

Integration for Stronger Health Systems: Why Rheumatic Heart Disease Must be Incorporated into UHC

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What is RHD?

- Rheumatic heart disease (RHD) is a preventable disease that affects children and young people living in conditions of poverty and overcrowding.
- Practically eliminated in wealthy countries, RHD is still common in Africa, Asia, Latin America and the Pacific.
- Starting with an untreated strep throat, the disease progresses over time to inflict serious heart damage and death.

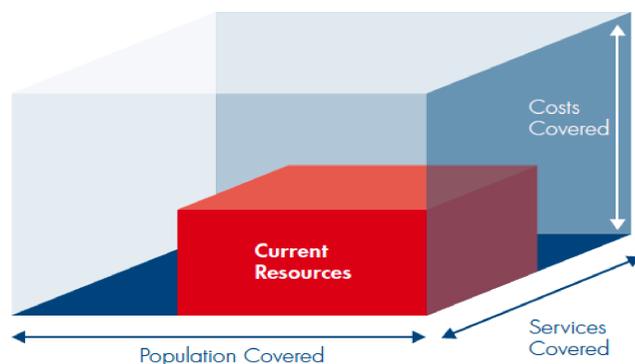
80% of people with RHD live in low- and middle-income countries⁷

32 million people around the world are living with RHD⁸

275,000 people die from RHD every year⁹

What is UHC?

- Universal health coverage (UHC) is defined by the WHO as ensuring that all people can use and access the health services they need, of sufficient quality and efficacy, without being exposed to financial hardship.
- UHC is included as priority in the United Nations **Agenda 2030** for sustainable development. It is specifically mentioned in SDG target 3.8: 'Achieve universal health coverage'. Therefore, all UN Member States are obliged to make progress towards UHC.
- UHC is a direction, not a destination: no country can achieve it fully. In designing national UHC systems, countries negotiate difficult 'trade-offs' between the provision of 3 key areas: **inclusivity**, **coverage** and **financial protection** (see diagram).



Population: who is covered?	Inclusivity
Services: which services are covered?	Coverage
Direct costs: proportion of costs covered	Protection

Why Integrate RHD into UHC Packages & Approaches?

- The near-elimination of RHD in 'developed' settings shows that **disease control is possible**.
- RHD can be a **touchstone** to gauge the success of UHC systems: if people living with RHD are accessing and affording the services they need, the system is succeeding.
- While all governments are mandated by global policy commitments to act on UHC, there are **5 compelling humanitarian motives** to integrate RHD within basic UHC frameworks:
 - Inequality:** RHD is virtually eliminated in 'developed' countries while retaining a huge burden in low-income settings. Rates are high in communities with high levels of domestic inequity. Women and young children are worst affected by RHD and are less likely to receive equitable access to health services.
 - Inclusion:** RHD can be and has been effectively integrated into other health interventions, e.g. for maternal and child health and HIV/AIDS. Integration capitalises on resources, builds the capacity of the health workforce and encourages sharing of best practices.
 - Indigenous health:** Indigenous people suffer from a disproportionate burden of RHD even in high-income countries. They are less likely to afford and access the crucial health services they need to prevent and treat RHD.
 - Preventability:** RHD is preventable. However, the antibiotic used for prevention and control (Benzathine Penicillin G) is experiencing national stock-outs and there is a lack of RHD awareness and education among vulnerable populations.
 - Poverty:** A significant primordial cause for RHD is overcrowding and poor sanitation. People living in poverty are often the least likely to be financially covered by (or able to access) health services.

Practical Policy Solutions

RHD Intervention	Integrative UHC Approach
Disease notification	<ul style="list-style-type: none"> Make RHD legally 'notifiable' to improve data on the burden and distribution of disease Integrate RHD into health registries to provide evidence for the need for drugs and treatments
Community education and health worker education	<ul style="list-style-type: none"> Implement holistic community education using locally-appropriate locations and media Educate non-specialist health workers to appropriately screen, diagnose and treat RHD in primary health care settings
Provision of Benzathine Penicillin G (BPG)	<ul style="list-style-type: none"> Include BPG provision in basic UHC packages and public health insurance schemes Develop high-quality, low-cost formulations of BPG in partnership with scientists Invest in infrastructure and transportation to ensure drugs are distributed effectively Build capacity of front-line healthcare workforce to administer drugs effectively Teach vulnerable populations RHD risk factors and the importance of BPG prophylaxis Cover costs of those too poor to contribute to pooled health funds
Administration of BPG and other RHD control interventions	<ul style="list-style-type: none"> Adopt cost-effective, innovative tools to ensure drug adherence, e.g. SMS services Integrate RHD control into existing wellness-based telecommunications systems
Heart valve surgery	<ul style="list-style-type: none"> Invest in national surgical and tertiary care facilities instead of relying on medical evacuation Prioritise increased post-operative follow-up for all cardiac patients Acknowledge and address national 'brain drains' of specialist health practitioners

6 Key Messages

- Rheumatic heart disease (RHD) is a sentinel disease of poverty**, which can only be prevented, controlled and eliminated through robust universal health coverage (UHC) systems in endemic countries.
- All governments have already committed to establishing or furthering UHC**, however progress to date has been insufficient and uneven, with catastrophic results for human health and global development.
- In RHD-endemic countries, UHC systems should focus on inclusivity, coverage and financial protection:** these are the three dimensions of UHC most applicable to RHD.
- A human rights-based approach to UHC will empower people living with RHD** by mandating countries to fulfil existing commitments to health and social development.
- All RHD-endemic countries can make progress towards UHC** regardless of income level, however difficult choices and 'trade-offs' will have to be made, as every health system is resource-constrained.
- RHD services must be included in UHC coverage packages** in endemic countries for pressing epidemiological, humanitarian and economic reasons.

Conclusion

- Integrating RHD services into UHC packages is a sustainable way to save lives and money while strengthening health systems. RHD's huge human and financial burden threatens sustainable development and requires large-scale, country-led action.
- Through the 6 Key Messages and 6 Key Actions, we can integrate RHD services into the UHC movement. While the path to UHC is long and difficult, it is the only sustainable and equitable way to end this preventable disease.

6 Key Actions



Affiliations & References

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RHD Action

United to End Rheumatic Heart Disease