

WHF Statement on Agenda Item 13: Framework for health systems development for UHC in the context of the Sustainable Development Goals in the African Region

Honourable Chair, distinguished delegates,

The World Heart Federation welcomes the Committee's report. We commend its recognition of strong, resilient health systems as the foundation for attaining universal health coverage (or 'UHC'), and the bold but achievable targets it has set in this regard.

To help Member States honour their commitments, we encourage them to include interventions that prevent and control rheumatic heart disease (or 'RHD') into essential packages of health services.

RHD is a preventable disease which, if not systematically controlled through basic primary care, can progress and cause devastating morbidity and mortality during the most productive years.

Acute rheumatic fever and RHD are highly prevalent in this region, with a 2017 study suggesting significant burdens in Eastern, Central, Western, and Southern Africa.¹ RHD has already been identified as a regional priority, with 7 key actions to eradicate RHD set out in an African Union Communiqué in 2015.²

The economic case for including RHD programmes in a package of essential health services for UHC is compelling. Cost-effective interventions for primary and secondary prevention of rheumatic fever and RHD are highlighted in Appendix 3 of the Global Action Plan on non-communicable diseases;³ these should be considered when weighed against the estimated economic cost of the 222,000 global deaths from RHD in 2010, which was 2.2 trillion US dollars.⁴

There is also a strong humanitarian imperative to act: RHD disproportionately affects the poor, who often cannot afford care, and women and young children, who are less likely to receive equitable access to health services.

To help Member States integrate RHD sustainably and equitably into packages of essential UHC services, we make three recommendations:

1. **Include selected RHD interventions in basic UHC packages**, which might include basic RHD screening in rural areas by non-physicians, or support from cardiologists via telemedicine. Interventions can be drawn from the TIPS framework, a toolkit for implementing RHD control programmes.⁵
2. **Integrate RHD interventions into other established disease areas**, such as maternal and child health and HIV/AIDS interventions. Integration avoids the inefficient 'silos' of disease, which threaten to undermine strong UHC systems.
3. **Prioritize implementation of the seven key actions to eradicate RHD**, as outlined in the African Union Communiqué.

The World Heart Federation reaffirms its support for all Member States in the African Region as they continue their progress towards universal health coverage.

¹ Cardiovascular disease in Africa: epidemiological profile and challenges. Volume 14, May 2017. Nature Reviews Cardiology.

² <https://www.ncbi.nlm.nih.gov/pubmed/26815006>

³ http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_27-en.pdf?ua=1

⁴ [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)70156-7.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)70156-7.pdf)

⁵ http://rhdaction.org/sites/default/files/TIPS-HANDBOOK_World-Heart-Federation_RhEACH.pdf