

WHO-EM/NCD/144/E

Summary report on the

# Consultative meeting on rheumatic heart disease in the Eastern Mediterranean Region

Cairo, Egypt  
21–22 January 2019



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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## **1. Introduction**

To support implementation of resolution WHA71/14 of the Seventy-first World Health Assembly on rheumatic fever and rheumatic heart disease, passed in May 2018, the WHO Regional Office for the Eastern Mediterranean held a technical consultative meeting on rheumatic heart disease, in partnership with global rheumatic heart disease leaders Reach and the World Heart Federation, in Cairo, Egypt, on 21 and 22 January 2019. The meeting provided an opportunity to discuss a draft regional framework for action to address rheumatic fever and rheumatic heart disease in endemic countries of the Eastern Mediterranean Region. The proposed regional framework seeks to operationalize the World Health Assembly resolution, guiding countries in developing/adapting comprehensive national programmes.

The objectives of the meeting were to:

- assess the national capacity, health systems barriers, and needs of Member States of the WHO Eastern Mediterranean Region in relation to the prevention and control of rheumatic fever and rheumatic heart disease based on a situation analysis survey undertaken prior to the meeting;
- review a draft regional framework for action for rheumatic heart disease prevention and control;
- discuss the terms of reference for a regional rheumatic fever/rheumatic heart disease expert network; and
- share information and best practices on rheumatic heart disease prevention and control in the Region, including through site visits to Egyptian rheumatic heart disease clinics.

The meeting was attended by representatives from ministries of health, global and regional experts, representatives from Reach and the World Heart Federation, and staff from the WHO Regional Office.

Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean, and Dr Slim Slama, Regional Advisor, Noncommunicable Diseases Management, WHO Regional Office for the Eastern Mediterranean, welcomed participants and outlined the current global momentum to address rheumatic fever and rheumatic heart disease following the passing of the World Health Assembly resolution, along with the background to WHO's engagement on the issue and the objectives of the meeting.

## **2. Summary of discussions**

*Situation analysis of the rheumatic fever and rheumatic heart disease burden in the Region and national capacities in preventing and managing rheumatic heart disease.*

Participants highlighted the importance of using the situation analysis as a baseline starting point and the lack of data on rheumatic fever and rheumatic heart disease in many countries of the Region.

*Review of the draft regional framework for action on rheumatic heart disease prevention and control*

Participants discussed the framework's overall strategic approaches, outcomes and progress indicators. These were considered appropriate and clear. Several amendments were suggested as outlined below.

There was discussion on the inclusion of the social determinants of health as a strategic approach, given the limited scope of the health sector to influence broader policy issues. While recognizing that capacity to influence may be limited, as action on the root determinants of rheumatic heart disease is urged in the World Health Assembly

resolution on rheumatic fever and rheumatic heart disease, and to ensure that poverty is recognized as a key risk factor and the relevance of the framework to the Sustainable Development Goals remains visible to policy-makers, it was agreed that social determinants of health would be retained as one of the framework's strategic approaches.

It was proposed that the strategic approach of “community education”, be renamed “community awareness”.

Regarding the strategic approach of “community and primary health care workforce”, it was proposed that the title be changed to avoid ambiguity and potential misinterpretation that the domain relates not to the health workforce, but to the broader community/general population.

In relation to the strategic approach of “surveillance and research”, there was discussion on the expectation and requirement that countries should develop or implement a priority research agenda. It was concluded that this would be an option for countries, but should not be considered a requirement. A change in the title of this domain was proposed to “surveillance and monitoring”, while retaining a mention of research as a progress indicator (countries to “consider the need for special studies”). Likewise, the issue of whether countries should be required to make rheumatic fever a notifiable condition was discussed. It was agreed that this should not be a requirement, but rather identified in the framework as an option for countries to consider, according to national needs.

Regarding primary prevention and secondary prevention, it was agreed that the wording should make more explicit the need to achieve integration.

Reproductive health was noted as an important area that should be explicitly mentioned, and highlighted as an opportunity for integration with existing service delivery platforms.

Benzathine penicillin G (BPG) quality testing was raised as an important issue for countries to consider, given the concerns in many countries regarding adverse events and quality control. It was agreed that this should be mentioned as an issue that countries should give consideration to in regard to the measures that can reasonably be taken to assure quality.

The draft regional framework for action on rheumatic heart disease prevention and control will be presented at the next session of the Regional Committee for the WHO Eastern Mediterranean.

*Terms of reference for a regional rheumatic fever/rheumatic heart disease expert network*

Participants discussed the practicalities of the self-nomination process, and the idea of having a core nucleus of experts, with a roster of country-nominated advisors with specific skills to be co-opted as needed.

*Site visits to Egyptian rheumatic heart disease clinics*

The necessary approvals were not granted and thus the site visits could not go ahead as planned. The time allocated for the site visits was instead used by country representatives to commence the identification of priority areas in each country based on the structure of the draft regional framework.



### **3. Next steps**

#### *Regional situation analysis*

- Reach will refine the situational analysis by integrating input from country focal points/representatives, and develop a regional synopsis identifying key priorities and opportunities.
- WHO will disseminate the regional synopsis to Member States.

#### *Draft regional framework for action on rheumatic heart disease prevention and control*

- Revisions to the draft regional framework will be made by Reach.
- A complete final version of the regional framework is to be shared with WHO by the next regional subcommittee meeting on 20 February 2019.

#### *Regional rheumatic fever/rheumatic heart disease expert network*

- Minor additions will be made to the terms of reference under “responsibilities”.
- A description of the role of Reach and the World Heart Federation in supporting the expert network will be added to the terms of reference.
- A draft agenda will be created for the first rheumatic fever/rheumatic heart disease expert network meeting.



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