

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

2-4 November 2023 • Abu Dhabi



Submission Id: 154

Title: ADDRESSING RHEUMATIC HEART DISEASE IN FIJI THE PACIFIC ISLANDS: A PAEDIATRICIAN'S PERSPECTIVE OF CHALLENGES AND THE WAY FORWARD.

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Background & Aims: Rheumatic heart disease (RHD) contributes significantly to morbidity and mortality in Fiji and the Pacific islands, an added burden on the already stretched health systems. These island nations scattered across the Pacific Ocean face numerous obstacles related to geography, environment, language, human resources and finances. Fiji RHD control programme supported by Cure Kids New Zealand for the last eight years, continues to work to improve areas and strengthen its programme, whilst also taking a lead role in sharing information and assisting the other Pacific nations to set up locally led sustainable national RHD Programmes.

Methods: Results of local studies involving paediatricians and public health staff from the Fiji Ministry of Health in collaboration with local and international research institutions identified a need for an established programme within the Ministry of Health. The Fiji RHD programme received initial funding in 2015 from Cure Kids and the New Zealand government and this is the second phase of this continued collaboration. Improvements in public awareness, development and publishing of the clinical Acute Rheumatic Fever (ARF)/ RHD and sore throat and skin sores guidelines, development of local health education material; piloting of nurse-led handheld RHD Echo screening in schools, the establishment of a national online RHD patient information system and organising of support groups for People Living with RHD (PLWRHD) and their carers are all examples of program accomplishments.

Results: In Fiji's 5-29-year age group, RHD is the second-leading cause of mortality after drowning. Fiji has engaged itself in numerous programmes that are helping to address this huge burden.

Fiji is leading in terms of its RHD control programme in the Pacific Islands. Data on its development have been documented and published since 2014. The first phase saw achievements made at all levels of the healthcare system. This second phase continues to support existing programmes and expansion of primary school echo screening, piloting of antenatal echo screening, and establishment of a patient-led organisation called Heart Heroes Fiji to advocate for and support communities and PLWRHD. Ongoing research activities include PhD studies by Fijians which will add value to what is already known about RHD in Fiji and help navigate the way forward.

There are adult cardiology units in the three tertiary hospitals in Fiji but still, there is no paediatric cardiology unit in Fiji. General paediatricians are supporting these RHD programmes in addition to their general paediatrics roles. With up to six visiting cardiac surgical teams offering routine procedures each year, the workload is increasing.

The growing body of paediatric cardiac work is evident in Fiji with the program initiatives of the past eight years being grounds for a dedicated paediatric cardiology unit. There is a need to educate and train more child health clinicians in echocardiography as more child-centred initiatives are introduced so they can better support the RHD programme and care of patients.

Conclusions: The Fiji RHD programme continues to evaluate its activities to ensure they are fit for purpose.

Fiji is taking a leading role in helping other Pacific Island countries build capacity in RHD care that is tailored to local capabilities. These countries look to Fiji's experience for guidance in developing their own RHD control programs.

The ultimate aim is a common vision including a regional RHD Hub where resources including manpower can be shared and used most effectively to tackle this huge burden in the Pacific Islands which includes building an adequate local paediatric cardiology workforce.