pacific

Collectively, cardiovascular disease (CVD) is the leading or second-leading cause of death across Asia-Pacific and the prevalence continues to rise. Further, shifting demographics in the region—with both an increase in younger people experiencing CVD and ageing populations with multiple comorbidities—are putting health systems under increasing pressure.

Changing demographics and the cost of CVD

Estimated annual indirect and indirect costs of IHD (left panel) and stroke (right panel) in selected Asia-Pacific economies (US\$bn)

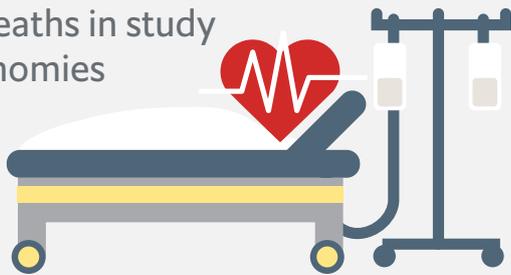


■ Indirect 0.2 0.8 1.2 1.4 1.4 2.8 5.1 10.6
 ■ Direct 0.4 1.3 1.9 2.2 2.2 4.5 4.6 5.7

■ Indirect 0.2 0.8 1.2 1.4 1.4 2.8 5.1 10.6
 ■ Direct 0.4 1.3 1.9 2.2 2.2 4.5 4.6 5.7

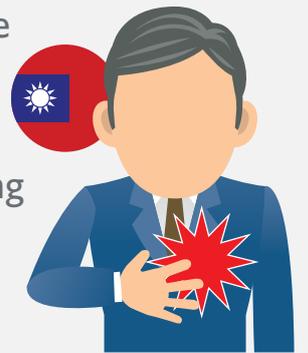
Source: EIU analysis.

CVDs account for between **22 and 42%** of deaths in study economies



Increasingly, younger people are affected in Asia

In Taiwan, the number of people under 55 experiencing heart attacks rose by **30%** between 2009 and 2015



Sources: EIU analysis of data from Australia, Mainland China, Hong Kong, Japan, South Korea, Singapore, Taiwan, Thailand; Younger people suffering heart attacks, doctors say," Taipei Times, 28 April 2019.

The burden of recurrent events



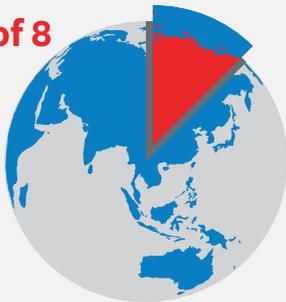
Source: The Economist Intelligence Unit, "The cost of inaction: Secondary prevention of cardiovascular diseases in Asia-Pacific," 2020.

Getting to grips with recurrent events

Uneven progress addressing CVD:

CVD plans

Only **2 out of 8** study economies have a CVD plan



Managing modifiable risk factors

All economies have policies addressing healthy diet, alcohol consumption and physical activity; tobacco control is suboptimal across the region



Referral to rehabilitation

As many as **50%** of patients are not referred to cardiac rehabilitation programmes...



...and as few as **6%** of eligible patients actually attend

Priorities to improve secondary prevention of CVD:

Maximising data and measuring progress

- Improving and expanding registry data coverage to inform policy
- Integration of data through electronic health records
- Auditing against quality standards to assure service delivery



Integrated, coordinated patient-centred care

- Strengthening of primary care services and interface with tertiary care
- Implementing individualised care plans



Empowering patients

- Improved patient education and awareness among the general population
- The use of technology to engage patients



Source: The Economist Intelligence Unit, "The cost of inaction: Secondary prevention of cardiovascular diseases in Asia-Pacific," 2020.