Early on in my career I realised that working with patients on a one-to-one basis didn’t deal with the wider issues – which is when I took the decision to study public health and start working in this field to make a bigger impact on society and population health.

Over the past 15 years my focus has been on NCDs, and specifically on CVD in the past five years. In my current role as CEO of Heart & Stroke Foundation South Africa and President of the African Heart Network, I am a passionate advocate of reducing the morbidity and mortality rates due to heart disease and stroke. One of the things I am pushing for is zero tolerance of tobacco smoking, and I’m working with the South African government and other relevant stakeholders to achieve this, given that tobacco smoking is one of the strongest risk factors for CVDs.

We are working closely with WHO and WHF towards these aims. In South Africa we don’t allow smoking indoors any more, but we are now seeking to introduce legislation to curb outdoor smoking – it’s about not endangering the public, and taking environmental smoking seriously. Outdoor smoking should be considered to be environmental pollution. We want to improve education – even people with a very healthy lifestyle are doing themselves a huge disservice by smoking.

A South African study has found that women and children are much more affected by environmental smoking, which is why we need to place a strong focus on reducing this. With respiratory illnesses a major factor in childhood morbidity, the study examined environmental risk factors on early life exposures – and smoke inhalation was one of these. It is crucial that we stop exposing pregnant women and vulnerable children to second-hand smoke, which is why we are campaigning for these changes.
We currently have a draft tobacco legislation out for public comment – the Control of Tobacco Products and Electronic Delivery Systems Bill is seeking to achieve a number of aims. Amongst other things, we want to provide control over smoking, regulate sales and advertising of tobacco products and electronic delivery systems, making sure they are no sold to anyone under 18 and to regulate their packaging and appearance.

We want to act as a ‘best practice’ model for the rest of Africa – the eyes of the continent are upon us as we demonstrate strong leadership, passionate advocacy and good practice in the medical field.

Between 1980 and 2016 we have seen a 52% increase in tobacco use in Sub-Saharan Africa. Through our work, we want to drive change in legislation and protect the most vulnerable in our society from the effects of second-hand smoking.