

Increasing Capacity to Care for Children

By 2030, the prevention of rheumatic heart disease and the treatment of pediatric heart disease will be integrated into all health system strengthening and surgical scale-up plans.

Local health networks should be supported by ministries of health and regional academic institutions to improve early diagnosis, surveillance and lifelong care of congenital and rheumatic heart disease, and develop diagnostic and treatment guidelines for low-resource settings.

Rheumatic heart disease prevention should be included in all national and global (e.g. WHO, World Bank) NCD, maternal and child health, and essential medicines strategies.


Domestic and global investments to increase capacity for pediatric cardiac care at secondary and tertiary hospitals should be directed to regions where 1st level hospitals are competent at Bellwether surgical procedures.*

Universities, NGOs and teaching hospitals should invest in multi-year partnerships focusing on leadership, infrastructure development and on-location training to increase technical capacity and financial sustainability of local hospitals.

Leadership needed by:

- World Health Organization
- National/local governments and health networks
- Civil society and patient advocates
- Private sector

*laparotomy, caesarean delivery, and treatment of open fracture



Children with heart disease deserve care from robust health systems.

Building a Pediatric Cardiac Workforce

By 2030, all health professionals will be able to recognize the basic signs and symptoms of congenital and rheumatic heart disease; accredited pediatric cardiac training programs will be available in all regions globally.


Ministries of health, finance, and education, and regional professional bodies should collaborate to support regional pediatric cardiac training and education opportunities.

Ministries of health should develop surgical workforce strengthening plans that include the needs of children with heart disease, and incentivize providers to remain and practice in-country.

Surgical scale-up and training programs should include developing the technical and leadership capacity of nurses.

Leadership needed by:

- World Health Organization
- National/local governments and local health networks
- Research and teaching institutions
- Civil society and patient advocates
- Private sector



We must equip providers to treat children with heart disease.

A Voice for The Invisible Child

Childhood Heart Disease and the Global Health Agenda

Closing the Data Gap

By 2030, data on pediatric heart disease will be collected in national health surveys and included in burden of disease and cause of child death statistics.

Congenital heart disease should be included in all national child health, surgical, burden of disease and cause of death surveys and reported to national health ministries and international organizations such as the World Health Organization and the World Bank.

Research and advocacy on ending preventable child deaths must include pediatric heart disease as a significant, yet overlooked contributor.

Pediatric cardiac care providers in developing countries should publish case studies, research findings and cost analyses to help build a literature base particularly relevant to low-resource settings.

Leadership needed by:

- Multilateral and financing agencies
- World Health Organization
- National/local governments and local health networks
- Research and teaching institutions
- Civil society and patient advocates



Care for children with heart disease will improve when their disease is counted.

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Financing Pediatric Cardiac Care

By 2030, pediatric cardiac care will be included in benefits packages in universal health coverage and social protection platforms, and patients will be protected from catastrophic expenses related to their care.


Innovation toward the application of technologies that can reduce costs and improve outcomes for children with heart disease in low-resource settings should be prioritized.

Increased financing must be mobilized at domestic and international levels to meet the need of scaling up surgical and anesthesia care in LMICs.

Hospitals in LMICs with functional pediatric cardiac care services should track and report financial data using standardized metrics such that analyses can be made on the cost of scaling up care for children with heart disease.

Leadership needed by:

- Multilateral and financing agencies
- World Health Organization
- National/local governments and local health networks
- Research and teaching institutions
- Civil society and patient advocates
- Private sector



Poverty should never be a side effect of treating pediatric heart disease.

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