In a joint interview, Founder and Executive Director of THAP – Kenya Peter Mbogo Kamau and President of THAP – USA Barbara L Ciconte discuss the history, goals and achievements of the Association, and stress the need for driving research efforts into improving the prevention and treatment of cardiovascular diseases in sub-Saharan Africa

Can you provide a brief history of the Take Heart Association Project (THAP)? How did you become involved?

PMK: THAP was founded following the death of my daughter who succumbed to heart disease. Due to a late diagnosis and the long period of time it took the family to raise the significant amount of money required for her to have surgery in India, her condition deteriorated. Given her weakened condition, she died soon after the surgery and was buried in Chennai, India.

After my personal experience, encounters with desperate families of heart disease patients seeking money for their surgeries moved me to resign from my job as a tour guide and devote myself to helping these families find a solution. THAP was thus born out of my grief and compassion for others, and in 1996 became an NGO in Kenya.

BLC: I met Peter in early 2002 when he came to the US to establish a not-for-profit organisation to raise funds and establish partnerships with hospitals and doctors to help children in Kenya who suffer from heart disease. The work that Peter was doing inspired me and others to help him achieve his goal, resulting in the formation of THAP – USA.

What is THAP’s core mission?

PMK: The Association aims to facilitate and coordinate medical support programmes for underserved and marginalised families whose children suffer from heart problems, so as to restore their health, hope and happiness. Our vision is to have a multi-purpose heart recovery centre that gives families in need access to quality, timely and affordable medical services.
At present, Kenya does not have the necessary resources to provide sufficient medical care for people with heart defects and diseases. Is the country focusing efforts on developing such treatment programmes in the future?

PMK: Kenya lacks a comprehensive health insurance policy, hence medical care in Kenya is not accessible to all, especially the poor. The poor depend on local health clinics and government hospitals, none of which have meaningful cardiovascular services. Currently, they are predominantly located in Nairobi, making them inaccessible even to those who can afford them. Through the Ministry of Health, Kenya is aiming at building a progressive, responsive and sustainable healthcare system for accelerated attainment of the highest standard of health for all Kenyans.

What is the role of THAP – USA?

BLC: THAP – USA’s primary role is to build awareness of THAP’s mission and raise funds for heart surgeries, diagnostic tests, medications, travel costs, a Family Support Center and THAP’s operations in Kenya. Since our founding in 2002, THAP – USA has provided ongoing annual funding that enables THAP – Kenya to help more children get the life-saving heart surgery they need. In 2010, it also established the Family Support Center – THAP’s version of the Ronald McDonald House model – which provides accommodation for children and their guardians when they are in Nairobi for medical purposes.

How are current research efforts helping the prevention and treatment of heart disease in sub-Saharan Africa (SSA)? What more needs to be done?

PMK: We find that in SSA the research effort trails other areas. Little is invested into research on the prevention of heart diseases, and epidemiology data are sparse and of uneven quality.

Specifically, more needs to be done to illuminate the strong correlation between poor living conditions and heart disease. Public health professionals must turn research findings into real practice. It is now time to shift from good speeches about this critical issue to delivering what the people of SSA need.

What has been your proudest achievement in THAP’s work so far?

PMK: Seeing the lives of these children be transformed so that they can do what healthy children do – run, play and go to school – and wondering how they will contribute to the growth of our nation always brings a smile to my face.

BLC: Another proud achievement is establishing the Family Support Center in 2010. Peter and I are so pleased that the patients and their attendants have a place they can call home.

How has THAP grown over the past 14 years? In what ways do you envision it developing in the near future?

PMK: THAP has grown significantly due to the efforts and financial support of THAP – USA. Together, we have established strong partnerships with hospitals, medical mission teams, doctors, donors and funders. Our vision for THAP’s future is to build a cardiac centre of excellence and extend the programme into other countries in East Africa.

BLC: All of us at THAP are proud of our growth and what we have been able to accomplish since 2002. We remain committed to helping THAP serve as a beacon of hope to the poorest of families whose children suffer from heart disease.
**CARDIOVASCULAR DISEASES: THE FACTS**

**NO. 1 KILLER**
Cardiovascular diseases (CVDs) are the leading cause of death globally.

- **80%** of CVD deaths that take place in low- and middle-income countries.
- **31%** of people who died from CVDs worldwide in 2012.

**CONGENITAL HEART DISEASE** is the most common birth defect.

- 1 in 100 newborn babies are affected worldwide.
- 1 in 400 born with critical congenital heart disease are likely to die before 15 years of age if left untreated.
- >10,000 babies are born with congenital heart defects in Kenya each year.

**RHEUMATIC HEART DISEASE** is the most common CVD in children and young people.

- It affects 15.6 million people worldwide.
- >15% of people with rheumatic heart disease are aged between five and 14 years of age and live in a developing country.
- Kenya has approximately 200,000 new cases of rheumatic heart disease annually.

**SINCE 1996, THAP has helped over 500 children affected by various heart diseases, sponsored 141 open heart surgeries and 24 intervention surgeries.**

Sources: Take Heart Association Project, World Health Organization (WHO), World Heart Federation

THAP – Kenya www.thapkenya.org
THAP – USA www.thapk.org