African Union Communiqué on Eradication of ARF and RHD

Action Group 1 Meeting Minutes

4 October 2016, Skype

Time: 15h00 – 16h00 (South African Time)

1. **Welcome and Opening Remarks** – Mark Engel
2. **Attendees:** Mark Engel (ME), Joris van Dam (JVD) Jonathan Spector (JS) and Janette Lombard (JL)
3. **Apologies:** Steven Justus (SJ), John Musuku (JM) Lwazi Mhlanti (LM)
4. **No RSVP:** Abdi Alisalad (AA)
5. **Summary of meeting**

- ME will see Abdi Alisalad in Mauritius (WHO regional Consultation - from 15 October)
- ME met with Dimagi
  - Completed the app in terms of minimal data set we need
  - Suggested that Lwazi could still administer all the sites – individual space for each country
- ME - Angola
  - Great interest (no registry, no RHD studies and no RHD data yet) keen to come on board
  - Identified a champion to oversee the project (putting grant at end of week, include issued related to app to their grant application)
  - Portuguese language (Possible – Translator available - Aola)
- JVD: On Language
  a) Text that is generated by the application (e.g. next page/click this button) Standard language setting
  b) Text you input yourself (e.g. age of child) Translate yourself - replace text
    - Changing header column, will have same data labels (just different column headers in Portuguese)
    - Able to interpret data, maintains same variable name
- Need App in French and Portuguese for the continent
- Razeen (China) made himself available to work with the group
- Pilot Countries:
  - Many sites joining the Invictus and Remedy Project
    1. RHD project with registry component
    2. Invictus (Not Dimagi) - software based, screen dump of data once a month, to match the fields
  - We don’t want Invictus and Remedy sites to by duplicating data, and overloading them (Hand held app was ruled out)
  - Dimagi said it’s possible to pull in data from those sites
  - Angola, Tanzania, Egypt and Ethiopia not part of Invictus sites
  - App is simple, we should push for one doctor to use it to manage their patients
6. **Next steps, specific tasks:**

- **JS:** Suggests keeping the systems clean, keep it separate. (People getting confused with two apps)
  - Lwazi managing both apps
- **ME** struggling with how they can use Commcare app as service tool
- Patient monitoring tool needs permission from Hospital, not ethics

7. **Any other business – None**

8. **Closed with thanks**