



The Pan-African Society of Cardiology (PASCAR)
Department of Medicine Faculty of Health Sciences
University of Cape Town
Observatory 7925
Cape Town, South Africa

PO Box 26716, Monument Park, 0105 South Africa

African Union Communiqué on Eradication of ARF and RHD

Action Group 3 Meeting Minutes

27 February 2017

Venue: Skype Conference Call

Time: 15h30 – 16h30 (South African Time)

1. **Welcome and Opening Remarks** – Ana Mocumbi
2. **Attendees:** Ana Olga Mocumbi (AOM), Amam Mbakwem (AM), Maylene Shung King (MSK), Karen Sliwa (KS), Keila Jamal (KJ) and Janette Lombard (JL)
3. **Summary of Meeting**
 - KJ: Trained in public health in South Africa (joined the group)
 - Group will focus on:
 - **Technical Paper** on RHD and RHD (RHD/CVD)
 - Get Research assistant (as part of their master degree project)
 - Continue with layout of draft paper
 - Two extra sites to implement KS **algorithms** from Cape Town
 - Scale up KS experience on integrated consultations (Reproductive Health Specialist)
 - Specialist will not be single model, implement to make KS algorithm to work for all of sites
 - ID young people in each site
 - Ana, MSK & KS will meet in March (Cape Town) – discuss how best to implement algorithms
 - Technical Paper
 - KS: Suggests we add:
 - Priya Soma-Pillay Publication on “Confidential Enquiry into Maternal Deaths in RSA” to the paper (attached) **Late maternal deaths**
 - Add a section that pregnancy on women with RHD can lead to a number of complications leading to late maternal death - beyond the standard date of reporting
 - Highlight fact that we don't have data
 - In South Africa RHD contributes significantly to indirect causes of maternal death. However, it will still be a gross underestimation as also here maternal death is only listed up to 42 days
 - MSK sent suggestions & comments to latest version (email)
 - Decide exactly what this paper is, what to call? (Call it: Physician paper/Working paper/Technical paper)
 - Technical paper – but what do we mean with this – what should it contain, and primary intention of paper (contents, set of recommendations on RHD in RHS)

PASCAR Governing Council - Prof Bongani Mayosi, South Africa, President; Prof Samuel Omokhodion, Nigeria, Immediate Past Secretary General, Dr Benedict Anisiuba, Nigeria, Secretary General; Prof Karen Sliwa-Hahnle, South Africa, Treasurer; Prof Patrick Commerford, South Africa, Editor (Cardiovascular Journal of Africa); Prof Serigne Ba, Senegal, Vice-President West; Dr Saad Subahi, Sudan, Vice-President North; Prof Ana-Olga Mocumbi, Mozambique, Vice-President South; Prof Elijah Ogola, Kenya, Vice-President East; Dr Anastase Dzudie, Cameroon, Acting Vice-President Central; Dr Harun Otieno, Kenya, Assistant Secretary General East; Dr Awad Mohamed, Sudan, Assistant Secretary General North; Prof Johan Brink, South Africa, Assistant Secretary General South and Prof Toure Ali Ibrahim, Niger, Assistant Secretary General West.

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- Have suggestions on reordering the different sections & fill in sections that are not currently represented (Gaps):
 - The Epidemiology
 - The natural history of the disease as it manifests in women of reproductive age
 - What the specific challenges are that women with RHD face in pregnancy
 - What we know of current clinical guidelines availability and what we know, if anything, of current clinical practices
 - What we know of access to SRH services for women with RHD, and this in the context of what we know about health system factors for access to all women (that will include women with RHD) who require SRH
- Section at end: MSK can only do this section once we decided what we would recommend, and then we can return to discuss the health system requirements and what is feasible, given the current context and state of SHR services in SSA (this section would wrap-up the preceding sections)

- Questionnaire on RHS

- Ana: We prepared 5 question to add to Survey (KJ & Manuel Raivoso (clinical aspects & research) helped designed questionnaire)
 - Part of PASCAR RHD Task Force Survey
- Ana had few meetings in Maputo, questionnaire for patients (residents) & Health Professionals (specialists)
 - Derive 5 questions from the 12 to send to other colleagues
- Have everyone at that meeting in CT in March, to distribute questions to members in other countries
- Amam: Situation Analysis – part of the question
 - Report from Cairo (last slide) on guidelines etc (strengthen our point to put out a technical paper)
 - Ana: for us to do in different setting – our questionnaire end up with more questions than expected – to implement site – residents will be doing this
 - Won't they require ethical approval – if using proper questionnaire?
 - Ana: Will ask for addendum (under my RHD program)
 - Continued with Remedy patients (kept study open until we open the site)
- Amam: Situational Analysis will strengthen our paper
 - Ana: suggest we do case studies, add summary of outcomes to paper (SA, Mozambique, Nigeria)
 - We don't need ethical approval for this and will be interesting to read

- Timeline

- Timeline for paper: March – Questionnaire and case studies
- June: 1st complete draft of paper (at least have all the information included)

4. Next step, specific tasks

- KJ: Circulate survey questions to all (done, attached)

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- KS: Send Amam paper KS wrote with Ana (HD on African Woman) – will send
- JL: Send Amam LZ Cairo Presentation (done)
- Ana:
 - Will add section on “Late maternal Deaths” & Case studies
 - Apply MSK suggestions & comments
 - Forward draft to all for feedback

5. Any other business

6. Closed with thanks

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