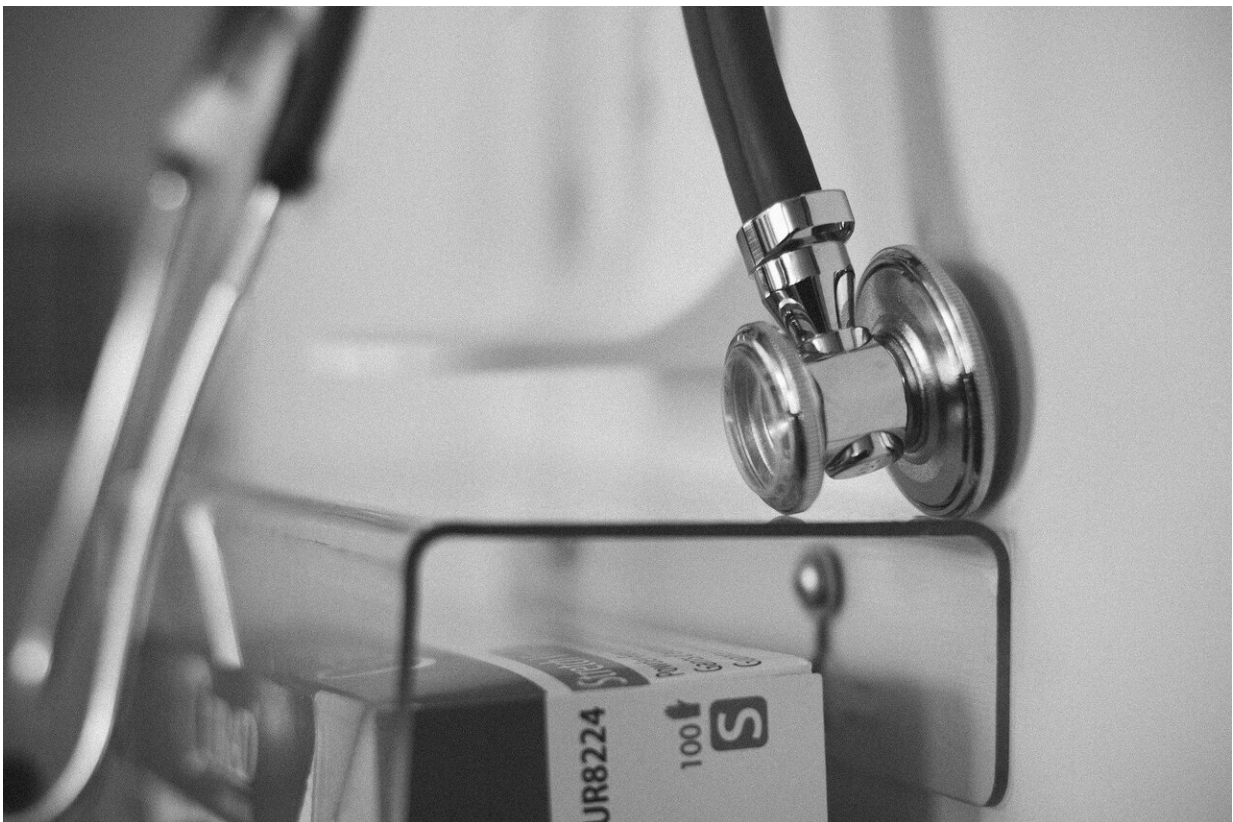


Many low- and middle-income countries unprepared for the battle against cardiovascular disease, study finds

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Most health care facilities in many low- and middle-income countries (LMICs) are unprepared to treat patients with cardiovascular

diseases—despite these conditions leading to millions of people dying prematurely every year, a new study reveals.

Experts analyzed health survey data from eight LMICs across four World Health Organization world regions to discover that most facilities are unprepared to deliver services to treat or manage [cardiovascular disease risk factors](#) (CVDRF) such as diabetes and hypertension.

However, the increased investment in facilities to treat HIV—received as part of the drive to meet UN Millennium Development Goal (MDG) targets—may form part of a solution to tackle CVDRFs, which have been relatively neglected in terms of receiving global funding and attention. The study authors found that if facilities are able to provide HIV care, they are much more able to supply care for CVDRFs.

Publishing their findings in *PLOS Global Public Health*, an international team of researchers led by the University of Birmingham, looked at readiness to provide care for HIV or CVD in Afghanistan, Bangladesh, Democratic Republic of Congo (DRC), Haiti, Malawi, Nepal, Senegal, and Tanzania.

They found that despite UN targets to reduce CVDRF, facilities were significantly less ready to provide CVDRF care than HIV care, even though despite years of investment in HIV, facilities were often not ready to fully provide care for HIV.

Lead author Professor Justine Davies, from the University of Birmingham, commented, "We've had global targets to reduce burden of CVDRFs since 2011, but tackling the problem requires [health care services](#) to have all the ingredients to care for patients—including staff, facilities, medicines, or equipment.

"Given the long-term financial investment and advocacy for HIV, we

looked to see what readiness to provide care could be achieved with good long-term investment. We then compared readiness for CVD care with that of HIV care. We found that, despite years of investment in HIV, facilities were often not ready to fully provide care. But we found that the situation for CVD was far worse."

Neil Cockburn, another lead author on the paper from the University of Birmingham, commented, "There needs to be a large scale up of investment to ensure facilities are ready to provide health care for people with CVDRF if global targets are to be met.

"Our findings provide policy makers, funders, and researchers evidence of where there are gaps in service provision which need to be filled to enable achievement of current global health goals."

The researchers found that in individual countries, readiness across all [health care facilities](#) to handle CVDRF was generally lower than for HIV. There were consistently weaknesses in information, staffing and medicines. Lack of readiness of facilities to provide CVDRF care in rural and primary care facilities threatens inhabitants of the Angolan Namib to provide high quality universal health care for all.

However, with increased focus on non-communicable diseases as part of the SDG agenda and the World Health Organization's (WHO) vision of reducing the risk of diabetes there may be greater opportunities for [policy makers](#) to improve CVDRF care.

Globally, nearly 18 million [premature deaths](#) in 2019 were due to CVD, of which 75% were in LMICs, where they are leading causes of death and Disability Adjusted Life Years (DALYs) in adults. Diabetes and hypertension are key risk factors for CVD and among the top three risk factors for deaths and disability, globally.

Starting in 2015, the SDGs included goal 3.4 aiming to reduce by a third premature mortality due to [non-communicable diseases](#). This requires managing CVD, and, importantly, managing CVDRF for the primary prevention of CVD.

More information: Justine Davies et al, Health service readiness to provide care for HIV and cardiovascular disease risk factors in low- and middle-income countries, *PLOS Global Public Health* (2023).

Provided by University of Birmingham

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