



2026 Heart Disease & Stroke Statistics Update Fact Sheet

Global Burden of Disease

The 2024, 2025, and 2026 Statistics Updates all contain 2021 Global Burden of Disease study data. Some global estimates below (from the 2025 and 2026 Statistics Update) reflect slightly different estimates from the 2024 Statistics Update due to improvements in demography and population estimation, statistical and geospatial modeling methods, and the addition of nearly 3000 new data sources since the 2024 American Heart Association Statistics Update was published.

All data presented in this factsheet represent global data.

Cardiovascular Disease (CVD)

- In 2021, approximately 19.41 million global deaths were attributed to CVD. The age-standardized global mortality rate associated with CVD was 235.18 per 100 000. The global prevalence of CVD was 612.06 million. The age-standardized prevalence rate associated with CVD was 7178.73 per 100 000.
- The highest mortality rates attributable to CVD in 2021 were in Central Asia and Eastern Europe, with high levels also seen for Oceania, North Africa and the Middle East, and Central sub-Saharan Africa. Rates were lowest for high-income Asia Pacific and Australasia.

Coronary Heart Disease (CHD)

- Globally, it was estimated that in 2021, 254.28 million people were living with ischemic heart disease (IHD), and it was more prevalent in males than in females (145.31 and 108.97 million people, respectively). The age-standardized prevalence rate was 2946.38 per 100 000 (3610.24 per 100 000 in males; 2357.61 per 100 000 in females).
- In 2021, North Africa and the Middle East had the highest prevalence rates of IHD among regions, followed by Eastern Europe and South and Central Asia.
- An estimated 8.99 million total deaths due to IHD occurred globally in 2021, with a higher number of deaths in males than females (5.00 million and 3.99 million, respectively). In 2021, the global IHD age-standardized mortality rate was 108.73 per 100 000 (136.84 per 100 000 in males; 85.32 per 100 000 in females).
- IHD mortality rates were highest for Central Asia, Eastern Europe, and North Africa and the Middle East. Mortality was lowest for high-income Asia Pacific.

Stroke

- The global prevalence of stroke in 2021 was 93.82 million people, whereas prevalence of ischemic stroke was 69.94 million, prevalence of intracerebral hemorrhage was 16.60 million, and prevalence of subarachnoid hemorrhage was 7.85 million. The global age-standardized prevalence rates in 2021 were 1099.31 per 100 000 for stroke, 819.47 per 100 000 for ischemic

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stroke, 194.51 per 100 000 for intracerebral hemorrhage, and 92.17 for subarachnoid hemorrhage.

- Overall, in 2021, age-standardized stroke prevalence rates were highest for sub-Saharan Africa and East, Southeast, and Central Asia. Rates were the lowest for Australasia.
 - Age-standardized prevalence of ischemic stroke was highest for southern sub-Saharan Africa, followed by western sub-Saharan Africa and East and Central Asia.
 - Age-standardized prevalence of intracerebral hemorrhage was highest for western sub-Saharan Africa, Southeast Asia, Oceania, and high-income Asia Pacific.
 - Age-standardized prevalence of subarachnoid hemorrhage was highest for high-income Asia Pacific and Andean Latin America.
- In 2021, there were 7.25 million deaths attributable to stroke worldwide. Globally, a total of 3.59 million individuals died of ischemic stroke, 3.31 million individuals died of intracerebral hemorrhage, and 0.35 million individuals died of subarachnoid hemorrhage.
- In 2021, the global age-standardized mortality rates were 87.45 per 100 000 for total stroke, 44.18 per 100 000 for ischemic stroke, 39.09 per 100 000 for intracerebral hemorrhage, and 4.18 per 100 000 for subarachnoid hemorrhage.
- In 2021, age-standardized mortality attributable to stroke was highest for Oceania and southeast Asia. Rates were lowest for Australasia and Western Europe.
 - Age-standardized mortality attributable to ischemic stroke was highest for Eastern Europe, followed by North Africa and the Middle East and Central Asia. Mortality was lowest for Australasia.
 - Age-standardized intracerebral hemorrhage mortality was highest for Oceania, followed by Southeast and East Asia and central and eastern sub-Saharan Africa.
 - Age-standardized mortality estimated for subarachnoid hemorrhage was highest for Oceania followed by Southeast Asia and Andean Latin America.

High Blood Pressure

- High systolic blood pressure was associated with 10.85 million global deaths in 2021. The global age-standardized mortality rate associated with high blood pressure was 131.10 per 100 000.
- The age-standardized mortality rates attributable to high systolic blood pressure were highest for Central Asia, followed by Eastern Europe, central sub-Saharan Africa, and North Africa and the Middle East.
- In 2019, high blood pressure was 1 of the 5 leading risk factors for the burden of disease (years of life lost to premature mortality and disability-adjusted life-years) in all global regions except Oceania and eastern, central, and western sub-Saharan Africa.

High Blood Cholesterol & Other Lipids

- In 2021, high low-density lipoprotein cholesterol accounted for 3.65 million global deaths. The global age-standardized global mortality rate in 2021 attributable to high low-density lipoprotein cholesterol was 43.67 per 100 000.
- In 2021, the age-standardized mortality rates attributable to high low-density lipoprotein cholesterol were highest for Eastern Europe followed by Central Asia and North Africa and the Middle East.

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Tobacco

- Tobacco caused an estimated 7.25 million deaths globally in 2021 (5.68 million males and 1.57 million females). The global age-standardized mortality rate attributable to tobacco in 2021 was 85.66 per 100 000.
- Based on 2021 data, East Asia and Oceania had the highest mortality rates attributable to tobacco. Mortality rates were lowest for Andean Latin America.
 - The Global Burden of Disease study estimated that in 2021, smoking was the second-leading risk of years of life lost due to premature mortality (high systolic blood pressure was number 1), and smoking ranked fourth in risk factors for disability-adjusted life years globally.

Physical Activity

- Low physical activity was associated with an estimated 0.66 million global deaths in 2021. The global age-standardized mortality rate attributable to low physical activity in 2021 was 7.99 per 100 000.
- Mortality rates attributable to low physical activity among regions were highest for southern sub-Saharan Africa, North Africa and the Middle East, and Oceania in 2021. Mortality rates were lowest for high-income Asia Pacific and southern Latin America.

Overweight & Obesity

- High body mass index was associated with 3.71 million global deaths in 2021. The global age-standardized mortality rate attributable to high body mass index in 2021 was 44.23 per 100 000.
- Based on 2021 data, age-standardized mortality rates attributable to high body mass index amongst regions were lowest for high-income Asia Pacific and highest for southern sub-Saharan Africa, north Africa and the Middle East, and Oceania.

Diabetes

- Based on 2021 global data, 525.65 million people (270.84 million males and 254.81 million females) had diabetes. The global age-standardized prevalence rate of diabetes was 6123.59 per 100 000.
- The prevalence of diabetes in 2021 among regions was estimated to be highest for Oceania, followed by North Africa and the Middle East, the Caribbean, and high-income North America.
- In 2021, there were 1.66 million global diabetes deaths. The global age-standardized mortality rate attributable to diabetes in 2021 was 19.61 per 100 000.
- Age-standardized mortality rates attributable to diabetes were highest for Oceania, followed by southern sub-Saharan Africa. Rates were lowest for high-income Asia Pacific.
- In 2021, there were 5.29 million global deaths attributable to high fasting plasma glucose. The global age-standardized mortality rate attributable to high fasting plasma glucose in 2021 was 63.73 per 100 000.
- Age-standardized mortality rates attributable to high fasting plasma glucose in 2021 were highest for Oceania followed by southern and central sub-Saharan Africa and North Africa and the Middle East.

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Many statistics in this fact sheet come from unpublished tabulations compiled for the Statistics Update document and can be cited using the document citation listed below. The data sources used for the tabulations are listed in the full document. Additionally, some statistics come from published studies. If you are citing any of the statistics in this fact sheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

The American Heart Association requests that the full document be cited as follows:

Palaniappan LP, Allen NB, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Currie ME, Earlie RS, Fan W, Fetterman JL, Barone Gibbs B, Heard DG, Hiremath S, Hong H, Hyacinth HI, Ibeh C, Jiang T, Johansen MC, Kazi DS, Ko D, Kwan TW, Leppert MH, Li Y, Magnani JW, Martin KA, Martin SS, Michos ED, Mussolino ME, Ogungbe O, Parikh NI, Perez MV, Perman SM, Sarraju A, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Tierney S, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong SS, Zhao J, Khan SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2026 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 21, 2026.

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