

**Honorable Chair, distinguished delegates, and esteemed colleagues,**

We welcome the opportunity this meeting provides to raise awareness of the growing global burden of stroke, which ranks among the **top three** drivers of non-communicable disease related mortality and preventable disability, globally.

This year alone, an estimated **12 million people** will experience a stroke, resulting in over **6 million** deaths. The economic consequences of inaction are staggering, with an annual projected global cost exceeding \$1.6 trillion by 2050, if we do not take urgent and targeted action **now**.

Despite an alarming rise in stroke burden - which is projected to increase by 50% over the next few decades – there are significant opportunities to make progress across the entire care pathway. **Stroke is preventable, treatable, and recoverable**. With access to transformative, cost-effective treatments and rehabilitation, we have the tools to change the stroke trajectory and reduce the global burden of NCDs.

Over the past three decades, we have witnessed **revolutionary** advances in stroke treatment - including thrombolysis and thrombectomy - which have a transformative effect on patient outcomes, reducing disability and increasing functional and financial independence. Despite the strongest evidence for clinical and cost-effectiveness, we are still in a position where only **3%** of medically eligible patients receive these treatments globally. In low- and middle-income countries, this figure plummets to less than **1%**. By 2050 almost all the global stroke burden will be carried by low and middle-income countries. These disparities underscore the urgent need for action to ensure equitable access to cost-effective acute stroke care - and to deliver health for all.

In addition to access to acute treatment, timely access to specialist stroke rehabilitation is crucial for enhancing patient outcomes and reducing long-term disability. Rehabilitation supports both functional and economic independence, improved social participation and mental health, it reduces the burden on families, caregivers. Yet, shockingly, 20-40% of healthcare settings worldwide still lack basic stroke rehabilitation services.

For too long stroke has been overlooked and underfunded, but we **can** turn the tide.

We therefore call upon governments to take decisive action on stroke by:

1. Making stroke a priority in their NCD prevention and control strategies.
2. Developing comprehensive National Stroke Action Plans.
3. Committing adequate funding to implement these plans.

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4. Establishing robust stroke monitoring systems to track progress and outcomes.
5. Including stroke survivors and caregivers in the policy development process to ensure their voices are heard and their needs are met.

Thank you.

*one voice*  
One World Voice for Stroke