

ADDIS ABABA COMMUNIQUÉ ON ERADICATION OF RHEUMATIC HEART DISEASE IN AFRICA

A. We, the Experts from across Africa and other continents, meeting in Addis Ababa from 21st to 22nd February 2015, to develop a roadmap on eradication of Rheumatic Heart Disease in Africa are;

- 1. CONCERNED** that Rheumatic Heart Disease (RHD), a completely preventable non-communicable disease (NCD), is the most common cause of acquired heart disease among children and young adults in Africa. RHD affects 1.5 – 3% of school-aged children, leaves more than 10% of affected individuals dead within 12 months of diagnosis, accounts for a substantial proportion of maternal mortality, and has an economic impact estimated at US\$ 791 million – 2.37 billion in 2010.

- 2. FURTHER CONCERNED** that despite the adverse health and economic consequences of RHD, most African Union (AU) Member States do not yet have a comprehensive, integrated approach to acute rheumatic fever (ARF) and RHD prevention and control, nor have they achieved universal access to RHD care. Hence there remain a high degree of preventable morbidity, mortality, and economic loss that threatens the achievement of the Millennium Development Goals and forthcoming Sustainable Development Goals in Africa.

- 3. RECALLING** the resolutions of the:
 - i) 6th ordinary session of the Conference of AU Ministers of Health (CAMH6; 22-26 April 2013), adopted under the AU Executive Council Declaration *EX.CL/Dec.795(XXIV)*, that requested the AU Commission (AUC) to develop a mechanism to control NCDs in Africa;
 - ii) the first joint AU and World Health Organization (WHO) Ministerial meeting convened under AU Assembly Decision *Assembly/AU/Dec.506(XXII)* that pledged to action towards controlling NCDs in Africa under the AUC-WHO joint work plan (14-17 April 2014); and
 - iii) the Drakensberg Declaration (October 2005) and the Mosi-o-Tunya Call to Action (February 2014) of the Pan-African Society of Cardiology (PASCAR)

and endorsed by the WHO Regional Office for Africa (WHO-AFRO) that called for the elimination of ARF and control of RHD in Africa in our lifetime;

4. **NOTING WITH APPRECIATION** the commitment of the WHO, the AUC, the World Heart Federation (WHF) and PASCAR to reduce mortality from NCDs by 25% by the year 2025 in the African region;
5. **AWARE** of countries in Africa (such as Tunisia) and Latin America (such as Cuba) that have made considerable progress towards eradicating RHD by implementing comprehensive, multi-sectoral RHD prevention programmes;
6. **RECOGNIZING** the following barriers to the eradication of RHD in the African region;
 - i) Lack of surveillance of RHD in most AU Member States;
 - ii) Variable supply and use of high-quality injectable benzathine penicillin G, which is a WHO Essential Medicine and first-line medication to prevent RHD;
 - iii) Low utilisation of reproductive health services such as oral and injectable contraceptives among women with RHD and other NCDs, leading to unintended high-risk pregnancy;
 - iv) Centralisation in tertiary health centres of health services for the diagnosis and treatment of RHD and other NCDs, which limits access to essential healthcare for the majority of the population and results in late detection of preventable chronic conditions such as RHD;
 - v) Scarce cardiac surgery facilities for advanced RHD, including – in some AU Member States – lack of any permanent facilities that are capable of performing surgery for heart valve diseases; and
 - vi) Absence of national multi-sectoral initiatives on the prevention of RHD that are led by Ministries of Health and supported by experts from relevant domains;
7. **ENCOURAGED** by the high level of success of other disease control programmes in Africa, such as those aimed at prevention and treatment of HIV/AIDS, diarrhoeal disease and malaria.

B. WE HEREBY RECOMMEND THE FOLLOWING KEY ACTIONS FOR CONSIDERATION BY AFRICAN GOVERNMENTS:

- i) Establish prospective RHD registers at sentinel sites in affected Member State in order to monitor RHD-related health outcomes, including the achievement of a 25% reduction in mortality from RHD by the year 2025 – a target that has been agreed upon as part of the AUC-WHO joint work plan and that has also been endorsed by the WHF, PASCAR and the Africa Heart Network;
- ii) Ensure adequate supplies of high-quality benzathine penicillin that can be administered in the most effective manner, in order to achieve primary and secondary prevention of RHD, recognising that this essential medicine should also be more available for the treatment of other endemic diseases in Africa such as syphilis, yaws and sickle cell disease;
- iii) Guarantee universal access to reproductive health services for women with RHD and other NCDs, in whom pregnancy carries specific and often fatal risks, and for whom contraception can reduce maternal and foetal mortality;
- iv) Decentralise appropriate technical expertise to the primary and district levels in order to improve the diagnosis of ARF (which is under-diagnosed in Africa) and early detection, diagnosis, secondary prevention and treatment of RHD using cross-cutting point-of-care technologies such as cardiac ultrasound, anticoagulation testing, and rapid antigen tests for group A streptococcal pharyngitis;
- v) Establish Centres of Excellence for cardiac surgery, which will sustainably deliver state-of-the-art surgical care, train the next generation of African cardiac practitioners, and conduct research on endemic cardiovascular diseases, including RHD;
- vi) Foster multi-sectoral and integrated national RHD control programmes led by the Ministry of Health, which will oversee the implementation of National RHD Action Plans in order to achieve the goal of reducing mortality from RHD and other NCDs by 25% by the year 2015; and
- vii) Cultivate, through a strong communication framework, partnerships between the AUC, Ministries responsible for health, international agencies, governments, industry, academia, civil society and other relevant stakeholders, in order to ensure the implementation of the above actions,

and connection of African RHD control measures with the emerging global movement towards RHD control.

C. WE FURTHER CALL UPON INTERNATIONAL STAKEHOLDERS SUCH AS WHO, UNICEF AND WHF TO:

- i) Provide open-access resources to develop and strengthen country control programmes on RHD in Africa;
- ii) Raise the profile of RHD and other NCDs of children and young adults on the global NCD agenda, with a view to strengthening health systems in developing countries, eradicating extreme poverty, and as a matter of health equity;
- iii) Address the urgent but neglected issue of the supply of benzathine penicillin G, to ensure that all countries have access to a stable supply of high quality product at all times; and
- iv) Actively support an accelerated programme to ensure that a vaccine for ARF and RHD is available for African countries, at an affordable price, as soon as possible.

D. WE HEREBY REQUEST the AU to mandate PASCAR and other stakeholders to work with the AUC to develop a detailed implementation plan of the Key Actions in B. above, which will include roles and responsibilities, timelines, and estimates of costs, and a communication framework for the roadmap, and to submit the report of the deliberations to the African Union's 1st Specialized Technical Committee on Health, Population and Drug Control.