

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: PRIMORDIAL PREVENTION OF RHD: RESEARCH PRIORITIES FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

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Background & Aims: The last century has seen a remarkable decline in rheumatic heart disease (RHD) across much of the globe without the use of vaccines or specific interventions in many instances. This decline has been attributed to the role of improved social determinants of health (SDH). Unfortunately, many low- and middle-income countries (LMIC) and impoverished groups in high income countries (HIC) have missed out on these benefits and continue to have high rates of RHD. This project therefore sought to identify a research agenda to provide an evidence base to inform improvements in health determinants that are likely to reduce RHD.

Methods: This project used a consensus development process led by the National Institutes of Health (NIH) National Heart, Lung, and Blood Institute. They convened the Primordial Prevention Working Group-SDH in November 2021 to assess how SDH influence the risk of developing RHD. Working group members reviewed the literature in their areas of expertise and identified a series of knowledge gaps and proposed research priorities. The group considered such factors as the need for community engagement and partnerships with those with lived experience that would be essential for the success of these activities.

Results: The project identified a series of high-priority research topics and questions where greater understanding could inform policies and interventions that would logically contribute to a reduction in the risk of acute rheumatic fever (ARF) and its progression to RHD and premature death. A report on the prioritized research topics and questions has been accepted for publication. A summary of these priorities will be presented at the Congress. The topics broadly cover: the use of observational studies to better describe the relationship between ARF/RHD and SDH at the global level; documenting primordial prevention initiatives and their success; designing and testing future interventions; and considering the importance of equity of access across the spectrum of RHD care from primary, to secondary, and tertiary prevention.

Conclusions: Addressing SDH has great potential to reduce the burden and impact of RHD. Identifying which determinants are particularly important and amenable to change may allow a more targeted focus on those areas. Improving these determinants is also likely to improve other health outcomes. Consequently, it will be important to quantify the co-benefits of interventions in this area, particularly for children and young people.