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Abstract
The year 2011 marks the 30th anniversary of the founding of the Pan-African Society of Cardiology (PASCAR). Throughout its brief history, PASCAR has been integral to improving the cardiovascular health of the people of Africa. During the past three decades, many African countries have been vulnerable to political and social turmoil, and PASCAR itself has been repeatedly challenged to press on with its mission, in spite of innumerable practical obstacles. This article celebrates the hard work and dedication of PASCAR’s founders and subsequent leaders, and challenges the present and future generations to carry on the charge of furthering the health of Africans.

Foundation
The idea of PASCAR was conceived by a small group of African cardiologists during the late 1970s. At that time the World Congress of Cardiology was orientated towards cardiovascular conditions that were affecting the populations of Europe and North America. Many African cardiologists felt that they neither benefited nor were able to make much of an impact at these world meetings. In November 1979, Prof Ayodele Falase, then president of the Nigerian Cardiac Society, called upon the members of his Society to organise a continental meeting and inaugurate what he termed a ‘Pan-African Congress of Cardiology’. At the Nigerian Society’s meeting in Ibadan, Nigeria the following year, an organising committee was formed and funding was secured from pharmaceutical companies and the World Health Organisation, with administrative assistance from University College Hospital in Ibadan, Nigeria. The first PASCAR congress was held in Badagry, Nigeria in May 1981. This meeting was most remarkable in the diversity of its participants.

Over 120 clinicians and scientists from 15 African countries attended, and the event brought together English- and French-speaking Africans, fostering understanding between these historically separated groups. International collaboration and cooperation began in an unprecedented way, as cardiovascular workers were able to discuss their challenges, successes and research discoveries, and exchange ideas as never before. At the conclusion of the congress on 6 May 1981, the Pan African Society of Cardiology was officially inaugurated. Out of this inaugural meeting, the organisation set for itself four goals: first, to prevent and treat cardiovascular disease in Africa; second, to educate and train African healthcare professionals about cardiovascular disease; third, to educate laypersons about heart disease; and fourth, to invest in cardiovascular research. The task ahead of PASCAR was monumental because in those days, it was generally accepted among local ministries of health that Africans had a ‘built-in protection’ against heart disease and that hypertension and other cardiac risk factors would never become epidemic on the continent.
PASCAR Affiliate Countries

Benin: Benin Cardiac Society
Cameroon: Cameroon Cardiac Society
Côte d’Ivoire: African Association of Thoracic and Cardiovascular Surgery
Gabon: Gabon Cardiac Society
Ghana: Ghana Society of Hypertension and Cardiology
Kenya: Kenya Cardiac Society
Mozambique: Mozambican College of Cardiology
Nigeria: Nigerian Cardiac Society
Senegal: Senegalese Society of Cardiology
South Africa: South African Heart Association
Sudan: Sudan Cardiac Society
Uganda: Uganda Heart Association
Pan African Society of Cardiology

1. To promote the *prevention and treatment* of cardiovascular diseases

2. To promote the *education and training* of medical and paramedical personnel in cardiology

3. To *educate the general public* on cardiovascular health problems

4. To encourage *research*....and coordinate continental research activities
PASCAR board members. Back row, from left to right: Dr Anastase Dzudie, Cameroon, assistant general secretary (Central Africa); Dr Harun Otieno, Kenya, assistant general secretary (East); Dr Saad Subahi, Sudan, vice-president (North); Prof Elijah Ogola, Kenya, vice-president (East); Dr Awad Mohamed, Sudan, assistant general secretary (North); Prof BA Serigne, Senegal, vice-president (West); Prof Samuel Kingue, Cameroon, vice-president (Central); Prof Johan Brink, South Africa, assistant general secretary (South). Front row from left to right: Prof Toure Ali Ibrahim, Niger, assistant general secretary (West); Dr Ana-Olga Mocumbi, Mozambique, vice-president (South); Prof Bongani Mayosi, South Africa, president; Prof Karen Sliwa-Hahnle, South Africa, treasurer; Dr Benedict Anisiuba, Nigeria, secretary general.
Figure 1  Map of sub-Saharan Africa (SSA) showing the crude prevalence of hypertension in 38 recent studies in different parts of SSA.
What is the appropriate clinical guideline to achieve control of hypertension in Africa?