African Union Communiqué on Eradication of ARF and RHD

Action Group 7 Meeting Minutes

28 February 2017

Venue: Skype Conference Call

Time: 17h00 – 18h00 (CAT)

1. Welcome and Opening Remarks – David Watkins
2. Attendees: David Watkins (DW), Jeremiah Mwangi (JM), George Nel (GN), Janette Lombard (JL)
3. No RSVP: Zongezile Makrexeni (ZM)

4. Summary of meeting
   - 2 Different Surveys was sent out:
     - PASCAR Rheumatic Heart Disease (RHD) Partnerships Survey
       - https://www.surveymonkey.com/r/PPY9BX6
       - 9 responses (Sent out in Nov/Dec 2016)
     - PASCAR RHD Action Group Questions – Addis Ababa Communiqué Workshop 13 January 2017
       - https://www.surveymonkey.com/r/WSDNBZ2
       - 5 responses (Sent out week before Cairo meeting - Jan 2017)

   - DW: Got the idea from Cairo, that PASCAR RHD Task Force Action Groups:
     - Have some relationships with MoH, but no other governmental partnerships/relationships
     - We could play a role of helping people to engage with their government (create toolkit)
     - There’s a lot of Academic partnerships (with other African institutions)
     - Not a lot of coordination with other international agencies (WHO, UNICEF)
     - Couple of private sections (Novartis/GE, small - not widespread)
     - A lot of local & philanthropic engagements (Medtronic - helping at local level programmes)
     - A high number of Action Groups need technical and research assistance

   - DW: Our role to play (things we can promote)
     - To facilitate engagement with certain key partners for standardised response (MoH & governmental related bodies)
     - And to a lesser extend global organisations that people may come in contact with (UNICEF, raise awareness, engage advocacy)
• Communication Strategy
  o JM: Useful to have something to connect Country Champions with their country officers and local global organisation office
    ▪ Have talking points available that they can use to make introductions and start conversation
    ▪ Must have sure well formulated idea on what they are asking or trying to get across
    ▪ E.g. Communication on the WHF Resolution (WHF sent this to country contacts)
  • Template letter

• DW: Two things:
  o Actual content (main things we want to convey as we establish relationships)
  o Strategy (who are the entities we want to prioritise) network of partnerships
    ▪ ID stakeholders, raising awareness, plans to target, making it part of the NCD Agenda
    ▪ Sketching it out what we envision for each stakeholder
      ▪ Keep simple for now, find what will have major impact
  o With all the Multi-sectoral things, it seems as if the MoH have to make all the connections
    ▪ Aspect of Communiqué that speaks to e.g. education
      ▪ School Health programmes & awareness amongst teachers (Agenda supportive by MoH – health issue)
      ▪ How do they map out government & ministerial aspects
      ▪ How to we coordinate between MoH & others?
      ▪ What other partners do we expect (at country level)?

• JM: Referred to Uganda Stakeholder event planned for Nov 2017
  o On how to achieve things on face to face level
  o Aim to see if governments will take up programmes AND support
  o Looking for Blueprint – have biggest impact quickly without doing in-depth research at country level
    ▪ Stakeholder mapping, how to provide tools doing that
      ▪ Narrow down to specific area (take them one by one) e.g. education – to maximise connection in that area, provide tool for that

• DW: Talking Points (e.g. Resolution)
  o List of things people need to say
  o List of people that we want to engage
  o Must be stakeholder relevant – speak language of stakeholder
    ▪ Have a look at Uganda Stakeholder Event – on how to start this process
    ▪ Get list of potential stakeholders we can start with (3-4)

• DW: Involving others to this group?
  o GN: Condense messages & make it as widely known as possible
    ▪ Communicate similar messages across our platform
Many stakeholders to reach, focus on ones we principally want to engage with
- MoH as pilot (engaging ministries)
- How do we empower country champions to effectively engage their MoH (part of process)

Costing plan
- Outsourcing technical work (students at UCT interested in projects for their Masters degree)
  - Student will do empirical work (working with Remedy study patients in Cape Town) on what is the main drivers of costs of health care recourses
  - Costing template (not a lot of literature on this)
  - Instruments for data collection – what would they look like
  - Students budget: mainly bursaries, & management support
  - UCT student available now, they need to submit by March

- WHO One Health Tool/Module on RHD Cost
  - DW to drive this Agenda
  - Programmed & managed in Geneva (adaptation on partnering cost)
    - Could work on cost to do it ourselves
    - To implement download tool without bugs (could be done by November)
  - DW: Waiting to hear how much money we have available for this work
  - Submitted proposal to American Heart Association (AHA) to do this research (provisional response in April) – could start July-Aug
  - Should also work on Cost sharing with other organisations if AHA support doesn’t go through
  - Don’t want to lose WHO’s interest because of funding
  - ONE HEALTH Tool could use default setting – do a generic/basic costing exercise for continent (cost patients admission)
    - Adapting & modifying tool for each country (for local gaps)

- DW: Waiting to hear how much money we have available for this work

5. Next step, specific tasks
- JL: Resend summaries of two survey’s to DW (attached with Minutes)
- JM: Sent Uganda Stakeholder Event example/update (sharing the thinking)
- All: Discuss potential stakeholders we can start with, with talking points, bits relevant bits
- DW: Please reengage with BM on UCT Students budgets

6. Any other business
- GN: Sent proposal on WHF Advocacy Funding – JM to respond

7. Closed with thanks

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