

National experience in NCD behavioral risk factor surveillance

Mortality data from the Pakistan's Federal Bureau of statistics show that 54% of the mortality can be attributed to non-communicable diseases (NCDs). To address this, the partnership led by the NGO Heartfile and including the Ministry of Health and WHO is implementing the first phase of the National Action Plan on NCDs; establishing a surveillance system for NCDs is part of this and includes integrating NCDs into the existing facility based data systems, strengthening registry based surveillance of cancers and stroke, improving the cause of death system and the setting up of a population based risk factor surveillance system. The first round of the latter has been completed in one district of the country (total population 3.4 million) on a population weighted sample using a two-stage stratified sample design. Face-to-face interviews were conducted with the help of a structured and validated questionnaire seeking guidance from the BRFSS and WHO Steps modules. Results showed that mean age of the respondents was 39(± 11) years; 32.7% of the respondents were illiterate and mean income was US \$ 109. Results showed high prevalence of adverse risk behaviors coupled with low level of knowledge about NCD risk factors. 41% men and 6.9% women used tobacco, more than 20% of the population was overweight, more than 90% was physically inactive in the leisure domain and 24.3% of the population over the age of 18 years had high blood pressure according to the JNC 7 criteria. As opposed to this, a significant proportion of the population had *incorrect* knowledge about risks for NCD in the following domains: knowledge of heart attack 94.8%; causes of heart attack 78.7%; healthy diet 73.8%; effects of smoking on health 76.3%; effects of obesity 77.4%; effects of childhood obesity 93.4%; effects of untreated diabetes 85.9%; causes of cancer 72.7%. This pattern calls for aggressive policy interventions to scale up locally suited behavior change interventions.

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