

Tackling cardiovascular disease surge worldwide requires collaboration

March 22 2010

Tackling the increasing rates of cardiovascular disease in developing nations will require input from multiple partners, including the business community and international companies as well as global health and development agencies and the governments of these countries, says a new report from the Institute of Medicine. More than 80 percent of deaths related to cardiovascular disease worldwide now occur in low- and middle-income countries; nearly 30 percent of all deaths in developing nations are caused by heart and circulatory disease.

Public groups and representatives from private industry, led by the International Food and Beverage Association, should collaborate on strategies to reduce people's consumption of salt, sugar, saturated fats, and [trans fats](#) -- all contributors to risk factors for developing [cardiovascular disease](#). Success will require finding the right balance of regulatory policies from national governments and voluntary actions from industry because [agricultural practices](#), food distribution and marketing systems, and cultural preferences vary across nations, noted the committee that wrote the report.

Pharmaceutical and medical technology firms, insurance companies, and public [health](#) and aid groups should work together to make therapies, diagnostic tools, and preventive techniques for these diseases affordable and accessible in all nations, the report says. Many developing countries do not have the resources or infrastructure to take advantage of available tools and technologies. Given the toll that cardiovascular disease takes on nations' health and productivity, nongovernmental groups and

professional health societies should advocate for charities, private foundations, and government aid agencies to earmark funding and other resources for initiatives to control the epidemic worldwide.

These are some of the recommendations included in the report, which lays out a vision for curbing and ultimately preventing cardiovascular disease in low- and middle-income nations. The report describes short-term and long-term actions and points to roles that governments, international agencies, industries, and nonprofit groups should adopt.

"We know that cardiovascular disease is a major cause of death and disability in the developing world, but we are not doing enough to address it," said committee chair Valentin Fuster, director, Mount Sinai Heart, Mount Sinai School of Medicine, New York City. "If this challenge is not met, it will be impossible to achieve better health worldwide," he added. "Leaders in the field of cardiovascular health need to think and act more globally, and it is also incumbent upon the global health and development community to do more to confront cardiovascular disease and other chronic diseases. This is a problem that will require strong leadership at the highest levels."

The rapid rise of cardiovascular disease in low- and middle-income nations demands solutions that can be implemented within a short time, the committee noted. Given that many developing nations have limited economic and political capacity to quickly gear up comprehensive disease reduction plans -- particularly for a multifaceted condition like cardiovascular disease -- these countries should in the near term prioritize steps that have been shown to be effective at reducing heart disease in industrialized nations. These strategies include reducing tobacco use, reducing the amount of salt in the food supply, and improving the delivery of medications to patients at high risk for developing cardiovascular disease.

Policymakers in each country, working with their partners, will need to determine how best to carry out these risk-reduction initiatives in light of the particular conditions, infrastructure, and resources available in each nation, the report says. Strategies that have worked in one country may not work in another or may need to be implemented differently. For example, to reduce smoking, one nation might be able to effectively enforce a tax on tobacco products, while a public awareness campaign about the dangers of tobacco use and restrictions on smoking in public places might be more feasible in another country. "It is important to recognize that there is no single strategy that will work everywhere, so it is critical to search for locally relevant solutions that will be feasible in the settings where they are needed," Fuster said.

Current global health efforts to improve health care facilities, build the medical work force, and strengthen primary health care services in low- and middle-income nations need to include prevention and care for cardiovascular disease and other chronic diseases as a focus. Initiatives to improve health systems in developing nations have historically focused on acute infectious diseases and maternal and child health and have not given attention to chronic disease.

Provided by National Academy of Sciences

Citation: Tackling cardiovascular disease surge worldwide requires collaboration (2010, March 22) retrieved 2 May 2024 from <https://medicalxpress.com/news/2010-03-tackling-cardiovascular-disease-surge-worldwide.html>

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