Press Release 12 August 2026

The Heart and Stroke Foundation is ready to commemorate Heart Awareness Month in September

The Heart and Stroke Foundation South Africa (HSFSA) will once again provide leadership in the country for the annual Heart Awareness Month (HAM) campaign in September. HAM culminates in World Heart Day on 29 September. The essence of HAM and WHD is to raise awareness of the growing burden of cardiovascular disease (CVD) in South Africa, on the continent and globally. CVD is the world's leading cause of death, killing about 20 million people each year and accounting for approximately 33% of all deaths globally. In South Africa, hypertensive disease, ischaemic heart disease and other forms of heart disease together accounted for approximately 10.9% of all deaths, and an estimated 10 people have a heart attack every hour. This year's campaign is delivered in partnership with Liberty Life: The Standard Bank Group as well as our key Heart Mark Partners Joekels Tea Packers and Lucky Star. Moreover, given our week-on-week themes, the Foundation will also collaborate with professional and scientific bodies, such as SAHeart.

During HAM, a new theme will be unpacked each week: **Week 1: Coronary Heart Disease, Week 2: Heart Failure, Week 3: Heart Rhythm Disorders (also known as Arrhythmias), and Week 4: Hypertension.** Each condition will be defined, its causes discussed, and care pathways, management after diagnosis, and prevention will also be highlighted. The first three conditions were selected as they are the most prevalent types of cardiac conditions resulting in death and disability in South Africa. Hypertension, a key risk factor for CVD, is often the silent starting point. Coronary heart disease is a leading consequence of high blood pressure; rhythm disorders signal electrical instability of the heart; and heart failure is often the end-stage where the heart can no longer keep up. By breaking them down week by week, we aim to show how prevention at one stage can prevent progression to the next, and how early action at any stage can save lives.

Prof Pamela Naidoo, CEO of the HSFSA, states that HAM is not just about raising an alarm; it is about making the data more visible and understood. The Foundation's screening data demonstrates that more than one in three people we assessed had raised blood pressure, often without symptoms. According to Ms. Nephalama and Ms. Erasmus, dietitians at the Foundation, excessive salt intake is a key driver of hypertension. Many participants who were screened believed their salt intake was normal, when in fact it was higher than the 5g of salt per day recommended by leading nutrition scientists. Other behavioural risk factors include the fact that 23.5% of South African adults smoke tobacco, 44% are hypertensive, and 67.9% of women and 38.2% of men are overweight or obese. Given that an estimated 70-75 % of CVD is preventable, this September the Foundation wants to seek opportunities to reduce the risk factor burden. Cumulatively, the risk factors may lead to the following conditions: CHD, Heart Failure, and Heart Rhythm Disorders. Each of these conditions is discussed below.

Week 1: Coronary Heart Disease

The HSFSA would like to educate the public on how coronary heart disease (CHD) develops, recognise the symptoms early, and take steps to reduce risk. CHD, also called coronary artery disease (CAD), is the most common type of heart disease. It develops silently over many years. It starts when plaque — a buildup of fat, cholesterol, calcium and other substances — forms in the arteries that supply oxygen-rich blood to the heart. This buildup is called atherosclerosis, and it causes the arteries to narrow or become blocked. For many

people, plaque buildup in the arteries begins early in life and worsens with age. When blood flow to the heart is reduced, it can cause chest pain known as angina. The first warning sign of CHD is a heart attack for most people, and this happens when an artery becomes completely blocked by a blood clot. Other complications can include silent myocardial ischemia, heart failure, and sudden cardiac arrest.

In sub-Saharan Africa, cases of CHD increased by 38% between 2000 and 2016, and are projected to increase by a further 21% by 2030. The risk for CHD increases with age, starting earlier for men around age 45 and for women around age 55, but CHD is also affecting people at younger ages, often during their most productive working years. This places a heavy burden on families, communities, and the economy, as we are losing more people too soon. According to 2020 World Health Organisation data, CHD caused 32,739 deaths in South Africa — that's 7.2% of all deaths in the country. South Africa's death rate from CHD is 83.76 per 100,000 people, ranking us 128th in the world. One key reason for the rise in deaths among younger people in low- and middle-income countries is that prevention is not prioritised, and access to effective treatment and healthcare remains limited.

When CHD is diagnosed, treatment focuses on improving blood flow, reducing symptoms, and preventing a heart attack. This may include medication to control blood pressure, cholesterol, blood sugar, and prevent blood clots. Some people may also need procedures such as angioplasty with stents or bypass surgery to open blocked arteries, and cardiac rehabilitation to build fitness and strengthen the heart safely. Beyond medical care, manage CHD with daily healthy habits.

Week 2: Heart Failure

Heart failure is a serious condition in which the heart can not pump enough blood to meet the body's needs. Globally, more than 26 million people have heart failure. The risk increases with age, with about 1 in 4 adults developing the condition in their lifetime. Despite its name, it does not mean the heart has stopped working; it means it is struggling to meet the demands of the body. Instead, the heart may become weakened or stiff, making it harder to pump blood effectively. Early warning signs of heart failure, like irregular heartbeat, dizziness or lightheadedness, frequent urination at night, and swelling in the ankles and feet, should not be ignored. Symptoms of heart failure include severe shortness of breath, tiredness, swelling of the legs and feet, wheezing or chronic coughing, blue skin or lips, and severe weight gain. Heart failure can develop gradually or occur suddenly and, if left untreated, can increase the risk of other life-threatening complications. Some common causes of heart failure include coronary artery disease, high blood pressure, kidney failure, heart valve disease, diabetes, abnormal heart rhythms, and other factors that can damage the kidneys or place strain on the heart, such as heart attacks or severe infections.

However, with early diagnosis and appropriate treatment, many people can manage the condition, prevent complications, and live well for many years. Depending on the individual, treatment may include medication, medical devices, or surgery. People diagnosed with heart failure require ongoing care and monitoring. Taking medication as prescribed, attending follow-up appointments, monitoring symptoms, and following the recommended treatment and behaviour changes are important aspects of managing the condition.

Week 3: Heart Rhythm Disorders (Arrhythmias)

For this week of HAM, the HSFSA is focusing on heart rhythm disorders, or arrhythmias. Some heart rhythm problems have no obvious symptoms and may only be picked up during a routine check-up or after a serious complication. An arrhythmia occurs when the heart's electrical signals are disrupted, causing it to beat too

fast, too slow, or irregularly. While some irregular beats are harmless, others can significantly increase the risk of stroke, heart failure, and sudden cardiac arrest.

Common types of arrhythmias include Atrial Fibrillation (AF), where the upper chambers of the heart beat irregularly; bradycardia, a heart rate that is too slow (less than 60 beats/min); and tachycardia, a heart rate that is too fast (more than 100 beats/min). Symptoms to watch out for include palpitations, dizziness, fainting, fatigue, shortness of breath, and chest discomfort. However, many people with arrhythmias, especially AF, experience no symptoms.

AF is the most common type of irregular heartbeat. While the risk increases with age, anyone can develop AF. It is more common in people with certain risk factors, including high blood pressure, diabetes, obesity, heart failure, and other existing heart conditions. In Sub-Saharan Africa, research shows that about 1 in 5 people with heart failure and 1 in 10 people with rheumatic heart disease also have atrial fibrillation. In hospital cardiology wards, about 3 to 7 out of every 100 patients are found to have it. AF is also a serious risk factor for strokes.

The good news is that arrhythmias can be diagnosed and managed. A simple check by a medical professional, including taking your pulse and an Electrocardiogram (ECG), can detect many rhythm disorders early. Treatment options range from behavioural changes and medication, to procedures such as cardioversion, catheter ablation, and the use of pacemakers or defibrillators. “Heart Awareness Month is an important opportunity to check in with your heart health,” says Sister Watson, Registered Nurse at the Foundation. “If you experience a racing, fluttering, or irregular heartbeat, or symptoms such as dizziness, fainting, shortness of breath, or chest discomfort, it is important to seek medical attention. Early diagnosis and appropriate treatment can help prevent complications and support a healthy, active life.”

Week 4: Hypertension

The national prevalence of hypertension is estimated between 27% and 58%, with significant variation across provinces, populations, and healthcare settings. Hypertension, commonly known as high blood pressure, is a chronic condition where blood pressure remains consistently elevated. National data reveal a crisis of undiagnosed and undertreated hypertension — the single biggest modifiable driver of heart attack, heart failure, and stroke.

Blood pressure is defined as the force of blood pushing against the walls of the arteries as the heart pumps blood. When the force remains high, it forces the heart to work harder and damages the vessels (arteries). Blood pressure is measured with two numbers. The first or top number is the pressure in your blood vessels when your heart beats, called the systolic pressure. The second or bottom number measures the force of blood in your arteries while your heart is relaxed between beats. The bottom number is the lower of the two and is called the diastolic pressure. A normal blood pressure reading in adults is around 120/80mmhg or lower.

The HSFSA nurses C Du Plessis and G Petersen remind us that a single high reading does not confirm hypertension; diagnosis requires accurate measurement, repeated readings, and assessment by a healthcare professional. Often called the “silent killer”, hypertension may have no obvious symptoms but can lead to serious complications like heart attack, stroke, and kidney disease. There are usually no symptoms, called asymptomatic hypertension, but in extreme cases, very high pressure, called a hypertensive crisis, may cause headaches, blurred vision, chest pain, dizziness, nausea, and nosebleeds. Risk factors are uncontrollable (age, genetics, race), controllable (inactivity, obesity, stress, alcohol, smoking, high salt), and secondary (hormonal

issues, diabetes, kidney disease). Prevention starts with knowing your numbers. Regular blood pressure checks help to identify raised blood pressure early to prevent complications.

Prof Naidoo, the CEO, emphasises the fact that HAM is one of the primary campaigns of the Foundation. Ultimately, in order to meet the Foundation's mission, it has a responsibility to impart knowledge about CVD that will drive down the disease burden. The HSFSA will continue to be the most recognised health non-profit voice for heart disease(s) and the associated risk factors. Our programmes speak to risk factor reduction for a healthier South Africa through public empowerment.

For media enquiries, please contact Themba Mzondi, PR and Communications Officer, on 021 422 1586 / 078 113 5216 or email: themba.mzondi@heartfoundation.co.za. Media engagements will be carried out by the CEO, Health Promotion Officers and Allied Health Care staff, such as Dietitians.

About the Heart and Stroke Foundation SA

The Heart and Stroke Foundation South Africa (HSFSA) plays a leading role in the fight against preventable heart disease and stroke, with the aim of seeing fewer people in South Africa suffer premature deaths and disabilities. The HSFSA, established in 1980, is a non-governmental, non-profit organisation which relies on external funding to sustain the work it carries out.

The HSFSA aims to reduce the cardiovascular disease (CVD) burden in South Africa and ultimately on the health care system of South Africa. Our mission is to empower people in South Africa to adopt healthy behaviours, make healthy choices easier, seek appropriate care and encourage prevention.

For more information, visit www.heartfoundation.co.za. You can also find us on www.facebook.com/HeartStrokeSA and www.twitter.com/SAHeartStroke