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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.
End digit preference in blood pressure measurement in a hypertension specialty clinic in southwest Nigeria.

New antithrombotic drugs: a revolution in stroke management.

The relationship between cortisol, C-reactive protein and hypertension in African and Caucasian women: the POWIRS study.

A systematic overview of prospective cohort studies of cardiovascular disease in sub-Saharan Africa.

The diabetologist/cardiologist debate: a meeting of the minds.

New ESC/EASD lipid guidelines emphasise need to expand cholesterol screening and treating to target in clinical practice.

Exposure to sunlight is capable of generating a variety of beneficial effects in our skin is an area of exciting discovery - not least for the cardiovascular practitioner.
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
On Prevention and Treatment
Task Forces

• Rheumatic Heart Disease (Mayosi, S Afr)
• Pacemaker and ICD Re-use (Sani, Nig)
• Hypertension (Dzudie, Cameroon)
• Heart Failure (Sliwa, S Afr)
• Interventional Cardiology (Otieno, Kenya)
• Cardiovascular Imaging (Subahi, Sudan)
• Sudden Cardiac Death (Bonny, Camer)
• Paediatric Cardiology (Zühlke, S Afr)
• Cardiac Surgery (ElSayed, Sudan)
An open-access, mobile compatible, electronic patient register for rheumatic heart disease (‘eRegister’) based on the World Heart Federation’s framework for patient registers

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Abstract

Background: Rheumatic heart disease (RHD) remains a major disease burden in low-resource settings globally. Patient registers have long been recognised to be an essential instrument in RHD control and elimination programmes, yet to date rely heavily on paper-based data collection and non-networked data-management systems, which limit their functionality.

Objectives: To assess the feasibility and potential benefits of producing an electronic RHD patient register.

Methods: We developed an eRegister based on the World Heart Federation’s framework for RHD patient registers using CommCare, an open-source, cloud-based software for health programmes that supports the development of customised data capture using mobile devices.

Results: The resulting eRegistry application allows for simultaneous data collection and entry by field workers using mobile devices, and by providers using computer terminals in clinics and hospitals. Data are extracted from CommCare and are securely uploaded into a cloud-based database that matches the criteria established by the WHF framework. The application can easily be tailored to local needs by modifying existing variables or adding new ones. Compared with traditional paper-based data-collection systems, the eRegister reduces the risk of data error, synchronises in real-time, improves clinical operations and supports management of field team operations.

Conclusions: The user-friendly eRegister is a low-cost, mobile, compatible platform for RHD treatment and prevention programmes based on materials sanctioned by the World Heart Federation. Readily adaptable to local needs, this paperless RHD patient register program presents many practical benefits.

Keywords: rheumatic heart disease, registries, mobile health, open-source model
A PROGRAMME OF PACEMAKER AND ICD RE-USE IN AFRICA

**Pacemaker Activity:**
- Benin
- Ethiopia
- Kenya
- Mali
- Nigeria
- Senegal
- Sudan
- Tunisia
- Cameroon
- Ghana
- Libya
- Morocco
- Mauritius
- South Africa
- Tanzania
- Uganda

**No Pacemaker Activity:**
- Central Africa Republic
- Niger
- Zambia
- Equatorial Guinea
- Chad

**Did not participate:**
- Burkina Faso
- Gabon
- Namibia
- Congo Brazzaville
- Ivory Coast
- Togo
On Education and Training
PASCAR Fellowships

- PASCAR Fellowship in Cardiac Pacing and Clinical Cardiology (Physician and Technologist)
- PASCAR Travel Fellowships to African (SASCI) and International (SCAI) Programmes
- Cardiac Catheterisation Training Manual to every cath lab in Africa (with the Interventional Society of Cath Lab Allied Professionals of South Africa)
On Public Education
Comment

Rheumatic heart disease in Africa: the Mosi-o-Tunya call to action

Bongani M Mayosi, Habib Gamra, Jean-Marie Dangou, Joseph Kasonde, for the 2nd All-Africa Workshop on Rheumatic Fever and Rheumatic Heart Disease participants
On Continental Research Networks
The Causes, Treatment, and Outcome of Acute Heart Failure in 1006 Africans From 9 Countries

Results of the Sub-Saharan Africa Survey of Heart Failure

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Background: Acute heart failure (AHF) in sub-Saharan Africa has not been well characterized. Therefore, we sought to describe the characteristics, treatment, and outcomes of patients admitted with AHF in sub-Saharan Africa.

Methods: The Sub-Saharan Africa Survey of Heart Failure (THESUS-HF) was a prospective, multicenter, observational survey of patients with AHF admitted to 12 university hospitals in 9 countries. Among patients presenting with AHF, we determined the causes, treatment, and outcomes during 6 months of follow-up.

Results: From July 1, 2007, to June 30, 2010, we enrolled 1006 patients presenting with AHF. Mean (SD) age was 52.3 (18.3) years, 511 (50.8%) were women, and the predominant race was black African (984 of 999 [98.5%]). Mean (SD) left ventricular ejection fraction was 39.5% (16.3%). Heart failure was most commonly due to hypertension (n=453 [45.4%]) and rheumatic heart disease (n=143 [14.3%]). Ischemic heart disease (n=77 [7.7%]) was not a common cause of AHF. Concurrent renal dysfunction (estimated glomerular filtration rate, <30 mL/min/173 m²), diabetes mellitus, anemia (hemoglobin level, <10 g/dL), and atrial fibrillation were found in 73 (7.7%), 114 (11.4%), 147 (15.2%), and 184 cases (18.3%), respectively; 65 of 500 patients undergoing testing (13.0%) were seropositive for the human immunodeficiency virus. The median hospital stay was 7 days (interquartile range, 5-10), with an in-hospital mortality of 4.2%. Estimated 180-day mortality was 17.8% (95% CI, 15.4%-20.6%). Most patients were treated with renin-angiotensin system blockers but not β-blockers at discharge. Hydralazine hydrochloride and nitrates were rarely used.

Conclusions: In African patients, AHF has a predominantly nonischemic cause, most commonly hypertension. The condition occurs in middle-aged adults, equally in men and women, and is associated with high mortality. The outcome is similar to that observed in non-African AHF registries, suggesting that AHF has a dire prognosis globally, regardless of the cause.

Characteristics, complications, and gaps in evidence-based interventions in rheumatic heart disease: the Global Rheumatic Heart Disease Registry (the REMEDY study)

What can SA contribute?

• Prevention and Treatment
  – Join PASCAR Task Forces

• Education and Training
  – Each Training Unit, Train One Individual from Outside South Africa (Cardiology, Cardiac Surgery, Nursing, Clinical Technology)

• Research Networks
  – Collaborate on Trials of Rheumatic Heart Disease and Pacemaker/ICD Re-use
PASCAR should be your Medical, Educational, Advocacy and Research Partner of choice in Cardiology in Africa

PASCAR is has a track record, connections and networks to make a difference in Cardiology in Africa.

Approach the PASCAR Office if you need assistance in Africa

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