



NATIONAL PROGRAM FOR THE PREVENTION AND CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

NAMIBIAN PENICILLIN TASK FORCE

Namibian National Penicillin Task Force Status Report July 2017- September 2017

Compiled by Dr Tangeni Auala for RHD Clinic Namibia

1 October 2017

1. BACKGROUND:

Rheumatic heart disease (RHD) remains the most common cause of acquired cardiovascular disease in children and young adults in Africa. RHD is the cardiovascular sequelae of acute rheumatic fever (RF), a consequence of untreated bacterial pharyngitis caused by Group A Streptococcus (GAS). It results in significant disability and premature mortality leaving more than 10% of affected individuals dead within a year of diagnosis.

The RHD Service in Namibia was established in the capital Windhoek in 2010. It serves as the national referral centre and facilitated the creation of the National RHD Register and Namibia's participation in the Global Registry for Rheumatic Heart Disease (REMEDY). The registry revealed that in Namibia RHD patients are young and predominantly female; the majority live over 700 km away from the centrally located RHD Service and present with advanced disease. It also showed there is inadequate delivery of essential interventions such as secondary prophylaxis with penicillin. This research led to the elaboration of the National Programme for Prevention and Control of RF and RHD in March 2014 which incorporates the PASCAR-driven "Beat RHD A.S.A.P." model and the creation of the National Advisory Committee for RF and RHD in Namibia in April 2015, a historic milestone for Africa.

RF and RHD and its sequelae are entirely preventable and the most cost-effective measure for disease prevention and control is primary and secondary prevention with high quality benzathine penicillin G (BPG) and oral phenoxymethylpenicillin. The variable supply of high quality penicillin in Namibia presents a challenge to eradication of RF and RHD. Since the establishment of the RHD Service, there have been a number of occasions when penicillin (both injectable and oral) was not available in Namibia. If Namibia hopes to achieve a reduction in mortality from RF/RHD by 25% by 2025 and eradicate the disease in our lifetime, the issue of penicillin security needs to be addressed NOW.



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2. ACTIVITIES

2.1 NAMIBIAN PENICILLIN TASK FORCE

In June 2017 RHD Clinic Namibia was awarded a PASCAR/WHF small grant for the Namibian Penicillin Task Force. Funds were transferred to Namibian Children's Heart Foundation. During July and August 2017, numerous consultative meetings with various stakeholders were held in order to assess the actual situation with regard to penicillin security in Namibia, gauge interest and commitment and to seek endorsement from key directorates within the Ministry of Health and Social Services of Namibia (MoHSS).

On Monday, 25 September 2017, the Inaugural Meeting of the Namibian Penicillin Task Force was held under the authority of the Minister of Health and Social Services Hon. Dr Bernard Haufiku. This task force met as part of the Namibian National Program for the Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease that was launched in March 2014. This meeting is the first of many that will investigate and work toward securing the penicillin supply chain from manufacturer to patient in Namibia.

At this first meeting twenty-one (21) representatives from stakeholders at the supplier/distribution end of the chain attended. The meeting was chaired by Dr Chris Hugo Hamman, and in attendance was the Honorable Minister Dr Bernard Haufiku, Permanent Secretary Dr Andreas Mwoombolaof MoHSS and representatives from the Directorates of Primary Health Care, Tertiary and Clinical Services (Central Medical Stores, Pharmaceutical Services); the National Advisory Committee for RF and RHD; Namibia Medicines Regulatory Council, local pharmaceutical suppliers and distributors of penicillin and hospital pharmacists from the state and private sector.

The Honorable Minister Dr Haufiku inaugurated the meeting with a speech that reiterated the concern that RF and RHD, entirely preventable diseases, continue to have such a devastating impact nationally and globally. He commended the RHD Service for their involvement in collaborative research and the development of the National Programme for the Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease. He shared Namibia's participation in co-sponsorship of the draft Resolution on 'Rheumatic Fever and Rheumatic Heart Disease' during the 141st meeting of the WHO Executive Board; that has been recommended for adoption at the 71st World Health Assembly (May 2018, Geneva). He emphasized the importance of uninterrupted penicillin supply chain for the prevention and control of RF and RHD and stressed that efforts should be increased to raise about RF, RHD, its sequelae and how to prevent it; better surveillance and rigorous research; improved advocacy for resource allocation and engagement with policy makers. He encouraged a productive and informative deliberation and expressed that the task force had the full support of his office to investigate and address the breaks in the Namibian penicillin supply chain.

Following the inaugural speech, Dr's Tangeni Auala, Christopher Hugo Hamman and Ndatiyaroo Agapitus gave introductory talks on Rheumatic Fever and Rheumatic Heart Disease, the Addis Ababa Communique and the Penicillin Supply Chain respectively to set the tone for interactive sessions. Participants were also provided with hard copies of the Addis Ababa communique, the REMEDY and REMEDY Outcomes paper for their perusal.





These talks were followed by a lively, informative and honest discussion between stakeholders about the nature of the penicillin supply chain and what processes would be required to secure it in Namibia. A number of obstacles were identified. One being lack of awareness about RF and RHD amongst the public, practitioners, prescribers and policy makers. Concerns were expressed about the limited number of sites producing the active propriety ingredient (API) globally, how to ensure that the penicillin imported is of high quality, registration of penicillins by Namibia Medicines Regulatory Council and the limitations in ordering as a result of large batch amounts required and need for forecasting within the country.

It was also emphasized that the National Program for the Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease could learn from HIV/TB/Malaria National Programmes. Attendees were delegated to investigate and provide feedback to the group. The meeting agreed that the going forward the Penicillin Task Force would consist of the representatives nominated from the following:

1. Ministry of Health and Social Services
 - Directorate: Primary Health Care Services: Non Communicable Disease Section
 - Directorate: Tertiary and Clinical Services: Division: Pharmaceuticals and Central Medical Stores
 - Namibia Medicines Regulatory Council
 - Directorate : Finance Procurement and Management Unit
2. Pharmaceutical Suppliers and distributors
3. Pharmacists: Private and State
4. Prescribers: medical doctors and nurses
5. Patients

The Penicillin Task Force will meet early next year (2018) with terms of reference and memorandum of understanding and work on the infographic that illustrates all the links in penicillin chain and responsible parties and relevant stakeholders.

2.2 WORLD HEART DAY

World Heart Day 2017 in Namibia was commemorated with a '**Healthy Heart Awareness and Screening Week**'. This was a collaborative effort between the MoHSS and the Office of the Prime Minister of Namibia. The week culminated with a health walk on Friday morning 29 September 2017 in the capital Windhoek where people living with RHD, their families, health care practitioners and the community marched along Independence Avenue waving banners, distributing pamphlets and chanting to raise awareness about RF/RHD and the importance of penicillin. At the end of the march there were festivities and refreshments arranged by RHD Ambassadors including a short skit illustrating a patient suffering from acute rheumatic and being taken by his community to the nearest for medical attention and penicillin!





3. NEXT STEPS

From October 2017-January 2018

1. Compilation and dissemination of feedback report to all stakeholders present at meeting
2. Feedback Meeting with
3. Finalise and administer KAP Surveys
4. Data collection and analysis
5. Write up survey
6. Think Tank meeting with prescribers, pharmacists and patients
7. PTF: "The way forward": Sustainability and Action Plan Meeting
8. Creation of the Penicillin Chain Infographic
9. Media Coverage of Project
10. Compilation of Final Reports for all stakeholders and PASCAR/WHF

3 Financial Reports

NAMIBIAN PENICILLIN TASK FORCE FINANCIAL REPORT AS 1 OCTOBER 2017 (IN NAD)				
		Debit	Credit	Balance
INCOME				
29/06/2017	WHF/PASCAR Small Grant		32600.00	32600.00
EXPENDITURE				
September				
25/09/2017	Penicillin Task Force Inaugural meeting			
	Meeting Venue and supplies	3225.00		
	Caterers	993.18		



	Stakeholder information pack : REMEDY Baseline and REMEDY Outcomes Addis Ababa Communique WHF Federation Commendation	1270.00		
	Printing of Agenda and Register	220.00		
	Inaugural Meeting Subtotal	5708.18		
29/09/2017	World Heart Day March			
	Printing of 50 posters for Windhoek and Oshana "Beat RHD ASAP" Posters "A sore throat can cause a broken heart , Penicillin can stop it before it starts "	7500.00		
	World Heart Day Subtotal	7500.00		
	Expenditure Subtotal	13.208.18		
	Balance as of 1 October 2017			19391.82

3.2 Budget Forecast October 2017-January 2018

NAMIBIAN PENICILLIN TASK FORCE FINANCIAL FORECAST FROM 1 OCTOBER 2017 (IN NAD)				
		Debit	Credit	Balance
01/10/2017	Balance as of 1 October 2017			19391.82
	WHF/PASCAR Grant (upon supply of deliverables)		6700.00	
				26.091.82

FORECASTED EXPENDITURE				
	Compilation and dissemination of interim feedback report to all stakeholders	1000.00		
	Finalise and administer KAP Surveys	500.00		
	Think Tank meeting with prescribers, pharmacists and patients	5800.00		
	PTF: "The way forward": Sustainability and Action Plan Meeting	5800.00		
	Printing of Penicillin Chain Infographic Posters and pamphlets	5000.00		
	Compilation of Final Reports for all stakeholders and PASCAR/WHF	1000.00		
	Media Coverage for PTF	0.00		
	Travel expenses: Return Air ticket for Dr Agapitus to Windhoek from Cape Town for meetings (1 flight @ NAD 4500) Return Air ticket for Dr Auala to Windhoek from Cape Town for meetings (1 flight @ NAD 4500)	9000.00		
Forecasted Expenditure Subtotal		28100.00		
Forecasted Balance at 31 January 2018				-2008.18

APPENDIX 1: PHOTOGRAPHS FROM INAUGURAL NAMIBIAN PENICILLIN TASK FORCE MEETING



Registration at Namibian Penicillin Task Force Meeting



MoHSS Permanent Secretary Dr Mwombola



Representatives from Pharmaceutical Suppliers and Dispensers MoHS



Permanent Secretary in discussion with Chief Medical



Superintendent of WCHC and Cardiac Specialists
Minister of Health and Social Services of Namibia Hon Dr Haufiku
delivering inaugural speech at Namibian Penicillin Task Force meeting



Dr Auala describing the impact of rheumatic heart disease



Hon Dr Haufiku at Namibian Penicillin Task Force Meeting



Dr Hugo Hamman introducing the African Union Communiqué



Dr Agapitus describing the links in a penicillin supply chain



Discussions among stakeholder representatives



Discussions among stakeholder representatives



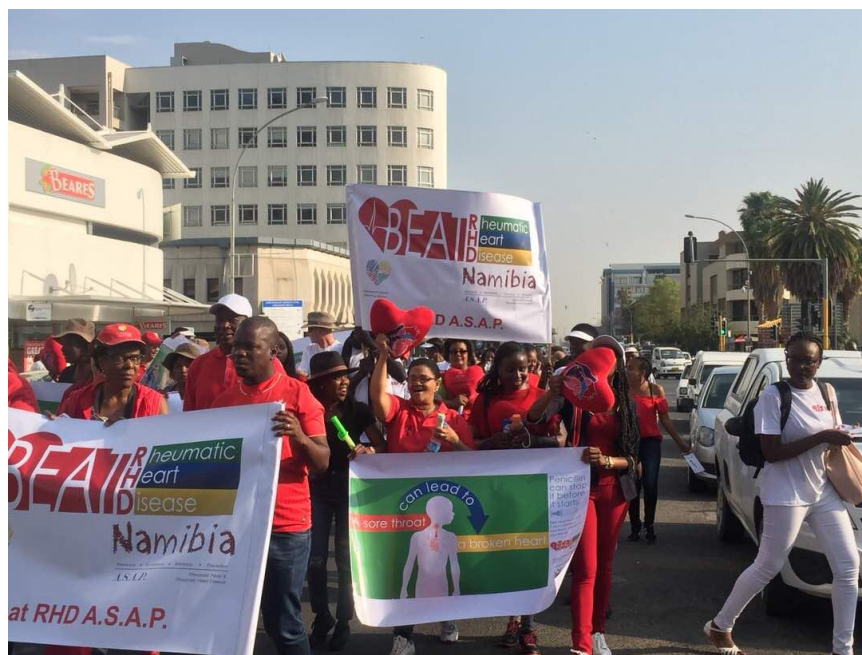
Attendees at the end of Namibian Penicillin Task Force Meeting



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APPENDIX 2: PHOTOGRAPHS FROM WORLD HEART DAY : MARCH AND FESTIVITIES



World Heart Day March along Independence Avenue in Windhoek 29 September 2017



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RHD Ambassador Skit : Doctor prescribing penicillin for patient with rheumatic fever

APPENDIX 3: AGENDA

NATIONAL PROGRAMME FOR THE PREVENTION AND CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE NAMIBIAN NATIONAL PENICILLIN TASKFORCE INAUGURAL MEETING

Date: 26th September 2017

Time : 10:00 AM – 13:00PM

Venue :NIPAM Conference Centre

Time	Topic	Facilitator
09:45	1. Tea and Registration	
10:00	2. Welcome and Introductions	Dr Hugo Hamman



10:20

3. Inaugural Speech

Hon Dr Haufiku

10:40

4. Rheumatic Fever and Rheumatic Heart Disease

Dr Auala

10:55

5. Addis Ababa Communique

Dr Hugo Hamman

11:10

6. Why a Penicillin Task Force

Dr Agapitus

11:25

7. Think Tank Sessions

- a. Who makes high quality penicillin (oral and injectable)
 - i. Identify international manufacturers and issues surrounding manufacture
- b. Who supplies high quality penicillin to Namibia (oral and injectable)
 - i. Identify suppliers and issues surrounding supply
- c. How does penicillin get registered in Namibia (oral and injectable)
- d. How is penicillin distributed across Namibia (oral and injectable)
 - i. In the private sector
 - ii. In the state sector

Dr Agapitus
Dr Auala
Dr Hugo Hamman
Dr Shivute

12:30

8. Way forward: action points, timeline and delegation

Dr Hugo Hamman

13:00

9. Closing Remarks

Dr Auala

