

The Need For A Global Action on Pediatric and Congenital Heart Diseases

THE FACTS

Congenital heart disease (CHD) | the most common congenital anomaly and a leading cause of death due to birth defects globally.

- 1 in 100 children is born with CHD, an estimated 1.35 million babies each year*
- 1 in 4 children with CHD will need life-saving surgery in the first year
- Up to **90% of those born with CHD** in low- and middle-income countries (LMICs) **do not have access to necessary cardiac care**, facing high rates of death and disability that wealthier nations began to overcome more than fifty years ago

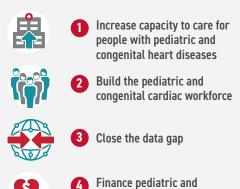
Rheumatic heart disease (RHD) | a preventable non-communicable disease is endemic in many LMICs and considered the most common cause of acquired heart disease in children and young adults.

- At least **50 million people** globally live with RHD and 350,000 die from it each* year
- 96% of RHD deaths occur in LMICs*
- 70% of RHD deaths affect people 25 years and younger*

CALLING ON GOVERNMENTS TO TAKE ACTION

A WHA Resolution on Pediatric and Congenital Heart Care will emphasize the need for a comprehensive agenda to help countries develop national heart care strategies and adequate workforce, infrastructure, capacity and financing of pediatric and congenital heart services.

In recognition of the 2023 WCPCCS Call to Action, a 2026 WHA resolution would include the following:



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Finance pediatric and congenital cardiac care

Learn more about our policy recommendations for pediatric and congenital heart diseases in our policy brief at global-arch.org/WHAresolution

THE LIVES IMPACTED

Three-year-old Shabariwaasan was born prematurely, diagnosed with a severe heart condition called Tetralogy of Fallot (TOF), and has been on a waiting list in Malaysia for life-saving surgery ever since. Despite spending weeks in the NICU and battling frequent bladder infections, which have delayed his surgery multiple times, his family remains hopeful. His parents have taken frequent leaves from their jobs while balancing work and caring for him. Though he loves playing with Legos and babbling at home, Shabariwaasan's development has been delayed, and his health continues to decline, as seen in the clubbing of his toes and fingers—a painful sign of how long he has waited for treatment.



Global Coalition for Pediatric & Congenital Hearts The Need For A Global Action on Pediatric and Congenital Heart Diseases

Our Path to a WHA Resolution on Pediatric and Congenital Heart Diseases







Resolution Drafting & Negotiations

Submit resolution for

WHO Executive Board agenda



WHO Executive Board Accepts Resolution





May

2026



HOW YOU CAN PARTICIPATE TO INSPIRE CHANGE



Join the Global Coalition for Pediatric and Congenital Hearts

The Global Coalition for Pediatric and Congenital Hearts works to reduce global inequities in access to quality pediatric and congenital cardiac care. We aim to improve timely diagnosis, treatment and lifelong care through enhanced global and national policies and increased investments in services for pediatric and congenital heart disease. The 140-member advocacy coalition is made up of patients, advocates, clinicians and patient and family organizations from 42 countries.

Learn more and join us here: global-arch.org/global-coalition-for-pediatric-and-congenital-hearts/



Advocate with your Government

Join us in raising global awareness of pediatric and congenital heart disease by advocating for life-saving policies with government leaders. Your voice can make a difference.

If you're interested in organizing or participating in advocacy meetings with our coalition members, contact info@global-arch.org today!



Raise Awareness at Events and on Social media

Follow Children's HeartLink and Global ARCH on social media for updates on the WHA Resolution Campaign.





*Zimmerman MS, Smith AGC, Sable CA, et al. Global, regional, and national burden of congenital heart disease, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet Child & Adolescent Health. 2020;4(3):185-200. doi:10.1016/S2352-4642(19)30402-X