Presidential Report to the Annual General Meeting of the South African Heart Association, 23 October 2009, Sun City, Pilansberg, North West Province

It is a pleasure to present this report on the occasion of the 10th Anniversary of the formation of the South African Heart Association. SA Heart was formed in September 1999 from the amalgamation of the Southern African Cardiac Society and the South African Society of Cardiac Practitioners. SA Heart has lived up to the original intentions of representing the professional interests of cardiologists, cardio-thoracic surgeons and allied professionals in South Africa. The good health of our Association is epitomised by the ever growing number of special interest groups of the association. This congress is about to witness the establishment of two new special interest groups in basic cardiovascular sciences and imaging which will be added to the existing six special interest groups.

Ten years is a significant milestone in the life of an organisation and it is incumbent on us to take stock of the strengths, weaknesses, opportunities and threats facing our association at this juncture. The main strength lies in our commitment to marry the needs and interests of academic and public service practitioners on the one hand with those of our colleagues in private cardiology on the other. I understand that the public:private divide was the original schism that maintained the two societies that merged into the South African Heart Association in 1999. We must continue to ensure that SA Heart strives to meet the interests of all its members, through its committees and through the leadership of the Executive Committee. The collective wisdom that resides in our Exco is truly remarkable and it has been my wonderful to work my honourable colleagues over the past two years.

There are several major weaknesses in our Association that need intensive work over the years to come. First, our ability to measure the quality of care that we offer to the nation is weak. This is a vital function of an Association such as ours, and it is the means by which we ensure that we are accountable to our patients and to the nation. The SA Heart Registry has an important role to play in addressing this area of weakness, and I am pleased that it is at last showing signs of life, as you will be informed in a later presentation. Second, our ability to influence the policy formulation by public and private funders of healthcare is limited. For example, we should play a leading role in determining the numbers of cardiologists and cardio-thoracic surgery who are trained to meet the cardiovascular health needs in the country. We need to work harder in generating information that will influence policy makers and health planners for better cardiovascular health.

The great opportunities that have opened up for us relate in no small part to our affiliation with the Pan African Society of Cardiology (PASCAR), the European Society of Cardiology, and the World Heart Federation. I represented SA Heart at the recent PASCAR Congress in Abuja, Nigeria where more than 150 cardiologists and cardiac surgeons from all over the continent were gathered to discuss the rising burden of cardiovascular disease in Africa. SA Heart and its members have much to offer to our colleagues in the rest of the continent in our common pursuit of improving cardiovascular health for our patients. The next PASCAR Congress will be held in Kampala, Uganda in May 2011 and I look forward to seeing many of you at that meeting.

We are grateful for our links with the European Society of Cardiology (ESC) where SA Heart was invited to set an exhibition stand during the meeting in Barcelona in September. I thank Erika Dau for the fantastic job she did in serving as our ambassador to Spain during that brief period. The ESC is inviting members of SA Heart to apply for the ESC Fellowship which is associated with several benefits including free attendance at the annual ESC congresses. The
World Heart Federation is considering the bid of SA Heart to host the next World Congress of Cardiology in either 2012 or 2014. I understand that the decision on our bid will be made at the time of the World Congress of Cardiology in China in June 2010.

Finally, I want to speak about two threats that face the cardiovascular community in South Africa today. The natural threat and enemy of the cardiovascular practitioner is cardiovascular disease itself. An analysis of the numbers of people dying from ischaemic heart disease, other forms of heart disease (such as cardiomyopathy and rheumatic heart disease) and stroke shows mixed fortunes. The number of deaths attributable to ischaemic heart disease and stroke has in fact fallen over the past few years, whereas deaths from hypertensive heart disease and other forms of heart disease (such as cardiomyopathy, rheumatic heart disease and tuberculous pericarditis) have increased by 20-23% from 1999 to 2006.(1) We do not know the reasons for the falling death rate from ischaemic heart disease and stroke, but it is associated with with a significant reduction in smoking rates in the country. There is however a great challenge for us to re-double our efforts in addressing the rising death rate from non-ischaemic heart diseases such as hypertensive heart disease, cardiomyopathy, rheumatic heart disease and tuberculous pericarditis.

The proposed National Health Insurance scheme is seen by many among us as a threat to the practice and viability of medicine as we know it in South Africa. This is one of the major health reforms that will shape healthcare in South Africa for decades to come, and I am delighted that there will be an opportunity for this matter to be discussed later on in this conference. I invite all interested delegates to attend the session on the ‘National Health Insurance and the Future of Cardiovascular Healthcare in South Africa’ that will take place in the Pilansberg room at 2PM on Saturday 24 October 2009. While some view the National Health Insurance proposal as a threat, others have said that it may well be a great opportunity for ensuring equitable assess to essential healthcare services for all South Africans.

It has been a priviledge and an honour for me to serve the South African Heart Association as President for the past two years. It has been a wonderful and exciting period in the life of the Association and that of South Africa in general. I thank my colleagues in Exco for collegial working relations, and I wish our new President, Dr Martin Sussman well for the future.

I thank you.

Bongani M Mayosi
President, SA Heart
Cape Town
10 October 2009

Reference