



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 7 Meeting Minutes

28 February 2017

Venue: Skype Conference Call

Time: 17h00 – 18h00 (CAT)

1. **Welcome and Opening Remarks** – David Watkins
2. **Attendees:** David Watkins (DW), Jeremiah Mwangi (JM), George Nel (GN), Janette Lombard (JL)
3. **No RSVP:** Zongezile Makrexeni (ZM)
4. **Summary of meeting**
 - 2 Different Surveys was sent out:
 - PASCAR Rheumatic Heart Disease (RHD) Partnerships Survey
 - <https://www.surveymonkey.com/r/PPY9BX6>
 - 9 responses (Sent out in Nov/Dec 2016)
 - PASCAR RHD Action Group Questions – Addis Ababa Communiqué Workshop 13 January 2017
 - <https://www.surveymonkey.com/r/WSDNBZ2>
 - 5 responses (Sent out week before Cairo meeting - Jan 2017)
 - DW: Got the idea from Cairo, that PASCAR RHD Task Force Action Groups:
 - Have some relationships with MoH, but no other governmental partnerships/ relationships
 - We could play a role of helping people to engage with their government (create toolkit)
 - There's a lot of Academic partnerships (with other African institutions)
 - Not a lot of coordination with other international agencies (WHO, UNICEF)
 - Couple of private sections (Novartis/GE, small - not widespread)
 - A lot of local & philanthropic engagements (Medtronic - helping at local level programmes)
 - A high number of Action Groups need technical and research assistance
 - DW: Our role to play (things we can promote)
 - To facilitate engagement with certain key partners for standardised response (MoH & governmental related bodies)
 - And to a lesser extend global organisations that people may come in contact with (UNICEF, raise awareness, engage advocacy)

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- Communication Strategy
 - JM: Useful to have something to connect Country Champions with their country officers and local global organisation office
 - Have talking points available that they can use to make introductions and start conversation
 - Must have sure well formulated idea on what they are asking or trying to get across
 - E.g. Communication on the WHF Resolution (WHF sent this to country contacts)
 - Template letter
- DW: Two things:
 - **Actual content** (main things we want to convey as we establish relationships)
 - **Strategy** (who are the entities we want to prioritise) network of partnerships
 - ID stakeholders, raising awareness, plans to target, making it part of the NCD Agenda
 - Sketching it out what we envision for each stakeholder
 - Keep simple for now, find what will have major impact
 - With all the Multi-sectoral things, it seems as if the MoH have to make all the connections
 - Aspect of Communiqué that speaks to e.g. education
 - School Health programmes & awareness amongst teachers (Agenda supportive by MoH – health issue)
 - How do they map out government & ministerial aspects
 - How to we coordinate between MoH & others?
 - What other partners do we expect (at country level)?
- JM: Referred to Uganda Stakeholder event planned for Nov 2017
 - On how to achieve things on face to face level
 - Aim to see if governments will take up programmes AND support
 - Looking for Blueprint – have biggest impact quickly without doing in-depth research at country level
 - Stakeholder mapping, how to provide tools doing that
 - Narrow down to specific area (take them one by one) e.g. education – to maximise connection in that area, provide tool for that
- DW: Talking Points (e.g. Resolution)
 - List of things people need to say
 - List of people that we want to engage
 - Must be stakeholder relevant – speak language of stakeholder
 - Have a look at Uganda Stakeholder Event – on how to start this process
 - Get list of potential stakeholders we can start with (3-4)
- DW: Involving others to this group?
 - GN: Condense messages & make it as widely known as possible
 - Communicate similar messages across our platform

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- Many stakeholders to reach, focus on ones we principally want to engage with
 - MoH as pilot (engaging ministries)
 - How do we empower country champions to effectively engage their MoH (part of process)
- Costing plan
 - **Outsourcing technical work (students at UCT interested in projects for their Masters degree)**
 - Student will do empirical work (working with Remedy study patients in Cape Town) on what is the main drivers of costs of health care recourses
 - Costing template (not a lot of literature on this)
 - Instruments for data collection – what would they look like
 - Students budget: mainly bursaries, & management support
 - UCT student available now, they need to submit by March
 - **WHO One Health Tool/Module on RHD Cost**
 - DW to drive this Agenda
 - Programmed & managed in Geneva (adaptation on partnering cost)
 - Could work on cost to do it ourselves
 - To implement download tool without bugs (could be done by November)
 - DW: Waiting to hear how much money we have available for this work
 - Submitted proposal to American Heart Association (AHA) to do this research (provisional response in April) – could start July-Aug
 - Should also work on Cost sharing with other organisations if AHA support doesn't go through
 - Don't want to lose WHO's interest because of funding
 - ONE HEALTH Tool could use default setting – do a generic/basic costing exercise for continent (cost patients admission)
 - Adapting & modifying tool for each country (for local gaps)
 - DW: Two-way approach: Technical work & Advocacy

5. Next step, specific tasks

- JL: Resend summaries of two survey's to DW (attached with Minutes)
- JM: Sent Uganda Stakeholder Event example/update (sharing the thinking)
- All: Discuss potential stakeholders we can start with, with talking points, bits relevant bits
- DW: Please reengage with BM on UCT Students budgets

6. Any other business

- GN: Sent proposal on WHF Advocacy Funding – JM to respond

7. Closed with thanks

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