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## WHF Statement on Agenda Item 5(o) – Progress report – European Child and Adolescent Health Strategy 2015-2020

Honourable Chair, distinguished delegates,

The World Heart Federation thanks the regional office for its progress report on the European Child and Adolescent Health Strategy. We commend those Member States that have implemented, or have prepared national strategies, and call on all governments in the region to follow suit.

To help achieve the goals set out in the Regional Strategy, we wish to draw your attention to rheumatic heart disease (or RHD), which disproportionately affects children and adolescents. RHD begins in childhood: the average age for the first episode of rheumatic fever is 11 years old. If not systematically controlled through basic primary care, RHD can progress into adolescence with devastating consequences.

At the 71<sup>st</sup> World Health Assembly, WHO Member States unanimously adopted a Resolution on Rheumatic Fever and RHD;<sup>1</sup> during the discussions WHO announced that its leadership on this issue would be coordinated by the Family, Women's, Children's and Adolescent Health cluster. We commend Member States that supported the Resolution and those that have already acted to prevent and control RHD.

RHD is prevalent in every Region of the world, including the European Region. A 2009 study highlighted a high and increasing incidence of RF and RHD in the republics of Central Asia;<sup>2</sup> the article indicated the need to improve early diagnosis of RF to prevent disease progression.

Furthermore, a 2016 study by MSF found there to be a high prevalence of rheumatic fever (RF) among refugees in European countries<sup>3 4</sup>. The study noted that a figure of 10 000 cases of clinical and subclinical RHD could be anticipated from approximately 1 million asylum seekers in 2015, and called for pilot studies to assess the prevalence of RHD among refugee children.

We therefore urge Member States where RHD is prevalent to embrace the recommendations proposed in the Resolution, in particular to embed RHD programmes within national health systems, and to incorporate RHD into child and adolescent health strategies.

We reiterate our commitment to support governments to tackle this pressing public health issue. Thank you for your attention.

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<sup>1</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_R14-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R14-en.pdf)

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pubmed/20374323>

<sup>3</sup> Rossi and Lee, 2016; *Assessing the burden of rheumatic heart disease among refugee children: a call to action*. Journal of Global Health. Vol 6 No. 2. Accessed at: <http://doi.org/10.7189/jogh.06.020305>

<sup>4</sup> De Maio et al. 2016; Screening for rheumatic heart disease in refugee children in Europe, MSF leads, will others please follow? Abstract n.2416. Accessed at: [https://lakareutangranser.se/sites/default/files/b\\_-\\_poster\\_2416.pdf](https://lakareutangranser.se/sites/default/files/b_-_poster_2416.pdf)