Agenda Item 12.8: Rheumatic fever and rheumatic heart disease

Statement:

Global Health Council, supported by Partners In Health, commends WHO for recognizing RHD as a global priority.

RHD disproportionately impacts children and young adults, particularly among the world's poorest. Like many other severe NCDs in settings of extreme poverty, RHD is a preventable and treatable condition of infectious origin, exacerbated by social risks such as poor housing, overcrowding, and lack of access to treatment. Many people with RHD will die unless they receive cardiac surgery. Death and disability from RHD can be an economic catastrophe for the poor.

We call on member states to adopt the RHD Resolution, and to prioritize and fund the recommendations appropriately. Better data is needed on the global RHD burden and its root causes. Improved access to primary care, including timely, affordable, and reliable access to diagnostics and essential medicines like penicillin and warfarin, is critical.

We also urge WHO to work with member states and technical partners to:

- Expand protocols and training to include management of RHD and other severe NCDs at first-level hospitals, including INR testing, echocardiography, and anticoagulation
- Develop global resources and training for cardiac surgery, including quality assurance and improved market dynamics for cardiac surgical supplies
- Expand WHO's definition of NCDs to include children and young adults suffering from severe NCDs like RHD that are not attributable to metabolic risk factors

UHC – including prevention, treatment, and management of RHD – will not be achieved unless we commit to health systems strengthening, training and retention of skilled health workers, scale-up of interventions, and social support at all levels of care.

Finally, we invite stakeholders to more meaningfully include people living with RHD – voices of patients and families living with severe NCDs like RHD in settings of poverty should be considered at every step through the policy process.