The Drakensberg Declaration was formulated at a Pan African Society of Cardiology meeting at the Drakensberg, South Africa in October 2005 by over 40 cardiologists and cardiac surgeons from over 30 countries in Africa, Europe, North America and Australasia and amended in 2011.

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

(2011 Update)

Rheumatic fever (RF) and rheumatic heart disease (RHD) are neglected diseases[1] despite the fact that RHD accounts for a major proportion of all cardiovascular disease in children and young adults in low- and middle income countries where 80% of the world population live. New evidence suggests that 62 million to 78 million individuals worldwide may currently have RHD, which could potentially result in 1.4 million preventable deaths per year from RHD and its complications.[2] 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 rheumatic fever (RF) and RHD are poverty, overcrowding, poor housing, and shortage of health-care resources. We call upon governments and the world community to accelerate investment in the initiatives that are 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.

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 or within reach. We are aware that the primary, secondary, and tertiary prevention of RF and RHD is woefully inadequate in almost all regions of the developing world. We note that the World Health Organisation regards the establishment of national prevention programmes as an essential step in countries where RF and RHD remain significant health problems.[2] We undertake to support the development of 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 individual countries where the disease is endemic.

We furthermore support the development of common programmes that concentrates on five areas of activity: (i) raising the *awareness* of the public and healthcare professionals about RF and RHD, (ii) improving the quality of information that is 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 healthcare facilities needed to treat and prevent the disease, (iv) working towards the establishment of national and international *prevention* and *treatment* programmes of RF/RHD and (v) actively supporting the establishment of an *open-knowledge technology platform* aiding the prevention and the treatment of RHD.

We commit ourselves to support these objectives and regularly evaluate progress made in our efforts to control RF and RHD in the world.

References

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3. WHO Expert Consultation on Rheumatic Fever and Rheumatic Heart Disease. *WHO Technical Report Series 923.* 2001: Geneva.