World Health Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY **A74/40**
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Updates and future reporting

Rheumatic fever and rheumatic heart disease

Report by the Director-General

1. In 2018, the Health Assembly adopted resolution WHA71.14 on rheumatic fever and rheumatic heart disease, in which it requested, inter alia, the Director-General to lead and coordinate global efforts on prevention and control of rheumatic heart disease. The Secretariat has been working with Member States and international, regional and national partners to reduce the substantial morbidity and mortality associated with the disease. Pursuant to resolution WHA71.14, the present report highlights the progress made since 2018.

Assessing the magnitude and nature of the problem of rheumatic heart disease

2. The Sustainable Development Goals include a target to reduce premature deaths from noncommunicable diseases through prevention and treatment by one third by 2030.[1] Rheumatic heart disease commonly starts in childhood and adolescence. In 2019, rheumatic heart disease affected at least 40 million people, including a disproportionate number of females;[2] moreover, at least 288 000 deaths could be attributed to it.[3] In countries where rheumatic fever and rheumatic heart disease are endemic, rheumatic heart disease is the principal heart disease seen in pregnant women, causing significant maternal and perinatal morbidity and mortality.

Providing support in developing and implementing rheumatic heart disease

3. Notable progress has been made in implementing resolution WHA71.14 in the WHO Eastern Mediterranean Region, with the development of a regional framework for action on rheumatic fever and rheumatic heart disease, which was endorsed by the WHO Regional Committee for the Eastern Mediterranean at its sixty-sixth session in October 2019.[4] The Regional Office, with the support of Member States, has also created a regional expert network on rheumatic heart disease, with the goal of supporting the development of technical guidance and accelerating in-country implementation of the

[1] Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

[2] Rheumatic heart disease – Level 3 cause. Seattle, WA: Institute for Health Metrics and Evaluation (http://www.healthdata.org/results/gbd_summaries/2019/rheumatic-heart-disease-level-3-cause, accessed 24 February 2021).

[3] WHO methods and data sources for country-level causes of death 2000–2019. Geneva: World Health Organization; 2020 (https://www.who.int/docs/default-source/gho-documents/global-health-estimates/ghe2019_cod_methods.pdf?sfvrsn=37bcfacc_5, accessed 24 February 2021).

[4] See resolution EM/RC66/R.1 (2019).

regional framework. In the WHO Western Pacific Region – where some countries and areas experience some of the highest burden of rheumatic heart disease globally – Fiji, Tonga and New Caledonia have set up registry programmes for rheumatic fever and rheumatic heart disease. In other regions, a lack of funding, scarcity of data on disease burden and a need for technical guidance and guidelines have been identified as significant hurdles, hindering progress in the prevention and control of rheumatic fever and rheumatic heart disease.

4. The Secretariat recognizes the need for the provision of support to countries, to integrate attention to rheumatic fever/rheumatic heart disease in public health programming. To strengthen normative guidance, WHO is developing a guideline on the prevention and management of rheumatic fever and rheumatic heart disease, which is expected to be available in 2022. The recommendations within the guideline will enable Member States to adopt or update national policies and guidelines on primary and secondary prevention and control of rheumatic heart disease in areas in which the disease is endemic and to strengthen programme implementation.

5. WHO is fostering international partnerships and is collaborating with UNICEF, the World Heart Federation and Reach on advocacy and resource mobilization. Within the Secretariat, an interdepartmental working group and subgroups have been formed to steer the activities, involving staff members from headquarters and regional offices.

Facilitating access to existing and new medicines and technologies

6. The use of benzathine benzylpenicillin is recommended for the prevention and management of rheumatic heart disease. However, due to the low number of patients who require it and the consequent low profit margins, the medicine is not yet widely available. In 2017, the Secretariat recommended that Member States ensure the consistent supply of injectable benzathine benzylpenicillin in primary care facilities. The Secretariat would be required to work with pharmaceutical manufacturers and governments to ensure continuous supply of quality-assured benzathine benzylpenicillin and improve the consistency of availability at community and primary care levels in affected countries.[1] Pursuant to resolution WHA71.14, WHO, in collaboration with partners, is currently working with producers of the medicine to achieve prequalified benzathine benzylpenicillin products. The Secretariat is also working on strategies to create a market for the use of benzathine benzylpenicillin that incentivizes its production by manufacturers and enables countries to achieve a steady, quality-assured supply.

ACTION BY THE HEALTH ASSEMBLY

7. The Health Assembly is invited to note the report.

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[1] See document EB141/4.