



CARDIOLOGY NEWS

SA Heart tendered to host "The World Congress of Cardiology 2012" in Cape Town, competing against cities such as Dubai, Mexico City, Kyoto and Singapore. This initiative is in the capable hands of Prof Bongani Mayosi and we look forward to the World Heart Federation's final decision early this year.

The RPL issue will be debated in court at great cost also to the society in February 2010. The hearing in court seems inevitable but, with a new minister in office, a settlement may be possible. At present there is no official RPL, although the minister accepted an increase of 7,9%. Do bear in mind that the RPL is based on historic trends and does not really account for the cost of medical practice.

The SAPPF in a way replaces the PPC of SAMA. Issues are now more driven by doctors than by administrators. The remaining issues are whether we should rather – or only – subscribe as members to SAPPF and not, or also, to SAMA and whether this SAPPF membership should be included in our SA Heart Membership.

SAPPF is the only institution at present that takes care of specialist issues - we should join them (rather than SAMA). Please visit their website at www.sappf.co.za. SA Heart Journal and SHARE each costs us about R500 000 annually. We have to support SAPPF in their court case against Department of Health. SA Heart Association further continues to support travel and research grants as well as other educational opportunities. All of these will most likely change our membership fee structure.

The 6th World Congress of Paediatric Cardiology and Cardiac Surgery will be held in Cape Town from 18 to 22 February 2013 .

The SHARE program (Cath Lab Registry) is finally rolling. It still is a substantial financial liability to us and the sooner more groups start using, applying and contributing to the programme the sooner it will be financially viable and become both an academic and financial asset. If you are interested, but not participating in the programme yet, please contact the organiser.

Members are invited to submit an image for the cover of "Nature Reviews Cardiology" to the editor b.mearns@nature.com or visit www.nature.com.urcardio/ for more details.

As far as the proposed National Health Initiative (NHI) goes, we need to be prepared and influence the outcome rather than having to comply with a system forced upon us. For this reason, we urge you to send your ideas/solutions to the editor. The SA Heart Exco has appointed a group to compile and evaluate all your ideas and use these to influence decision making.

As an overview of the past year and the one ahead, we include the messages from our outgoing president Prof Bongani Mayosi and newly appointed president Dr Martin Sussman. The reports from the subcommittees, special interest groups and branches are on our website www.saheart.org. A visit to the website will most certainly be well worth your while.

Adriaan Snyders

MESSAGE FROM OUR NEW PRESIDENT

Best wishes for 2010 to all members of SA Heart. This brief note is really intended to keep members informed of some of the issues our Exco is currently dealing with. As many will know, we had a very successful meeting in Sun City last year, superbly organised by Prof Karen Sliwa and her organising committee.

We were shocked soon thereafter to hear of the tragic and very sudden passing of a member, and great supporter of the association, Prof Tshimbi Mathiva. Tshimbi trained in Durban, spent a year working at Hammersmith, and then moved to Pretoria University as departmental head. She was vice-chair-person of the MCC and served on SA Heart's Exco heading the Education Standing Committee before resigning at the end of 2009. Her input was always valuable, and we will miss her dearly.

Our association's challenges for 2010 are many:

First there is the ongoing saga between the Private Practice Forum and SAMA – an ever-evolving situation. Some serious decisions need to be made which could impact many of our members. Various approaches are being considered and, once a decision is taken, members will be notified via our newsletter and website.

Second is the National Health Insurance plan. The presentation by representatives of Department of Health and Discovery Health at our congress was helpful and informative. This too is a fluid situation and we are trying to make SA Heart's voice heard at the Department of Health.

Third is the training of cardiac specialists both medical and surgical, which proves to be a complex matter. The diverse suggestions and opinions on possible solutions to this challenge seem as many the numerous members I spoke to. I am grateful that our education subcommittee is headed by Prof Essop who has a firm grasp of the issue, but the problem appears to be beyond our influence at present. Nevertheless, we will not stop attempting to voice our concern to the authorities: that too few cardiac specialists are being trained.

All however is not doom and gloom.

- We are training a number of excellent young specialists, and there is ongoing basic science research which hopefully will continue to grow. The enthusiasm at the formation of a basic science special interest group is particularly encouraging. I wish them all the best and look forward in great anticipation to future results.

The interest in the Echocardiography courses held last year was also very pleasing, and I look forward to the acceptance of an echo/imaging SIG in the near future.

‘We are training a number of excellent young specialists, and there is ongoing basic science research.’

As an affiliate of the European Society of Cardiology we will again have a stand at this year's meeting in Stockholm and I encourage you to visit our exhibit.

Finally, I trust you are looking forward to the FIFA World Cup as much as I am – and that 2010 will be the year in which we all trump the scoreboard!

Martin Sussman

PRESIDENTIAL REPORT TO THE ANNUAL GENERAL MEETING OF THE SOUTH AFRICAN HEART ASSOCIATION, 23 OCTOBER 2009, SUN CITY, PILANESBERG, NORTH WEST PROVINCE

It is a pleasure to present this report on the occasion of the 10th Anniversary of the formation of the South African Heart Association. SA Heart was formed in September 1999 when the Southern African Cardiac Society and the South African Society of Cardiac Practitioners amalgamated. SA Heart has lived up to the original intentions of representing the professional interests of cardiologists, cardio-thoracic surgeons and allied professionals in South Africa. The good health of our Association is epitomised by the ever-growing number of its special interest groups. This congress is about to witness the establishment of two new special interest groups in basic cardiovascular sciences and imaging which will be added to the existing six special interest groups.

collective wisdom that resides in our Exco is truly remarkable and it has been my wonderful privilege to work alongside my honourable colleagues over the past two years.

There are several major weaknesses in our Association that need intensive care over the years to come. First, our ability to measure the quality of care that we offer to the nation is weak. This is a vital function of an Association such as ours, and it is the means by which we ensure that we are accountable to our patients and the nation. The SA Heart Registry has an important role to play in addressing this area of weakness, and I am pleased that it is at last showing signs of life, as you will duly be informed

‘The good health of our Association is epitomised by the ever-growing number of its special interest groups.’

Ten years is a significant milestone in the life of an organisation and it is incumbent on us to take stock of the strengths, weaknesses, opportunities and threats facing our association at this juncture. The main strength lies in our commitment to marry the needs and interests of academic and public service practitioners on the one hand with those of our colleagues in private cardiology on the other. I understand the public/private divide was the original schism that maintained the two societies that merged into the South African Heart Association in 1999. We must continue to ensure that SA Heart strives to meet the interests of all its members, through its committees and through the leadership of the Executive Committee. The

about in a later presentation. Second, our ability to influence the policy formulation by public and private funders of healthcare is limited. We should, for example, play a leading role in determining the numbers of cardiologists and cardio-thoracic surgery who are trained to meet the cardiovascular health needs in the country. We need to work harder at generating information that will influence policy makers and health planners for better cardiovascular health care.

The great opportunities that have opened up for us relate in no small part to our affiliation with the Pan African Society of Cardiology (PASCAR), the European Society of Cardiology and the World Heart Federation. I repre-

sented SA Heart at the recent PASCAR Congress in Abuja, Nigeria where more than 150 cardiologists and cardiac surgeons from all over the continent were gathered to discuss the rising burden of cardiovascular disease in Africa. SA Heart and its members have much to offer to our colleagues in the rest of the continent in our common pursuit of improving cardiovascular health for our patients. The next PASCAR Congress will be held in Kampala, Uganda in May 2011 and I look forward to seeing many of you at that meeting.

We are grateful for our links with the European Society of Cardiology (ESC) where SA Heart was invited to host an exhibition stand during the meeting in Barcelona in September. I thank Erika Dau for the fantastic job she did in serving as our ambassador in Spain during that brief period. The ESC is inviting members of SA Heart to apply for the ESC Fellowship which is associated with several benefits including free attendance at the annual ESC congresses. The World Heart Federation is considering the bid of SA Heart to host the next World Congress of Cardiology in either 2012 or 2014. I understand that the decision on our bid will be made at the World Congress of Cardiology in China in June this year.

Finally, I want to speak about two threats facing the cardiovascular community in South Africa today. The natural threat and enemy of the cardiovascular practitioner is cardiovascular disease itself. An analysis of the numbers of people dying from ischaemic heart disease, other forms of heart disease (such as cardiomyopathy and rheumatic heart disease) and stroke shows mixed fortunes. The number of deaths attributable to ischaemic heart disease and stroke has in fact fallen over the past few years, whereas deaths from hypertensive heart disease and other forms of heart disease (such as cardiomyopathy, rheumatic heart disease and tuberculous pericarditis) have increased by 20-23% from 1999 to 2006.⁽¹⁾ We do not know the reasons for the lower death rate for ischaemic heart disease and stroke, but it is associated with a significant reduction in smoking statistics in the country. There is however a great challenge for us to re-double our

efforts in addressing the rising death rate from non-ischaemic heart diseases such as hypertensive heart disease, cardiomyopathy, rheumatic heart disease and tuberculous pericarditis.

The proposed National Health Insurance scheme is regarded by many among us as a threat to the practice and viability of medicine as we know it in South Africa. This is one of the major health reforms that will shape healthcare in South Africa for decades to come, and I am delighted that there will be an opportunity for this matter to be discussed later on at this conference. I invite all interested delegates to attend the session on the "National Health Insurance and the Future of Cardiovascular Healthcare in South Africa" in the Pilansberg room at 2 pm on Saturday 24 October. While some view the National Health Insurance proposal as a threat, others have said that it may well be a great opportunity to ensure equitable access to essential healthcare services for all South Africans.

It has been a privilege and an honour for me to serve the South African Heart Association as President for the past two years. It has been a wonderful and exciting period in the life of the Association and that of South Africa in general. I thank my colleagues in Exco for collegial working relations, and I wish our new President, Dr Martin Sussman well for the future.

I thank you.

Bongani M Mayosi

President, SA Heart
Cape Town
10 October 2009

Reference

1. Mayosi BM, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *The Lancet*. 2009;374:934-47.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61087-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61087-4/fulltext)

EXECUTIVE COMMITTEE 2009/10

NAME	ADDRESS	TELEPHONE	FAX	EMAIL
DR M. SUSSMAN President	PO Box 861 Houghton 2041	011 726 3125	011 726 3126	heartsurgeon@absamail.co.za paikin@telkomsa.net
PROF B. MAYOSI Immediate Past President	Dept of Medicine UCT – Faculty of Health Sciences Anzio Road Observatory 7925	021 406 6200	021 448 6815	bongani.mayosi@uct.ac.za faiza.pearce@uct.ac.za
DR A. SNYDERS Vice President & Editor: SA Heart Newsletter	PO Box 72482 Lynnwoodrif 0040	012 807 6186/7	012 807 6940	asnyders@mweb.co.za
DR R. JARDINE Treasurer	PO Box 99 Benoni 1500	011 425 2939	011 425 2964	jardinerm@gmail.com
DR A. STANLEY Secretary & Chair: Private Practice Committee	PO Box 67864 Bryanston 2021	011 234 3155	011 234 3157	anthys@netactive.co.za
PROF P. MANGA Chair: Full time Salaried Practice Committee	PO Box 3045 Houghton 2041	011 488 3611	011 642 9041	Pravin.Manga@wits.ac.za
PROF M.R. ESSOP Chair: Education Committee	PO Box 3331 Parklands 2121	011 933 8197	011 938 8945	essopmr@medicine.wits.ac.za
DR A. DALBY Chair: Ethics & Guidelines Committee	PO Box 91170 Auckland Park 2006	011 726 7083	011 726 6444	ajd@hot.co.za
PROF A. DOUBELL Editor: SA Heart Journal	Division of Cardiology 8th Floor Tygerberg Hospital Green Avenue Tygerberg 7505	021 938 4400	021 938 4410	afd@sun.ac.za myw@sun.ac.za

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

Welcome back after what I hope has been an energising December holiday! I wish you a prosperous and peaceful 2010. This year promises to be an exciting year for CASSA with three major educational programmes planned.

The many faces of Atrial Fibrillation

The annual CASSA National Symposium will be held in October 2010 with Atrial Fibrillation (AF) as the central theme. An international expert in the field of AF and the local faculty will discuss the different manifestations of in which AF presents in patients. The meeting again promises to be of excellent academic standard, yet practical and interactive. Two meetings are planned for the major centres (Johannesburg and Cape Town) with the possibility of smaller symposia elsewhere. Diarise now to ensure you don't miss this exciting event!

Accreditation
will take place over
three levels.

CASSA medical aid symposium

The increasing in questions raised by Private Funders on the correct use and reimbursement of device therapy has led to a decision by CASSA to host a full-day symposium to all major medical aids to discuss international guidelines, the cost-effectiveness of device therapy when implemented correctly as well as other pressing issues.

GP road shows

General practitioners can again look forward to the annual CASSA ECG workshops with the kick off in February in areas such as Worcester and the Cape South Coast. A complete



CARDIAC ARRHYTHMIA SOCIETY
OF SOUTHERN AFRICA

A SPECIAL INTEREST GROUP OF SA HEART ASSOCIATION

events calendar listing dates and areas where GP workshops will be held should be on the CASSA website towards the end of January.

For more information visit www.cassa.co.za or contact Franciska du Toit at 082 806 1599 or franciska@cassa.co.za.

Accreditation

The accreditation of Electrophysiologists and ICD practitioners has been a much debated issue. As in all other countries where accreditation is standard practice, CASSA will provide the necessary training for individuals who want to be accredited. Accreditation will take place over three levels:

- Accreditation as an Electrophysiologist (EP);
- Accreditation for ICD practitioners who had completed a minimum number of cases;
- and accreditation for naïve implanters and fellows-in-training.

Interested parties can visit the CASSA website for accreditation guidelines and criteria or contact Prof Rob Scott Millar or Franciska du Toit at the CASSA office at 082 806 1599 or franciska@cassa.co.za.

Member involvement is vital for a Society such as ours. We urge you to visit our website regularly to ensure that you keep abreast of CASSA events in your area.

Ronnie Jardine

HEFSSA NEWS: REFLECTION ON THE PAST YEAR

Welcome back after what I hope has been a rejuvenating and peaceful break! 2010 promises to be a big and busy year for HeFSSA but first some reflection on the past year.

SA Heart Congress 2009

The SA Heart Congress 2009, organised by HeFSSA with assistance from other special interest groups, proved to be a big success. The meeting attracted approximately 1 300 delegates and the academic programme was well accepted featuring both renowned international speakers and ample opportunity for local faculty.

During the congress the HeFSSA Annual General Meeting took place. It was with great sadness that we heard of Dr Kevin O'Connell's untimely passing and a brief remembrance was conducted in his honour. The HeFSSA Exco will sorely miss him in future.

AGM highlights

- We welcome Prof Lecour who was proposed and elected to the HeFSSA Exco! Financial Statements for the Society was presented by Martin Mpe (treasurer) and accepted by the meeting.
- It was decided that GP HF Education will be a major focus for 2010 and that initially CPD accreditation will be offered for these programmes while seeking more formal official recognition in due course.
- HeFSSA will keep offering appropriate echo training courses until such time as an official special interest group within SA Heart Association "houses" this.
- Dr Christina Radulescu, Exco member with a specific interest in echo, was "mandated" by the meeting to start an official Echo SIG within SA Heart Association.

Report-back on the two HeFSSA pre-conference workshops

Echocardiography in collaboration with the MAYO Clinic

More than 230 delegates attended the Echocardiography workshop held in collaboration with faculty from the MAYO Clinic (US) which proved one of the highlights of SA Heart 2009. Delegates who attended the course requested that it becomes an annual event. This specific meeting was made possible with support from all our corporate members with great involvement from Phillips as well. Our Exco will discuss this with the SA Heart Association and communicate the outcome to members.

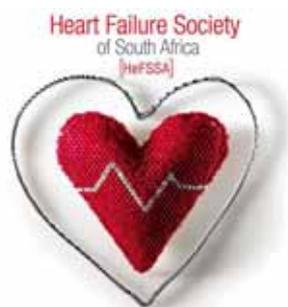
The Society can only function successfully if the members are actively involved.

Cardio-update for non-cardiologists

Another successful HeFSSA initiative in 2009 was this update attended by 109 general practitioners and physicians which proved once more that there is a definite need for information on dealing with cardiac patients. Topics of this highly relevant and practical programme included "Cardiovascular risk profiling", "Assessing ECG's" and "Diagnosis and treatment of hypertension". I would like to thank Dr Eric Klug for his hard work as programme director and the local faculty for their willingness to spend an additional day away from their practices to share their substantial knowledge with our

HEFSSA NEWS: *continued*

colleagues. This meeting would not have been possible without the unconditional support of AstraZeneca. Great news is that Update is scheduled to be an annual HeFSSA event.



GP workshops

Historically, HeFSSA's GP programmes were predominantly driven by our individual pharmaceutical corporate members with Pharmadynamics and Medtronic taking the lead in 2009. These meetings were advertised by the company and the latter was heavily involved in deciding on the areas in which these meetings were going to be held.

Now, with five corporate members on board, four of whom have a specific interest in educating GP's, HeFSSA is in a position to launch a formalised GP training programme on heart failure. By managing the programme centrally from our office we will ensure that all major areas across South Africa will be covered and, GP's eager to learn more about HF, will get the opportunity to do so. The four companies will be AstraZeneca, Pharmadynamics, Servier and Medtronic.

HeFSSA is planning 18 meetings in the following major centres: Johannesburg, Cape Town, Pretoria, Durban, Port Elizabeth and Bloemfontein. Visit www.hefssa.org for more information or contact Franciska du Toit at 082 806 1599 or franciska@hefssa.org.

Get involved

The Society can only function successfully if the members are actively involved. Visit the HeFSSA website regularly for general information and to stay abreast of events in your area.

Karin Sliwa

President HeFSSA

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

How great to have the challenges of a new year upon us once again! I trust that you have been able to spend time with friends and loved ones during the festive period and are back in the swing of things.

SASCI's AGM was well attended and held at the SA Heart Congress at Sun City. My sincere appreciation to new executive members Sajidah Khan and Chris Zambakides for their willingness to serve in our Exco as well as all re-elected members for their contribution for yet another term (ending 2011). It is also my pleasure to serve another term as SASCI president.

A constitutional amendment was tabled and approved during the AGM that allow groups to affiliate with SASCI. We were approached by the newly formed Mauritian Cardiac Society for affiliation and its request could thus be accepted.

One of the main topics of discussion was the issue of keeping members informed of new initiatives and programmes. It was agreed that member communication will be a priority in 2010 and beyond. Please contact the SASCI office at 083 458 5954 or sasci@sasci.co.za or your local SASCI Exco member if you require information or want to contribute in any way.

Dr Cobus Badenhorst arranged an excellent SASCI Symposium at SA Heart Congress with presentations by Dr John Benjamin (platelet resistance), Dr Anthony Becker (HIV and coronary syndrome) and Dr P Haworth (PCI and diabetes).

From 24-27 November 2009 the 5th Indian Ocean Meeting (IOM) of Cardiovascular Disease was held in

SASCI continued

Mauritius and was attended by South African, Reunion and French interventional cardiologists, clinical technologists, nurses and radiographers. As South African convenor Dr Tom Mabin once again did SASCI proud with an excellent academic programme, including lectures from international cardiology faculties, poster presentations and symposia sponsored by partners from various medical industries. Volcano Therapeutics South Africa supported the SASCI Breakfast Symposium on November 26 which focused on tools required to accurately assess coronary lesions and optimize outcomes. Dr Thierry Lefevre (France) presented FFR and FAME 2 year study results.

The IOM was a great academic and social success with superb lectures during the day and a lot of fun once the sun set! Here's hoping for further fruitful meetings in the years to come.

During the congress representatives of SASCI's Exco met with the Mauritian Cardiac Society executive to officially welcome the group as a member. The main areas of initial collaboration will be sharing opportunities for education such as young Mauritian cardiologists attending the annual SASCI Fellows Programme as well as joint sessions with SASCI at EuroPCR.

Four South African Fellows/Registrars had the privilege to attend the annual SCAI Fellows Programme in Las Vegas from 7 to 11 December 2009, set to become an annual event judging by feedback from attendees.

Discussions with funders, hospital networks and the industry are continuing with specific focus on TAVI and Merci funding at this stage and will be continued in 2010.

A number of educational activities/opportunities have already been confirmed for 2010 and new programmes are being considered.

A major new programme is the Medtronic Visiting Professors Programme (VPP). Prof J.P. Bassand will be visiting South Africa during September and October 2010 and will be spending one month at both the Department of Cardiology, Groote Schuur Hospital and Chris Hani Baragwanath respectively.



SASCI

South African Society of cardiovascular intervention

Cardiologists-in-Training can be nominated for the annual SASCI RC Fraser International Fellowship sponsored by Boston allowing a local Fellow to spend 4 weeks in the UK.

The SASCI Annual Fellows Workshop 2010 with Dr Adie Horak as the Programme Director will be held at Vincent Pallotti Hospital in Cape Town on 6 March. This event has been hosted by SASCI annually since 2004 and is attended by 80% of Fellows/Registrars in cardiology from across the country.

SASCI website

A hardcopy hand-out on our ability to access interventional journals via our website should by now have reached you. I strongly urge members to visit our website at www.sasci.co.za and use this information to your advantage.

In conclusion, I sincere word of thanks to my Exco for your efforts, dedication and hard work during the past year. Here's wishing all members the best for 2010!

Graham Cassel

President SASCI

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

The travel scholarship is available to all members and associate members living in South Africa and primarily aims to assist junior colleagues. In doing so, continued future participation in local or international scientific meetings/workshops can be encouraged.

REQUIREMENTS

- ▶ Applicants must be fully paid-up members/associate members in good standing for at least one year.
- ▶ Applications need to include:
 - ▶ Full details of the meeting/workshop;
 - ▶ The applicant's abbreviated CV; and
 - ▶ A breakdown of the anticipated expenses.
- ▶ Applications must reach the Association a minimum of 3 months before the event.

RECOMMENDATIONS

- ▶ Acceptance of an abstract submitted by the applicant at the scientific meeting/workshop (Should acceptance be pending, the application need still be submitted 3 months prior with a note stating expected time of approval. In such a case the scholarship might be granted conditionally: that proof of the abstract being accepted is submitted afterwards);
- ▶ An invitation to participate as an invited speaker at the meeting;
- ▶ Publications in a peer reviewed journal/s in the preceding year;
- ▶ An applicant from a member of a previously disadvantaged community; and
- ▶ An application from a member younger than 35 years of age.

ADDRESS APPLICATIONS TO:

The President
South African Heart Association
PO Box 19062
Tygerberg
7505

**A MAXIMUM OF FOUR SCHOLARSHIPS WILL BE AWARDED ANNUALLY.
GRANTS FOR INTERNATIONAL MEETINGS WILL BE A MAXIMUM OF R 20 000
AND LOCAL MEETINGS A MAXIMUM OF R 7 500.**

LOUIS VOGELPOEL TRAVELING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2010 and the cut-off is 31 January. Up to R15 000 is offered annually towards travel and accommodation costs to a local or international congress by the Cape Western branch of the South African Heart Association in memory of one of South Africa's leading cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a South African pioneer in cardiology and was one of the co-founders of Groote Schuur Hospital and the University of Cape Town's Cardiac Clinic. His exceptional career spanned over 5 decades. Dr Vogelpoel was a distinguished general physician, cardiologist and horticultural scientist until his death in April 2005. His commitment to patient care, teaching and personal education was legendary and fondly remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants all benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates via regular bedside tutorials. He served as an outstanding role-model for postgraduates and many who have achieved prominence nationally and internationally still acknowledge his contribution in their career development.

All scholarship applications will be reviewed by the Exco Practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and resident in the Western Cape will enjoy preference.

Applications should include a brief résumé of the work the applicant wishes to present and a brief letter of what the applicant hopes to gain by attending the relevant

congress. The applicant should submit an abstract for presentation at the relevant national or international meeting. Should such an abstract not be accepted by the relevant congress's organising committee, the applicant will forfeit his or her sponsorship. (Application can however be made well in advance but will only be awarded on acceptance of the abstract.) Moreover, a written report on the congress will need to be submitted by the successful applicant within six weeks of attendance for publication in the SA Heart Association Newsletter.

‘A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates.’

Applications should be sent to Prof Johan Brink, President: Cape Western branch of the South African Heart Association, Chris Barnard Division of Cardiothoracic Surgery, Cape Heart Centre, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, 7925 or alternatively email: johan.brink@uct.ac.za

Previous recipients of this prestigious award were Sandrine Lecour, Roisin Kelle and Liesl Zuehlke.

Applications closed on 31 of January 2010.

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

The research scholarship is available to all full and associate members of SA Heart living in South Africa. It is primarily intended to assist colleagues involved in outstanding research to enhance their research programmes.

REQUIREMENTS

- ▶ Applicants need to be fully paid-up members/associate members in good standing for at least one year.
- ▶ Applications must include
 - ▶ The applicant's abbreviated CV;
 - ▶ A breakdown of the anticipated expenses; and
 - ▶ Full details of the research.

RECOMMENDATIONS

- ▶ Publications of related work in a peer reviewed journal in the preceding year;
- ▶ Applicants from a previously disadvantaged community; and
- ▶ Applicants younger than 35 years of age.

ADDRESS APPLICATIONS TO:

Education Standing Committee
South African Heart Association
PO Box 19062
Tygerberg
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS SEPTEMBER 30.

One scholarship to a maximum amount of R50 000 will be awarded annually.

APPLICATIONS WILL BE ASSESSED ACCORDING TO THE ACCOMPANYING RESEARCH PROTOCOL WHICH SHOULD INCLUDING:

- ▶ An abstract (maximum 200 words);
- ▶ A brief review of the literature (maximum 200 words);
- ▶ A brief description of the hypothesis to be investigated (maximum 100 words);
- ▶ A detailed methodology (maximum 500 words); and
- ▶ References.



Founded by the Canadian Institutes of Health Research (CIHR)
and sanofi-aventis in Canada



CANADA-HOPE Scholarship Program

The CANADA-HOPE Scholarship Program

is dedicated to improving the health of people in developing countries by further strengthening international collaborative efforts between researchers.

This year, the Program will enable promising **scientists and clinicians from South Asia and Sub-Saharan Africa** to be mentored by prominent Canadian researchers. They will be exposed to some of the best science, laboratories and training environments in Canada.

ELIGIBILITY CRITERIA:

Eligible research areas include clinical epidemiology, population health, clinical trials, health sciences, global health, and areas which can have an impact on the health of people in and Low/Middle Income Countries.

Among other eligibility criteria, the scholars must:

- be committed to research in a health related area which will help people in a developing country;
- be in the early stage of their careers (and have no more than 10 years of research training experience);
- be a PhD, MD or health professional in an eligible research area with an excellent track record; and
- be dedicated to developing national and international collaborations in their area of research.

FUNDS AVAILABLE:

Funding for up to ten scholarships will be offered through this partnership in the second round of this program. Scholars will receive funding in Canadian dollars based on the table below.

Year	Stipend (max.)	Research Allowance	Mentor (Operating grants)	Total Funds
1	\$50,000	\$6,000	\$16,000	\$72,000
2	\$50,000	\$6,000	\$16,000	\$72,000
3	--	\$10,000	\$5,000	\$15,000
4	--	\$10,000	\$5,000	\$15,000
Total	\$100,000	\$32,000	\$42,000	\$174,000

DEADLINE FOR FULL APPLICATION: MARCH 30, 2010

For questions on CIHR eligibility, guidelines or how to apply, contact:

Jacqueline Jorge
Team Lead, Targeted Initiatives Branch
Canadian Institutes of Health Research
Telephone: 613-952-4256
Fax: 613-954-1800
Email: Jacqueline.jorge@cihr-irsc.gc.ca

This program has been funded equally by CIHR and sanofi-aventis.

For detailed information and the application form, see [CIHR website](#).

6th WORLD CONGRESS 2013

PAEDIATRIC CARDIOLOGY & CARDIAC SURGERY

CAPE TOWN 17-22 FEBRUARY

FIRST ANNOUNCEMENT AND EXPRESSIONS OF INTEREST



6th WORLD CONGRESS
Paediatric Cardiology & Cardiac Surgery
cape town



The Paediatric Cardiac Society
of South Africa



e-mail: info@pccs2013.co.za or visit www.pccs2013.co.za



NEW BENEFITS, NEW VALUE, EXCLUSIVELY FOR NEW INTERNATIONAL ASSOCIATES

Become an ACC

International Associate Member

Join the ACC as a new International Associate Member and take advantage of valuable membership benefits created exclusively for cardiologists practicing outside the United States and Canada.

- Receive online access to the *Journal of the American College of Cardiology (JACC)* and the *Cardiosource Review Journal (CRJ)*.
- Receive full access to Cardiosource, the ACCF's premier online source of cardiovascular knowledge.
- Take advantage of discounts on ACCF programs and products and pay annual dues of only \$100 per year (plus nonrefundable processing fee of \$25).
- Attend the ACC Annual Scientific Session at special International Associate rates.

Affiliate With the ACC Wherever You Practice

Criteria For International Associate Membership

- Candidates shall have completed 5 years of medical training including 24 months of formal cardiology training.
- Candidates shall have been established in practice/academia for a minimum of six months and document that at least 50% of their professional activities are devoted to the field of cardiovascular disease.

www.acc.org/about/joinacc_international.htm

Follow These Easy Steps for...

International Associate Membership Application

1. Letter of Sponsorship

- One from any Fellow, Associate Fellow or Member of the American College of Cardiology

* Sponsor letter should include confirmation of applicant's peer recognition in the cardiovascular community.

2. Membership Fees

Payment must accompany application.

- US\$125 (Includes processing fee of US\$25, and payment of one year's dues of US\$100)
- Check payable to American College of Cardiology in U.S. dollars drawn on a U.S. bank.

- MasterCard VISA
 American Express Discover

Cardholder's Name

Card Number Expiration Date

CSC#

Personal Data (All Sections Must Be Completed by the Applicant.)

Full Name (First) (Middle Initial) (Last) Birthdate (Month/Day/Year) Male Female Gender

Practice/Institution Address

City Country Postal Code

E-Mail Office Telephone (include country code)

Home Telephone (include country code) FAX

Education	Name of Institution	Location (City, Country)	Date Graduated	Degree
College or University				
Medical School				

Post Graduate Training	Name of Institution	Location (City, Country)	Area of Specialization	Date Graduated	Degree
Internship					
Residency					
Cardiovascular Training					

Name of Sponsor (See section titled "Letter of Sponsorship" for eligibility requirement.)

Name Title

Address

Signature of Applicant (Signature verifies information on this application is correct.)

The documents, as outlined above, should be forwarded with completed application by mail OR fax to:

Mail: American College of Cardiology, Member Services Department, 2400 N Street NW, Washington DC, 20037 USA

Fax: Attn: Member Services at +1(202) 375-7000

F0712

UGANDA'S LOW-COST, EFFECTIVE HEART STRATEGY REAPS REWARDS

Uganda's Be Alive With Your Heart programme - which promotes heart health from childhood through to old age via community-based activities like household gardens, fitness walks and health screenings - is an inspiring example of low-cost, effective strategies that communities around the world can adapt and adopt. As chronic disease continues to increase in developing countries, which bear 80% of the global burden of the deaths they cause, raised awareness of this kind of prevention programme is increasingly urgent.

“The vast majority of these deaths can be prevented through healthy nutrition, physical activity and elimination of tobacco use.”

Be Alive With Your Heart, a grassroots effort in Uganda was presented during the globally recognised Louise Lown Heart Hero Award on 22 September, 2009 from ProCor (www.procor.org), a US-based programme preventing cardiovascular disease in the world's poorest countries.

Developing countries like Uganda bear 80% of the global burden of death from cardiovascular disease and related chronic diseases like diabetes and hypertension. The vast majority of these deaths can be prevented through healthy nutrition, physical activity and elimination of tobacco use or exposure.

“While heart diseases are clearly an increasing national issue, the solution lies at the grass root levels,” stated Dr Paul Namwanja, representative from the Ministry of Health and Medical Superintendent of Namuggona Hospital. “We applaud the commitment of Be Alive with Your Heart Uganda and ProCor to increase public awareness about cardiovascular health at local and international levels respectively.”

Mayor Moses Wandya presented the award to Edward Buzigi, the programme's coordinator, who, with other health care providers at Be-Alive Uganda Medical Centre, launched the programme after noticing a striking increase in the number of hospital patients with heart disease, obesity, diabetes and hypertension.

Data from the District Health Officer confirmed that chronic diseases were rapidly increasing: nearly 50% of Wakiso District's population was hypertensive and nearly 20% obese.

As Uganda has lost much of one generation to HIV/AIDS, the hospital's board and staff decided to take action to prevent the new health threat posed by cardiovascular disease and its risk factors.

“Many people have changed their lifestyle,” Mr Buzigi explained. “People do less exercise and no longer eat nutritious food.” To reverse the local trend toward a “Western” diet of processed foods that are high in fat, salt, and sugar schools and households are encouraged to plant backyard gardens with produce that grows well in the district like beans, bananas, tomatoes, avocados, carrots, cabbage and green leafy vege-

tables. More than 40 schools have planted vegetable and fruit gardens in the last two years, and nearly 200 households now have small backyard farms.

Project staff and volunteer nutrition students from Kyambogo University also provide education on nutrition and physical activity in schools, homes, public eating places and worksites. They offer screenings for risk factors like hypertension, diabetes, and obesity and organise heart-healthy activities like fitness walks for the public.

“Heart disease is a major health problem now in developing countries like Uganda, and we are happy that ProCor is promoting heart health in such poor countries,” Mayor Moses Wandya of Nansana Wakiso District Town Council commented during the presentation. “We feel convinced that the residents of Wakiso District will learn a lot while having a great time with Be Alive With Your Heart.”

More than 100 programme staff, volunteers, and participants attended the presentation celebration at which heart-healthy foods like low-fat yoghurt and sweet tropical bananas were served as refreshments.

the UK. She began supporting the programme after observing the benefits first-hand: her mother Sarah's obesity and hypertension were managed effectively at no cost through the programme.

“Making visible what otherwise would go unnoticed” is the goal of the Louise Lown Heart Hero Award, according to Dr Bernard Lown, ProCor's founder and chair. The annual award, now in its third year, recognises innovative, preventive approaches to cardiovascular health in developing countries. Although the monetary amount of the award is modest, it is globally recognised and provides international visibility that can help attract funding and other support. The award was established in 2007 by Dr Lown, an internationally renowned cardiologist and Nobel Peace Prize recipient, to honour his wife, Louise, and her lifelong commitment to the rights and well-being of others as a social worker, activist and writer.

ProCor (www.procor.org), a programme of the Lown Cardiovascular Research Foundation in Brookline, Massachusetts, USA is an international health communication network working to prevent global cardiovascular disease by increasing

‘The residents of Wakiso District will learn a lot while having a great time with Be Alive With Your Heart.’

Edward reports that the \$2000 award funding will help the programme install internet services, buy a second-hand computer to improve their capacity for data management and analysis and expand to another sub-county in Wakiso District. He is also hopeful that the award's visibility will help attract further funding. The programme's sole source of funding is Alex Wambi who was raised in the district and now lives in

access to information about preventative strategies that can be translated into action in clinical, research, policy and community settings.

Catherine Coleman

Editor-in-Chief

ProCor. Lown Cardiovascular Research Foundation Centre

TRIBUTE TO TSHIMBI MATHIVA



The news of Tshimbi's untimely death shattered all those who were closely associated with her and also the wider cardiology and medical community.

Tshimbi Mavhangu Mathiva was born in

Limpopo, South Africa in October 1961, graduating as a MB.ChB at the University of Natal Medical School now known as The Nelson R Mandela School of Medicine, University of KwaZulu-Natal in 1985. She completed her Diploma in Anaesthetics in 1989 and became a Fellow of the College of Physicians of South Africa by examination in 1992. After admission she decided to pursue a career in cardiology and joined the training programme in the Sub Department of Cardiology at Wentworth Hospital. She completed a year of training at London's Hammersmith

sessions at King Edward VIII Hospital in Durban. Tshimbi was no stranger and was welcomed into the department and commenced her training amongst familiar peers. She worked hard and rotated through the wards, clinics, non-invasive laboratory and the cardiac catheterisation laboratory: Quick to grasp the basics of cardiology always wanting to learn more and never shying from asking when she needed help. Even when not on call she spent long hours with the team in the cath laboratory becoming one of the "boys". On completion of training she was appointed a consultant in the department given full clinical responsibilities. She accepted the challenge and acquitted herself in an exemplary manner. On many an occasion she acted as HOD when I was away and handled all problems admirably.

As a person she had no airs or graces. She associated with all; porters, nurses, paramedics, medical and administrative staff without distinction and was loved by all. Being the first

‘She taught many of us humility and how to behave with dignity.’

Hospital under Dr Celia Oakley where she acquired considerable experience in clinical cardiology and echocardiography. She was appointed by the incumbent Minister of Health Dr Mantu Tshabalala-Msimang as a member, executive member and vice chairperson of the Medicines Control Council. She served the Council with dignity and made us proud.

Many of the consultants and junior staff were well acquainted with Tshimbi when as medical registrar she attended our ward rounds and postgraduate teaching

“Black” female cardiologist trained in the department she became a role model for the society around her. Tshimbi regarded all as human without distinction. She was loved by her patients for her humanity, and highly respected by junior and senior staff in all disciplines based at Wentworth Hospital. Even under the most difficult circumstances she never played the “race card” but always carried herself with dignity. Even when tested to the limits she never had malice or said an ill word of anyone. All she saw was the good in people. She was never

interested and never took part in intrigues that plague many academic departments. She taught many of us humility and how to behave with dignity. We will not forget.

It was a sad day when she decided to move to Pretoria which was nearer home. I had no hesitation in recommending her appointment which was well deserved. Needless to say the pride and joy experienced by myself in seeing Tshimbi maturing and accepting the challenge of departmental headship, abounded. Following her appointment as Professor she made me promise that I will always be there for her. We kept in touch almost on a weekly basis by phone and our last personal contact was at the SA Heart meeting at Sun City. The unit was taking shape and she was keen on embarking on several research programmes but alas, fate overtook ambition and plans.

We extend our sympathies and condolences to the family. We mourn her loss but the loss to the family is greater. May she rest in peace.

Abdul S Mitha MRCP(UK), MRCP(I), FCP(SA), FRCP, FRCPI, Emeritus Professor

To the family of Prof Tshimbi Mathiva

It was with great shock and sadness that I heard of the sudden and tragic passing of your dear sister Tshimbi.

Tshimbi helped us on the Executive of the South African Heart Association, serving as chair of the Education Committee until she resigned earlier this year. She was a valuable member of the Exco, always listening before giving her carefully considered opinion. She was committed to the aims of the Association, and even after her resignation she agreed to help me as president to achieve some of these goals. Tshimbi was always friendly and welcoming, I

remember this particularly when I first joined the Exco and greatly appreciated her supportive attitude toward me - the token surgeon on the committee.

On a professional level Tshimbi was held in very high regard by all who worked with her, and she will be sorely missed by the entire cardiology community of South Africa.

‘Tshimbi was always friendly and welcoming, and I greatly appreciated her supportive attitude toward me.’

On behalf of the South African Heart Association and all our members, I offer our most sincere and heartfelt condolences to the family whose pain and suffering in this very difficult time must be immense. May she rest in peace.

Martin Sussman

President

South African Heart Association