

PASCAR SMALL GRANT AWARD PROGRESS REPORT – NAMIBIA (SEPTEMBER 2017)

BACKGROUND:

Rheumatic heart disease (RHD) remains the most common cause of acquired cardiovascular disease in children and young adults in Africa. RHD is the cardiovascular sequelae of acute rheumatic fever (RF), a consequence of untreated bacterial pharyngitis caused by Group A Streptococcus (GAS). It results in significant disability and premature mortality leaving more than 10% of affected individuals dead within a year of diagnosis.

The RHD Service in Namibia was established in the capital Windhoek in 2010. It serves as the national referral centre and facilitated the creation of the National RHD Register and Namibia's participation in the Global Registry for Rheumatic Heart Disease (REMEDY). The registry revealed that in Namibia RHD patients are young and predominantly female; the majority live over 700 km away from the centrally located RHD Service and present with advanced disease. It also showed there is inadequate delivery of essential interventions such as secondary prophylaxis with penicillin. This research led to the elaboration of the National Programme for Prevention and Control of RF and RHD in March 2014 which incorporates the PASCAR-driven "Beat RHD A.S.A.P." model and the creation of the National Advisory Committee for RF and RHD in Namibia in April 2015, a historic milestone for Africa.

RF and RHD and its sequelae are entirely preventable and the most cost effective measure for disease prevention and control is primary and secondary prevention with high quality benzathine penicillin G (BPG) and oral phenoxymethylpenicillin. The variable supply of high quality penicillin in Namibia presents a challenge to eradication of RF and RHD. Since the establishment of the RHD Service, there have been a number of occasions when penicillin (both injectable and oral) was not available in Namibia. If Namibia hopes to achieve a reduction in mortality from RF/RHD by 25% by 2025 and eradicate the disease in our lifetime, the issue of penicillin security needs to be addressed NOW.

Below are the highlights of the month of September 2017

NAMIBIAN PENICILLIN TASK FORCE

On Monday, 25 September 2017, the Inaugural Meeting of the Namibian Penicillin Task Force was held under the authority of the Minister of Health and Social Services Hon. Dr Bernard Haufiku. This task force met as part of the Namibian National Program for the Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease that was launched in March 2014. This meeting is the first of many that will investigate and work toward securing the penicillin supply chain from manufacturer to patient in Namibia.

At this first meeting twenty-one (21) representatives from stakeholders at the supplier/distribution end of the chain attended. The meeting was chaired by Dr Chris Hugo Hamman, and in attendance was the Honorable Minister Dr Bernard Haufiku, Permanent Secretary Dr Andreas Mwoombola of MoHSS and representatives from the Directorates of Primary Health Care, Tertiary and Clinical Services (Central Medical Stores, Pharmaceutical Services); the National Advisory Committee for RF and RHD; Namibia Medicines Regulatory Council, local pharmaceutical suppliers and distributors of penicillin and hospital pharmacists from the state and private sector.

The Honorable Minister Dr Haufiku inaugurated the meeting with a speech that reiterated the concern that RF and RHD, an entirely preventable diseases, continue to have such a devastating impact nationally and globally. He commended the RHD Service for their involvement in collaborative research and the development of the National Programme for the Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease. He shared Namibia's participation in co-sponsorship of the draft Resolution on 'Rheumatic Fever and Rheumatic Heart Disease' during the 141st meeting of the WHO Executive Board; that has been recommended for adoption at the 71st World Health

Assembly (May 2018, Geneva). He emphasized the importance of uninterrupted penicillin supply chain for the prevention and control of RF and RHD and stressed that efforts should be increased to raise about RF, RHD, its sequelae and how to prevent it; better surveillance and rigorous research; improved advocacy for resource allocation and engagement with policy makers. He encouraged a productive and informative deliberation and expressed that the task force had the full support of his office to investigate and address the breaks in the Namibian penicillin supply chain.

Following the inaugural speech, Dr's Tangeni Auala, Christopher Hugo Hamman and Ndatiyaroo Agapitus gave introductory talks on Rheumatic Fever and Rheumatic Heart Disease, the Addis Ababa Communiqué and the Penicillin Supply Chain respectively to set the tone for interactive sessions. Participants were also provided with hard copies of the Addis Ababa Communiqué, the REMEDY and REMEDY Outcomes paper for their perusal.

These talks were followed by a lively, informative and honest discussion between stakeholders about the nature of the penicillin supply chain and what processes would be required to secure it in Namibia. A number of obstacles were identified. One being lack of awareness about RF and RHD amongst the public, practioners, prescribers and policy makers. Concerns were expressed about the limited number of sites producing the active propriety ingredient (API) globally, how to ensure that the penicillin imported is of high quality, registration of penicillins by Namibia Medicines Regulatory Council and the limitations in ordering as a result of large batch amounts required and need for forecasting within the country.



Representatives from Pharmaceutical Suppliers and Dispensers MoHSS Permanent Secretary in discussion with Chief Medical Superintendent of WCHC and Cardiac Specialists



Dr Auala describing the impact of rheumatic heart disease

Dr Hugo Hamman introducing the African Union Communiqué

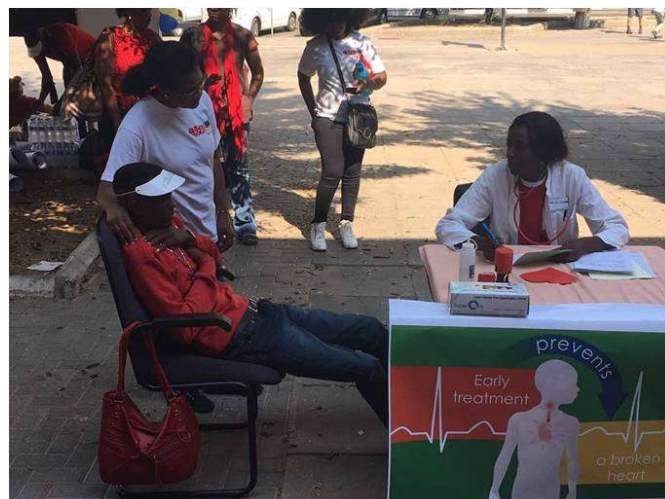


WORLD HEART DAY

World Heart Day 2017 in Namibia was commemorated with a **'Healthy Heart Awareness and Screening Week'**. This was a collaborative effort between the MoHSS and the Office of the Prime Minister of Namibia. The week culminated with a health walk on Friday morning 29 September 2017 in the capital Windhoek where people living with RHD, their families, health care practitioners and the community marched along Independence Avenue waving banners, distributing pamphlets and chanting to raise awareness about RF/RHD and the importance of penicillin. At the end of the march there were festivities and refreshments arranged by RHD Ambassadors including a short skit illustrating a patient suffering from acute rheumatic and being taken by his community to the nearest for medical attention and penicillin!



World Heart Day March along Independence Avenue in Windhoek 29 September 2017



Doctor prescribing penicillin for patient with rheumatic fever