AFRICAN UNION
الاتحاد الأفريقي

UNION AFRICAINE

UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Tele: +251-115 517 700 Fax: +251-11-5 517844 Website: www.au.int

REPORT MEETING

Development of a Roadmap for the Eradiation of Rheumatic Heart Disease in Africa

21-22 February 2015
Addis Ababa, Ethiopia.

Development of a Roadmap for the Eradiation of Rheumatic Heart Disease in Africa

I. Background

Rheumatic heart disease (RHD) is the most common cause of acquired heart disease among children in developing countries, and it affects approximately 0.5 – 3% of school-aged children in Africa. RHD is the end result of acute rheumatic fever (ARF), a consequence of untreated throat infection (pharyngitis) by a bacterium called Group A Streptococcus (GrAS). Overcrowding, poor housing conditions, under-nutrition, and lack of access to antibiotics for sore throat are determinants of RHD. Because RHD is preventable with adequate medical care, it is a litmus test for the effectiveness of primary health care systems specifically and for economic development generally. Although GrAS pharyngitis and ARF are communicable diseases, the World Health Organization (WHO) classifies RHD as a non-communicable disease (NCD). The WHO NCD Plan adopted by member states at the World Health Assembly in 2013 calls for the reduction of premature mortality from RHD and other NCDs by 25% by the year 2025 (the 25x25 NCD target).

While ARF is a brief illness that affects the heart, joints and central nervous system, RHD is a chronic disease resulting from progressive heart valve damage after one or more episodes of ARF. RHD increases the risk of stroke and heart failure, and the death rate ranges 1.5 - 12.5% per year. RHD results in school absenteeism in about two-thirds of affected learners, and because the disease progresses during early adulthood and causes chronic disability, it has the potential to undermine national productivity. The economic impact of RHD in the African region was estimated to be US$791 million – 2.37 billion in 2010. Although treating GrAS pharyngitis, ARF, and RHD puts additional pressure on African health systems, treatment of GrAS pharyngitis is much less costly than treatment of either ARF or RHD.

Considering the preventable nature and consequences of RHD, the African Union Commission (AUC) and partners embarked on an initiative to address the problem.

The AUC convened a meeting of experts from across the continent and selected experts from other continents.

II. Objectives of the meeting;

The objectives of the meeting were as follows:

1. To develop approaches on how to eradicate Rheumatic Heart Disease (RHD) in Africa;
2. Develop milestones for the eradication of RHD;
3. Identify key stakeholders for collaboration in eradication of RHD.

III. Mandate

The meeting was held pursuant to the following mandates:

1. The 6th ordinary session of the Conference of African Union Ministers of Health (CAMH6), adopted under the AU Executive Council Declaration *EX.CL/Dec.795(XXIV)*, that requested the African Union Commission (AUC) to develop a mechanism to control NCDs in Africa;
2. The first joint African Union and World Health Organization Ministerial meeting convened under AU Assembly Decision *Assembly/AU/Dec.506(XXII)* that pledged to action towards controlling NCDs in Africa under the AUC-WHO joint work plan;

IV. Participants

The list of participants is attached as Appendix two.

V. Meeting Proceedings

The meeting was officially opened by H.E. The AU Commissioner for Social Affairs, Dr Mustapha Kaloko, who reminded participants that the continent was relying on them to ensure that RHD was not a public health problem in Africa. The Representative of the Government of the Federal Democratic Republic of Ethiopia, welcomed the participants to Addis Ababa and appreciated the current work being done on RHD in Ethiopia at pilot sites. The representatives of the World Health organisation (WHO) and Novartis Pharmaceuticals pledged their support and commitment to the initiative to eradicate RHD. The representative of the Pan African Society of Cardiology (PASCAR) reminded the meeting of the burden of RHD in Africa and assured the AUC of technical support.

Following deliberations, the meeting identified the following challenges as being responsible for the existence of RHD in Africa:

1. Inadequate surveillance of RHD in most AU Member States, thereby limiting corrective action;
2. Inconsistent availability of appropriate medicines such as high-quality injectable benzathine penicillin G, which is a WHO Essential Medicine and first-line medication to prevent RHD;
3. Low utilisation of reproductive health services such as oral and injectable contraceptives among women with RHD and other NCDs, leading to unintended high-risk pregnancy;
4. There is centralisation of diagnostic and curative services for RHD in tertiary health institutions, which limits access to essential healthcare for the majority of the population and results in late detection of preventable chronic conditions such as RHD;
5. There are inadequate cardiac surgery facilities for advanced RHD, in most AU Member States, coupled with lack of any permanent facilities that are capable of performing surgery for heart valve diseases; and
6. Absence of national multi-sectoral initiatives on the prevention of RHD that are led by Ministries of Health and supported by experts from relevant sectors.

VI. Conclusions and recommendations

Following deliberations, it was concluded that to eradicate RHD, there was need to:

1. Establish prospective RHD registers at sentinel sites in affected Member State in order to monitor RHD-related health outcomes, including the achievement of a 25% reduction in mortality from RHD by the year 2025 – a target that has been agreed upon as part of the AUC-WHO joint work plan and that has also been endorsed by the WHF, PASCAR and the Africa Heart Network;
2. Ensure adequate supplies of high-quality benzathine penicillin that can be administered in the most effective manner, in order to achieve primary and secondary prevention of RHD, recognising that this essential medicine should also be more available for the treatment of other endemic diseases in Africa such as syphilis, yaws and sickle cell disease;
3. Guarantee universal access to reproductive health services for women with RHD and other NCDs, in whom pregnancy carries specific and often fatal risks, and for whom contraception can reduce maternal and foetal mortality;
4. Decentralise appropriate technical expertise to the primary and district levels in order to improve the diagnosis of ARF (which is under-diagnosed in Africa) and early detection, diagnosis, secondary prevention and treatment of RHD using cross-cutting point-of-care technologies such as cardiac ultrasound, anticoagulation testing, and rapid antigen tests for group A streptococcal pharyngitis;
5. Establish Centres of Excellence for cardiac surgery, which will sustainably deliver state-of-the-art surgical care, train the next generation of African cardiac practitioners, and conduct research on endemic cardiovascular diseases, including RHD;
6. Foster multi-sectoral and integrated national RHD control programmes led by the Ministry of Health, which will oversee the implementation of National RHD Action Plans in order to achieve the goal of reducing mortality from RHD and other NCDs by 25% by the year 2015; and
7. Cultivate, through a strong communication framework, partnerships between the AUC, Ministries responsible for health, international agencies, governments, industry, academia, civil society and other relevant stakeholders, in order to ensure the implementation of the above actions, and connection of African RHD control measures with the emerging global movement towards RHD control.

It was further concluded that the AUC seeks mandate from the First Session of The Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-1) that is scheduled to take place from 13-17th April 2015 in Addis Ababa in Ethiopia. The sought mandate is expected to enable the AUC, the PASCAR and other stakeholders to develop a detailed implementation plan on recommendations that includes allocation of roles and responsibilities, developing timelines, and making cost estimates, and a communication framework/strategy for the roadmap. The full commitment of the meeting is attached as Appendix 1.

***Appendix One*: ADDIS ABABA COMMUNIQUÉ ON ERADICATION OF RHEUMATIC HEART DISEASE IN AFRICA**

A. We, the Experts from across Africa and other continents, meeting in Addis Ababa from 21st to 22nd February 2015, to develop a roadmap on eradication of Rheumatic Heart Disease in Africa are;

1. **CONCERNED** that Rheumatic Heart Disease (RHD), a completely preventable non-communicable disease (NCD), is the most common cause of acquired heart disease among children and young adults in Africa. RHD affects 1.5 – 3% of school-aged children, leaves more than 10% of affected individuals dead within 12 months of diagnosis, accounts for a substantial proportion of maternal mortality, and has an economic impact estimated at US$ 791 million – 2.37 billion in 2010.

2. **FURTHER CONCERNED** that despite the adverse health and economic consequences of RHD, most African Union (AU) Member States do not yet have a comprehensive, integrated approach to acute rheumatic fever (ARF) and RHD prevention and control, nor have they achieved universal access to RHD care. Hence there remain a high degree of preventable morbidity, mortality, and economic loss that threatens the achievement of the Millennium Development Goals and forthcoming Sustainable Development Goals in Africa.

3. **RECALLING** the resolutions of the:
   i) 6th ordinary session of the Conference of AU Ministers of Health (CAMH6; 22-26 April 2013), adopted under the AU Executive Council Declaration *EX.CL/Dec.795(XXIV)*, that requested the AU Commission (AUC) to develop a mechanism to control NCDs in Africa;
   ii) the first joint AU and World Health Organization (WHO) Ministerial meeting convened under AU Assembly Decision *Assembly/AU/Dec.506(XXII)* that pledged to action towards controlling NCDs in Africa under the AUC-WHO joint work plan (14-17 April 2014); and

4. **NOTING WITH APPRECIATION** the commitment of the WHO, the AUC, the World Heart Federation (WHF) and PASCAR to reduce mortality from NCDs by 25% by the year 2025 in Africa;

5. **AWARE** of countries in Africa (such as Tunisia) and Latin America (such as Cuba) that have made considerable progress towards eradicating RHD by implementing comprehensive, multi-sectoral RHD prevention programmes;

6. **RECOGNIZING** the following barriers to the eradication of RHD in the African region;

   i. Lack of surveillance of RHD in most AU Member States;

ii. Variable supply and use of high-quality injectable benzathine penicillin G, which is a WHO Essential Medicine and first-line medication to prevent RHD;
iii. Low utilisation of reproductive health services such as oral and injectable contraceptives among women with RHD and other NCDs, leading to unintended high-risk pregnancy;
iv. Centralisation in tertiary health centres of health services for the diagnosis and treatment of RHD and other NCDs, which limits access to essential healthcare for the majority of the population and results in late detection of preventable chronic conditions such as RHD;
v. Scarce cardiac surgery facilities for advanced RHD, including – in some AU Member States – lack of any permanent facilities that are capable of performing surgery for heart valve diseases; and
vi. Absence of national multi-sectoral initiatives on the prevention of RHD that are led by Ministries of Health and supported by experts from relevant domains;

7. **ENCOURAGED** by the high level of success of other disease control programmes in Africa, such as those aimed at prevention and treatment of HIV/AIDS, diarrhoeal disease and malaria.

B. WE HEREBY RECOMMEND THE FOLLOWING KEY ACTIONS FOR CONSIDERATION IN AU MEMBER STATES:

i. Establish prospective RHD registers at sentinel sites in affected Member State in order to monitor RHD-related health outcomes, including the achievement of a 25% reduction in mortality from RHD by the year 2025 – a target that has been agreed upon as part of the AUC-WHO joint work plan and that has also been endorsed by the WHF, PASCAR and the Africa Heart Network;

ii. Ensure adequate supplies of high-quality benzathine penicillin that can be administered in the most effective manner, in order to achieve primary and secondary prevention of RHD, recognising that this essential medicine should also be more available for the treatment of other endemic diseases in Africa such as syphilis, yaws and sickle cell disease;

iii. Guarantee universal access to reproductive health services for women with RHD and other NCDs, in whom pregnancy carries specific and often fatal risks, and for whom contraception can reduce maternal and foetal mortality;

iv. Decentralise appropriate technical expertise to the primary and district levels in order to improve the diagnosis of ARF (which is under-diagnosed in Africa) and early detection, diagnosis, secondary prevention and treatment of RHD using cross-cutting point-of-care technologies such as cardiac ultrasound, anticoagulation testing, and rapid antigen tests for group A streptococcal pharyngitis;

v. Establish Centres of Excellence for cardiac surgery, which will sustainably deliver state-of-the-art surgical care, train the next generation of African cardiac practitioners, and conduct research on endemic cardiovascular diseases, including RHD;

vi. Foster multi-sectoral and integrated national RHD control programmes led by the Ministry of Health, which will oversee the implementation of National RHD Action Plans in order to achieve the goal of reducing mortality from RHD and other NCDs by 25% by the year 2015; and

vii. Cultivate, through a strong communication framework, partnerships between the AUC, Ministries responsible for health, international agencies, governments, industry, academia, civil society and other relevant stakeholders, in order to ensure the implementation of the above actions, and connection of African RHD control measures with the emerging global movement towards RHD control.

C. WE FURTHER CALL UPON INTERNATIONAL STAKEHOLDERS SUCH AS WHO, UNICEF AND WHF TO:

i) Provide open-access resources to develop and strengthen country control programmes on RHD in Africa;

ii) Raise the profile of RHD and other NCDs of children and young adults on the global NCD agenda, with a view to strengthening health systems in developing countries, eradicating extreme poverty, and as a matter of health equity;

iii) Address the urgent but neglected issue of the supply of benzathine penicillin G, to ensure that all countries have access to a stable supply of high quality product at all times; and

iv) Actively support an accelerated programme to ensure that a vaccine for ARF and RHD is available for African countries, at an affordable price, as soon as possible.

D. WE HEREBY REQUEST the AU to mandate PASCAR and other stakeholders to work with the AUC to develop a detailed implementation plan of the Key Actions in B. above, which will include roles and responsibilities, timelines, and estimates of costs, and a communication framework for the roadmap.

Appendix Two: LIST OF PARTICIPANTS

LAST NAME	FIRST NAME	AFFILIATION/ INSTITUTION	COUNTRY
ABUL-FADL	Azza	Association Friends of Children with RHD	Egypt
ADEOYE	Abiodun	University Childrens Hospital, Ibadan	Nigeria
Ali	Sulafa		Sudan
AL-KEBSI	Mohammed	University of Sana'a	Yemen
BODE-THOMAS	Fidelia	Jos University	Nigeria
Bukhman	Gene	NCD Synergies	
Carapetis	Jonathan	Telethonkids	Australia
DAMASCENO	Albertino	Heart Association of Mozambique	Mozambique
Daniels	Rezeen	University of Cape Town	South Africa
DEJUMA	Yadeta	Addis Ababa University Tikur Annassa Hospital	Ethiopia
Elghamrawy	Alaa		Egypt
ENGEL	Mark	University of Cape Town	South Africa
Francis	Veronica	University of Cape Town	South Africa
Gamra	Habib	African Heart Network	Tunisia
GITURA	Bernard	Kenyatta Hospital	Kenya
HAILEAMLAK	Abraham	Jimma University	Ethiopia
Hailu	Abraha	Mekelle University	Ethiopia
Hiniduma-Lokunge	Prasanga	Medtronic Philanthropy	
HUGO-HAMMAN	Christopher	MHSS	Namibia
Justus	Steve	Touch Foundation	
Kango	Mabvuto	African Union Commission	Ethiopia
KARTHIKEYAN	Ganesan	All India Institute of Medical Sciences	India
KENNEDY	Neil	Malawi College of Medicine	Malawi
Lennon	Diana		New Zealand
Lwabi	Peter	Uganda Heart Institute	Kampala, Uganda
Mamo	Yoseph	NCD Division, Ministry of Health	Ethiopia
MAYOSI	Bongani	President: PASCAR, University of Cape Town	South Africa
MNTLA	Pindile	University of Limpopo Med School	South Africa
MOCUMBI	Ana-Olga	PASCAR Council Vice President (South)	Mozambique
MONDO	Charles	Mulago Hospital	Uganda
M'Taja	Agnes	UTH	Zambia
MUCUMBITSI	Joseph	Rwanda Heart Foundation	Rwanda
Murango	Louis	East African Community (EAC)	Burundi
MUSUKU	John	UTH	Zambia
Mwangi	Jeremiah	WHF	
NEL	George	PASCAR: PR	South Africa
OGENDO	Stephen	University of Nairobi	Kenya
OGOLA	Elijah	University of Nairobi	Kenya
OJJI	Dike	University of Abuja Teaching Hospital	Nigeria
Olunuga	Taiwo	University Childrens Hospital Ibadan	Nigeria
Redi	Mekia Mohammed	COMESA	Ethiopia
Rusingiza	Kamanzi Emmanuel		Rwanda
SANI	Mahmoud	University of Kano	Nigeria
Shaboodien	Gasnat	University of Cape Town	South Africa

SHETA	Sahar		Egypt
SHONGWE	Steven V	Regional Office in Brazzaville	
SUTTON	Chris	University of Limpopo	South Africa
Van Dam	Joris	Novartis	USA
WATKINS	David	University of Washington	USA
ZUHLKE	Liesl	University of Cape Town	South Africa