African Union Communiqué on Eradication of ARF and RHD

Action Group 4 Meeting Minutes

19 September 2016

Venue: Skype Conference Call

Time: 14h00 – 15h00 (South African Time)

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

2. **Attendees:** Liesl Zuhlke (LZ), John Meda (JM), Emmy Okello (EO) and Janette Lombard (JL)

3. **Apologies:** Fidelia Bode-Thomas (FBT)

4. **Summary of meeting**

   - Kwan A Simplified Echocardiography Strategy (attached)
     - EO input to adapt (attached) – from Uganda
       - i. Level 1: Small health Units (4 centres)
         - 4: Medical officer, clinical officer, experienced nurses, providing basic health care, caesarean section based at county
         - 3: Sub county – clinical officer, medical assistant, midwives, nurses
         - 2: Provision of minimal health care: malaria, injections, stitching wounds, etc.
           - 1: Not exciting, village health team
       - ii. Level 2: District/Regional hospitals
       - iii. Level 3: National centre of excellence
     - JM: From Tanzania
       - i. Dispensary (Primary Health facility – basic training, stitching wounds, offering immunization)
       - ii. Health Care centre
       - iii. District health facility
       - iv. Regional health facility

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Level to target to decentralize: District Health Facility level (medical officers, medical students, nurses)

Looking at Nigeria, Tanzania and Uganda

**Diagnostics:** Echo in reality not available
- V-scan: adopt the “Okello model”
  - **EO:** Have an Ultra sound machine in every District hospital
  - **LZ:** Suggesting;
    1. Consider V-Scan
    2. Cardiac software and probe to train people (where no money)

**EO:** Okello protocol:
- Project in North Uganda (Lira Hospital) - Level 2
- Objective: Strengthen cardiovascular care/diagnosis where there are no experts
- 8 people involved
- Train in basic cardiovascular care & echo protocol (collect data, perform echocardiography, post intervention faze)

Nigeria and Tanzania could use this model – looking at cost implication

**Ongoing management (LZ)**
- Point of care INR
  - Incorporate point of care INR at same level? At every district hospital have:
    - V-Scan in abbreviated protocol
    - Point of care machine where INR’s can be done
- **EO:** Have 5 Rosh machine – 1000$ each
- **LZ:** Alere costs far less, 300$ for machine, good coverage in Africa
  - Alere interested in concept - being involved in larger scale

**LZ:** Model within District hospital with 3 elements:

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1. Increased awareness (stroke education programme) *Wired awareness model*
2. Diagnosis: V-scan/ Ultra sound machine radiology (Cardiac software) *Uganda model*
3. RHD Management: Developing Point of care I&R clinic - *Point of care model*

5. **Next step, specific tasks**

- **EM:**
  - Will speak with fellow collaborators of the “Okello Model”, to share basic protocol (brief proposal) for us to read through and create similar flow diagram
  - Provide financial data – cost implications
- **LZ:**
  - Will do costing using point of care machines
  - Combine paper work
  - Share contact of Alere with EM (Torque Medical)
- **JM:**
  - Find out how many District Hospitals in Tanzania
- **JL**
  - Remind all of documents
  - Send all those documents around by end of September
- **All:**
  - Relook Wired awareness models to adapt
  - Use October to draft preliminary report – bigger report to BM and smaller report to use at Cairo meeting (publication)

6. **Any other business – Next meeting in 6 weeks**, 24th/25th October 16h00 (South African Time – CAT)

- Action group 7 have their meeting on the 24th of October, we can schedule meeting for **Tuesday 25 October at 16h00 (CAT)**

7. **Closed with thanks**

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