

WORLD HEALTH ASSOCIATION AND THE WORLD HEART ASSEMBLY
RESOLUTION 71.14 RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

Hon Minister of Health and Social Services Dr Bernard Haufiku
Interview with Dr Christopher Hugo-Hamman, Wednesday 10 October 2018

1. What is your response to the Resolution 71.14 of the 71st WHA?

The resolution sets the ground for implementation through National Programmes for Prevention and Control. We need to find the resources which are human and financial. We need to be able to keep records of our patients in a registry and we have to be able to monitor and evaluate our progress. We should learn much from others so we must ensure we remain in this RHD network. WHO has give the institution and ourselves targets for implementation and we must stick to them.

2. What role did you play in this landmark achievement for people at risk of and living with RF and RHD.?

I supported the work of our technical team as far back as 2015. Namibia was involved in the writing of the African Union Communique and in the drafting of this Resolution in 2016. I supported the passage of the draft resolution through the Executive Board and worked with our colleagues from New Zealand, Australia, South Africa , Benin and other African countries. I also spoke personally to Dr Chen, the now retired Director General before the Draft went to the Executive Board. I have shown leadership through our community and engagement with both technical experts and key role players in the decision making processes in the WHO.

3. What in your opinion are the three most important interventions and what will you do in your Ministry to implement this resolution over the next three years?

We need to work with our technical team to develop a comprehensive roadmap for implementation. This should identify the shortcomings in our national programme and target the resources necessary to develop the tools and drive implementation. I believe that the most important intervention is to raise awareness of the disease at primary health care levels so that we can recognise and treat the patient with sore throat (at risk for rheumatic fever) with penicillin as soon as possible.

4. Is primary prevention of RF a priority for the MHSS and how can it be improved?

Yes of course this is the key to eradication. We have to get penicillin to children with sore throat. To do that we need penicillin, we need to have successfully raised awareness amongst health personnel that they need to treat sore throat and we will have to have worked with communities to assist. In Namibia we have a cadre of 1640 "Health Extension Workers" who work at grass roots level in remote communities and they should be trained and equipped to educate, raise awareness and treat children with sore throat.

5. How can the WHO best of assistance?

The WHO should demonstrate international solidarity as it meets its institutional obligation to implement the Resolution. This most importantly through Technical Assistance to member states. This would be impossible to each country but there should be funding to support experts working within the regions. WHO has an important role to play in channeling donor funding towards appropriate causes. WHO experience and intervention with Congo Fever in West Africa is a prime example of what can be achieved. The global NGO community, Foundations, and philanthropists should be attracted to assist with these country specific road maps. They look for attractive investments with good returns and RF/RHD should be one of these.

6. There are penicillin procurement and supply chain problems in Namibia and many other countries. How are you tackling these?

There are serious problems with our tender system and the national procurement board which we are working to resolve. The second major crisis is with supply chain management, warehousing and distribution, The MHSS will contract an independent provider with a track record of delivery in Africa, This will improve our efficiency and we will incur significant cost savings as a result. When we have it right for penicillin then we can borrow from this example to strengthen the health system and improve delivery numerous other ways.

7. The resolution does not specifically mention access to heart surgery. Is investment in surgery a value for money proposition?

Heart surgery is life-saving so yes of course and without question it is value for money. But of course it saves one life only. We have so many patients who are recognised too late so we need to improve case finding to get them into care pathways earlier in the disease. We also need to narrow down the numbers who come to needing surgery by improving prevention. But if a patient needs surgery then lets do it and eliminate all the constraints in this regard.