The Lipid and Atherosclerosis Society of Southern Africa (LASSA) has a broad interest in lipid and lipoproteins spanning many disciplines, but the most emphasis is placed on severe dyslipidaemia that may result in markedly premature atherosclerotic cardiovascular disease or acute pancreatitis. For the most part, medical practitioners have insight into lifestyle and pharmaceutical management of dyslipidaemia, but there is a group of severe disorders requiring more specialised expertise. LASSA interacts with the Heart and Stroke Foundation of South Africa and is linked to the International Atherosclerosis Society (IAS). The LASSA committee members, working in academic institutions, endeavour to sustain expertise and are available for consultation with medical practitioners, scientists and the public. The committee is led by Prof. David Marais assisted by Prof. Derick Raal as secretary, Dr Dee Blackhurst, and Prof. Dirk Blom.

Along with other organisational reforms within the South African Heart Association, LASSA also updated its constitution early in 2020. Towards the end of 2019 and extending into January of 2020, LASSA provided input in several processes aimed at improving healthcare in South Africa. These included the Council of Medical Schemes review of Prescribed Minimum Benefits for Primary Healthcare Services, the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2020-2025, and the South African Medical Association assessment of these plans. It would appear that there is no coordinated response to the healthcare crisis into which South Africa is steering and the process is further complicated by uncertainty regarding the proposed National Health Insurance plan. Prof. David Marais also participated in the production of a “global call to action” for Familial Hypercholesterolaemia (FH) which culminated in a publication in January 2020. FH is known to be highly prevalent in several communities in South Africa. Prof. Marais is also participating in a World Health Federation evaluation of support for FH and has made contact with several colleagues in Africa who will assist with promoting awareness of FH as well as lipid disorders in general. The IAS has been asked to provide an educational outreach from South Africa to African countries and an outcome is still awaited. Nevertheless, the IAS made a grant available in September for a colleague in Tanzania to launch work on dyslipidaemia in collaboration with Prof. Marais.

The Covid-19 pandemic disrupted the activities that LASSA had planned not only because of the lockdown restrictions but also because many of its members, and especially the committee members, were drawn into more general medical services. The teaching course that was intended in May had to be postponed to October, and was then, owing to the uncertainty, postponed to April 2021. This course is very important to disseminate knowledge across all medical practice to ensure proper diagnosis and utilisation of the many treatment strategies now available for severe dyslipidaemia. LASSA has approached medical schemes to forge a pathway for working up patients with severe dyslipidaemias requiring special diagnostic and treatment strategies. Hopefully this will allow fast-tracking of diagnosis and treatment in the most severe cases.

Support to properly develop Lipidology at any of the health science faculties remains lacking, despite the increasing recognition of serious disorders such as familial hypercholesterolaemia and numerous other disorders that deserve specific diagnosis and more specialised management. It appears unlikely that this expertise will be sustained as most academic institutions do not offer involvement in Lipidology during training of paediatricians, physicians, endocrinologists, cardiologists and clinical as well as chemical pathologists. It is thus unlikely that in South Africa, Lipidology can become a recognised sub-specialist discipline, such as is the case in many overseas countries. This is not ideal as there are about 250 000 persons with FH and about the same number with other severe lipid disorders. Dedicated lipid clinics for patients with severe dyslipidaemia exist only in Johannesburg and Cape Town. Since neither the National Health Laboratory Service nor private pathology laboratories provide special investigations for these severe disorders, laboratory investigation of complex problems remains limited to the laboratory in Cape Town where funding and staff are limited. Upcoming retirements may further compromise the ability to make complex diagnoses in South Africa. It would be ideal to create special clinics at large centres in the country to deal with both private and public sector patients and to support one national laboratory to support diagnosis.

Since LASSA is a small organisation and has limited expenses, its finances remain intact. The funds are intended for supporting educational meetings as well as special investigations that may be required for patients.