Your Excellencies, Ministers, ladies and gentlemen,

Every year, stroke claims **7 million lives** and leaves millions more with long-term disabilities. Beyond the **human cost**, the annual global economic burden of stroke is estimated at **over US$891 billion**.

By 2050 stroke mortality is set to rise by **50%**, with costs projected to total **US$1.6 trillion**.

In **high-income countries**, preventive care has delivered **significant reductions in incidence, while access to treatment has reduced mortality, and improved functional outcomes of stroke**. However, the on-going economic transition in many low- and middle-income countries is widening the incidence and outcome gap. By 2050, **over 90% of stroke-related deaths and disabilities will occur in LMICs**.

**Progress on the prevention and management of NCDs cannot be achieved without prioritized and specific action on stroke**.

While **prevention is a cornerstone** of the global NCD strategic response, it is equally essential to the **Health for All agenda** that cost-effective **acute** **stroke treatments** -outlined in Appendix 3 of the WHO NCD Action Plan 2013–are made universally accessible.

For those who survive stroke, **rehabilitation** also offers a cost-effective intervention that can further reduce the burden of NCDs.

We welcome the HLM4 Political Declaration and the inclusion of targets which offers a strong foundation for achievement of SDGs 3.4 and 3.8. We also respectfully urge Member States to build on the Political Outcome by

1. Prioritizing stroke within their national NCD response.
2. Developing National Stroke Action Plans to support the implementation of essential prevention, treatment, and rehabilitation.
3. Exploring innovative financing methods, including taxation of harmful substances, to strengthen domestic healthcare funding.

WSO, and our partners in the Global Stroke Coalition, stands ready to work with governments to support action on stroke as part of their strategic NCD response. With cost-effective innovations available across the patient life course, **the time to act is now**.