African Union Communique on Eradication of ARF and RHD

Action Group 3 Meeting Minutes

15 May 2017 | Time: 16h00 – 17h00 (South African Time)

Venue: Skype Conference Call

1. Welcome and Opening Remarks – Malyene Shung King
2. Attendees: Maylene Shung King (MSK), Amam Mbakwem (AM), Karen Sliwa (KS), Keila Jamal (KJ) and Janette Lombard (JL)
3. Apologied: Ana Olga Mocumbi (AOM)

4. Summary of Meeting
   - Mozambique Project / Pilot site
     - Demonstration site activities (that was started in Mozambique) for woman with RHD
     - Will form basis for other African countries to be adopted
     - Registered with Name (& Logo):
       - Rescue (Reproductive and Cardiovascular Health Services for woman)
       - Activities involve:
         - Gynaecologist (joint consultations),
         - Focus group with patients,
         - Information of research team
     - This project still part of Survey/Questionnaire we intend to do
       - Evaluate current knowledge of doctors, how health systems have been running so far (in terms of Reproductive Health Services)
     - AM: Demonstration site: Pilot / Multiple sites?
       - KJ: Private activity, just putting a name to it (one package)
     - MSK: Countries that are being represented in this group, would also become pilot sites
       - With formalised logo as a sub project under umbrella of PASCAR
   - Technical Paper (Position Paper)
     - MSK left comments on the latest draft
     - AM question about “guidelines” in the paper
       - Decide on what to call this paper? (Different formats)
         - Position statement/Technical Paper/ Guideline/Discussion Document?
       - KS: Suggests we call it: Position Paper
         - Position Paper: Often used as first step towards guidelines
         - In a Technical report you write about recommendations and give exact values (wouldn’t call it this)
       - MSK: Position Paper: Means putting certain positions forward, without being to prescriptive about guidelines (can be done later, after pilot studies)

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KS: Should insert figures (important next step)
- On different contraception modalities & what recommended for woman with cardiovascular disease
- Add small figure on: Check box when patient get discharged what health worker should recommend & think about (to make it more practical)

MSK: Different viewers from different viewpoints & understanding – we should perhaps add (& have it in correct sequence):
- What are the clinical characteristics in young woman with RHD generally,
- How does this manifest change during pregnancy
- Table with clinical implication in pre-pregnancy, antenatal, obstetric and post-natal period
- What are the interventions that should be made available during different phases
- How to ID young woman at risk in sexual and reproductive health & obstetric services (how to screen & diagnose & then how to treat)
- Light touch on looking at current situation: Piece MSK did on Health Service & Health system Literature:
  - Current availability, Access, Utilization of Services
- Then add our recommendations on these areas:
  - Clinical
  - Interventions
  - RHS to help woman adequately
  - Health System
  - Policy implication that needs to take place at country level

All agrees Paper needs deliberate headings & restructuring (with subheadings)

AM: Clinical features of RHD; would it not be too much for this paper?
- We should be focused on RHS?
- Maybe other groups covering clinical?

MSK: Just a light touch table instead of huge amount of clinical details currently in paper (lift it out in clearer simple table)
- Paper Section: Diagnosis and Management (text heavy)
- We do need to say something about the clinical manifestation of RHD, but not too much detail
  - Rather focus on clinical implications instead of specific clinical features

AM: Made few corrections on typos
- Saw AOM left room for discussion (left some gaps in paper) – We should develop text on following:
  - Health Service System (MSK will write)
  - Delivery and Immediate Post Partum (AM will write)
  - Contraception: Before Pregnancy, After Delivery; Evidence on Best Methods in RHD Woman (Secondary Prophylaxis: Same as Non-Pregnant?) (KS will write)
  - Risk assessment should perhaps be in table

Situation Analysis & Questionnaire
- Will follow on the Position Paper
- Purpose: To evaluate RHS professionals (Obstetricians & Gynaecologist) on their knowledge about Cardiovascular Diseases and risk in woman in their fertile age
- KS: Received no comments from group on Questionnaire – all will give input by end of week (19 May)
- MSK: Add Midwives as additional group

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5. **Next step, specific tasks**

- **KJ:**
  - Sent paragraph on RESCUE Demonstration activity site, to get all on same page
  - Resend tables & figures to KS & AM (done)
  - Circulate survey questions to all for comments (done)

- **All:**
  - Provide comments on Questionnaire by end of week (19 May)
  - Comment on latest draft and revert with new Developing text on following blanks: (8 June)
    - **MSK** write on: Health Service System
    - **AM** write on: Delivery and Immediate Post Partum
    - **KS** write on: Contraception: Before Pregnancy, After Delivery; Evidence on Best Methods in RHD Woman (Secondary Prophylaxis: Same as Non-Pregnant?)

- **MSK:** Add Headings and Subheading to Position paper, send around

- **JL:** Find out if other Groups are doing a paper on clinical side of RHD
  - Reschedule next meeting to **Monday 12 June OR Wednesday 14 June 15h00 (CAT)**

6. **Any other business**

7. **Closed with thanks**