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The Rising Burden of Cardiovascular Diseases in Somalia: Causes and Solutions

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Dear Editor,

In the Horn of Africa, Somalia is facing a significant increase in the prevalence of cardiovascular diseases (CVDs) (1). Once considered a health concern primarily affecting high-income nations, Cardiovascular diseases are now a growing threat in low- and middle-income countries, including Somalia (2). This article explores the reasons behind the escalating rates of CVDs in Somalia and highlights potential solutions to address this alarming public health challenge.

One of the primary contributors to the rising burden of CVDs in Somalia is the significant shift in lifestyle and dietary habits. Urbanization, westernization, and the adoption of sedentary lifestyles have decreased physical activity levels (1). Additionally, the consumption of unhealthy, high-calorie diets rich in saturated fats, sugars, and processed foods has become increasingly common, leading to obesity, hypertension, and other risk factors for CVDs (3, 4). Inadequate awareness and health education are crucial factors in Somalia's increasing prevalence of CVDs (1). Limited knowledge about the risk factors associated with CVDs, such as smoking, poor nutrition, and physical inactivity, prevents individuals from making informed choices regarding their health (5, 6). A lack of public health campaigns and educational initiatives focused on preventive measures and early detection further exacerbates the problem.

The healthcare infrastructure in Somalia faces numerous challenges, including limited resources, inadequate facilities, and a shortage of trained healthcare professionals (7). These challenges impede timely access to quality healthcare services, preventive screenings, and essential medications for CVDs. The lack of reliable data on cardiovascular disease prevalence and outcomes also hampers effective policy planning and implementation (8, 9). Socioeconomic factors, such as poverty, limited access to healthcare services, and low health literacy rates, significantly contribute to Somalia's increasing burden of CVDs (10, 11). Poverty often leads to malnutrition, limited healthcare-seeking behavior, and a lack of access to medications and diagnostic tests. Inadequate living conditions, including overcrowding and exposure to indoor air pollution, further increase the risk of CVDs (12).

The prolonged conflict and political instability in Somalia have detrimentally impacted healthcare systems and overall population health (13). Displacement, inadequate sanitation, and limited availability of clean water exacerbate the risk factors for CVDs (14). The disruption of healthcare services, displacement of healthcare professionals, and the diversion of resources toward conflict management leave the population vulnerable to the growing burden of non-communicable diseases, including CVDs (15).

Efforts should be made to improve health education and raise awareness about the causes, risk factors, and prevention of cardiovascular disease. Public health campaigns, school-based education programs, and community outreach initiatives can be pivotal in

disseminating information and promoting healthier lifestyle choices (9). Investment in healthcare infrastructure is crucial to enhance cardiovascular disease prevention, diagnosis, and management. This includes improving access to healthcare facilities, ensuring a consistent supply of medications, and strengthening the capacity of healthcare professionals through training programs (16).

Efforts should focus on implementing preventive measures to address the risk factors associated with CVDs. This includes promoting physical activity, encouraging healthier diets, tobacco control initiatives, and early screening programs to detect and manage risk factors (17, 18). Investing in research and data collection is vital to understand the specific challenges faced by the Somali population regarding CVDs. Reliable data will help develop evidence-based policies, set priorities, and monitor the effectiveness of interventions (1).

The rising burden of CVDs in Somalia necessitates immediate action to address the underlying causes and mitigate the associated risks. By promoting health education, strengthening healthcare infrastructure, implementing preventive measures, and investing in research and data collection, Somalia can reduce the prevalence of CVDs and improve the overall health and well-being of its population. International collaboration and support are also crucial in achieving these goals and ensuring a healthier future for Somalia.

Footnotes

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