



71st World Health Assembly

12.8 Rheumatic Fever and Rheumatic Heart Disease

Honourable Chairperson, Distinguished Delegates,

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We welcome the report on Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD).

It has been shown that ARF and RHD are more prevalent in rural areas and urban slums, but this likely reflects other risk factors, such as greater household crowding due to low socioeconomic status or limited access to medical resources. There is also a potential link between insufficient nutrition in childhood and ARF.

It's time for the WHO to request coordinated action to offer each child good health. This includes:

- Adequate nutrition for proper growth, development and long-term health,
- Access to quality education for girls and boys from early age.
- Access to high quality health care, including health promotion, recommended immunization, drugs & dental health

As noted, rheumatic heart disease disproportionately affects girls and women. It is unclear whether this is due to greater susceptibility to developing autoimmune responses following *S. pyogenes* infection, or whether it is caused by social factors such as involvement in child-raising combined with reduced access to primary and secondary prevention regimens.

We know that women and girls worldwide have been suffering increasing violations of their human rights. These violations often arise from historically based gender bias where women and girls are restricted in their access to, inter alia, employment, education and health care. We insist on the rights of women and children to full and adequate medical and dental care and education.

It is not surprising for us to hear that the disease burden is cumulated in some regions. We would like to invite member states to be aware of the effects of health inequalities and the need to action for its prevention and reduction.

Thank you for your kind attention