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Access to cardiac surgery in sub-Saharan Africa

Rheumatic heart disease remains a major public health issue in developing countries.¹ Last year, Zühlke and colleagues reported the results of the first multicentre, international, hospital-based register for rheumatic heart disease.² Their study was done in tertiary centres across 12 sub-Saharan African countries, India, and Yemen, mainly including patients at an advanced stage of the disease. However, only a few patients were offered either percutaneous or surgical procedures, particularly in low-income countries, where only 11% of patients were operated on.²

The fact that access to cardiac interventions is restricted in low-income countries is not new.^{3,4} The ratio of cardiac surgery centres per million of inhabitants in sub-Saharan Africa is 1:33 (when excluding South Africa).⁴ In Uganda, a country that still has insufficient cardiac surgery facilities, 85 patients were diagnosed by visiting cardiologists with symptomatic rheumatic or congenital heart disease between 2009 and 2013. Intervention was scheduled in 38 patients with rheumatic heart disease (median age 19 years) and in 36 patients with congenital heart disease (median age 4 years). 27 patients were eventually operated on overseas (median waiting time of 10 months).⁵

Worldwide, millions of young patients with rheumatic or congenital heart disease are likely to be declined treatment each year.⁴ Cardiac surgery is a complex specialty that needs infrastructure and skills of a multidisciplinary team. Surgical non-governmental organisations either provide interventions overseas or on-site with visiting teams. These organisations should focus their efforts on comprehensive programmes that include prevention (especially in the setting of highly prevalent rheumatic heart disease), implementation of high standards of medical practice (eg, proper use of oral anticoagulants), and sustainability. Only visiting teams allow capacity building. Instead of resources being used to treat a few patients, essentially overseas, they should be used for North–South transfer of knowledge, for the development of techniques applicable in low-resourced settings, and for the enhancement of South–South collaborations, in the aim to establish national or regional referral centres. A handful of well-meaning, non-governmental organisations with restricted budgets are unlikely to take up this task. In countries such as Ghana and Namibia, government funding has contributed to a local cardiac surgery programme after an initial partnership with visiting teams.⁴ Effective approaches still need to be designed and assessed within the priority health-care agenda for development of sustainable cardiac surgery programmes. Political will and interest from big funders are needed to address the scarcity of cardiac surgery facilities in developing countries.

We declare no competing interests.

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Department of Error

The ENOS Trial Investigators. Efficacy of nitric oxide, with or without continuing antihypertensive treatment, for management of high blood pressure in acute stroke (ENOS): a partial-factorial randomised controlled trial. Lancet 2015; 385: 617–28.—In figure 1 in this Article, the number of patients assigned to the GTN patch who completed assessment on day 7 should have been 1996 rather than 1966. Data for TICS-M score and verbal fluency score for both analyses in table 2 were incorrect; the table has been corrected. In figure 3, the p value for carotid stenosis should have been 0.33 and the p value for feeding status should have been 0.34. These corrections have been made to the online version as of Feb 13, 2015, and the printed Article is correct.

Sundström J, Jackson R, Woodward M, Baigent C, Neal B. Blood pressure lowering and cardiovascular risk—Authors' reply. Lancet 2014; 384: 1746–47.—In this Letter (Nov 15, 2014) the competing interests statement should have read "JS is an advisory board member for Iltim. MW is on a trial advisory committee for Novartis and is a consultant for Amgen. CB's institution receives grant funding from Merck, Novartis, Abbott, Bayer and Pfizer for research he is engaged in. BN is on trial steering committees for Janssen, Dr Reddy's Laboratories, and Servier; his institution has received grant funding from Abbvie, Janssen, Novartis, Dr Reddy's Laboratories, Roche, and Servier; and his institution has received honoraria for meeting presentations he has made at the invitation of Abbott, AstraZeneca, Novartis, Pfizer, Roche, and Servier. JR declares no competing interests." This correction has been made to the online version as of Feb 13, 2015.