CVD IMBIZO 2017

Prof Liesl Zühlke
President SAHeart
CARDIOVASCULAR DISEASE in South Africa

Heart disease and stroke are South Africa’s biggest killers after HIV/AIDS.

SA has one of the highest levels of overweight and obesity in the world which is a contributing factor for heart disease.

Every hour in South Africa: 5 people have heart attacks and 10 people have strokes.

80% of premature deaths (before 60 years) can be prevented with a healthy diet, regular exercise & avoiding smoking.

Globally, **CVD** takes more lives than TB, HIV and malaria combined.

Globally **CVD** kills over 17.3 million people every year – that’s almost the population of the Netherlands.

More South Africans die of **CVD** than of all cancers combined.
WHY DO WE NEED TO HAVE AN IMBIZO?

- An IMBIZO
- Etymology[edit]
- Borrowing from Zulu imbizo.
- Noun[edit]
- imbizo (plural imbizos or izimbizo)
- (South Africa) A forum for discussion of policy.
WHY DO WE NEED TO HAVE AN IMBIZO?

- GBD demonstrated that SA has an unacceptably high proportion of premature mortality and DALYs lost from CVD.
- CVD presents differently in SA with RHD, TB and CMO a high proportion and patients with heart failure or MI being two decades younger than in USA.
  - Sliwa 2010
  - Damesceno 2012
  - Mayosi 2015
  - Zuhlke 2016
WHY DO WE NEED TO HAVE AN IMBIZO?

- How well is South Africa prepared to transform our healthcare system to meet the demands of two colliding and interacting epidemics?
- The number one killer in the world is non-communicable diseases in particular cardiovascular disease – CVD kills 17.5 million lives globally and in South Africa, 18% of all deaths among individuals between 30 and 70 years are from CVD.
WHY DO WE NEED TO HAVE AN IMBIZO?

How Multi-Sector Health Partnerships Evolve

Jul 10, 2017, 2:00 PM, Posted by Emmy Ganos

Strong partnerships spanning an array of sectors—including public health, housing, education, transportation and others—are the bedrocks of healthy communities. How do they evolve and what makes them successful?

Evolving Collaborations for Health

- Medical Care
- Behavior Health & Social Services
- Community-Wide Prevention
KEY STAKEHOLDERS IN CVD SPACE IN SOUTH AFRICA

- Public service
- Private practice
- Funders
- NGOS
- Research organizations
- Foundations
- Department of Health
- Medical schools
- Cardiac Societies
- Academic centres
- Community and the public
- Regional and Global Societies
- Philanthropists
- Politicians
- Department of education, social welfare and housing
- Patients and families
• “Worldwide, deaths from NCDS will reach an estimated 44 million within the next four years, an increase of 15 per cent from who’s 2010 estimate.

• In recent years, much of the world’s attention and resources have, deservedly, been directed toward the immediate threat posed by emerging viruses, including Zika and Ebola,” said WHO’s regional director for Africa, Dr. Matshidiso Moeti.

• “…..we cannot lose sight of the enormous health dangers posed by noncommunicable diseases, especially since many of these can be prevented through changes in behaviour and lifestyle.
REPRESENTED HERE TODAY

- Public service
- Private practice
- Funders
- NGOS
- Research organizations
- Foundations
- Department of Health
- Medical schools
- Cardiac Societies
- Academic centres
THE SOUTH AFRICAN HEART ASSOCIATION IS DEEPLY CONCERNED WITH THIS SITUATION AND ARE COMMITTED TO DEVELOPING A SUSTAINABLE, SYSTEMATIC RESPONSE TO THIS CRISIS

This Cardiovascular Imbizo aims to:

• Refocus our energies on the overwhelming burden of disease of CVD
• Join as practitioners, trainers, politicians and researchers to map out a systematic response
• Consider and meet the challenges of treating heart disease in Africa & South Africa.
• Explore solutions and consider new innovative methods to prepare for the future.

• “Fundamentals to Innovation in Cardiovascular health and training in South Africa: Preparing for the future, learning from the past”.
ACTIVISTS NOT JUST ADVOCATES

- Listen to multiple stakeholders and hear solutions, unique challenges and innovative models.
- Challenge speakers.
- Contribute strongly.
- Continue to engage with local and central government
- Energize public and private and review possibilities for the future.
- Short summary/report of the day with signatories
The impact of noncommunicable diseases (NCDs)

28 million NCD deaths in LMICs

82% of all NCD deaths are caused by
- Cardiovascular diseases
- Cancers
- Respiratory diseases
- Diabetes

80% of global disease burden will be due to NCDs by 2020

52 million NCD deaths globally

ECONOMIC LOSSES due to NCDs in LMICs

$7 trillion

Cumulative economic losses due to NCDs under a “business as usual” scenario in LMICs are estimated at USD 7 trillion

2011 2025

$500 billion per year
THANK YOU TO ALL THE SPEAKERS, CHAIRS AND ATTENDEES