

## **WHF Statement on Agenda Item 12 – Reducing Health Inequities through Intersectoral Action on the Social Determinants of Health**

The World Heart Federation welcomes the Secretariat's report. We support its assertion that health inequities are unjust and avoidable, and agree that actions across many Sustainable Development Goals, not just Goal 3, will be essential to achieving better health for all.

Nowhere is health inequity more evident than in the case of rheumatic heart disease (or 'RHD'), a preventable disease that primarily affects children and young people living in conditions of poverty.<sup>1</sup>

A lack of access to primary health care, particularly in rural settings, is a key risk factor for RHD, and we commend the report's reference to the contribution of place of residence to health inequalities. Household overcrowding, poor hygiene and living in a rapidly urbanized setting also increase RHD risk.

Cardiovascular disease (or CVD) registries have revealed a significant burden of RHD among the poorest billion, many of whom live in Sub-Saharan Africa. A 2016 study estimated that over 5% of CVD disability-adjusted life-years in the 16 poorest countries were due to RHD.<sup>2</sup>

The persistence of RHD in these settings – while largely eradicated in high-income countries – is indicative of ongoing health inequities. However, there is growing evidence that intersectoral partnerships can play a vital role in addressing RHD.

For example, recent RHD education programmes in Kenya have reached 5,000 primary school children,<sup>3</sup> while school-based screening programmes in Zambia, Ethiopia and South Africa have successfully identified pharyngitis cases for follow up and treatment.<sup>4</sup>

Furthermore, improvements in living conditions have been shown to be a key reason for RHD's elimination in some countries.<sup>5</sup> This demonstrates the potential of partnerships aiming to reduce the prevalence of RHD by improving sanitation, reducing overcrowding and managing urbanization.

To complement actions to reduce health inequities proposed by the Committee's Report, we make the following recommendations:

1. **Forge and sustain partnerships between the Ministry of Health and other government departments**, to ensure policy coherence on the social determinants of health.
2. **Prioritize the creation and implementation of multi-stakeholder plans for non-communicable diseases (or NCDs)**. Promoting collaboration within the health sector can facilitate coordinated work with other sectors.
3. **Support the draft resolution recommended by the Executive Board on 'Rheumatic fever and rheumatic heart disease'**, which urges Member States to tackle the root determinants of RHD.

The WHF reaffirms its support to Member States as they continue to address health inequities. Thank you.

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<sup>1</sup> [http://www.world-heart-federation.org/fileadmin/user\\_upload/images/RHD-net/NEW\\_whf\\_factsheet\\_english.pdf](http://www.world-heart-federation.org/fileadmin/user_upload/images/RHD-net/NEW_whf_factsheet_english.pdf)

<sup>2</sup> Endemic cardiovascular diseases of the poorest billion. 2016, Circulation.

<sup>3</sup> <http://rhdaction.org/news/hearts-hearts-raising-awareness-eldoret>

<sup>4</sup> <https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-017-2563-x>

<sup>5</sup> <http://www.nejm.org/doi/full/10.1056/NEJMp078039>