

# Heart disease *and* stroke threaten developing world

WORDS STEPHEN R. LEEDER AND ANGELA BEATON


**H**ear attack and stroke, thought to be typically western diseases, are fast becoming major threats in developing countries. Four times as many deaths in mothers occur in most developing countries than do childbirth and HIV/AIDS: HIV/AIDS causes three million deaths a year; stroke and heart attack cause 17 million. Yet heart disease and stroke have attracted virtually no interest from international agencies committed to improving global health. It is time for that to change.

Developing economies are seeing the kind of devastation to their workforces that Western countries experienced 50 years ago. Troubling as these patterns are, they are but the first rumbles of the storm. The worldwide shift of working people from rural to city living has paralleled rising levels of prosperity and with it, greater consumption of food. A worldwide epidemic of obesity, even where under-nutrition persists in poorer quarters, presages high levels of diabetes, heart disease and stroke ahead.

Fortunately, we can prevent and treat much heart disease and stroke. Treatment of raised blood pressure and blood lipids with drugs radically reduces risk and smokers who quit halve their risk of heart disease and stroke within two years. The World Health Organization has shown commendable leadership in relation to global tobacco control and now has its sights set on nutrition and exercise. Governments can assist by taxing tobacco and promoting good lifestyle habits, ensuring that all citizens have easy access to clinics, and plan

healthier cities. Poor urban environments exacerbate physical and mental illnesses, now a major burden of global illness, at the expense of the economies of developing countries and our planet.

To wait until heart disease and stroke decimate workforces before we take the global epidemic of heart disease and stroke seriously, would be both a health and economic tragedy. Heart disease and stroke are already propelling families into poverty in developing countries as young breadwinners and mothers die. Many developing countries have yet to create programs to control these diseases through long-term changes in macroeconomic policies, and by providing effective clinical care. Prevention programs must be locally sustainable for an indefinite future, and so developing countries should be encouraged to take the first step themselves, now.

There is a responsibility for Australian medical students in advocating for action. Medical professionals have an important role in educating the public and lobbying governments to take up the challenge. Countries need the encouragement that stronger vocal advocacy for change can provide, to prod governments and donors into action, and international aid agencies should add to their agendas efforts to work with developing countries to contain these urgent and heavy threats to global health, national prosperity and family life in the developing world. Commitment from the highest levels of government in these countries is essential for comprehensive heart disease and stroke prevention. It will be important to graduate medical practitioners that have the capacity to deal with the consequences of an increased burden of chronic illness and an ageing population, and to assist communities to help themselves. 

*Stephen Leeder is a Professor of Public Health and Community Medicine at the University of Sydney and Director of the Menzies Centre for Health Policy. He has a long history of involvement in public health research, educational development and policy. His research interests as a clinical epidemiologist have been mainly asthma and cardiovascular disease. His interest in public health was stimulated by spending 1968 in the highlands of Papua New Guinea. Dr Angela Beaton is a Research Officer at the Menzies Centre for Health Policy.*