

Driving Cardiovascular Action in Asia-Pacific: Patient Partnership and Collaborative Leadership



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The insights presented in this report reflect a shared commitment to strengthening patient leadership and advancing more equitable, person-centred cardiovascular care across the Asia-Pacific region. We hope this report serves as a foundation for continued collaboration and action to ensure that the voices of people living with cardiovascular disease are meaningfully reflected in the policies, services and innovations that shape their care.

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EXECUTIVE SUMMARY

Cardiovascular disease (CVD) represents a disproportionate and rapidly growing burden across the Asia-Pacific region, driven by population ageing, higher prevalence of risk factors and interconnected conditions, urbanisation and persistent inequities in access to prevention and care. Despite recognition of the challenges, health system responses remain largely reactive, hospital-centred and fragmented, with insufficient emphasis on prevention, integrated and continuous care, and long-term management as well as the socio-cultural and economic variance across the region.

Against this backdrop, there is growing recognition that advancing cardiovascular health will require more collaborative, multi-stakeholder approaches that bring leading voices from across sectors to address shared challenges and drive coordinated action across the region.

The Asia-Pacific Cardiovascular Roundtable was convened by Global Heart Hub (GHH) with The George Institute for Global Health as the knowledge partner in Bangkok, Thailand on 27 February 2026. In this roundtable, patient community leaders from Thailand, India, Malaysia, China, Indonesia and Japan convened a high-level meeting with stakeholders across clinical, policy, research, industry and regulatory sectors, with the aim to identify the actions needed to advance cardiovascular health and next steps for implementation.



DRIVING ACTION: THE ROLE OF PATIENT COMMUNITY LEADERSHIP

A core aim of this event was to explore and re-centre the narrative around policy action to one grounded in partnership, recognising that sustainable progress in cardiovascular health requires the meaningful inclusion of those living with and affected by cardiovascular disease.

Lived experience insight has the power to transform health system decision-making, bringing first-hand understanding of unmet needs, barriers to care and real-world outcomes that are often not visible within clinical or policy perspectives alone. Patient voices can strengthen awareness and education, shift clinical research priorities, optimise care pathways and mobilise a global movement where patients are not just participants in care, but catalysts for progress.

The translation of these lived experience insights into actionable change depends largely on patient organisations and community leaders, who play a critical role in collecting, amplifying and channelling patient perspectives into decision-making spaces. Patient organisations also play a vital role in implementing action with patients – in delivering education, building awareness and strengthening trust in the health system – and, in this way, serve as a critical bridge between policy development and the communities it is intended to serve. Yet, they remain under-resourced and underutilised as strategic partners in shaping cardiovascular care.

This event sought to explore and highlight the ability and potential of patient community leaders to contribute to driving more responsive and equitable cardiovascular care in the region. Building on this principle, the Roundtable was co-designed and co-delivered in partnership with patient community leaders across the region: Heart to Heart Foundation (Thailand), DakshamA Health & Education (India), Heart Health India Foundation, Banmo520 (China), Diabetes Initiative Indonesia, Heart Valve Voice Japan, Pertubuhan Teras Jantung (Malaysia).



Through their role in co-creating the event, the patient community leaders actively shaped the agenda, brought together leading stakeholders and led discussions on priority actions to advance cardiovascular health across the region.

ADVANCING CARDIOVASCULAR HEALTH: KEY INSIGHTS AND OPPORTUNITIES

Across diverse country contexts, stakeholders shared common challenges in cardiovascular care: low public awareness of cardiovascular risk, underinvestment in prevention and early detection, fragmented care pathways, weak follow-up and rehabilitation, and limited integration of patient organisations into policy and system design.



GOVERNMENTS

- Prioritise CVD in national non-communicable disease (NCD) strategies and rebalance CVD strategies and funding toward prevention, early detection and long-term risk management, not only acute care.
- Translate policy commitments into accountable delivery through clear timelines, funding commitment and performance indicators.
- Systematically embed patient and caregiver participation in health policy, guideline development and system reform to improve equity, trust and uptake.



HEALTH SYSTEMS & PROVIDERS

- Redesign care pathways around the full life course and multimorbidity, integrating prevention, diagnosis, treatment, rehabilitation and long-term support.
- Strengthen primary care, referral networks and post-discharge continuity to reduce fragmentation and hospital dependency.
- Move beyond consultation to co-design education, navigation, adherence and service improvement initiatives with patient organisations as partners.



PATIENT ORGANISATIONS

- Be positioned for impact across the healthcare landscape, working in equal partnership with stakeholders.
- Strengthen organisational sustainability (governance, fundraising, communications, strategic planning) to enable long-term engagement, influence and capability for strong partnership.
- Expand beyond awareness-raising into policy influence, research, programme design and monitoring and evaluation.
- Systematically capture and use lived-experience data to support advocacy, accountability and system redesign.



REGIONAL HEALTH PROFESSIONAL BODIES & NETWORKS

- Use their enabling role to share best practices, accelerate learning and reduce duplication across countries.
- Deliver targeted regional capacity building in advocacy, policy literacy, research engagement, digital communication and evaluation to strengthen patient leadership.
- Position patient voices within broader Asia-Pacific health, economic and sustainability agendas, recognising CVD as both a health and development priority.

The recommendations span various critical players across the cardiovascular health landscape, bringing together the patient community, clinical practice and health policy. Additionally, the private sector has a crucial role to play. The collaborative partnership between the patient community and private sector organisations must be rooted in common goals for health promotion and, for meaningful change to happen, align to drive momentum across the landscape.



PRIVATE SECTOR

- Strengthen the level and depth of patient involvement in research, innovation and implementation of new therapies and technologies.
- Partner meaningfully with patient organisations to ensure therapies, services and care innovations respond to real-world cardiovascular needs and improve access, usability and outcomes.
- Support sustainable patient leadership and health system strengthening through responsible collaboration, capacity building and shared learning.

There were significant opportunities identified across all stakeholder groups, with a consistent emphasis on the need to strengthen patient leadership and embed patient voices structurally – rather than symbolically – to improve policy relevance, service design, trust and health outcomes. These recommendations provide a consolidated view of the shared regional agenda for change.

Building on these cross-cutting recommendations, the report also presents country-specific findings that reflect the diverse contexts, challenges and priorities across the region. Together, these insights inform the accompanying Asia-Pacific Cardiovascular Patient Leadership Roadmap which outlines shared objectives, mechanisms for regional collaboration and clearly defined roles for governments, patient organisations and other stakeholders.

Collectively, these elements mark a pivotal step toward embedding patient leadership as an essential driver of sustainable cardiovascular care across the Asia-Pacific region.

INTRODUCTION

The Asia-Pacific Cardiovascular Roundtable convened patient leaders and cross-sector stakeholders in Bangkok, Thailand, on 27 February 2026 to explore the urgent need to accelerate action on cardiovascular health across the region, and how patient leadership can inform and strengthen more effective, equitable and sustainable responses.

The initiative was convened by Global Heart Hub, with The George Institute for Global Health as knowledge partner, co-delivered with patient organisations across the region: Heart to Heart Foundation (Thailand), DakshamA Health & Education (India), Heart Health India Foundation (India), Banmo520 (China), Diabetes Initiative Indonesia (Indonesia), Heart Valve Voice Japan (Japan) and Pertubuhan Teras Jantung (Malaysia).

CASE FOR ACTION

Cardiovascular disease (CVD) remains the leading cause of death globally, with the Asia-Pacific region carrying a disproportionately high and rapidly growing burden – Asia-Pacific accounted for approximately 60% of global CVD deaths in 2019. The burden is rising due to an ageing population, increasing prevalence of risk factors and interconnected conditions, urbanisation and lifestyle changes and environmental and socioeconomic pressures.¹ Current projections estimate that this burden is likely to double by 2050.²

This burden extends far beyond mortality, placing immense strain on communities, healthcare systems and economies. In many countries, overstretched resources lead to gaps in diagnosis, treatment and long-term management, resulting in preventable cardiac events, avoidable deaths and long-term disability with wide-ranging social and economic impacts.³

Recent global health thinking has increasingly framed cardiovascular disease not only as a clinical challenge but as a systems challenge requiring integrated service delivery, simplified care pathways, community engagement and global collaboration. These approaches, which have underpinned progress in other global health priorities, provide an important foundation for accelerating cardiovascular action across the Asia-Pacific region.⁴

Patient voices are an integral component in successful solution design and implementation, yet these voices are currently not represented well in CVD care system design in Asia-Pacific. Recognising the opportunity to elevate patient voices in solution design, the roundtable brought together patient leaders from Thailand, India, Malaysia, China, Indonesia and Japan, together with key stakeholders to connect, share insights and discuss priority actions for change.

ROUNDTABLE APPROACH – BUILDING AN INCLUSIVE DIALOGUE

The Roundtable was designed as an inclusive, multi-stakeholder dialogue across the Asia-Pacific region, bringing together patient leaders alongside representatives from clinical practice, policy, research, industry and regulatory sectors to identify priority actions for cardiovascular health.

Grounded in the principle that sustainable progress requires meaningful partnership with those living with and affected by cardiovascular disease, patient community leaders were not only participants but active co-designers of the Roundtable. This ensured lived experience informed how the dialogue was structured, facilitated and prioritised, and enabled patient leaders to help shape the agenda and convene cross-sector stakeholders.

The Roundtable used multiple interactive formats and accessibility measures to ensure inclusive participation, open dialogue and meaningful engagement across languages and stakeholder groups. Formats used during the roundtable included expert-led presentations, country-based breakout groups made up of patient voices and patient advocate organisations, and moderated discussion featuring live polls. AI captions, human interpreters and app-based tools were used to facilitate understanding regardless of language used.





AIMS

Through collaborative dialogue, the meeting sought to build a shared understanding of regional priorities and lay the foundations for more coordinated, patient-centred approaches to cardiovascular health. The aims of the roundtable were to:

1

Strengthen and connect the cardiovascular patient community across Asia-Pacific.

Create opportunities for patient leaders and organisations to build relationships, share experiences, learn from one another and strengthen their collective voice in shaping cardiovascular health across the region.

2

Capture the perspectives and priorities of diverse stakeholders.

Explore the barriers, unmet needs and opportunities affecting cardiovascular prevention, care and patient leadership, drawing on the experiences of patients, clinicians, policymakers, researchers and other partners to identify areas where action is needed.

3

Build momentum for continued collaboration and patient leadership.

Use the insights generated through the roundtable to inform future efforts that support patient organisations, strengthen advocacy capacity and encourage more meaningful patient involvement in the design and delivery of cardiovascular care across the Asia-Pacific region.



COUNTRY INSIGHTS

During the workshop, stakeholders from each country had dedicated time to connect and explore their national context, identify key issues and recommend solutions for driving sustainable progress. Each country has a dedicated profile capturing these discussions and insights.



CHINA PROFILE



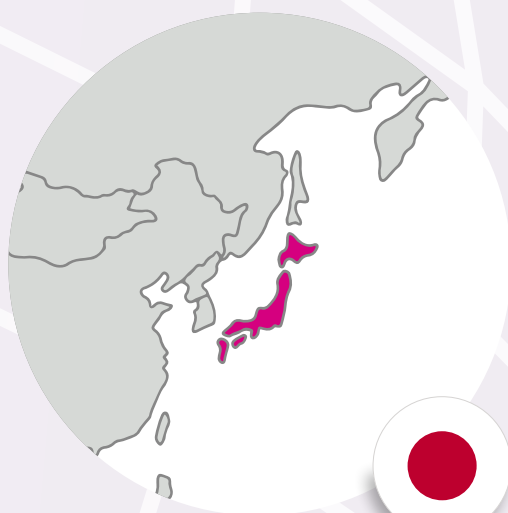
INDIA PROFILE



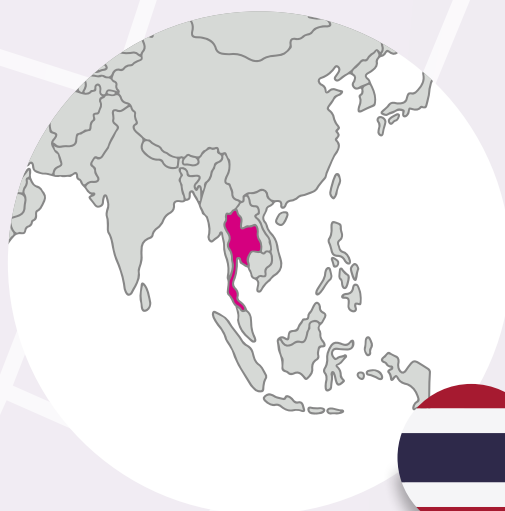
MALAYSIA PROFILE



INDONESIA PROFILE



JAPAN PROFILE



THAILAND PROFILE



CHINA PROFILE



China is the world's second most populous country, home to roughly 1.4 billion people, and is the fourth largest country in terms of geographic size.⁵ Its sheer population scale, rapid urbanisation and geographic diversity contribute to a complex health profile marked by rising non-communicable diseases, persistent regional disparities and the growing demands of an ageing society.

Cardiovascular disease ranks as the leading cause of mortality in China, driven primarily by stroke and ischaemic heart disease.⁶ This prevalence is shaped by rapid population ageing and persistently high levels of hypertension, smoking and dietary risk factors.⁷ While the last decade has seen major investment in hospital-based cardiac services and broader health system reform, these gains have not been evenly translated into prevention, early detection or long-term disease management across all regions. Large regional and urban–rural disparities remain, and national non-communicable disease strategies are implemented with varying depth, consistency and levels of patient engagement across provinces.

KEY THEMES AND OPPORTUNITIES

Common themes emerged when discussing the factors shaping cardiovascular outcomes in China:

- **Limited public awareness and misinformation:** Patient understanding of cardiovascular disease and prevention continues to undermine prevention in the country, with many individuals neglecting early symptoms or misunderstanding cardiovascular risk, resulting in late presentation and missed opportunities for early intervention. Messaging around prevention is often overshadowed by a greater focus on treatment and intervention.
- **Fragmented care pathways and inequitable access:** Uneven medical resource allocation, inconsistent referral systems and poor cross-institutional coordination continue to create structural challenges, contributing to inefficiencies and patients being lost to follow-up. There is a strong patient preference for top-tier tertiary hospitals, contributing to overcrowding at specialist centres while leading to inefficiencies and underutilisation of primary-level services. Access to screening and medical services remains uneven, with disparities linked to geography, employment status, household income and health insurance coverage.
- **Insufficient continuity of care:** Full life-cycle management remains underdeveloped, with long-term follow-up, rehabilitation, home-based care and psychological support unevenly distributed across regions and not yet fully standardised within routine care protocols.

China's healthcare system has strong foundations to build upon. A national strategy to address rising NCDs, alongside nationwide chronic disease awareness and screening programmes, provides valuable infrastructure through which prevention, screening and public health communication could be strengthened. China has also established a tiered healthcare policy, supported by differentiated health insurance reimbursement, to encourage greater use of primary care and reduce pressure on tertiary hospitals. Investment has also extended beyond acute treatment, with most tertiary hospitals establishing dedicated cardiac rehabilitation departments and promoting digital wearable monitoring tools to support continuous patient management and reduce avoidable hospital readmissions.

Existing plans to develop regional, provincial and specialist care centres could be strengthened by incorporating patient organisation-led public education and health promotion to improve knowledge of care pathways and more effectively reduce cross-regional inequities and resource gaps.

BARRIERS

SOLUTIONS

Limited public awareness and misinformation

- Develop patient-led education campaigns that provide reliable information on CVD risk factors, prevention, early warning signs and available support services.
- Use multi-channel awareness approaches, including patient stories, expert-led content and trusted institutional platforms.
- Strengthen grassroots outreach and expand access to screening and interpretation of results to support early detection.

Fragmented care pathways and inequitable access

- Strengthen referral pathways to support smoother transitions between levels of care.
- Improve care coordination and navigation to help patients access appropriate services.
- Foster cross-regional collaboration between healthcare institutions to improve access to expertise and optimise existing resources.

Insufficient continuity of care

- Establish standardised follow-up protocols to promote continuity of care and reduce loss to follow-up.
- Integrate rehabilitation and psychological support into routine cardiovascular care.
- Enhance patient and caregiver education to strengthen self-management and home-based care skills.
- Leverage digital tools, including remote monitoring technologies and wearables, to support ongoing monitoring and personalised care.

CHINA CVD STATISTICS 2021



5,085,458

Overall number of deaths from CVD



357

Crude CVD mortality
(per 100,000 population)

280

Age-standardised CVD mortality
(per 100,000 population)

812

Age-standardised CVD incidence
(per 100,000 population)



INDIA PROFILE



India is now the most populous country, home to roughly 1.44 billion people. India's geography features diverse climates and cities that have grown significantly in the last 20 years as people move away from rural areas.⁸ High-density cities face air pollution and chronic disease burdens, while rural regions contend with access gaps and infectious diseases. Climate variability, from monsoons to heatwaves, adds seasonal pressures on health systems.

Cardiovascular diseases (CVD) are the leading chronic disease cause of death and disability in India; cardiovascular disease is responsible for nearly a quarter of deaths.^{9,10} This burden extends far beyond mortality, placing immense strain on communities, healthcare systems and economies. The health system is heavily reliant on the private sector, leading to vast disparities based on insurance coverage; the delivery of care also varies widely across India's states and territories, with no single national delivery standard for cardiovascular care.

Tertiary and specialist cardiac services are heavily concentrated in private and urban facilities, while out-of-pocket spending remains a major cause of financial hardship for people living with CVD, which requires long-term management rather than one-off treatment. Overstretched resources lead to gaps in diagnosis, treatment and long-term management, resulting in preventable cardiac events, avoidable deaths and long-term disability with wide-ranging social and economic impacts.

KEY THEMES AND OPPORTUNITIES

Common themes emerged when discussing the factors shaping cardiovascular outcomes in India:

- **Limited health literacy and patient education:** There are deficits in health literacy and patient education that limit prevention and self-management, especially in underserved populations. Many patients have low awareness of NCDs, a gap compounded by insufficient patient education at the point of care, where opportunities to inform and empower patients are often missed. Awareness of inherited cardiovascular risk and the importance of family history also remains limited, reducing opportunities for earlier identification and prevention, particularly as CVD often presents at younger ages in India.
- **Inequitable access and limited patient involvement in care:** Variations in health system capacity, financial barriers and inconsistent patient experiences across public and private healthcare settings limits access to timely, continuous cardiovascular services. These barriers have helped to cultivate an environment of poor trust and limited patient-centred care, where patients are often excluded from conversations about their own treatment – a gap leading to uncertainty, reduced adherence and undermined confidence in the health system.
- **Fragmented follow-up and continuity of care:** Continuity of care and coordination break down after discharge, with unclear responsibilities across providers and services. Weak follow-up systems, poor coordination across different levels of care, the ongoing cost of long-term care and limited rehabilitation support contribute to suboptimal outcomes and increased risk of complications. Structured secondary prevention following a cardiovascular event remains inconsistent, leaving many patients without coordinated long-term support for rehabilitation, risk factor management and prevention of recurrent events.

There are, however, strong opportunities in India to strengthen cardiovascular care, primarily through its extensive community networks. There is an advanced network of patient champions, community health workers (e.g., ASHAs) and civil society organisations that could be better leveraged to reach patients where they live, improving education, monitoring, referral and care pathways and supporting long-term management. India has also expanded financial protection for lower-income households through the Ayushman Bharat-PMJAY public insurance scheme, though it is structured around hospitalisation and in-patient care in secondary and tertiary hospitals rather than the outpatient follow-up, medication adherence and rehabilitation given the chronic nature of CVDs. Digital tools offer scalable solutions for follow-up and engagement in resource-constrained settings. There is also growing momentum for patient advocacy platforms that can strengthen representation in policy and governance.

BARRIERS

SOLUTIONS

Limited health literacy and patient education

- Develop awareness programmes using local languages and culturally relevant messaging.
- Leverage patient champions, community influencers and India's existing community health workforce to extend outreach.
- Provide clear educational materials and counselling as part of routine care.
- Strengthen links between hospitals and communities to support ongoing education and self-management.
- Promote awareness of family history and inherited cardiovascular risk to support early identification and prevention.

Inequitable access and limited patient involvement in care

- Address financial and social barriers to healthcare to improve patient experience and reduce inequities.
- Support standardised patient rights and informed-consent practices across the healthcare sector.
- Strengthen patient representation within policy and governance structures, including in formalising patient representation in guideline-development bodies.
- Support patient advocacy platforms to provide formal channels for patient input.
- Promote person-centred care practices that ensure patients feel heard and involved in decisions affecting their health.

Fragmented follow-up and continuity of care

- Establish structured follow-up mechanisms to improve continuity of care, including through rehabilitation, recovery and long-term management.
- Expand access to structured secondary prevention, including cardiac rehabilitation, counselling and risk factor management.
- Strengthen referral systems and clarify care pathways.
- Use digital tools to support monitoring and ongoing patient engagement.

INDIA CVD STATISTICS 2021



2,873,266

Overall number of deaths from CVD



203

Crude CVD mortality
(per 100,000 population)

268

Age-standardised CVD mortality
(per 100,000 population)

905

Age-standardised CVD incidence
(per 100,000 population)



INDONESIA PROFILE

Indonesia is an archipelagic nation of more than 17,000 islands, with over 900 permanently inhabited, and this geographic complexity shapes its health landscape as much as its demographics.¹¹ Health outcomes vary widely across provinces, reflecting disparities in resources, workforce capacity and access to care.¹²

Decentralisation has shifted responsibility for primary healthcare to provincial and sub-provincial governments, but many regions, especially rural and remote islands, still struggle with limited funding and shortages of trained staff, contributing to persistent regional variation in health indicators.¹³ Heart disease and stroke have remained the top causes of non-communicable disease death since 2013.^{14,15}



KEY THEMES AND OPPORTUNITIES

Common themes emerged when discussing the factors shaping cardiovascular outcomes in Indonesia:

- **Limited awareness and fragmented community prevention efforts:** Community-based prevention and health literacy remain foundational, yet community-based programmes are often under-resourced and poorly coordinated. Low health literacy, misinformation and cultural and geographic barriers limit understanding of cardiovascular risk and prevention, hindering early detection and contributing to preventable disease progression.
- **Weak regulatory frameworks and fragmented data systems:** There is a critical need to improve regulatory clarity and care coordination, which are central to improving system performance, particularly in strengthening linkages between detection, diagnosis, treatment and long-term monitoring. Fragmentation across service levels continues to challenge continuity of care.
- **Inequities in healthcare access and delivery:** Equity in system capacity and access is a persistent concern, with significant geographic disparities in workforce distribution, infrastructure and service availability across the country, limiting consistent access to quality and timely care. The financial pressures emerging from under-funding, increasing resource utilisation and demographic shifts put additional strain on Indonesia's universal health coverage mechanisms.

Despite these challenges, Indonesia has important foundations on which to build more integrated cardiovascular care. Community-based health services, local health centres (puskesmas) and established multi-stakeholder partnerships provide platforms that can be better utilised for prevention and early intervention. There is also the opportunity to integrate greater levels of telemedicine and digital platforms to help overcome geographic barriers, and there is also increasing momentum to strengthen health information systems and patient engagement to build stronger, more responsive care pathways.

Further, while Indonesia's universal health coverage system (JKN/BPJS Kesehatan) is under growing financial pressure, it does offer a critical mechanism through which improvements in continuity of care and equitable access can be pursued at scale.

BARRIERS

SOLUTIONS

Limited awareness and fragmented community prevention efforts

- Strengthen multi-stakeholder collaboration, including Corporate Social Responsibility (CSR) engagement, to support sustainable prevention efforts.
- Use social media and other digital platforms to improve awareness and connect communities with reliable information.
- Expand telemedicine to improve access to education and support in underserved areas.
- Build local capacity through provincial-level training and community leadership initiatives.
- Promote awareness of family history and inherited cardiovascular risk to support early identification and prevention.

Weak regulatory frameworks and fragmented data systems

- Simplify regulations and strengthen care pathways to support timely follow-up and coordinated care.
- Improve monitoring and evaluation systems to track progress and identify gaps.
- Develop more integrated and reliable data systems to inform planning and decision-making.
- Strengthen national leadership and implementation frameworks to support consistency across the health system.

Persistent inequities in healthcare access and delivery

- Strengthen stakeholder participation in health policy and decision-making.
- Co-design care pathways to ensure services are responsive to patient needs and local contexts.
- Enhance monitoring of universal health coverage to identify and address gaps in access and quality.
- Promote knowledge exchange, workforce planning and digital solutions to support more equitable service delivery.

INDONESIA CVD STATISTICS 2021



765,660

Overall number of deaths from CVD



275

Crude CVD mortality
(per 100,000 population)

410

Age-standardised CVD mortality
(per 100,000 population)

764

Age-standardised CVD incidence
(per 100,000 population)



JAPAN PROFILE

Japan is an island nation with a population of about 123–124 million people, characterised by one of the world's oldest demographic profiles and a steadily declining birth rate. Geographically, it consists of more than 14,000 islands, with over 400 of them inhabited, and as over 70% of the country is mountainous, most residents are in dense urban corridors.¹⁶ These demographic and geographic features shape Japan's health landscape, influencing service distribution, ageing related care needs and regional health disparities.



Cardiovascular diseases are among the leading causes of death in Japan, account for the largest proportion of medical expenses, and are a significant reason for people needing long-term care.¹⁷ While in the last 10 years Japan has implemented policies aimed at reducing cardiovascular diseases and the health system delivers high-quality acute care, prevention, awareness and long-term coordination across care settings remain underdeveloped.

KEY THEMES AND OPPORTUNITIES

Common themes emerged when discussing the factors shaping cardiovascular outcomes in Japan:

- **Limited awareness of cardiovascular disease and prevention:** Awareness and public dissemination gaps persist, with limited population-level understanding of cardiovascular disease and risk, impacting early recognition and timely engagement with care. Existing awareness activities often struggle to connect individuals with appropriate education, support and treatment opportunities.
- **Fragile patient organisations and limited patient involvement:** Limited integration of patient voices and fragile patient group infrastructure constrain patient and public involvement (PPI), reducing opportunities for co-design, advocacy and sustained system input from lived experience.
- **Insufficient focus on prevention within the health system:** Prevention is not consistently prioritised within healthcare policy and financing structures. Limited incentives, fragmented approaches to screening and difficulties demonstrating the impact of prevention activities hinder progress.

There is strong potential for Japan to strengthen cardiovascular care through its established health and digital infrastructure. The country has seen advanced adoption of digital health technologies – which has received notable political support – alongside the growing use of wearable devices and electronic medical records, positioning Japan to better support prevention, self-management and long-term monitoring. Established patient organisations and umbrella networks provide a foundation for strong patient and public involvement, while experience with public awareness campaigns could be leveraged to deliver more coordinated and impactful cardiovascular health campaigns.

BARRIERS

SOLUTIONS

Limited awareness of cardiovascular disease and prevention

- Develop more engaging awareness campaigns using patient stories, experiential approaches and trusted public figures.
- Leverage social media, public service advertising and awareness events to improve reach and visibility.
- Explore the use of digital tools and wearable technologies to support prevention and self-management.
- Strengthen efforts to personalise cardiovascular risk and emphasise value of early intervention.

Fragile patient organisations and limited patient involvement

- Strengthen organisational capacity through training and knowledge exchange.
- Promote collaboration through umbrella organisations and peer support networks.
- Increase opportunities for meaningful patient involvement within academic societies and healthcare decision-making.
- Support advocacy initiatives that raise the visibility and value of patient organisations.

Insufficient focus on prevention within the health system

- Strengthen the integration of prevention within health policies and care pathways.
- Improve the use of health data and promote more standardised approaches to personal health records.
- Develop clearer and more effective messaging around cardiovascular risk and prevention.
- Elevate public and patient voices to strengthen support for investment in prevention initiatives.

JAPAN CVD STATISTICS 2021



371,917

Overall number of deaths from CVD



291

Crude CVD mortality
(per 100,000 population)

72

Age-standardised CVD mortality
(per 100,000 population)

424

Age-standardised CVD incidence
(per 100,000 population)



MALAYSIA PROFILE

Malaysia is home to 35.1 million people and has two distinct regions: Peninsular Malaysia on the Malay Peninsula and East Malaysia on the island of Borneo.¹⁸ Geography ranges from dense rainforests to rapidly growing metropolitan centres, creating diverse health needs shaped by both urbanisation and rural access challenges.

Cardiovascular diseases, including ischaemic heart disease and cerebrovascular disease, are consistently the top causes of mortality in Malaysia, and this is set to rise.¹⁹ A 2023 study identified that around 21.4% of people over 30 years had a high 10-year risk of developing CVD with risk factors such as diabetes, hypertension, hypercholesterolaemia and obesity being highly prevalent.²⁰ The system faces growing pressure from early-onset disease, increasing demand and workforce constraints.



KEY THEMES AND OPPORTUNITIES

Common themes emerged when discussing the factors shaping cardiovascular outcomes in Malaysia:

- **Growing cardiovascular risk among younger populations:** There is a rising prevalence of cardiovascular risk factors among younger populations, requiring a shift in prevention strategies and health system design to address earlier onset disease and different care needs. Limited emphasis on health literacy and prevention during key developmental stages contributes to the earlier onset of chronic conditions.
- **Environmental barriers to prevention:** Environmental determinants of health and modifiable risk factors, including diet, physical inactivity and urbanisation, are increasingly driving cardiovascular risk. Unhealthy foods are often more accessible and affordable than healthier alternatives, while some cultural norms – such as equating excess weight in children to good health – can reinforce behaviours that increase cardiovascular risk.
- **Limited access to specialist care and early intervention:** Pressure on higher-level care, overcrowded facilities, unclear treatment pathways and shortages of cardiovascular specialists can delay diagnosis and treatment. Limited care navigation and gaps in early detection further contribute to inequities in access and poorer long-term outcomes.

Building on its established public health infrastructure, Malaysia has important opportunities to strengthen cardiovascular prevention and care. Regulatory measures and health promotion initiatives provide a foundation for improving food, school and workplace environments, while established screening and primary care programmes can support earlier detection and intervention. Growing recognition of the importance of prevention across the life course also creates opportunities to further integrate behavioural science approaches into policy and public health programmes.

BARRIERS

SOLUTIONS

Growing cardiovascular risk among younger populations

- Introduce health literacy initiatives in prenatal care and early education settings.
- Apply behavioural science approaches to encourage healthier choices in schools, workplaces and communities.
- Leverage social media and digital platforms to promote healthy lifestyles and positive health behaviours.

Environmental barriers to prevention

- Develop awareness campaigns and behaviour change initiatives that challenge harmful norms and encourage healthier choices.
- Incorporate health considerations into urban planning, promoting walkable communities, safe spaces for physical activity and environments that support healthy living.
- Promote workplace wellness programmes, including screenings, counselling and health promotion activities.

Limited access to specialist care and early intervention

- Strengthen care navigation and referral pathways to improve access to appropriate services.
- Expand community awareness campaigns that encourage timely care-seeking.
- Introduce earlier screening and detection initiatives at an early age, to capitalise on the benefits and cost savings of early intervention.
- Create sustained investment in health system capacity to support increased demand.

MALAYSIA CVD STATISTICS 2021



66,779

Overall number of deaths from CVD



210

Crude CVD mortality
(per 100,000 population)

268

Age-standardised CVD mortality
(per 100,000 population)

752

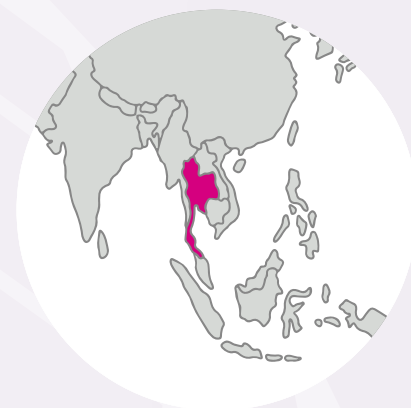
Age-standardised CVD incidence
(per 100,000 population)



THAILAND PROFILE

Thailand is a Southeast Asian nation of about 70 million people known for its mix of dense urban centres, rural farming communities, and rapidly developing industrial zones.²¹ Geography ranges from the mountainous north, to the fertile central plains that serve as the country's agricultural heartland, and the tropical southern peninsula, home to coastal communities and major tourism hubs.²² This geographic diversity shapes health needs across regions, influencing patterns of infectious disease, access to care, environmental health risks and population mobility.

Cardiovascular disease is the leading cause of death and disability in Thailand despite long-standing universal health coverage, with contributing factors including diet, lifestyle and genetic history.²³ While care access has improved, challenges persist in prevention, early detection, continuity of care and alignment between policy, financing and patient needs.



KEY THEMES AND OPPORTUNITIES

Common themes emerged when discussing the factors shaping cardiovascular outcomes in Thailand:

- **Misalignment between policies, financing structures and patient needs:** Policy alignment and health system support remain central challenges, with gaps between national priorities, implementation mechanisms and financing, limiting effectiveness of CVD prevention and care initiatives.
- **Limited awareness and underutilised community capacity:** Levels of awareness and community engagement continue to influence prevention and care outcomes, with low understanding of cardiovascular risk and uneven reach of sustained health promotion efforts. Patient support groups and community networks remain underused, limiting opportunities for engagement and health promotion.
- **Fragmented access to cardiovascular services:** Access to services and continuity of care remain constrained, with challenges in linking care across system levels and ensuring consistent long-term management beyond initial diagnosis and treatment. Patients often experience discontinuity across the care pathway, contributing to poorer outcomes.

Thailand's strong community health infrastructure provides important opportunities to strengthen cardiovascular prevention and care. The extensive network of community health volunteers across Thailand offers established channels for raising awareness, prevention and patient support, particularly in underserved communities. Growing capacity in health information systems can better support coordination and monitoring across the care pathway, while the country's Universal Health Coverage framework provides a foundation for more integrated chronic disease management and improved long-term outcomes.

BARRIERS

SOLUTIONS

Misalignment between policies, financing structures and patient needs

- Strengthen policy frameworks to better reflect patient needs and priorities, including in prioritising CVD in NCD strategies.
- Promote multi-stakeholder collaboration and meaningful patient involvement in decision-making.
- Improve integration and equity across health insurance schemes.
- Develop integrated data systems to support planning, coordination and evaluation.

Limited awareness and underutilised community capacity

- Expand continuous education on CVD prevention and self-management
- Leverage social media, community health volunteers and patient groups to increase outreach.
- Strengthen capacity-building initiatives for patient organisations and community volunteers.
- Promote knowledge exchange between healthcare professionals and patients to support collaboration and trust.

Fragmented access to cardiovascular services

- Strengthen referral networks and care coordination to improve continuity of care and prevent rehospitalisation.
- Expand infrastructure and emergency coverage for cardiovascular services.
- Ensure equitable benefit packages across health insurance schemes.
- Improve workforce planning and the distribution of cardiovascular specialists to better meet population needs.

THAILAND CVD STATISTICS 2021



136,761

Overall number of deaths from CVD



205

Crude CVD mortality
(per 100,000 population)

128

Age-standardised CVD mortality
(per 100,000 population)

552

Age-standardised CVD incidence
(per 100,000 population)

REGIONAL INSIGHTS

All participants came together following the individual country discussions. This plenary session invited patient leaders and the multi-sector stakeholders to share perspectives about common factors across the region, ideas for maximising impact, how to develop cross-regional support and opportunities for collaboration.

SHARED CHALLENGES ACROSS COUNTRIES

Across the Asia-Pacific region, cardiovascular disease (CVD) is consistently recognised as a major and growing challenge, yet health system responses are widely perceived as **reactive rather than preventive**.

LOW PUBLIC AWARENESS AND CONSTRAINED LONG-TERM INVESTMENT

Low public awareness of CVD and risk factors emerged as the most frequently cited concern, followed closely by limited prevention focus, low treatment adherence and underinvestment in upstream interventions. Acute and hospital-based treatment continues to receive disproportionately higher funding compared to prevention and long-term management.

Patient leaders highlighted a frequent **gap between commitment and action**, despite policymakers acknowledging the importance of CVD, with efforts often described as inconsistent, symbolic or under-resourced. This points to systemic challenges in translating recognition into sustained effort and policy implementation. Similar patterns were observed across diverse health systems, regardless of income level or coverage model.

PATIENT ORGANISATIONS: TRUSTED BUT UNDERPOWERED

Patient organisations are broadly perceived as **credible and trusted**, yet their **influence and impact remain limited**. Many patient organisations operate under significant constraints, including lack of funding, insufficient staff and restricted access to policymakers.

This disconnect between trust and impact is a shared experience across countries and reflects structural barriers rather than lack of capability or relevance.

SYSTEM-WIDE FRAGMENTATION AND LIFE COURSE GAPS

Across discussions, patient leaders repeatedly described fragmented care pathways, with weak coordination between prevention, diagnosis, treatment, rehabilitation and long-term follow-up. CVD is rarely experienced in isolation; patients often face multimorbidity (multiple interconnected chronic conditions), financial strain, mental health challenges and caregiving burdens that are not adequately reflected in system design or policy debates.

MAXIMISING IMPACT

SHIFTING FROM RECOGNITION TO EXECUTION

Maximising impact across the region requires moving beyond acknowledging shared problems toward **execution-focused action**. Patient leaders emphasised the need to rebalance health system investment toward prevention, early detection and long-term management. Patient organisations are uniquely positioned to support this shift by translating clinical knowledge into accessible messages, amplifying lived experience and sustaining public engagement across the life course.

STRENGTHENING PATIENT ORGANISATION CAPACITY

Impact is closely linked to organisational capacity and positioning within the health system. While patient organisations are often strong in awareness-raising and community engagement, their potential to influence policy and drive system-level change remains underutilised. Supporting them to act as equal partners across the healthcare landscape is essential.

Key gaps persist in communications, public engagement, fundraising, governance and sustainability, alongside leadership and strategic planning. Strengthening these areas enables organisations to scale their work and engage

effectively in decision-making spaces that have not always been accessible. With sustained investment, patient organisations can move beyond outreach to play a stronger role in policy development, research, programme design and monitoring and evaluation.

The most commonly identified gaps relate to communications, public engagement, fundraising, governance and sustainability. These are foundational capabilities that enable patient organisations to scale their work, maintain credibility and engage meaningfully with policymakers and other stakeholders. Without deliberate investment in these areas, patient organisations risk remaining limited to outreach roles rather than becoming strategic partners and actors within health systems.

POSITIONING PATIENTS AS SYSTEM PARTNERS

Recognising the value of patient organisations as partners in system design is key to shaping effective change. When patient organisations are meaningfully integrated, outcomes improve: policies become more grounded, services more accessible and trust in health systems increases. Patient leadership is not a competing voice, but **the connective tissue** linking communities, providers and decision makers. Impact is maximised when engagement is structural rather than symbolic and when patient perspectives shape policy design, implementation and evaluation.

CROSS REGIONAL SUPPORT

SHARED CHALLENGES, SHARED SOLUTIONS

While health systems are national, the drivers of CVD and the barriers to effective care are fundamentally **regional in nature**. Risk factors, workforce shortages, gaps in CVD detection, multimorbidity and inequities are experienced across borders. This creates a strong rationale for cross regional support structures that enable shared learning, reduced duplication and accelerate implementation of effective approaches.

CAPACITY BUILDING AT A REGIONAL LEVEL

Patient leaders identified strong interest in regional training and capacity building initiatives for patient organisations. Cross-country support can help patient organisations develop skills in advocacy, research engagement, digital communication, monitoring and evaluation and policy literacy-capabilities that are increasingly necessary for meaningful participation in complex health systems but currently under-recognised and underdeveloped.

CONVENING AND COORDINATION ROLES

Organisations that elevate patient involvement, such as Global Heart Hub, provide critical convening and connecting functions. By bringing together patient organisations, clinicians, researchers, policymakers and other stakeholders, including private sector partners, these platforms help align priorities, build trust and sustain momentum beyond individual events. Cross regional support also enables emerging patient leaders to learn from more established organisations and fosters a sense of collective purpose and shared leadership.



OPPORTUNITIES FOR COLLABORATION

SHARED ADVOCACY AND AWARENESS INITIATIVES

One of the strongest collaboration opportunities lies in joint awareness and advocacy efforts. Coordinated campaigns across countries can amplify patient voices, normalise prevention messages and strengthen the case for increased investment in cardiovascular health. Sharing narratives, tools and messaging approaches enables faster scaling and greater public resonance than isolated national efforts.

KNOWLEDGE EXCHANGE AND BEST PRACTICE SHARING

Patient leaders expressed clear interest in establishing a structured mechanism for peer-to-peer support across countries. This would facilitate skill development and maximise efficiency and limited capacity, sharing insights such as successful models of patient engagement, community-based prevention, care navigation and tactics for advocacy and policy influence. Regional knowledge exchange can transform local successes into transferable models and help adapt solutions across different contexts.

CO-DESIGNING REGIONAL ROADMAPS

There is momentum to translate dialogue into action through the development of regional strategic roadmaps that identify shared priorities, country-level actions and collaboration opportunities. Aligning patient organisations with regional policy initiatives, such as broader Asia Pacific economic and health dialogues, creates pathways for patient voices to influence decisions at scale and embeds cardiovascular health as both a health and development priority.

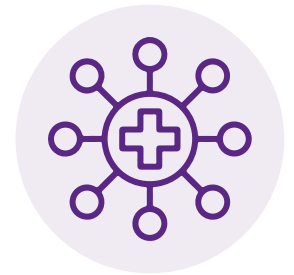
FROM COLLABORATION TO COLLECTIVE LEADERSHIP

Ultimately, collaboration offers an opportunity to reposition patient organisations not only as patient leaders, but as **leaders of multi-stakeholder initiatives**. With appropriate support, resources and recognition, patient-led networks can convene partners, coordinate advocacy and help shape a more equitable, prevention-focused cardiovascular future across the region.



RECOMMENDATIONS

Across discussions from the workshop a consistent message emerges: **cardiovascular care progress in the Asia-Pacific region depends on prevention-focused systems, coordinated care and empowered patient leadership.** Governments, health systems, patient organisations and regional bodies have distinct but interdependent roles. When these roles are aligned, and patient voices are embedded structurally rather than symbolically, CVD responses become more equitable, sustainable and effective across countries.





Recommendations for Government

PRIORITISE PREVENTION AS A CORE HEALTH AND DEVELOPMENT INVESTMENT

Action:

Rebalance national CVD strategies and budgets to prioritise prevention, early detection and long-term risk management alongside acute care.

Why:

Across all countries, governments invest disproportionately in hospital-based treatment while prevention is under-resourced, despite widespread acknowledgement that low awareness, late diagnosis and early onset risk are driving long-term system strain.

TRANSLATE POLICY COMMITMENT INTO ACCOUNTABLE EXECUTION

Action:

Attach clear delivery frameworks (timelines, responsibilities, funding lines, monitoring indicators) to CVD and NCD strategies.

Why:

Patient leaders consistently reported a gap between recognition of CVD and tangible action, with many policies perceived as reactive, fragmented or symbolic rather than sustained and coordinated.

EMBED PATIENT PARTICIPATION IN POLICY AND GOVERNANCE

Action:

Establish formal mechanisms for patient and caregiver representation in national and sub-national health policy, guideline development and system reform.

Why:

Across countries, patient organisations are credible but lack influence due to the lack of access to decision makers. Where patient voices are structurally embedded, policies are more grounded, trusted and equitable.



Recommendations for Health Systems and Care Providers

REDESIGN CARE AROUND THE FULL LIFE COURSE AND MULTIMORBIDITY

Action:

Integrate prevention, diagnosis, treatment, rehabilitation and long-term follow up into coherent care pathways, including for co existing conditions.

Why:

Country discussions highlighted fragmented pathways, loss to follow up, weak rehabilitation and poor long-term management, particularly for patients with CVD and comorbid diabetes, hypertension or kidney disease.

STRENGTHEN PRIMARY CARE, REFERRAL SYSTEMS AND CONTINUITY

Action:

Invest in clear referral networks, post discharge follow up mechanisms and community based support linked to primary care.

Why:

Across countries – from China to Indonesia to Thailand – patients cluster in tertiary hospitals while primary care and follow up systems remain underutilised or underdeveloped, worsening inequity and inefficiency.

TREAT PATIENT ORGANISATIONS AS PARTNERS

Action:

Include patient organisations in co designing materials for education, system navigation, treatment adherence and service improvement initiatives.

Why:

Patient groups bridge the gap between communities and health services, improve trust and support adherence, yet are rarely engaged systematically by health care providers despite clear value.



Recommendations for Patient Organisations

EXPAND ROLES BEYOND AWARENESS TO SYSTEM INFLUENCE AND DESIGN

Action:

Build skills and visibility in policy engagement, research input, programme design and monitoring and evaluation.

Why:

While patient organisations are universally recognised for awareness and education, their potential to shape policy and systems remains under-recognised and underutilised across the region.

USE LIVED EXPERIENCE AS STRATEGIC EVIDENCE

Action:

Systematically capture patient journeys, care gaps and lived experience data to support advocacy and system redesign.

Why:

Lived experience was repeatedly identified as a powerful lever for credibility, trust and relevance, particularly in highlighting the “invisible burdens” of CVD such as financial strain, emotional stress and caregiving demands.



Recommendations for the Private Sector

STRENGTHEN PATIENT INVOLVEMENT IN RESEARCH AND INNOVATION

Action:

Embed meaningful patient involvement throughout the research, development, implementation and evaluation of new therapies, technologies and models of care.

Why:

Patients bring unique insights into the real-world experience of cardiovascular disease. Their involvement can improve the relevance, usability, acceptability and impact of health innovations, helping to ensure that new solutions address unmet needs and deliver value to those they are intended to serve.

PARTNER MEANINGFULLY WITH PATIENT ORGANISATIONS

Action:

Establish long-term, transparent partnerships with patient organisations to co-design initiatives, improve access to innovations, inform service delivery and help strengthen patient organisations and their ability to engage effectively within the health system.

Why:

Strong and sustainable patient organisations are essential partners in advancing patient-centred care. Building their capacity contributes to more effective advocacy, greater system accountability and stronger cardiovascular outcomes over time.



Recommendations for Regional Bodies

ENABLE STRUCTURED COLLABORATION AND LEARNING FOR REGIONAL HEALTH PROFESSIONAL BODIES AND NETWORKS

Action:

Convene regular regional platforms to share best practices, tools and models across countries.

Why:

Health systems are national, but CVD drivers – early onset, workforce shortages, detection gaps and inequities – are regional. Stakeholders strongly supported cross-country learning and coordination.

SUPPORT REGIONAL CAPACITY BUILDING FOR PATIENT LEADERSHIP

Action:

Invest in regional training on advocacy, policy literacy, research engagement, digital communication and evaluation.

Why:

Skills critical for modern patient leadership are uneven and often underdeveloped, limiting patient organisations' ability to act as equal partners in complex regional initiatives.

POSITION PATIENT VOICE IN REGIONAL POLICY AND DEVELOPMENT AGENDAS

Action:

Integrate patient leadership into Asia Pacific health, economic and sustainability frameworks.

Why:

CVD is both a health and development challenge. Regional alignment – such as emerging Asia Pacific roadmaps – creates opportunities for progress in one country to accelerate impact across others.

DEVELOPING A STRATEGIC ROADMAP

The findings of this report highlight both shared challenges and emerging opportunities to strengthen cardiovascular health across the Asia-Pacific region. While the context may differ between countries, there is a common need to elevate patient leadership, strengthen collaboration and ensure that prevention and continuity of care remain central to health system responses.

The following roadmap translates the insights from the Roundtable into an action framework that can guide dialogue, identify opportunities for partnership and inform investment in patient-led advancement and cardiovascular action across the region.



Asia-Pacific Cardiovascular Patient Leadership Roadmap Summary



A regional collaboration mechanism for coordinated, prevention-focused cardiovascular action, with patient leadership at its core.

Vision

Patient leadership embedded in cardiovascular governance and decision-making across Asia-Pacific.

01

SHORT TERM

Connect and Build



Build the foundations for stronger patient leadership across Asia-Pacific

- **Connect** patient organisations and strengthen regional exchange
- **Build** leadership and advocacy capability
- **Share** evidence, tools and good practice
- **Increase** the visibility and recognition of the value of the patient voice

02

MEDIUM TERM

Partner and Influence



Establish patient organisations as valued partners in cardiovascular policy and programmes

- **Co-create** cardiovascular policies, guidelines and programmes
- **Generate and use** patient experience data and evidence
- **Strengthen** partnerships with clinicians, researchers and policymakers
- **Measure** advocacy impact and organisational effectiveness

03

LONG TERM

Embed and Sustain



Embed patient leadership in cardiovascular governance and decision-making

- **Institutionalise** patient involvement in governance and decision-making
- **Integrate** patient-reported experience and outcomes into policy and service improvement
- **Secure** sustainable investment in patient organisations and leadership
- **Establish** patient organisations as sustainable partners in health-system transformation

WINDOWS FOR INFLUENCE

Short term

- National CVD strategies
- Universal Health Coverage (UHC) reforms
- Digital health initiatives
- ASEAN, APEC and WHO regional platforms



Medium term

- Guideline development
- Health-system redesign
- NCD strategies
- Workforce, digital health and primary care reforms



Long term

- Health-system transformation
- Long-term prevention strategies
- Regional standards and accountability
- Multi-sector cardiovascular partnerships

What Patient Organisations Need



Leadership and advocacy capacity



Sustainable funding



Evidence and data



Research and policy partnerships



Regional networks and peer learning



Recognition of lived experience

This roadmap is a living guide. Progress will depend on collaboration, investment and the leadership of patient organisations across the region.



Connect and Build

Building the foundations for stronger patient leadership across Asia-Pacific

In the short term, progress would be reflected in stronger connections between cardiovascular patient organisations across the Asia-Pacific region and increased recognition of the value of the patient voice within national and regional cardiovascular discussions. Greater visibility of shared challenges and priorities across countries could help foster collaboration and mutual learning, while early examples of patient involvement in policy development, guideline development, service design and awareness initiatives could demonstrate the practical contribution of patient leadership to improving cardiovascular health systems.



What Patient Organisations Need

- Leadership and advocacy training
- Opportunities for peer learning and exchange
- Access to policy, research and health system expertise
- Resources to strengthen organisational governance and sustainability
- Mechanisms to share evidence, tools and good practices



Opportunities for Influence

- National cardiovascular strategy reviews
- Emerging digital health initiatives
- Universal Health Coverage (UHC) reforms
- Regional forums such as ASEAN, APEC, WHO regional platforms and scientific congresses

01

Connect and Build

02

Partner and Influence

03

Embed and Sustain



Partner and Influence

Establishing patient organisations as valued partners in cardiovascular policy and programmes

Over the medium term, patient organisations would increasingly be recognised as valued contributors to cardiovascular policy and programme development. Stronger collaboration between patient groups, clinicians, policymakers and researchers could support more coordinated approaches to prevention and care. Greater use of patient experience data in decision-making could help ensure that services are more responsive to the realities of living with cardiovascular disease, while increased alignment around prevention, continuity of care and health equity priorities could strengthen collective action across the region.



What Patient Organisations Need

- Sustainable funding models
- Support to collect and use patient-generated evidence
- Access to data, research partnerships and policy processes
- Tools to evaluate advocacy impact and organisational effectiveness
- Opportunities to participate in regional collaborations and joint initiatives



Opportunities for Influence

- Guideline updates and implementation programmes
- Health system redesign initiatives
- Non-communicable disease strategies
- Workforce, digital health and primary care reforms

01

Connect and Build

02

Partner and Influence

03

Embed and Sustain



Embed and Sustain

Embedding patient leadership in cardiovascular governance and decision-making

In the longer term, patient leadership would be embedded within cardiovascular governance and decision-making structures across the region. Patient-reported experiences and outcomes would routinely be considered alongside clinical indicators to inform policy and service improvement. Prevention and continuity of care would be recognised as shared regional priorities, and patient organisations would be established as sustainable, influential partners within health systems, contributing their expertise and lived experience to the design, delivery and evaluation of cardiovascular care.



What Patient Organisations Need

- Long-term investment in organisational capacity
- Formal/institutionalised pathways for involvement in governance and decision-making
- Access to regional networks and collaborative platforms
- Recognition of lived experience as a source of evidence and expertise



Opportunities for Influence

- National health system transformation programmes
- Long-term prevention and population health strategies
- Regional standards, frameworks and accountability mechanisms
- Multi-sector partnerships supporting cardiovascular health

01

Connect and Build

02

Partner and Influence

03

Embed and Sustain



BUILDING TOWARDS SUSTAINABLE PATIENT LEADERSHIP

If patient organisations across the Asia-Pacific region are adequately resourced, supported and recognised as partners within the health system, patient leadership could become a routine and valued component of cardiovascular care. Patients and patient organisations must be meaningfully involved in governance, policy development, service design and the implementation of innovations that affect their communities.

Patient organisations, with proper funding, training and support, will be able to participate effectively and sustainably within health systems. Lived experience must be recognised as an important source of evidence alongside clinical expertise, with patient experiences routinely informing decision-making, quality improvement and accountability efforts.

Co-design approaches must become more commonplace, ensuring that education programmes, care pathways and digital solutions reflect the needs and preferences of people living with cardiovascular disease. At the same time, stronger regional connections between patient organisations would facilitate shared learning, peer support and collective advocacy, enabling the adaptation and scaling of effective approaches across diverse contexts.

Together, these changes could contribute to more equitable, responsive and person-centred cardiovascular health systems across the Asia-Pacific region.

CONCLUSION

The Asia-Pacific region stands at a pivotal moment. Scientific advances, digital innovation and growing patient leadership create unprecedented opportunities to transform cardiovascular health.

But progress requires alignment – between sectors, countries and communities.

The leadership to drive this transformation is already present across the region. With sustained collaboration and meaningful patient engagement, the Asia-Pacific region can build a future where cardiovascular care is equitable, patient centred and resilient.

This event was therefore more than a meeting; it was a foundational step toward building a stronger, more connected patient voice across the region. As Global Heart Hub emphasised, meaningful progress in cardiovascular health can only happen “through the power of our community, through each and every one of us sitting in this room.” By convening leaders from multiple countries, cultures and sectors, the event created space to identify common challenges, exchange insights and begin shaping a regional agenda that places patients at the centre. It also offered a chance to elevate the credibility of patient organisations as equal partners – partners whose insights are essential for designing systems that truly work for the people they serve.

Ultimately, the importance of this roundtable report lies in its potential to catalyse long-term change. With CVD and multimorbidity rising, and health systems under pressure, the region cannot afford to overlook the expertise of those with lived experience. This roundtable marked the beginning of a coordinated effort to ensure that patient voices are not only heard but embedded in the structures, policies and collaborations that will define the future of cardiovascular care in the Asia-Pacific region.

SUPPORTERS

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