I sincerely thank you the SAHeart® members, the Board, Executive, Standing Committees, Regional Branches (RB) and Special Interest Groups (SIG) for entrusting me as your President over the past two years. It certainly has been an honour and privilege to serve. Again I sincerely thank and acknowledge Mrs. Erika Dau our amazing General Manager for her constant assistance. I reiterate that Erika is the “heart-beat” of SAHeart® and without her there would be no association.

My tenure as President is almost up and I wish to express to you all that I have always tried to lead in my own way, but with inclusivity and agility. I personally have struggled with certain issues, especially the corporate governance requirements of a company board. I have learned a lot and it was a real “wake up lesson” for me to step into the role of Chairman thereof. I keep joking that I am a doctor and not an experienced company director or businessman. I was naïve and I was initially not aware of the onerous responsibilities and demands for a company. I have really tried my very best to keep up and respond to almost everything that has come my way. I certainly have made mistakes but I have kept my feet on the ground with the bulk of issues. My own personal aim is to make you the members excited to be part of the SAHeart® family.

SA Heart® formed as a non-profit company in 2016 and has grown enormously in the past few years. Our vision is to advance cardiovascular care for all of the citizens of beautiful South Africa and our mandate is to:

- Promote public welfare through increasing awareness and aid development of the cardiovascular (CV) life sciences.
- Represent, promote and protect the professional interests of CV professionals; and to promote good fellowship and collaboration amongst all of our members.
- Take leadership in establishing and maintaining practice guidelines for quality CV healthcare delivery.
- Actively promote research, teaching and training directed towards the prevention and treatment of CV disease, through *inter alia*, supporting scholarships, bursaries and awards.

SA Heart® and all it’s subgroups are to unite and stand as one to be heard by members, funders, the corporate world, authorities and the public. We importantly are moving away from a purely member-centered organization to a more inclusive organization. We will have more public responsibility and accountability. Realising our responsibility with respect to governance and integrated reporting, we have now made critical adjustments to the Memorandum of Incorporation (MOI) and company structure. The process has been arduous but is necessary to facilitate optimal function and adherence to company law. The MOI
governs the relationship between members and SA Heart®. It states our objectives and provides the Board with a mandate. For official adoption, the new MOI will be voted for at our ordinary annual general meeting in November. Please actively take part and change SA Heart® for the better. Until now allied cardiac professionals were associate members with no voting rights. However, in the future all members within South Africa will have voting status. I have no doubt that you all will welcome equal opportunity for all across CV professions. We want to include all those with a passion to make positive future changes for SA Heart®. The Board will not have less than three and not more than ten members (directors). To bring a new dimension, it is vital that we include independent directors with financial, corporate governance and legal expertise, and this will add a new dimension and skill-set. Moving away from the old structure, the post of President will remain and will be a Board member (the spokesperson and representative of SA Heart®), but will not necessarily be the Board Chairman. I personally would have welcomed this after my experience in this position for the last two years. The post of president-elect, vice-president, treasurer and secretary will fall away. Committee chairs such as the Journal editor will no longer be on the executive by default. The National Advisory Committee will be replaced by the Board Stakeholder committee, which will have a representative from each SIG. There will also be room for regional branches and others to be represented.

Furthermore, the Memorandum of Understanding (MOU) sets out the relationship between SA Heart®, the SIG’s and RB’s. It defines the implementation of policy. The MOU has been carefully reworked after considering constructive feedback from the latter two groups. We wish to celebrate the successes’ of the SIG’s and RB’s, but at the same time to bring them into the broader mission of SA Heart®.

SA Heart® has also drawn up a code of conduct, a set of values for us to abide by. It is applicable to all committees, members and subgroups. It is obvious that we remain always professional, ethical, caring, committed and innovative. It is also dictates how we should direct things during meetings. We have in the past unfortunately witnessed certain strong personalities denigrating others during committees, and this will not be tolerated in the future.
I am sure that you all will agree that the last nine-months has been extremely challenging for all because of the pandemic. COVID-19 has changed everything; the way we work in healthcare and the way we professionally interact with each other. In addition medicine and cardiology has become extremely cumbersome as to how we have to strategically plan every encounter with patients. For me personally, it has been inspirational in the way everyone has come together to support their colleagues and work together in teams. I have found that professional camaraderie is at an all-time high and this will certainly set an example as to how we can professionally move forward in the future. SAHeart® is grateful to all of you who continue to unselfishly put yourselves in the frontline for the benefit of your patients. Respect for physicians is now at an all-time high and it is therefore most relevant to relay a message recently sent by the European Society of Cardiology (ESC):

“In these testing times, never has community meant so much. Never have we relied on each other as we have during the pandemic. Your selfless dedication to your patients and to the mission that we all share is a source of enormous pride. Even in the midst of COVID-19, you continue to share your science and help each other”.

Thank you, all the cardiologists and allied cardiac professionals for the example that you have set. South Africa can be really proud.

COVID-19 continues to pose a threat to us physicians and it is with great sadness that we mourn the tragic passing of our esteemed colleagues, Professor Solomon Levin, and young Professor Lungile Pepeta, Dean of the Nelson Mandela Faculty of Health and former Vice-President SAHeart®. Both were considered giants in the field of paediatric cardiology. They dedicated their lives to serving their patients and South Africa. Professor Levin, was the father of paediatric cardiology and was a great mentor to many trainee cardiologists, like me, who specialized at the University of the Witwatersrand. He taught me all that I know about paediatric cardiology. Professor Levin passed away at the hospital where I work, Netcare Linksfield Clinic in Johannesburg. We were really saddened by the circumstances of both he and his wife, Cynthia’s passing. Last year SAHeart bestowed Professor Levin with honorary life membership of our association and we are pleased that we were able to do so.
Prof Solly Levin

NELSON MANDELA UNIVERSITY

MEMORIAL SERVICE

Professor Lungile Pepeta
16 July 1974 - 07 August 2020
Lala Ngoxolo | Rest in Peace
In February this year we sadly lost one of the world’s foremost scholars of heart disease, Professor Lionel Opie, co-Founder of the Hatter Institute. His major interest was in relation to cardiac metabolism, as well as heart failure, cardiovascular drug therapy and hypertension. He published more than 500 scientific articles. His books “Drugs for the Heart” and “Heart Physiology from Cell to Circulation” are referred to as “Bibles” in Cardiology. In 2006 he was given the highest award by the President of South Africa, the Order of Mapungubwe, silver, for “excellent contributions to the knowledge of and achievement in the field of cardiology”. Professor Opie was respected by all for his humility, integrity and passion for research. We are forever grateful for the wonderful legacy that he has left behind.

The unprecedented circumstances of the pandemic unfortunately has forced us to take the drastic decision to cancel the SAHeart® Congress 2020. This had to be done as we were facing paying out significant guarantees for the congress venue and the professional congress organisers. We could not risk these funds, especially as there is so much uncertainty about the future of face to face meetings in the medium term. I personally have been particularly passionate about our annual congress, having chaired the SAHeart 2017 and being significantly involved with the organization of last year’s meeting, “Meeting the Needs of Africa”. I never ever envisioned that we would have ever cancelled “2020: Back to Basics”. I have always felt that the congress is a project that starts from a few ideas and then develops into a magnificent educational endeavour, almost magical in my humble opinion. We do however look forward to a successful 2021 Congress and I am happy to chair and organise this.
The cancellation of the 2020 Congress has left SAHeart® with a now budgeted financial loss for this year, in the region R2 Million, which has been completely unavoidable. Most organisations and companies may well be facing similar difficulties. Our respected and experienced treasurer, Professor Francis Smit has however reassured us that we have enough financial reserves to carry SAHeart® through for two years. We are presently investigating a series of SAHeart® virtual webinars that will provide for some income and importantly we are looking forward to a successful 2021 meeting.

On a hugely positive side, SAHeart® is now having our “voice heard” and importantly we welcomed the opportunity to engage and advise the National Department of Health (NDOH) with regard to the CV issues related to COVID-19. The board took part in an urgent Zoom meeting (29.07.2020) with the honourable Minister of Health, Dr Zweli Mkhize, the deputy Minister of Health as well as the Director General and Deputy Director, and this was at their invitation. Our perspectives were shared and were enlightening to the NDOH. We have as requested provided an official SAHeart® position statement on these important issues (available on saheart.org) and this will soon be published in the journal. We stressed that COVID-19 is not only a respiratory disease, that clinicians must be vigilant for CV complications and there is much more to the management of these patients than the maintenance of oxygenation. We stressed that it has been a world-wide phenomenon that during the pandemic, patients have been ignoring important symptoms and not seeking care, sometimes with dire consequences. SAHeart® has therefore feared a second public health emergency w.r.t CVD and other non-communicable disease (NCD’s). In addition it is important that those with chronic conditions must attend their routine follow-up visits, where early problems can be detected and management plans may be adjusted. The treatment of acute cardiac syndromes are time-sensitive and the minister agreed that the public must heed the message that they must urgently consult their physicians, especially if they experience symptoms such as chest pain, dyspnea and syncope. We were invited to be on the Ministerial Advisory COVID Committee and we have nominated Professor Mpiko Ntsehke to be our representative as such. In addition the Minister was direct in that he would like our continued future involvement with the NDOH for NCD’s. SAHeart® as the go to organization, is ideally placed to advise on these crucial issues. Our involvement will also set a stage for us as to dictate what is acceptable standards of cardiac care, especially with National Health Insurance looming. We stressed to Dr Mkhize that we look forward to more constructive meetings with the NDOH.
SAHeart® has created a COVID portal on our website (saheart.org-news), where appropriate articles and feeds are posted w.r.t. the pandemic and heart disease. Please feel free to alert us to anything new and current that you would like attention drawn to.

We all have been involved in many meetings re CVD and the pandemic. I recently was invited to partake in a webinar, “COVID-19: Empowering doctors to flatten the curve & ensure real recovery” on 24.08.2020. Dr Zweli Mkhize began the meeting with “Bolstering primary care doctors in their fight against COVID-19. Prof Salim Abdool Karim (Chair of the COVID-19 ministerial advisory) followed with an update re the epidemiology of the pandemic. Prof Guy Richards (Emeritus chair of Critical Care, University of Witwatersrand) thereafter with “Acute
Care at Home: Long-term Recovery”. My presentation was the warm-down act, “the cardiovascular nature of COVID-19”. I tried to showcase SAHeart and stress our mission and vision for South Africa. There were two thousand attendees and the meeting was streamed on television as well.

On 27.08.2020 I was also fortunate to have moderated a further HEFSA webinar, with Dr Ferai Dube presenting, “Cardiovascular Disease Management – Post COVID Infection” that was sponsored by Amgen.

On 03.09.2020, Dr Blanche Cupido (President Elect SAHeart®) took part in a webinar with the Heart and Stroke Foundation. Her presentation was entitled “COVID-19 and the cardiovascular patient: A practical approach”. I have no doubt that Blanche did significant justice to this.
On 18.09.2020, Dr Cupido, Professor Zuhlke and I took part in a Mail & Guardian webinar, “COVID-19 and CVD: the heart in the time of crisis” The webinar was an informal conversation and was moderated by television anchor Marcelle Gordon.
I remain involved with the Private Practice Committee (PPC) and have functioned as a go-between with the various funders, particularly when our members have faced audits. We have successfully resolved a number of issues to the satisfaction of all parties, before escalation to a more drastic legal issue. I have built up a good relationship with the Discovery and Medscheme forensic departments and they are willing to hear the consensus advice from SAHeart®. We have also given much coding advice to the funders and sorted out a number of difficulties. The PPC has now completed a large CPT coding cross-walk to determine the cost of practice under the proposed CPT system. This has now been referred onto the larger funders for further input. We will continue to update you in this regard.

SAHeart® has again recently taken part in the Angina Awareness Campaign that was sponsored by Servier. We are grateful to Dr Tawanda Butau (Chair of our Education Committee) to have lead this project. The campaign is in partnership with the ESC to create public awareness about coronary artery disease and symptoms thereof; it will culminate with World Heart Day on 29.09.2020. For this project, I have taken part in a number of radio interviews thereof, Channel Africa 24.09.2020, LotusFM 28.09.2020 and MixFM 29.09.2020. In addition Dr Butau and I both participated in the Sunday Times Connect Webinar, which was be moderated by well know anchor, Joanne Joseph. There were lots of questions from the public. We tried to simply explain re angina, the syndrome in lay persons term and treatment thereof.
Last year the Angina Awareness campaign had a significant reach with total browser views of 2,528,576, 16 publications, 13 radio interviews and 1 television interview. The project also reached 72,062 people on our SAHeart® Facebook page. If the intention is to bring awareness to symptoms of heart disease, the campaign may well have led to lives being saved and that is what we want. We therefore hope to be even more successful this year.
SAHeart® has just released a statement expressing our deepest condolences to the family of anaesthetist, Dr Abdullhay Munshi, who was tragically murdered on the 16.09.2020. We stand in solidarity with all medical professionals and associations / societies that are outraged by this senseless act, which represents one of the darkest moments of the medical profession in our country.

Dr Blanche Cupido, Cardiologist will soon take over from me as SAHeart® President. I have no doubt that I will be leaving you in very capable hands. Blanche is extremely enthusiastic and has been actively involved over the last two years as an important member of the working executive, as well as functioning as a non-voting Board member. She will certainly bring a renewed energy to SAHeart®.

With respect to my future role, I would like to remain actively involved with SAHeart®. At last year’s Congress all previous Presidents were awarded with honorary life membership, and they were asked to identify a project to take on within our organisation. It is my wish to create a chapter for Digital Innovation in Cardiology. I have already approached the European Society of Cardiology (ESC) to partner with them for this. If you regularly attend the ESC meetings,
you would have experienced their large Digital Cardiology track. The ESC certainly foresees that disruptive technologies will become a very important aspect of medicine in the future. As you may know, since I chaired the successful 2017 Congress “Fundamentals to Innovation”, (which was the most fulfilling project of my career), I have developed a passion for how technology will benefit the future of healthcare; hopefully it will free us all up from repetitive tasks so that we can concentrate on caring for our patients; it therefore has the potential to make medicine more human. The fourth industrial revolution will certainly affect the way we practice cardiology. Change is coming and will be unavoidable, but it will be exciting too. I look forward to updating and including you in this project.

With warm personal regards

Dr David Jankelow

Dr David Jankelow is a Cardiologist at Netcare Linksfield Clinic and President of The South African Heart Association.