



MESSAGE FROM THE PRESIDENT

I am looking forward to attending the conference in Maputo scheduled for November 20, 2008.

I would like to thank the team for the regular telelinks. A special thank you must go to Bola Ojo and Ashleigh Kuttner for work well done. I trust the function will be a great success.

It is very disappointing to hear that, despite appeals from the editor, only five contributions for the AHN Newsletter were received. I hope in future all members of the African Heart Network will submit their contributions toward the newsletter.

A big thank you to Helen Alderson for the wonderful support and advice she has given to the Network.

I attended the WHF Board Meeting in Geneva late October where various subjects were addressed. My term has come to an end as President of the African Heart Network in 2008.

The Board of the World Heart Federation has appointed a new Chief Executive, Jeya Wilson PhD. Dr Wilson brings with her over 20 years experience of working in the private, NGO and academic sectors.

Bola will be visiting South Africa from November 16 - 19 during which time we will be involved in various meetings. Ashleigh, Bola and myself will then leave for the conference in Maputo.

I look forward to meeting you all.

Regards

Robert de Souza
President: African Heart Network
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AHN NEWSLETTER....

The last few months have just flown past! This issue of the AHN Newsletter is a particularly lengthy one and records how busy many AHN members have been. Thanks to all of you for your input and to Bronwyn, one of our Public Relations students, for collating the contributions. It is always interesting to see what is happening in other countries, to get inspiration and benefit from the experience of others.

As many of you know, I have been at the HSFSA for many years and in August was thrilled and privileged to be part of the Meet Wally's Heart project (see report on page 10). This was undoubtedly the highlight of my experience here, and I have had some incredible times!

Later this month many of us will meet in Maputo for the annual AHN conference. I look forward to seeing you there and to those that won't be with us, we will give you feedback in the next edition of this newsletter.

Please keep us informed of all your activities; perhaps as you complete an event you could forward some information together with pictures and we will put it in the *next AHN Newsletter* file.

With thanks and the usual warm and special wishes from a sunny Cape Town.

Shân Biesman-Simons
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FOCUS ON: CAMEROON HEART FOUNDATION

The Cameroon Heart Foundation (CAMEHF) was established in March 2004 by physicians, nurses, patients and social workers. It became a member of the African Heart Network (AHN) in the same year. In April 2005, CAMEHF was officially recognised by the Cameroonian administrative authorities as a non- benefit association. In November 2006, the Foundation became a member of the World Hypertension League.

CAMEHF's mission is to help the people of Cameroon to achieve longer and better lives through the prevention of Cardiovascular Disease (CVD). This is done through the use of education, information, sensibilisation, screening and capacity building.

Cameroon, like many African countries, is experiencing an explosion of CVD due to increased exposure to risk factors dominated mainly by hypertension. The CAMEHF is committed to helping the people of Cameroon through the prevention and control of heart disease and stroke.

CAMEHF's goal is to promote cardiovascular health within the Cameroonian population and to rally the civil society, the public sector and policy-decision makers for greater engagement and participation in preventing CVD in Cameroon.

CAMEHF's major objectives are:

- ✍ To make the people of Cameroon aware of the dangers and risk factors of CVD, as well as the importance of prevention and control through education and information campaigns on healthy lifestyle measures.
- ✍ To conduct teaching seminars and conferences aimed at strengthening the skills of health care providers and improving their knowledge with regard to research mechanisms, detection, management and prevention of CVD and associated modifiable risk factors and complications in low resource settings.
- ✍ To initiate health campaigns for identifying and treating CVD high risk patients.
- ✍ To perform studies and research on CVD and associated risk factors.

Currently, the Foundation's main activities are awareness programmes such as the Cameroon Heart Awareness Week, celebration of World Heart Day and World Hypertension Day. In addition, there are various sports programmes, training of national trainers in the field of hypertension, diabetes and other relevant CVD risk factors, as well as research, surveys and a health camp.

KENYAN - HEART NATIONAL FOUNDATION

Rheumatic Heart Disease (RHD) Prevention Sensitisation for Residents of the Dandora slum area, Nairobi during Peace Day Celebrations

The Kenyan-Heart National Foundation (KHNF) and members of their Grassroot groups from Starehe and Embakasi, Nairobi participated in the Nairobi-East-Peace-Celebrations in early July 2008. The areas within KHNF's RHD Prevention Project Area are partly poverty stricken. The event was aimed at sensitising the residents on ethnic tolerance after violence erupted in the country following the disputed elections.

The event was attended by senior government officials, religious leaders, women's groups, youth groups and various NGO's. KHNF took the opportunity to sensitise approximately 500 residents on Rheumatic Heart Disease. Christopher Muraya, a 14 year old boy who previously featured in the AHN, was sponsored by KHNF earlier this year, for surgery to replace his valves. The residents were urged to seek treatment for strep-sore throat in order to prevent the disease progressing to RHD.





FROM THE DESK OF THE EXECUTIVE SECRETARY

Currently, the news has been dominated by the world wide banking crisis and the credit crunch. People are afraid of losing their jobs, savings and pensions. I am concerned about the impact this may have on peoples' willingness to invest in the prevention of CVD. It is vital that health care professionals promote the importance of a healthy lifestyle.

One report suggested that people might move from the more economically developed countries to the lesser economically developed nations for employment. Now, that's a change!

Whatever the impact of such global events, we have to find a way to keep the message of healthy hearts and lifestyles in the forefront of national and international policy and health plans. As we make our way to Maputo for the annual AHN meeting and workshop, I am looking forward to meeting the members face to face for the first time and discussing the vision and plans for positioning the network to play a more visible and sustainable role in the prevention and treatment of CVD in Africa.

The presentations from members, reports from the Executive and input from sponsors and partners will form a strong basis for celebrating achievements to date and highlighting areas for development.

Bola Ojo
Executive Secretary: African Heart Network

SEYCHELLES HEART FOUNDATION

RECENT STUDIES CONDUCTED IN SEYCHELLES:

1. **Metabolic syndrome according to different definitions in a rapidly developing country of the African region**

Clara Kelliny¹, Julita William², Walter Riesen³, Fred Paccaud¹ and Pascal Bovet^{*1,2}

Address: ¹Institute of Social and Preventive Medicine (IUMSP), University Hospital Centre and University of Lausanne, rue du Bugnon 17, 1005 Lausanne, Switzerland, ²Ministry of Health and Social Development, Victoria, Republic of Seychelles and ³Institute of Clinical Chemistry and Hematology, Canton Hospital, St Gallen, Switzerland

Aims: We examined, in a country of the African region, i) the prevalence of the metabolic syndrome (MetS) according to three definitions (ATP, WHO and IDF); ii) the distribution of the MetS criteria; iii) the level of agreement between these three definitions and iv) we also examined these issues upon exclusion of people with diabetes.

Methods: We conducted an examination survey on a sample representative of the general population aged 25-64 years in the Seychelles (Indian Ocean, African region), attended by 1255 participants (participation rate of 80.3%).

Results: The prevalence of MetS increased markedly with age. According to the ATP, WHO and IDF definitions, the prevalence of MetS was, respectively, 24.0%, 25.0%, 25.1% in men and 32.2%, 24.6%, 35.4% in women. Approximately 80% of participants with diabetes also had MetS and the prevalence of MetS was approximately 7% lower upon exclusion of diabetic individuals. High blood pressure and adiposity were the criteria found most frequently among MetS holders irrespective of the MetS definitions. Among people with MetS based on any of the three definitions, 78% met both ATP and IDF criteria, 67% both WHO and IDF criteria, 54% both WHO and ATP criteria and only 37% met all three definitions.

Conclusion: We identified a high prevalence of MetS in this population in epidemiological transition. The prevalence of MetS decreased by approximately 32% upon exclusion of persons with diabetes. Because of limited agreement between the MetS definitions, the fairly similar proportions of MetS based on any of the three MetS definitions classified, to a substantial extent, different subjects as having MetS.



SEYCHELLES HEART FOUNDATION

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2. Prevalence of microalbuminuria in the general population of Seychelles and strong association with diabetes and hypertension independent of renal markers.

Menno T. Pruijm^a, George Madeleine^b, Walter F. Riesen^c, Michel Burnier^a and Pascal Bovet^{b,d}

Objective: Few studies have examined microalbuminuria (MAU) in non-western populations. We assessed the prevalence of MAU in the general population of a middle income country in the African region and the relationships between MAU and selected cardiovascular risk factors.

Methods: An examination survey was conducted in a sample representative of the entire population aged 25-64 years in the Seychelles. MAU adjusted for urine creatinine concentration was measured on the second morning urine using a semiquantitative point-of-care analyzer.

Results: A total of 1255 persons attended the survey (participation rate of 80.2%). The age-adjusted prevalence of MAU was 11.4%. At age 25-64 years, the prevalence of MAU was 5% in persons without diabetes and hypertension, 20% in persons with either condition and 41% in persons with both conditions. The overall prevalence of stages 3-4 chronic kidney disease was low at 3.2%. In multivariate analysis, MAU was associated with age [odds ratio (OR) 1.24 for a 10-year increase; 95% confidence interval (CI): 1.02-1.52], hypertension stage I (2.0; 1.13-3.8) and stage II (4.5; 2.38-8.6), obesity (1.7; 1.02-2.8) and diabetes (3.0; 1.94-4.9). These associations were virtually unchanged upon further adjustment for markers of renal function such as serum creatinine, serum cystatin C and calculated renal function.

Conclusion: The prevalence of MAU was high in this population, and MAU was strongly associated with several cardiovascular risk factors independently of renal function markers. These findings suggest that MAU could be a useful marker of cardiovascular risk in this population and help identify persons in need of a specific cardiovascular risk management. *J Hypertens* 26:871-877 Q 2008 Wolters Kluwer Health | Lippincott Williams & Wilkins.

3. Review of Hypertension in Sub-Saharan Africa

Pascal Bovet, Conrad Shamlaye, Anne Gabriel and Fred Paccaud

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Addo et al¹ recently reviewed the situation of hypertension in Sub-Saharan Africa. We would like to add some information from the Republic of Seychelles, a middle-income island state located 1800 km east of Kenya, where >80% of the population is of African descent.

The age and sex-specific prevalence of high blood pressure (BP) has been assessed in three independent population-based surveys in 1989, 1994, and 2004.²⁻⁴ In 2004, the age-standardized prevalence of hypertension (BP ≥140/90 mm Hg or under treatment) was 44% in men and 36% in women.⁴ Among hypertensive persons, 55% of men and 75% of women were aware of having hypertension, 49% of men and 72% of women were treated, and 12% of men and 30% of women had BP controlled (BP <140/90 mm Hg). Prevalence of high BP, awareness and control, were therefore higher in Seychelles than in most populations reviewed by Addo et al.¹ There is, however, a secular decline in the age-standardized prevalence of high BP,⁴ and vital statistics indicate a consequential decline in stroke mortality during the past 15 years. The high prevalence of high BP and the low level of BP control in Seychelles have occurred despite a favourable situation. The population is well aware of hypertension,³ likely a result of sustained awareness campaigns since the late 1980s.

Other studies in Seychelles have shown fairly low salt intake (6 g per day), reflecting a diet based largely on fish and unsalted rice. Health care is provided at no direct cost through an easily accessible network of health centres, and 1 medication from all of the antihypertensive classes is available.



SEYCHELLES HEART FOUNDATION

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However, we found that only 26% of newly identified hypertensive persons maintained satisfactory drug compliance over a 12-month period.⁵ This clearly limits the effectiveness of hypertension treatment in the general population. A further problem of the screen-and-treat strategy is the poor BP control among those treated (often with 2 or 3 antihypertensive drugs).⁴

These findings do not dismiss the importance of providing appropriate medication to high-risk individuals, but further emphasize the critical need for public health measures that impact on the determinants of BP in the entire population. A population approach is further supported by the low proportion of the general population at low risk for cardiovascular disease, 20% at age 45 to 64 years in Seychelles.⁶ This situation may not be unique in Sub-Saharan Africa, because a high prevalence of cardiovascular risk factors is increasingly reported in the continent.

NEWSFLASH: The AHN has been revamped!

The AHN has a new exciting look and feel!

Visit:
www.ahnnetwork.org





CAMEROON HEART FOUNDATION

THE INTERNATIONAL SOCIETY OF HYPERTENSION (ISH) HOSTS ITS SECOND HYPERTENSION TEACHING SEMINAR

On March 13 - 14 the International Society of Hypertension (ISH) held the second edition of the Hypertension Teaching Seminar in Africa which took place in Douala, Cameroon. The seminar was organised by the ISH Low and Middle Income Countries Committee in partnership with the International Forum for Hypertension Control and Prevention in Africa (IFHA) and the Cameroon Heart Foundation (CAMHEF). It was organised under the patronage of the Cameroon Minister of Public Health and was attended by 50 participants originating from 10 African countries including Ivory Coast, Cameroon, Democratic Republic of Congo, Mali, Mozambique, Rwanda and Senegal.

In response to the increasing burden of Cardiovascular Disease suffered by Sub-Saharan African countries, the ISH Hypertension Teaching Seminar was designed to address human capacity building, targeting the training of doctors with the aim to improve and strengthen their skills and knowledge with regard to mechanisms, detection, management and prevention of hypertension and related risk factors and complications in low resource settings.

The main objectives of the programme were to:

- ✍ Provide physicians and public health specialists with the knowledge and skills to diagnose and manage hypertension, diabetes mellitus and other related disorders in cost-effective and context specific ways.
- ✍ Facilitate the establishment of comprehensive hypertension and diabetes clinics in both urban and rural areas in various African environments.

The faculty team comprised of Professor Robert Fagard (Course Director and ISH Vice-President and President of Low and Middle Income Countries Committee), Professor Jean-Paul Degaute (Chief of the Service of Cardiology, Erasme Hospital, Free Brussels University), Professor Albertino Damasceno (Chief of the Service of Cardiology at Maputo University Teaching Hospital), Prof Shanti Mendis (Senior Adviser, WHO, Cardiovascular Disease Division, Geneva), Professor Jean-René M'Buyamba (Kinshasa University), Dr Roger Makanja (Chief of the Service of Cardiology at Libreville University Teaching Hospital), Dr Daniel Lemogoum (Director of the Seminar, and Executive President of IFHA and CAMHEF) and Dr Jean Toto Moukouo (CAMHEF Programme Director).

The International Society of Hypertension awarded 20 international and 30 local scholarships to participants from the public and private sectors. These scholarships covered accommodation costs, international air tickets and local transport.

Research activities:

The Cameroon Heart Foundation is currently implementing VITARAA (Visite de la Tension Artérielle et du risque Associé en Afrique) study protocol in Douala region. With the aim of determining the 10 years cardiovascular risk events in the Cameroon hypertensive high risk patients. Preliminary results were presented in Berlin in June 2008 at the joint congress of the International Society of Hypertension and the European Society of Hypertension. Preliminary results revealed the high burden of CVD risk factors such as obesity, hypertension, smoking and diabetes that exist amongst the women of Cameroon.



NIGERIAN HEART FOUNDATION

WORLD HEART DAY 2008

In celebration of World Heart Day, the Nigerian Heart Foundation (NHF) organised three major events. A press conference was held on September 17 to publicise World Heart Day and create awareness of cardiovascular disease. This was followed, on September 24, by a "Know Your Risk" seminar and finally a Healthy Heart Walk. The Lagos State Commissioner of Health, Dr. Jide Idris, was the special guest of honour at the Seminar and Prof. Bayo Adeyemi, Vice Chancellor of the Bells University of Technology, was the Chairman. The governor of Lagos State, Mr. Babatunde Fashola (SAN), flagged off the walk.

At the press conference Dr. Adebisi, Chairman of the Organising Committee, told journalists that it is vital for individuals to be aware of the risks of heart disease and stroke. Everyone should visit their health care professional on a regular basis. The theme for the day was, '*Know Your Risk.*' The Vice President of the Nigerian Heart Foundation, Engr. Oluyomi Adeyemi Wilson, also emphasised the importance of checking your blood pressure regularly when he said that, "The only way to know if you are at risk is to have regular check-ups with a health care professional." In celebration of World Heart Day the NHF organised a number of free health checks, fitness sessions and public talks.

Ms. Joy Unegbu, the NHF Marketing Manager, stressed the importance of creating awareness of heart disease and its related issues. She also encouraged people and companies to work together as the burden of cardiovascular disease is too great for any individual, group or organization to tackle alone. Globacom, a telecommunications company, has joined forces with the NHF to fight cardiovascular disease. Mr. Charles Ikoabasi, a representative from Globacom, said that they had joined the NHF due to the alarming increase of young executives dying suddenly. The CEO of Globacom said that thanks to the activities of the NHS people are recognising that sudden deaths are not the result of witchcraft, but rather poor heart health. Globacom has joined the fight against cardiovascular disease as it is tired of watching helplessly as young Nigerians go down with stroke, renal end failure and hypertension. This is why the 2008, Glo Lagos International Half Marathon scheduled to take place in December has been tagged '*Run for the Heart.*' Details of the new partnership between Globacom and the NHF will be released to the Nigerian public and media shortly.

The guest lecturers at the 'Know Your Risk' seminar were Professor Tola Atinmo, former President of the Nutrition Society of Nigeria and of the Department of Human Nutrition, the Faculty of Public Health, College of Medicine, University of Ibadan and Dr. Bisi Abiola, expert in physical wellness and publisher of *Indulge* magazine.

Dr Jide Idris, the Commissioner of Health for Lagos state, commended the NHF at the seminar, for organising various activities to mark World Heart Day 2008. He said that the present administration in Lagos State, under the leadership of His Excellency, the Executive Governor of Lagos State, Mr Babatunde Fashola (SAN), have put together a series of preventative and curative health programmes.



NIGERIAN HEART FOUNDATION

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In a session on “Diet, Nutrition and Cardiovascular Diseases: Any Risks in the Nigerian Diet?” Prof Atinmo said that the epidemic of chronic heart disease is growing in developed and developing countries like Nigeria and emphasized that this is the result of dietary and lifestyle changes that accompany industrialization, urbanization, economic development and market globalization. Prof. Atinmo said that diet and nutrition play key roles as determinants of chronic non-communicable diseases and are therefore crucial in preventative efforts. He said that in 2001 chronic diseases contributed approximately 60% of the 56.5 million total reported deaths in the world which amounted to 46% of the global burden of disease in that year. This number is expected to increase by 2020. Prof. Atinmo said that studies suggest that Nigeria has started experiencing a nutrition transition, which is associated with CVD risk. This nutrition transition is caused by the gradual change from traditional diet to Western diet, as well as the accompanying changes in physical activity and body composition. He concluded that the traditional Nigerian diet appears to carry minimal risk for CVD and that the gradual change from this to a westernised diet and lifestyle will significantly increase the risk of cardiovascular disease.

HEALTHY HEART WALK:

The governor of Lagos State, Mr. Babatunde Raji Fashola (SAN), commended the NHF for their good work. He said that the day's theme, 'Know Your Risk' captured the vision of the NHF. As an affiliate of the World Heart Federation, and a founding member of the African Heart Network, he said that the NHF has the global network to keep abreast of the best practices and new discoveries. Governor Fashola said his government will continue to explore and create new opportunities and partnerships within the private sector in order to improve the standard of health for the people of Lagos. He expressed deep appreciation of the NHF for partnering with the Lagos state government in sensitization campaigns on heart related diseases and urged the NHF to continue to involve the youth in their campaign through the hosting of cultural events and quizzes for secondary school students.



From Right - Executive Director, Nigerian Heart Foundation, Dr. K. K. Akinroye, Barrister H. N. Duru, Prof. Bayo Adeyemi, Engr. Oluyomi Adeyemi-Wilson, Dr. Bisi Abiola, Chief Segun Odegbami, Dr. Taiwo and Charles Ikoabasi of Globacom.



Participants during the screening exercise.



Representative of the Lagos State Governor, Dr. (Mrs.) Taiwo leading the Heart Walk.



DANISH HEART FOUNDATION

THE AFRICAN TWINNING PROJECT

In 2002, Paddy Murphy from the WHF requested that the Heart Foundations facilitate the establishment of Heart Foundations in Africa in the development of *The African Twinning Project*. Shortly thereafter, the Danish Heart Foundation (DHF) joined the project. The main objective was that the DHF felt they had an obligation to offer their support to some of the less fortunate populations.

The decision about the Twinning Project was made after getting into contact with Elizabeth Gatumia. The DHF expected it to be about exchanging knowledge and experience, and the KHNH felt that the primary need was funding.

In 2003, the DHF started to receive requests for money as the twinning was impossible without funding. DNF obtained funding in DANIDA's funding department for "minor projects". In 2004, the project on prevention of Rheumatic Heart Disease was presented at the African Heart Network meeting.

The purposes of the project were:

- ✍ To ensure that the population of Nairobi Eastlands is knowledgeable of RHD and seeks preventive treatment when getting the first symptoms.
- ✍ To ensure that KNHF becomes a strong and independent Foundation / association that can work without financial support from Denmark.

In order to fulfil the abovementioned objectives, teachers and pupils were trained in schools, staff training took place in Nairobi Eastlands clinics, staff were trained in churches, organisational capacity building with regard to memberships and local committees, and advocacy.

After two years of intensive advocacy, the District Health Information Record Office has integrated Rheumatic Heart Disease in their data collection in Nairobi. Nairobi City Council, City Education Department has integrated training prevention of RHD in Nairobi's schools' curriculum. Upon receiving the support of Minister Sanitarian Health and Prevention, RHD prevention became part of school curriculum throughout Kenya.

The results of the project include:

- ✍ Local committees
- ✍ Patients' clubs
- ✍ Kenyan-Heart Clubs in schools
- ✍ Teachers' training in schools
- ✍ Talking walls
- ✍ Clinics received education
- ✍ Seminars for church representatives and participants.

The following is recommended in going forward:

- ✍ Define a framework for Twinning
- ✍ Investigate funding opportunities by scrutinizing development aid programmes in a number of countries and private Foundations
- ✍ Encourage more developed countries and Heart Foundations to participate
- ✍ Establish a supporting programme: help to make applications, tackle problems during the project and exchange experiences
- ✍ Investigate a number of developed countries' aid programmes to evaluate the extent to which they contain support to combat NCD's in the developing world, or create an advocacy programme where national Heart Foundations / associations and cardiac societies advocate for NCD in development programmes for health
- ✍ Liaise with other NGO's



THE HEART AND STROKE FOUNDATION SA

COMMUNICATIONS DEPARTMENT

On August 2, the Heart and Stroke Foundation SA brought heart disease to the forefront by broadcasting the first real-time live TV broadcast of open heart surgery in the world!

52-year old businessman Wally Katzke volunteered, after careful consultation with a team of medical experts, to become the first heart patient to tell his cardiovascular disease story on national television, in a move he hoped would educate and motivate other people to start taking better care of their heart health.

We have had a phenomenal response from South Africans enquiring how to adapt their lifestyles to a heart healthy one, and there are future plans with Wally to further spread the message. Visit www.meetmyheart.co.za for further info.

September was Heart Awareness Month and as always, a busy time for The Heart and Stroke Foundation South Africa. The Communications team infiltrated all areas of the media with community newspaper announcements, magazine adverts, radio & TV interviews, online media coverage and TV continuity presenters spreading heart healthy messages.

Two very successful Go Red for Women GP Breakfasts took place at Life Vincent Pallotti Hospital, aimed at creating awareness of women and heart disease amongst general practitioners. The guest speakers were Cape Town cardiologists, Dr Joe Tyrrel and Dr Adrian Horak. Both doctors enlightened and entertained their audiences while spreading the Go Red message.



Meet Wally's Heart: Wally and his wife



Go Red for Women GP's breakfast



THE HEART AND STROKE FOUNDATION SA

MARKETING DEPARTMENT

The Go Red for Women Wellness Workshops, sponsored by Nicorette and held in association with Elizabeth Arden and Women 24, were a huge success! The series kicked off in Port Elizabeth on 27th August, moved to Durban on 19th September and finished in Cape Town on 26th September.

The breakfasts were alive with energy as hundreds of women dressed in their **Red** best, took time out of their busy schedules to be informed, inspired and transformed. The wonderful group of speakers contributed to the success of the workshops. The Go Red team feels proud to have played a part in encouraging women to take care of themselves and live a heart healthy lifestyle.

Comments from women who attended the wellness workshop:

"A big word of thanks for a stunning Friday morning/breakfast we had on 26/09/08 (it was worth taking the day off) besides the breakfast/food, the talks/speeches were all good, motivating and informative...I had a light bulb moment re my Heart." Alison Cupido

"I was surprised to hear about the shocking statistics of women and heart disease in South Africa."

"The speakers were very informative and the topics relevant to women in business."

"I thoroughly enjoyed the function at Riverside today and my friends who decided not to come or who couldn't make it are now envious after I told them about it and showed them the goodie bag!" Ari Dibben

Cape Town



Port Elizabeth



Durban





INTERESTING!

THE ANNUAL GENERAL MEETING AND WORKSHOP OF THE AHN

The Annual General Meeting and Workshop of the African Heart Network is scheduled to take place on November 20, 2008 in Maputo, Mozambique.

All who are interested are welcome to attend. It will be an ideal opportunity to interact and network with members of Heart Foundations, cardiologists, public health professionals and other specialists from Africa.

Highlights:

- ✍ Capacity Building workshops
- ✍ Projects Reports
- ✍ Sharing of achievements
- ✍ Annual General Meeting
- ✍ Strategic Planning
- ✍ Presentations
- ✍ Sharing good practices

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