



The Drakensberg Declaration on the Control of Rheumatic Fever and Rheumatic Heart Disease in Africa

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The delegates of the 1st All Africa Workshop on Rheumatic Fever (RF) and Rheumatic Heart Disease (RHD) gathered at the Champagne Sports Resort in the Drakensberg, South Africa on 15 - 16 October 2005 are acutely aware of the fact that RF and RHD remain a major public health problem in Africa. Whereas Africa has 10% of the world population, as many as half of the 2.4 million children affected by RHD globally live on the continent. RHD accounts for a major proportion of all cardiovascular disease in children and young adults in African countries, and the disease has the potential to undermine national productivity, since young adults are the most productive segment of the population.

We are mindful of the fact that the major determinants of RF and RHD are poverty, overcrowding, poor housing and shortage of health care resources. We call on African governments and the world community to accelerate investment the initiatives designed to improve the living conditions of the world's poor, which will lead to the permanent eradication of RF/RHD in the long term.

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In the short to medium term, we recognise that cost-effective strategies for the prevention (primary and secondary) and treatment (or tertiary prevention) of RF/RHD are available. We are aware that the primary, secondary and tertiary prevention of RF and RHD are woefully inadequate in almost all African countries. We note that the World Health Organization regards the establishment of national prevention programmes as an essential step in countries where RF and RHD remain significant health problems.¹ We undertake to develop pilot programmes at selected sentinel sites that will ultimately serve as the basis for the establishment of national programmes for the control of RF/RHD in our individual countries.

We furthermore support the development of a common programme that concentrates on four areas of activity: (i) raising the **awareness** of the public and health care workers with regard to RF and RHD; (ii) improving the quality of information available on the incidence, prevalence and burden of RF/RHD through epidemiological **surveillance**; (iii) working together as **advocates** to change public policy for the improvement of health care facilities needed to treat and prevent the disease; and (iv) working towards the establishment of national primary and secondary **prevention** programmes for RF and RHD. This programme, which is called the A.S.A.P. programme, will be co-ordinated throughout Africa by the Pan African Society of Cardiology in collaboration with the World Heart Federation and the World Health Organization.

We commit ourselves to meet on a regular basis to evaluate progress made in our efforts to control RF and RHD in Africa until the objectives of this action plan are achieved.

Reference

1. World Health Organization. Rheumatic fever and rheumatic heart disease. Report of a WHO Expert Consultation, Geneva, 29 October - 1 November 2001. http://www.who.int/cardiovascular_diseases/resources/trs923/en/ (last accessed 15 November 2005).