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INDICES

The CVD Situation in Pakistan

Dr. Sania Nishtar, Editor, Heartfile Newsletter

2001-08-13

Did you know that approximately 12 million people in Pakistan are hypertensive? (according to Heartfile) Find out more about the effects of hypertension and CVDs in this region of the world.

Pakistan's Hypertension Statistics (according to [Heartfile](#).)

*Hypertension is the most common cardiovascular disease in Pakistan.

*There are an estimated 12 million hypertensives in the country.

*Hypertension affects one in three individuals over the age of 45 years in Pakistan.

*The National Health Survey of Pakistan, jointly conducted by the Pakistan Medical Research Council in collaboration with the Federal Bureau of statistics, Pakistan and the Department of Health and Human Services, Washington, US, revealed that only 3% of the hypertensive population in Pakistan is adequately controlled.

Editorial from "[Heartfile Newsletter](#)," Vol.3, Issue1, March 2001

It is not widely realized that at present developing countries contribute a greater share to the global burden of cardiovascular diseases than developed countries with an explosion in this disease burden projected over the coming years. Unfortunately this trend has not been paralleled with appropriate efforts to prevent this epidemic, a reflection of the lack of investment in this area highlighting the political economics of health care investment in the developing world. The current priorities in health care investment have been part of the explanation for this trend, in an attempt to identify health priorities that resonate with poverty alleviation. Within this framework, whereas reproductive health and communicable disease continue to dominate, not realizing the economic impact of cardiovascular disease is tantamount to a serious mistake, since the tragedy of CHD lies in its premature appearance in subjects who are generally in their prime and most productive. South Asia housing one fourth of the world populations, serves as an index example to highlight this phenomenon. With large family sizes and more than 30% of the population living below the poverty line, the traditional economic dependence of females frequently translates into large family model with a single breadwinner. The economic consequences of CVD against the backdrop of the high prevalence and young onset rates within this framework are therefore phenomenal both in the context of health care and lost productivity costs and invariably transfer the economic pressure of the household to the women and children in this vicious circle. In the absence of a major subsidy on tertiary care in most developing countries, the health care cost

borne out of pocket by individuals are enormous and in most instances unaffordable. This is just an index example to highlight the fact that the developing countries cannot afford to treat cardiovascular diseases; therefore we must strive to prevent them.

Dr. Sania Nishtar,
Editor

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