

## EDITORIAL

## CARDIOVASCULAR DISEASES AND PUBLIC HEALTH IN PAKISTAN

Global burden of non-communicable diseases has grown exponentially over the last three decades. World Health Organization reported that developing countries now face the similar toll of chronic diseases as the developed and most industrialized countries of the world.<sup>1</sup> Amongst these non-communicable diseases, cardiovascular diseases are most significant to be noticed besides the respiratory diseases, nutrition disorders, cancers and other causes. High blood pressure, high cholesterol levels, diet related behaviors and physical inactivity leading to major cardiovascular diseases have been attributed to the most mortalities in lower and middle income countries of the world and may become the foremost cause of mortality all over the world by 2030.<sup>2</sup> Pakistan being a middle income country is no exception; having gone through an obvious demographic as well as epidemiological transition, the country shows that almost one third of the deaths are due to cardiovascular reasons. The risk factors include tobacco, physical inactivity and obesity, dyslipidemia, salt/sodium intake, hypertension and diabetes.<sup>3</sup>

Too much medicalization of health care and the disconnect with public health has already yielded dismal indicators of cardiovascular diseases in the developing world.<sup>4</sup> Henceforth, on one hand, strategies must focus to improve the counseling and quality of drug therapy for the treatment of cardiovascular diseases through enhancement of the clinical competence of health work force. On the other hand, there is a dire need to ensure availability and accessibility of essential cardiovascular medicines and diagnostics. This would necessitate an uninterrupted supply chain, price control and drugs regulation in the market,<sup>5</sup> and provision of financial safety nets to help people overcome their financial constraints and by ensuring an equitable purchasing parity. The latter aspect demands even more attention because most of the first level health care seeking occurs in the private sector in Pakistan.<sup>6</sup> However, most important role will be played the public health interventions at the primary health care level by improving the quality of preventive health services and primary and secondary level with skilled health personnel to deal with this endemic of cardiovascular diseases would be a viable way forward.<sup>7</sup> Cardiovascular diseases are expensive to treat and carry high fatality rate. This can potentially result into economic, social and psychological instability of the family. Most of the risk factors leading to cardiovascular diseases can be

addressed by educating the communities to modify their lifestyles and dietary patterns (primary prevention) and seeking early medical advice and screening on feeling any of the alarming symptoms (secondary prevention).

Health systems research would be helpful by collating the existing evidence as well as through broadening of the knowledge base by considering social, economic, demographic, epidemiological, environmental and political determinants and drivers behind escalating burden of cardiovascular diseases in Pakistan. Using the evidence base, structural and system wide holistic approaches will be needed to reform the health system in order to promote the healthy lifestyles, facilitate the health seeking behaviors, create a responsive health care delivery, and a paradigm shift in policy, strategies, action plans and programming for the prevention of cardiovascular diseases in Pakistan. A robust public health approach with involvement of all stakeholders and sectors and a clear focus and investment at primary health care level can significantly improve the population health outcomes connected to cardiovascular diseases.

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