

64th EMRO Committee Meeting

09 – 12 October 2017, Islamabad, Pakistan

WHF Statement on Agenda Item 3(c): Operationalization of the adolescent health component of the Global Strategy for Women’s, Children’s and Adolescents’ Health

Honourable chair, distinguished delegates. The World Heart Federation welcomes the Committee’s report, and its focus on adolescence as a formative phase in human development.

We commend its recognition that investment is needed to combat the epidemic of non-communicable diseases (or NCDs). As the report notes, many health-related behaviours are formed during adolescence, including tobacco use, poor diet and physical inactivity, which are all major NCD risk factors.

We further commend the report for acknowledging that while many adolescent diseases are preventable, they are often neglected. This is especially true of rheumatic heart disease (or RHD), a preventable disease that primarily affects children and young people living in conditions of poverty.¹

RHD begins in childhood, and if not systematically controlled through basic primary care, can progress into adolescence and cause devastating morbidity and mortality.

RHD also has severe implications for young women, as it is a significant cause of maternal death² due to the increased stress on the heart during pregnancy and labour. Studies conducted throughout the EMRO region indicate a significant burden of RHD.^{3 4}

Tackling this preventable disease provides an opportunity to strengthen health systems, and allow adolescents to avoid expensive surgery and long periods of hospitalization.

For many EMRO Member States, better adolescent health outcomes cannot be achieved without addressing their national burden of RHD, and we praise those governments who have already taken action.

To support governments’ ongoing efforts to improve adolescent health, we make the following recommendations:

1. **Implement programmes for primary and secondary prevention of rheumatic fever and RHD in endemic settings.** These interventions, which should include national registers with disaggregated data to record the true burden of RHD among adolescent populations, have been identified as cost-effective by the updated Appendix 3.
2. **Support specific screening for RHD in school health initiatives** to identify and then treat children and adolescents diagnosed with RHD.
3. **Support the Draft Resolution on ‘Rheumatic fever and rheumatic heart disease’**, which was recommended by the Executive Board in June for adoption at the World Health Assembly in 2018.

¹ http://www.world-heart-federation.org/fileadmin/user_upload/images/RHD-net/NEW_whf_factsheet_english.pdf

² <http://eurheartj.oxfordjournals.org/content/36/18/1059.long>

³ Elamrousy D, Al-Asy H, Mawlana W. Acute rheumatic fever in Egyptian children: a 30 year experience in a tertiary hospital. *Journal of Pediatric Sciences* 2014; **6**.

⁴ Kheir S, Ali S. The control of rheumatic fever and rheumatic heart disease: a call to raise the awareness. *Sudanese Journal of Paediatrics* 2014; **14**(1): 21 -- 4.



Thank you for your attention.