

Non-Communicable Diseases: A Continually Missed Opportunity

INTRODUCTION

Non-communicable diseases (NCDs), including cardiovascular diseases, diabetes, and chronic respiratory conditions, are now the leading cause of death in Pakistan. While the country’s disease burden has shifted decisively toward NCDs over the past three decades, national data systems have not evolved accordingly. As a result, policymakers lack timely and reliable information to guide prevention, planning, and resource allocation.

THE CURRENT SITUATION

NCDs now dominate Pakistan’s disease burden cardiovascular diseases have risen from the second leading cause of death in 1990 to the first in 2019, alongside steady increases in diabetes and chronic kidney disease as shown in Fig 1.

National NCD data are severely outdated

The only comprehensive and nationally representative health survey focused on NCDs was conducted more than three decades ago, during 1990–94.

Routine national surveys do not capture NCDs

Regularly conducted surveys such as PSLM, DHS, and MICS exclude NCD indicators.

Devolution has fragmented NCD data systems

Following devolution, provinces have adopted varying approaches to data collection and intervention. This lack of standardization limits comparability across provinces and weakens national-level planning.

KEY MESSAGES

- Institutionalize regular national NCD surveillance** by integrating a core set of NCD and risk-factor indicators into existing surveys.
- Adopt digital and mobile-based data collection tools** to improve timeliness, reduce costs, and expand geographic coverage, particularly in under-represented regions.
- Establish a federal–provincial coordination mechanism for NCD data governance** to standardize indicators, and ensure comparability across provinces.
- Operationalize existing national NCD frameworks** by linking improved data systems to planning, budgeting, and accountability processes at both federal and provincial levels.

WHY THIS IS A PROBLEM

Without reliable data, effective policy action is not possible.

Prevention and control efforts cannot be targeted without knowing where the burden is greatest.

Budgeting and planning decisions are made with limited evidence.

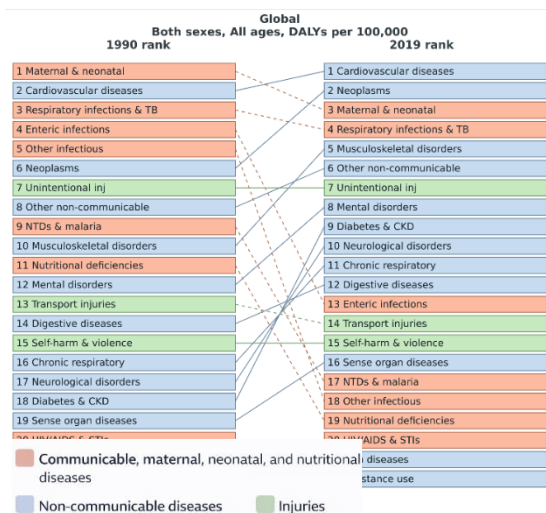
Progress toward SDG 3.4—reducing premature deaths from NCDs—cannot be adequately monitored.

Provincial disparities in disease burden and risk factors remain poorly understood.

RECOMMENDATIONS

- Institutionalize regular national NCD surveillance** by integrating a core set of NCD and risk-factor indicators into existing surveys.
- Adopt digital and mobile-based data collection tools** to improve timeliness, reduce costs, and expand geographic coverage, particularly in under-represented regions.
- Establish a federal–provincial coordination mechanism for NCD data governance** to standardize indicators, and ensure comparability across provinces.
- Operationalize existing national NCD frameworks** by linking improved data systems to planning, budgeting, and accountability processes at both federal and provincial levels.

Figure 1: Change in leading causes of death in Pakistan from 1990 to 2019¹



Reference

¹ Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from (Accessed 3/11/2025). For terms and conditions of use, please visit conditions

This report was made possible with support from Gates Foundation (GF). The contents are the responsibility of Research and Development Solutions, Private Limited and do not necessarily reflect the opinion of GF.



For more information, please contact
Dr. Adnan Khan, MBBS, MS.

adnan@resdev.org