

KARACHI **Facing up to Pakistan's cardiovascular challenge**

Perhaps never before has Pakistan faced such a huge challenge of cardiovascular disease (CVD) as it does today. According to official estimates, CVD results in more than 100 000 deaths a year in the country—12% of all-cause mortality. However, CVD experts caution that these deaths alone grossly understate the burden of CVD in Pakistan because many more have been living with CVD-related disabilities.

WHO warns that the country is likely to see a further increase in the burden of CVD because its population is ageing and growing, and exposure to CVD risk factors, especially tobacco, is increasing. The situation has further been compounded by the country's increasing urbanisation and globalisation that have brought about lifestyle changes, which promote CVD. Yet, successive governments, including the present military regime, have totally neglected CVD—and other non-communicable diseases.

For example, CVD and all other non-communicable diseases got no mention in the ten priority areas highlighted in Pakistan's 2001 National Health Policy. As a result, risk factor prevention and low-cost case management to reduce CVD mortality and disability are non-existent. Access to CVD services remains poor.

The crisis afflicting the public health-care system, mainly the effect of economic downturn and donor-driven "financial and managerial autonomy" to public hospitals can be seen everywhere: at hospitals most of the patients needing cardiovascular surgery are simply too poor to pay for procedures.

The limited number of CVD beds, most of them in urban centres and filled beyond capacity, has further complicated the situation. This is despite the fact that the country still has a heavy burden of other non-communicable diseases as well as infectious diseases, maternal deaths, and nutritional deficiencies. The prevalence of hypertension, the most frequent and important risk factor for CVD, is alarmingly high.

Overall, 12 million Pakistanis, 18%

of its people aged 15 and above, have high blood pressure, but most of them continue to be unaware of their disease status. Very few hypertensives—less than 3%—have their blood pressure controlled, possibly

more concerned with what the president, prime minister (when there is democracy), and scores of ministers did today. Independent channels are not allowed because they are considered a threat to the nation's ideology and, most importantly, to the establishment. The performance of newspapers is equally disappointing when it comes to reporting on public health issues. Hardly any newspapers have a trained medical journalist, and important public health news, if reported, is pushed to the inside pages.

One major problem is that most Pakistanis find the Pakistani media extremely boring. Can such media be expected to do anything to induce greater recognition of the need for changes in diet and lifestyle? There are some grounds for optimism, according to Sania Nishtar, an Islamabad-based cardiologist whose non-government organisation, Heartfile, has been running a media campaign for the past few years to help people reduce their risk of CVD. The awareness campaign uses, among other things, weekly complimentary space provided by *The News* and *Jang*, Pakistan's two leading newspapers.

Given their influence on shaping behaviours, "the media themselves should be educated first for disseminating accurate information about heart health. If information is provided in an interesting, interactive manner, it is internalised, resulting in appropriate change in behaviour." Nishtar points out that the importance of newspaper coverage in dissemination of health promotion messages in developing countries has so far been largely underestimated.

The campaign uses simple tools such as a logo, a mascot, and simple heart-health messages to get the public motivated to attempt smoking cessation, adopt a healthy diet, and take regular exercise. She intends to help provide such a service for the rest of the country and other developing countries. Although modifying these behaviours through such public health initiatives may be critical both for preventing and controlling CVD, reduction in the CVD burden in Pakistan will largely depend on the way in which legislative changes are made.

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Tobacco continues to take centre stage in Pakistan

because they lack access to health services.

The tobacco health warnings on state-owned television and radio as well as on cigarette packets continue to be very general—eg, "smoking is injurious to health". As if that were not enough, the warnings are said so quickly on state-run television and radio that they are barely comprehensible. The companies remain one of the major sponsors of sports and continue to target young people.

The estimated prevalence of diabetes varies between 9% and 12% and is increasing. But knowledge of the disease and its management remains poor. Prevalence of

obesity is rising. In rural areas, for example, 40% of women aged 45–64 years are obese. The problem is growing, and worsening steadily. 13% of adult Pakistanis have raised serum cholesterol concentrations, ranging from 3% among rural males aged 15–24 years to more than 40% among urban females aged 65 years. The use of ghee, which is rich in saturated fat, is common.

Although much of the disease resulting from these behaviours is avoidable, there is lack of public action. Policies that give people necessary information they need to make healthy lifestyle choices are non-existent.

Radio and TV remain government monopoly. They are mostly used as official propaganda tools, and are

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