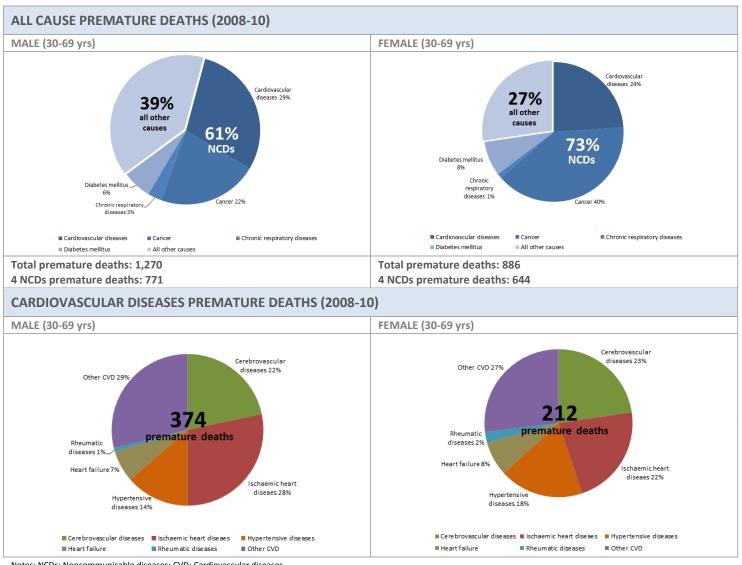


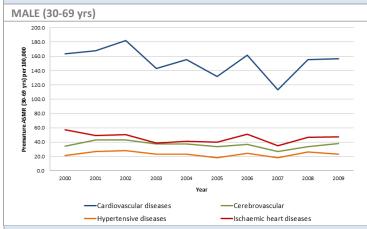
Sources: (1-2): United Nations Population Division. World Population Prospects: The 2010 Revision, New York, 2011; (3-6): PAHO/WHO. Health Situation in the Americas: Basic Indicators 2013. [Internet] Washington, D.C, United States of America, 2013. [Accessed on Feb 20, 2014]. Available from: http://bit.ly/1jMhEzO

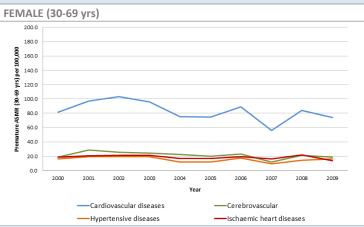


 ${\bf Notes:\ NCDs:\ Noncommunicable\ diseases;\ CVD:\ Cardiovascular\ diseases.}$

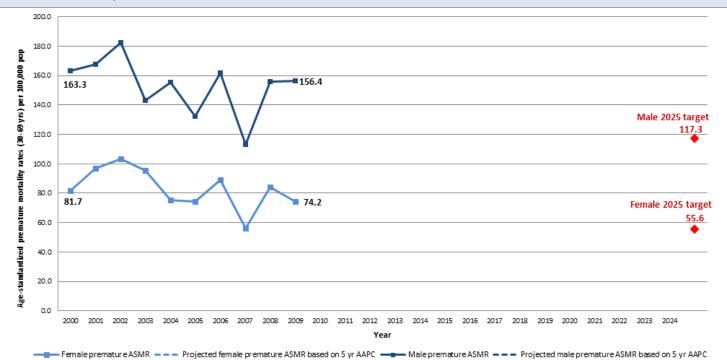
Source: PAHO/WHO Mortality information system 2014 (ICD-10: Cardiovascular diseases (I00-I99), cerebrovascular diseases (I60-I69), hypertensive diseases (I10-I15), ischaemic heart diseases (I20-I25), cancer (C00-99), diabetes (E10-I4) and chronic respiratory diseases (I30-98)).

CARDIOVASCULAR DISEASES AGE-STANDARDIZED PREMATURE MORTALITY RATES AND TRENDS, CARIBBEAN ISLANDS^a (2000-2009)





CARDIOVASCULAR DISEASES AGE-STANDARDIZED PREMATURE MORTALITY TRENDS (2000-2009), 2025 TARGETS AND 2025 PROJECTIONS, CARIBBEAN ISLANDS^a



Sex	Total CVD premature deaths (2009)	Premature ASMR (2009)	AAPC		2025 target	2025 projection	Difference between
			10 years (2000-09)	5years (2005-09)	(premature ASMR for a 25% reduction)	(premature ASMR based on 5 years AAPC)	target and projection
Male	1,035	156.4	-1.9	-1.9	117.3	N.C.	N.C. ^b
Female	543	74.2	-3.1	-3.1	55.6	N.C.	N.C. ^b

Notes: a: For this analysis, Caribbean Islands include those countries with small numbers of annual cardiovascular deaths, and which required grouping together to enable trend analysis: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Cayman Islands, Dominica, French Guiana, Grenada, Guadaloupe, Martinique, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Turks and Caicos, Virgin Islands (UK) and Virgin Islands (US); b: Based on the 2009 premature ASMR, an AAPC of -1.7 would be required between 2010-2025 to reach the 2025 target of a 25% reduction.

CVD: Cardiovascular diseases; Premature ASMR: Age-standardized premature mortality rate (30-69 years of age) per 100,000 pop.; AAPC: Average Annual Percentage Change; *: The AAPC is significantly different from zero at p=0.05; N.C.: Not possible to calculate (no statistically significant trend was identified over the last 5 years with available mortality data).

A complete description of the methodology used to produce this country profile is available from: http://bit.ly/1pQtoU4.

Source: PAHO/WHO Mortality information system 2014 (ICD-10: Cardiovascular diseases (I00-I99), cerebrovascular diseases (I60-I69), hypertensive diseases (I10-I15), ischaemic heart diseases (I20-I25)).