

Call to Action to Prioritize Combatting Cardiovascular Disease to Tackle NCDs and Achieve Healthy Aging

Cardiovascular disease (CVD) is the world's leading cause of death for men and women, claiming an estimated 20.5 million lives annuallyⁱ, which represents nearly one-third of all global deaths. Heart attacks and strokes lead the way in CVD death and disability.^{ii,iv}

In Europe, CVD is estimated to cost €282 billion annually, while in the US, it is anticipated to reach \$1.1 trillion by 2035.^{v,vi}

Unless global leaders act now, this backward trajectory is likely to worsen as the global population rapidly ages, with the 60-and-over population on track to double to 2.1 billion by 2050 and further accelerated by the rising prevalence of risk factors such as hypertension, obesity, elevated cholesterol, and diabetes.^{vii,ix} Despite this, national policies for cardiovascular disease are lacking, insufficient or simply don't exist, leaving many populations without the coordinated support they need.^x

Prevention reduces the burden of CVD and lowers the risk for diabetes, cognitive decline, cancer, and other major NCDs, making it a powerful lever for improving population-wide outcomes. In addition, CVD prevalence rises sharply with age, affecting approximately 40% of adults aged 40-59, 75% of those aged 60-79, and 86% of individuals over 80.^{xi}

Therefore, on the occasion of the Fourth UN High-level Meeting on Noncommunicable Diseases in September 2025, the Global Coalition on Aging's Aging with Heart Alliance calls on the UN and its Member States to address the global threat of CVD in the context of aging society by supporting healthy aging through the prevention of CVD at all ages and all stages of disease progression; to enable innovation in scientific development and health system transformation; and to reform care systems to monitor and manage chronic diseases more effectively. We call on the public and private sectors to come together to identify and prioritize risk-based solutions, including investing in healthcare infrastructure for prevention, earlier detection, treatment, and management of CVD.

Prevention matters at every age and at every stage. This includes addressing the root causes before disease develops (primordial), identifying and addressing risk factors (primary prevention), detecting and treating disease early to stop its progression (secondary prevention) and managing existing conditions to prevent progression or complications (tertiary prevention).

The infographic below illustrates this prevention continuum with practical examples at each stage, highlighting opportunities to protect health throughout the healthspan.

Primordial Prevention	Primary Prevention	Secondary Prevention	Tertiary Prevention
Subclinical No noticeable symptoms, but underlying changes are detectable with tests.		Clinical Symptoms are present and noticeable.	
Preventing the development of risk factors that lead to disease.	Preventing disease onset by addressing risk factors.	Detecting and treating disease early to stop its progression.	Reducing complications and managing symptoms of established disease.
Community-wide policies promoting healthy diets and physical activity.	Encouraging smoking cessation to reduce CVD risk.	Managing high blood pressure in patients with diagnosed CVD to prevent heart attacks or strokes.	Cardiac rehabilitation after a heart attack to prevent future events.

A comprehensive, global approach is essential to combating the rising tide of CVD, particularly in the context of the aging population. This requires alignment among policymakers, healthcare providers, patients, caregivers, and the public. Solutions must be guided by the specific needs of different population groups, ensuring guidelines are flexible enough not to prevent treatment or delay diagnosis for those in need.

The Aging with Heart Alliance urges UN Member States to recognize the impact of CVD as the world's leading killer and take action to:



1. Address CVD Prevention Across a Continuum: We urge UN Member States to invest in health strategies that recognize CVD prevention must occur across a continuum (including primary, secondary and tertiary prevention) and address modifiable risk factors such as elevated cholesterol and hypertension, while recognizing the relationship between CVDs and other age-related co-morbidities. Prevention should be linked to measurable outcomes, both short and long term to drive action and accountability. With those strategies must come the establishment of evidence-based targets to guide implementation of effective prevention strategies, track progress and show impacts on health systems and economies.



2. Expand Access to CVD Prevention, Treatment, and Community-Based Care: We urge UN Member States to increase access to preventive screenings, including for blood pressure, glucose, cholesterol and weight; tools for early CVD diagnosis and monitoring, and timely treatment to help alleviate the burdens of CVD across society. To support these actions, governments and health systems should develop new and strengthen existing national cardiovascular action plans that integrate community-based care.



3. Leverage Innovation for Scalable Solutions: We urge UN Member States to invest in scientific and technological advancements and health system reforms that prevent, slow, and treat CVD progression to help keep pace with the health needs of an aging society. Through ongoing development of new medicines and therapies and implementation of telemedicine, wearable tech, and AI tools, new CVD prevention and treatment innovations can improve quality of life and reduce health disparities. To do so will also require new research on underserved patient populations, including women, who have been vastly under-researched but are disproportionately impacted by CVD.



4. Empower Patients and Foster Integrated, Interdisciplinary Care: We urge UN Member States to embed lifelong cardiovascular care models across institutional and community settings by fostering coordinated patient-centered care and navigation among primary care providers, specialists, care teams, and communities. Governments and health systems should measure impacts in terms of improved adherence, reduced hospitalizations, fewer cardiovascular events, and other long-term outcomes.

Aging with Heart Alliance

The *Aging with Heart Alliance* was founded by the Global Coalition on Aging. It convenes a diverse group of experts from around the globe—from CVD, aging, and beyond—to align networks, collaborate on messaging, and create urgency for policy changes at the intersection of CVD and aging.

Global Coalition on Aging

The Global Coalition on Aging aims to reshape how global leaders approach and prepare for the 21st century's profound shift in population aging. GCOA uniquely brings together global corporations across industry sectors with common strategic interests in aging populations, a comprehensive and systemic understanding of aging, and an optimistic view of its impact. Through research, public policy analysis, advocacy, and strategic communications, GCOA is advancing innovative solutions and working to ensure global aging is a path for fiscally sustainable economic growth, social value creation, and wealth enhancement.

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