



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 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
  - o 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:
  - o Project in North Uganda (Lira Hospital) - Level 2
  - o Objective: Strengthen cardiovascular care/diagnosis where there are no experts
  - o 8 people involved
  - o 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)**
  - o 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
  - o EO: Have 5 **Rosh** machine – 1000\$ each
  - o 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; 24<sup>th</sup>/25<sup>th</sup> October 16h00 (South African Time – CAT)

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

## 7. Closed with thanks

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