The Regional Committee, at its thirty-fourth session in 1983, recognizing the increasing importance of cardiovascular diseases as a public health problem in the Region, adopted resolution WPR/RC34.R15 on cardiovascular disease.

The present document highlights recent developments in the regional cardiovascular disease control programme in the light of the above resolution. Section 4 of the document sets out for the Regional Committee's consideration a few proposals concerning the type of action required for future programme development.
1. INTRODUCTION

In 1983, the Sub-Committee of the Regional Committee on Technical Cooperation among Developing Countries recommended that the topic of cardiovascular disease control should be considered as the subject of the technical discussions at a forthcoming session of the Regional Committee.

The Regional Committee, at its thirty-fourth session in 1983, in view of the increasing importance of cardiovascular diseases as a public health problem in the Region, adopted resolution WPR/RC34.R15 urging Member States to undertake various measures in support of the development of programmes for the prevention and control of cardiovascular diseases.

It was proposed at the Regional Committee in 1984 that cardiovascular diseases should be an item on the agenda for its thirty-sixth session.

2. REGIONAL SITUATION

While progress achieved in the control of communicable diseases in the Western Pacific Region has resulted in increased life expectancy, rapid industrialization and urbanization have produced cultural and environmental changes which accelerate the development of noncommunicable diseases. Cardiovascular diseases are in consequence emerging as a public health problem of major importance.

Mortality and morbidity from such diseases, especially hypertension, stroke and coronary heart disease, are rapidly increasing in many developing countries of the Region. Rheumatic fever and rheumatic heart disease are prominent as potentially preventable cardiovascular disorders in some developing countries.

Hypertension is common in most parts of the Region and stroke is one of the major health problems in many countries, particularly Japan, Republic of Korea and the northern part of China.

Coronary heart disease, although now levelling off or declining in Australia and New Zealand, has shown a significant increase in Fiji, Malaysia, the Philippines and Singapore.

Rheumatic fever and rheumatic heart disease are still major health problems in countries such as China, particularly the southern part of the country, the Philippines and Viet Nam.

The main constraints in the development of the regional and national cardiovascular disease control programmes can be summarized as follows:

(a) unreliability or lack of statistics on the nature and extent of cardiovascular diseases in many developing countries;
(b) failure to give the necessary emphasis to cardiovascular diseases in national health plans in view of differing public health priorities among countries;

(c) lack of a responsible unit, or even a focal point, for this programme area in the ministries of health of most developing countries, thus hindering the development of a national control programme;

(d) shortage of trained epidemiologists, public health administrators and even cardiologists who can engage in cardiovascular disease prevention and control activities;

(e) lack of experience in planning the implementation and management of community-based cardiovascular disease control programmes;

(f) the priority accorded by many countries to the curative rather than preventive aspects of the diseases, and the failure to give adequate emphasis to life-style changes such as proper nutrition and appropriate exercise.

3. RECENT DEVELOPMENTS

Following the adoption by the Regional Committee of resolution WPR/RC34.R15 in September 1983, Member States and nongovernmental organizations have contributed to the strengthening of the cardiovascular disease control programme, and increased funding has been provided.

Collaborative activities under the programme have been directed towards the development of community-based approaches to cardiovascular disease control, integrated into the existing health care system through primary health care.

To help determine the nature and magnitude of the problem, collaboration has been extended to Samoa, Tonga and Vanuatu in the statistical analysis of existing data on morbidity and mortality due to noncommunicable diseases. Although certification of death is still incomplete, it has been shown that the most common medically certified cause of death in Samoa in the years 1977-1982 was cardiovascular diseases. According to hospital data in Tonga, noncommunicable diseases have increased substantially during the past twenty-five years and hospital deaths due to cancer and cardiovascular diseases increased from 8% in the period 1956-1960 to 44% in the period 1976-1980. In the years 1981-1982, cardiovascular diseases were the second most common cause of hospitalization among females aged 45-64 years and the most common cause of hospitalization among females aged 65 years and over. In the same period, cardiovascular diseases were the third most common cause of hospitalization among males aged 45-64 years, and the second most common cause of hospitalization in males aged 65 years and over. It has thus been confirmed that cardiovascular diseases are already a major public health problem in Samoa and Tonga.
The Government of Vanuatu, while acknowledging that noncommunicable diseases are not yet a major health problem, has expressed the desire to obtain baseline data about the current extent of some of these diseases. A joint mission of WHO and the South Pacific Commission is visiting Vanuatu in July-September 1985 to conduct a cardiovascular disease and diabetes survey.

Collaboration is also being provided in the second half of 1985 to Malaysia and the Republic of Korea in relation to a review of the cardiovascular disease situation and the development of community-based cardiovascular disease control programmes, and to Viet Nam in its review of the progress of the rheumatic fever/rheumatic heart disease programme.

A joint mission of WHO and the South Pacific Commission visited Cook Islands, Fiji and Kiribati in October 1983 to assess the possibilities of developing noncommunicable disease prevention and control programmes in the South Pacific. The mission concluded that there were real possibilities of implementing primary and secondary prevention and control programmes in Fiji and Cook Islands. On the recommendation of the mission, the National Diabetes Centre was established in Suva in May 1984 to provide training for health personnel as well as public education in diabetes mellitus. WHO has provided supplies and equipment and local costs for training courses for this Centre. The Government of Cook Islands has submitted to WHO a proposal on noncommunicable disease activities for implementation during the period 1986-1987.

Comprehensive community cardiovascular disease control programmes are now in operation in Beijing, China, and in the province of Pangasinan in the Philippines. To strengthen these activities, cooperation was extended to China for a national workshop on the epidemiology of cardiovascular diseases in Shanghai in October 1983, and to the Philippines in relation to a training programme for trainers in the cardiovascular disease control programme in Manila in January 1984. The above control programmes will be reviewed in the second half of 1985. Tonga is now developing a project on rheumatic fever/rheumatic heart disease prophylaxis.

Following the adoption of resolution WHA36.32 on the prevention and control of cardiovascular diseases in May 1983, the global WHO Intensified Programme for the Prevention of Cardiovascular Diseases was established comprising two components: rheumatic fever/rheumatic heart disease and coronary heart disease. China, the Philippines and Tonga participated in the first component of the programme. A meeting of national programme managers from these three countries is scheduled to be held in Manila in October 1985. Australia, Japan, New Zealand and Singapore are participating in the second component of the programme. A meeting of investigators on the intensified coronary heart disease programme is to be held in Geneva in November 1985.

In the area of training, a fourth regional training course on the epidemiology and community-based control of cardiovascular diseases was held in Kuala Lumpur in August 1984. It was recommended that provision should be made for the inclusion of other noncommunicable diseases such as diabetes mellitus in the programme of future cardiovascular disease courses in order to introduce an integrated approach to the control of noncommunicable diseases. A national workshop on prevention and
community control of rheumatic fever was conducted in Guangzhou, China, in June 1985. A national training programme is being conducted in eleven regions of the Philippines to develop a core of trainers for cardiovascular disease prevention and control at the provincial and district levels.

4. ACTION PROPOSED

(1) Programme activities will be initiated and further developed for the prevention and control of cardiovascular diseases as an integral part of national health plans.

Activities will be centred on:

(a) Preventive aspects of the diseases with emphasis on life-style changes such as proper nutrition, regular physical activity and non-smoking. To prevent the development of risk factors, emphasis will be placed on a well-balanced diet avoiding excesses of dietary energy intake, dietary salt and saturated fats as well as on avoidance of obesity and sedentary living habits.

(b) Education of the public. Information on general preventive measures will be disseminated widely to the public through available channels of communication such as the mass media (television, radio, newspaper, etc.), posters and booklets, meetings, home visits by health workers, as appropriate. Special emphasis will be given to the inclusion of health education in the school curriculum at primary and secondary school levels.

(c) Training of health and health-related personnel. Training in cardiovascular diseases, with emphasis on primary health care, of health personnel (epidemiologists, public health administrators, doctors and primary health care workers) as well as health-related personnel (school teachers, food industry managers, etc.) is essential for programme development.

(d) Promotion of health systems research. Member States will be encouraged to establish cardiovascular disease control programmes, starting first with pilot studies to demonstrate the nature and extent of the problem and the feasibility of instituting control measures through primary health care, using existing resources. It is not necessary to establish a comprehensive control programme immediately. Initially, attention could be concentrated on one or two major cardiovascular diseases such as hypertension, stroke, coronary heart disease and rheumatic fever/rheumatic heart disease.

In countries where diabetes mellitus is also a major health problem, the integration of community control activities on diabetes mellitus with those on cardiovascular diseases will be promoted.
(2) Member States will be encouraged to establish responsible units or focal points for cardiovascular disease control in their health ministries.

(3) Pursuant to resolution WPR/RC34.15, Member States in a position to do so will be encouraged to provide further technical and financial support to other countries of the Region in the development and implementation of their programmes.