



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 3 Meeting Minutes

15 May 2017 | Time: 16h00 – 17h00 (South African Time)

Venue: Skype Conference Call

1. **Welcome and Opening Remarks** – Maylene Shung King
2. **Attendees:** Maylene Shung King (MSK), Amam Mbakwem (AM), Karen Sliwa (KS), Keila Jamal (KJ) and Janette Lombard (JL)
3. **Apologied:** Ana Olga Mocumbi (AOM)
  
4. **Summary of Meeting**
  - Mozambique Project / Pilot site
    - Demonstration site activities (that was started in Mozambique) for woman with RHD
    - Will form basis for other African countries to be adopted
    - Registered with Name (& Logo):
      - **Rescue** (Reproductive and Cardiovascular Health Services for woman)
      - Activities involve:
        - Gynaecologist (joint consultations),
        - Focus group with patients,
        - Information of research team
    - This project still part of Survey/Questionnaire we intend to do
      - Evaluate current knowledge of doctors, how health systems have been running so far (in terms of Reproductive Health Services)
    - AM: Demonstration site: Pilot /Multiple sites?
      - KJ: Private activity, just putting a name to it (one package)
    - MSK: Countries that are being represented in this group, would also become pilot sites
      - With formalised logo as a sub project under umbrella of PASCAR
  
  - Technical Paper (Position Paper)
    - MSK left comments on the latest draft
    - AM question about “guidelines” in the paper
      - Decide on what to call this paper? (Different formats)
        - Position statement/Technical Paper/ Guideline/Discussion Document?
      - KS: Suggests we call it: **Position Paper**
        - Position Paper: Often used as first step towards guidelines
        - In a Technical report you write about recommendations and give exact values (wouldn't call it this)
      - MSK: Position Paper: Means putting certain positions forward, without being too prescriptive about guidelines (can be done later, after pilot studies)

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- KS: Should insert figures (important next step)
  - On different contraception modalities & what recommended for woman with cardiovascular disease
  - Add small figure on: Check box when patient get discharged what health worker should recommend & think about (to make it more practical)
- MSK: Different viewers from different viewpoints & understanding – we should perhaps add (& have it in correct sequence):
  - What are the clinical characteristics in young woman with RHD generally,
  - How does this manifest change during pregnancy
  - Table with clinical implication in pre-pregnancy, antenatal, obstetric and post-natal period
  - What are the interventions that should be made available during different phases
  - How to ID young woman at risk in sexual and reproductive health & obstetric services (how to screen & diagnose & then how to treat)
  - Light touch on looking at current situation: Piece MSK did on Health Service & Health system Literature: Current availability, Access, Utilization of Services
  - Then add our recommendations on these areas:
    - Clinical
    - Interventions
    - RHS to help woman adequately
    - Health System
    - Policy implication that needs to take place at country level
- All agrees Paper needs deliberate headings & restructuring (with subheadings)
- AM: Clinical features of RHD; would it not be too much for this paper?
  - We should be focused on RHS?
  - Maybe other groups covering clinical?
- MSK: Just a light touch table instead of huge amount of clinical details currently in paper (lift it out in clearer simple table)
  - Paper Section: Diagnosis and Management (text heavy)
  - We do need to say something about the clinical manifestation of RHD, but not too much detail
    - Rather focus on clinical implications instead of specific clinical features
- AM: Made few corrections on typos
  - Saw AOM left room for discussion (left some gaps in paper) – We should develop text on following:
    - Health Service System (MSK will write)
    - Delivery and Immediate Post Partum (AM will write)
    - Contraception: Before Pregnancy, After Delivery; Evidence on Best Methods in RHD Woman (Secondary Prophylaxis: Same as Non-Pregnant?) (KS will write)
  - Risk assessment should perhaps be in table
- Situation Analysis & Questionnaire
  - Will follow on the Position Paper
  - Purpose: To evaluate RHS professionals (Obstetricians & Gynaecologist) on their knowledge about Cardiovascular Diseases and risk in woman in their fertile age
  - KS: Received no comments from group on Questionnaire – all will give input by end of week (19 May)
  - MSK: Add Midwives as additional group

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#### 5. Next step, specific tasks

- KJ:
  - Sent paragraph on RESCUE Demonstration activity site, to get all on same page
  - Resend tables & figures to KS & AM (done)
  - Circulate survey questions to all for comments(done)
  
- All:
  - Provide comments on Questionnaire by end of week (19 May)
  - Comment on latest draft and revert with new Developing text on following blanks: (8 June)
    - **MSK** write on: Health Service System
    - **AM** write on: Delivery and Immediate Post Partum
    - **KS** write on: Contraception: Before Pregnancy, After Delivery; Evidence on Best Methods in RHD Woman (Secondary Prophylaxis: Same as Non-Pregnant?)
  
- MSK: Add Headings and Subheading to Position paper, send around
- JL: Find out if other Groups are doing a paper on clinical side of RHD
  - Reschedule next meeting to **Monday 12 June OR Wednesday 14 June 15h00 (CAT)**

#### 6. Any other business

#### 7. Closed with thanks

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