African Union Communiqué on Eradication of ARF and RHD

Action Group 4 Meeting Minutes

8 November 2016

Venue: Skype Conference Call

Time: 16h00 – 17h00 (South African Time)

1. **Welcome and Opening Remarks** – Liesl Zuhlke

2. **Attendees**: Liesl Zuhlke (LZ), John Meda (JM), Emmy Okello (EO), Fidelia Bode-Thomas (FBT), Janette Lombard (JL)

3. **Summary of meeting**
   - LZ: Sent around brief summary of previous discussions: (Attached)
     - Decentralized awareness raising (easiest to implement)
     - Point-of Care Echocardiograms
     - Point-of Care INR
   - EO: Could possible combine 2 and 3 (Point of care Echo and INR)
     - LZ agree - using existing models and scale them up
       - Have already wired programs out there – could easily be scaled up and distributed in all of the regional centres
       - Using those to identify nurses/community workers/non experts who could be interested. Create then an arm to go on to be trained for v-scan and trained in INR (to work within the same unit)
   - LZ: Costing – thinking of a program to implement OR grant application to be able to do this (finances for tablets, translation English and few local languages)
     - Cost of 3 pilot sites: easiest is to do Decentralising Awareness Raising
       - Easy to get ethics approval for
       - Types of infrastructure we need is “teach the teacher/train the trainer” mechanism with someone with internet access
       - Not very labour intensive (opportunity for us to identify school teachers and community health workers, non-experts to eventually train other people)
4. Awareness Raising will need some funding, PASCAR might help us with that, but with other two points, we’ll need substantial funds

- Pilot sites – 3 countries: (Easier to write a grant for only 3 countries)
  - JM: Tanzania (Outside Dar Es Salaam: Dodoma to consider as pilot site)
  - EO: Uganda (Outside Kampala: Going east – near Mount Elgon)
  - FBT: Nigeria (Outside Jos: possible site 50 km from Jos, easily to be reached)

  o Aim towards Local District hospital with 100 km radius circle around
  o Get information from areas through Survey (number of people and health recourses in that area)

- LZ:
  - We are using algorithms that already exist in the Awareness Raising
  - Adapt what “EO Model” used Point-of Care Echocardiograms
  - Current algorithms for Point-of Care INR (how it can be used by a non-expert)

- Next steps
  - Send around a Survey to 3 possible areas for pilot sites – to get a sense of where those three pilot zones are (needs assessment ex. Computer needs, number of doctors/nurses, schools, patients)
    - LZ will send Survey questions out
  - Start writing protocol with these three arms as major way we imagine how we can decentralise
    - Start with what we’ve got and what we need, put the draft on top of that, could form our Rationale Design Paper for a Decentralise Program – Present in Cairo to try and get grant for that
    - LZ will expand on draft to look like Rationale Paper – add the survey feedback
  - Recycling between group to build this draft, call BM in when we get closer to final draft

- Next meeting
  - LZ in London 1st week of December (can do Skype but later in the evenings, UK Time)
    - Tuesday 6 December (time to be confirmed through Doodle Poll)

4. Any other business - none

5. Closed with thanks