

Rheumatic fever and rheumatic heart disease

The Executive Board,

Having considered the report on rheumatic heart disease,¹

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following resolution:

The Seventy-first World Health Assembly,

Reaffirming resolutions: WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases; WHA68.7 (2015) on global action plan on antimicrobial resistance; WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health; and WHA69.25 (2016) on addressing the global shortage of medicines and vaccines, and the safety and efficacy of children's medicine; and the 2015 African Union Addis Ababa Communiqué on Eradication of Rheumatic Heart Disease in Africa;²

Noting with concern that rheumatic heart disease is a significant, preventable cause of morbidity and mortality for people in all WHO regions which, even with incomplete data, is known to affect at least 33 million individuals and cause over 300 000 deaths annually, especially among vulnerable and marginalized groups including children, adolescents, pregnant women and poor and indigenous populations;³

Recognizing that rheumatic heart disease is a preventable condition arising from acute rheumatic fever, a secondary sequelae of group A beta haemolytic streptococcal pharyngitis, and that early detection and diagnosis of this form of pharyngitis, acute rheumatic fever and rheumatic heart disease, with judicious antibiotic treatment of group A beta haemolytic streptococcal pharyngitis and appropriate antibiotic prophylaxis for those who have experienced acute rheumatic fever, can substantially reduce morbidity and mortality in a cost-effective way;

Concerned with a lack of reliable access to essential medicines for the prevention and treatment of group A beta haemolytic streptococcal pharyngitis, acute rheumatic fever and rheumatic heart disease;

¹ Document EB141/4.

² Available at http://www.pascal.org/uploads/files/ADDIS_ABABA_COMMUNIQU%C3%89_ON_ERADICATION_OF_RHEUMATIC_HEART_DISEASE_IN_AFRICA_-_Submission1.pdf, accessed 30 May 2017.

³ The Global Burden of Disease Study 2010.

Recalling that global initiatives can provide much-needed leadership, awareness and momentum to “beat” rheumatic heart disease, as demonstrated by the WHO global programme for the prevention and control of rheumatic heart disease (1984–2002);

Recognizing that rheumatic heart disease is a preventable disease of poverty, and pursuit of the Sustainable Development Goals to end poverty and achieve universal health coverage is therefore critical, and that reducing barriers to effective prevention and control is consistent with the WHO Constitution and priority work areas,

1. URGES Member States:¹

(1) to accelerate multisectoral efforts towards reducing poverty and improving socioeconomic standards by all means, tackling the known root determinants of rheumatic heart disease, including poor housing, overcrowding and reduced access to care;

(2) to estimate their burden of rheumatic heart disease, and, in the case of countries where the disease is endemic, in accordance with their national context and priorities, implement and resource rheumatic heart disease programmes that foster multisectoral work focused on prevention, improved disease surveillance, good-quality data collection and analysis that facilitates appropriate follow-up and contributes to a broader understanding of the global disease burden;

(3) to improve access to primary health care, including through investing in a community and primary health care workforce trained in prevention, diagnosis and evidence-based management of group A beta haemolytic streptococcal pharyngitis, acute rheumatic fever and rheumatic heart disease with its potential complications, alongside improving understanding of prevention and control of rheumatic heart disease among at-risk populations;

(4) to ensure timely, affordable and reliable access to cost-effective essential laboratory technologies and medicines for the diagnosis, prevention and treatment of acute rheumatic fever and rheumatic heart disease; and

(5) to strengthen national and international cooperation to address rheumatic heart disease, including through setting global and national measures for reducing the burden of disease, utilizing and sharing best practice methodologies for prevention and control, and creating national and regional networks for specialist diagnosis and treatment, when needed;

2. INVITES relevant international stakeholders such as nongovernmental organizations, academic institutions, private sector entities and philanthropic foundations, as appropriate, to assist in driving forward global efforts for the prevention and control of rheumatic heart disease, and collaborate:

(1) to put people living with rheumatic heart disease at the centre of the prevention and control agenda, and continue to advocate on behalf of communities at risk of, or affected by rheumatic heart disease;

¹ And, where applicable, regional economic integration organizations.

(2) to raise the profile of rheumatic heart disease and other noncommunicable diseases of children and adolescents on the global agenda, with a view to strengthening health systems in low- and middle-income countries, eradicating poverty, and addressing health inequities; and

(3) to facilitate timely, affordable and reliable access to existing and cost-effective new medicines and technologies for prevention and control of rheumatic heart disease by supporting research and development, including gaining a greater understanding of the pathogenesis and epidemiology of acute rheumatic fever and rheumatic heart disease, and by providing open-access resources;

3. REQUESTS the Director-General:

(1) to reinvigorate engagement, lead and coordinate global efforts on prevention and control of rheumatic heart disease, ensuring adequate resourcing, with rheumatic heart disease considered broadly across relevant WHO work areas, extending beyond the noncommunicable disease programme;

(2) to support Member States in identifying rheumatic heart disease burden and, where appropriate, in developing and implementing rheumatic heart disease programmes and strengthening health systems in order to improve disease surveillance, increase availability and training of the community and primary health care workforce, and ensure reliable access to affordable prevention, diagnostic and treatment tools;

(3) to foster international partnerships for resource mobilization, sharing best practice methodologies, developing and supporting a strategic research and development agenda, and facilitating access to existing and new medicines and technologies;

(4) to assess and report on the magnitude and nature of the problem of rheumatic heart disease according to agreed measures, and monitor efforts for the prevention and control of rheumatic heart disease; and

(5) to report on implementation of this resolution to the Seventy-fourth World Health Assembly.

Second meeting, 1 June 2017
EB141/SR/2

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