

relevant in Africa. So must be adverse intrauterine environment, given that antenatal care is poor or absent in most parts of the continent. People often have multiple risk factors, as shown in a recent publication from South Africa which reported that 32.1% of men and 18.9% of women over 30 had a 20% or higher likelihood of developing cardiovascular disease in the next 10 years.⁴

Barriers to planning and providing care for people with cardiovascular disease compound the problem. For example, inadequate classification of deaths from cardiovascular disease in South Africa and of differences in patterns of risk and disease among ethnic groups hampered effective planning.⁵ Providers of primary and secondary health care in Nigeria reported barriers to managing cardiovascular risk which included inadequate financing, low competence among health workers, and poor laboratory support.⁶ And another study in Gambia found that poor recording of demographic data hindered the smooth execution of a project for people with cardiovascular disease.⁷ Furthermore, and unsurprisingly, Africa has the lowest output in the world of cardiovascular research.⁸

There is hope though, and some attention has finally been focused on cardiovascular disease in Africa. The International Forum for Hypertension Control and Prevention in Africa published clinical management guidelines for the whole continent in 2003.⁹ National initiatives to identify risk factors and set guidelines are now under way. Some countries have carried out national epidemiological surveys, a few have begun to continually monitor and assess their programmes, and some countries, South Africa and Nigeria among them, have their own guidelines for managing hypertension.

Such national and local strategies are essential, not least because measures imported wholesale from developed countries may not always be directly

applicable locally. Health authorities and doctors know what they need to do to tackle cardiovascular disease. But difficulties such as underfunding, poor infrastructure, inadequate access to cheap generic drugs and fixed dose combinations, and lack of public recognition and acceptance of the importance of cardiovascular disease will continue to hinder the effective implementation of both population based health programmes and those aimed at people at high risk. The continent's people need education on healthier (but, perhaps in some African societies, culturally undesirable) lifestyles such as weight reduction, smoking cessation, and greater physical activity.

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