

YOUTH POLICY POSITION · SUSTAINABLE DEVELOPMENT GOAL 5

The Heart of Gender Equality

Maternal cardiovascular health, adolescent pregnancy, and the unfinished promise of SDG 5

STATEMENT DELIVERED AT
ECOSOC Youth Forum 2025



Context. This paper accompanies and expands the intervention delivered by the World Youth Heart Federation during the Sustainable Development Goal 5 (Gender Equality) discussions at the ECOSOC Youth Forum 2025, United Nations Headquarters, New York, 15-17 April 2025, under the theme *Youth at the Forefront: Leveraging Science and Social Inclusion for Sustainable Development*. Session recording: webtv.un.org/en/asset/k1x/k1x289ev85

Gender equality is rarely argued in the language of the heart. Yet for women, cardiovascular disease is both the leading cause of death and a leading cause of death in pregnancy, and the reasons it claims so many of them are not only biological. They are structural: poverty, adolescence, exclusion from research, and care that arrives too late. These are the very inequalities Sustainable Development Goal 5 exists to dismantle. The World Youth Heart Federation brought this case to the ECOSOC Youth Forum, and sets it out more fully here.

01 The statement, as delivered

“Cardiovascular disease is the single largest cause of indirect maternal mortality, accounting for almost thirty-three percent of pregnancy-related deaths globally. Much of this is driven by modifiable cardiovascular risk factors, addressable through lifestyle change, physical activity, smoking cessation, and early intervention. Colleagues in the Dominican Republic, for example, found that twenty-five percent of pregnancies were adolescent pregnancies, of which almost eighty percent carried modifiable cardiovascular risk factors. These inequalities are exaggerated by poverty. To address them, we developed a hub-and-spoke model to improve access to cardiovascular care in rural areas, reaching over a million people in India, and we are developing a mobile application that trains people in CPR using only a plastic bottle. With this, the World Youth Heart Federation urges Member States and non-state actors to address inequalities in non-communicable diseases by supporting local, digital-health-driven research, advocacy, and educational activities led by youth.”

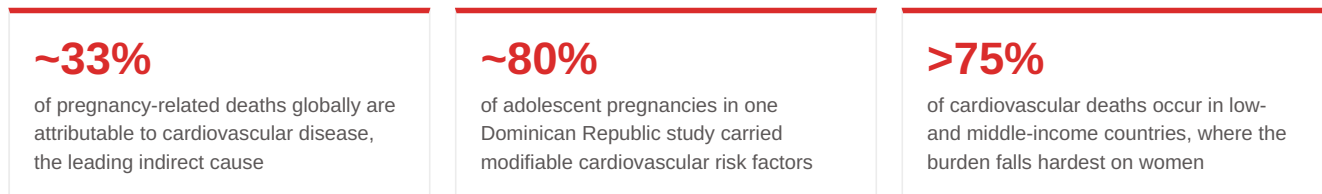
Priyansh Shah, Founder & President, World Youth Heart Federation, SDG 5 session, ECOSOC Youth Forum 2025

02 Maternal cardiovascular mortality: an overlooked crisis

Cardiovascular disease is the leading cause of indirect maternal death, those deaths caused not by obstetric complications themselves but by conditions that pregnancy aggravates. By most estimates it accounts for as much as a third of all pregnancy-related deaths, with published figures ranging from roughly 23 to 33 percent. A

woman is, in other words, as likely to be killed by her heart in pregnancy as by almost any obstetric cause we routinely screen for.

The tragedy is how much of it is preventable. The drivers are largely modifiable cardiovascular risk factors, the same hypertension, metabolic risk, physical inactivity, and tobacco exposure that respond to early intervention. Where care reaches women early, these deaths fall. Where it does not, they accumulate quietly, recorded as maternal statistics rather than as the cardiovascular failures they often are.



Adolescence compounds the risk

The danger is sharpest at the youngest ages. Evidence shared at the Forum from colleagues in the Dominican Republic found that a quarter of pregnancies were adolescent pregnancies, and that almost eighty percent of them carried modifiable cardiovascular risk factors. Girls who become mothers before their own bodies and circumstances are ready inherit a cardiovascular burden early and carry it for life. This is where reproductive health, adolescent wellbeing, and heart health converge, and where SDG 5 and SDG 3 cannot be separated.

03 Why this is an SDG 5 issue, not only an SDG 3 issue

It is tempting to file maternal heart health under health alone. That misreads it. The gap is produced and sustained by gender inequality at every stage.

A data gap is an equality gap

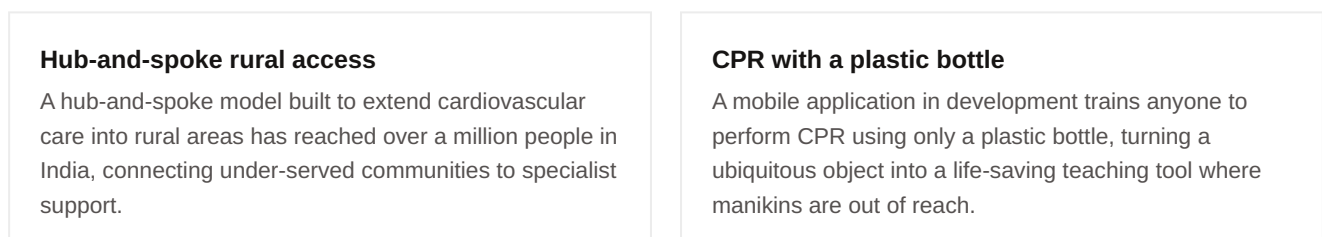
For most of modern cardiology, evidence was generated in men and applied to women, who remain underrepresented in cardiovascular clinical trials, with child-bearing potential still a common reason for their exclusion. When the people most affected are missing from the evidence, the science that follows cannot serve them equally.

The burden is heaviest where women have least

More than three quarters of cardiovascular deaths occur in low- and middle-income countries. As the intervention put it plainly, these inequalities are exaggerated by poverty. Lower health literacy, caregiving that crowds out a woman's own care, and limited control over household resources all raise risk and obstruct treatment. Cardiovascular disease tracks the contours of inequality with painful precision.

04 What works: youth-led, digital, close to the ground

The World Youth Heart Federation does not raise this problem in the abstract. It raises it from the field, where youth-led and technology-enabled models are already closing the access gap.



These are deliberately low-cost, locally owned, and digitally scalable, the qualities that let an intervention survive beyond a single grant cycle. They are also proof of the central claim: young people are not waiting to be served by the system, they are building it.

05 Recommendations

Echoing the call made at the Forum, the World Youth Heart Federation urges Member States and non-state actors to address inequalities in non-communicable diseases through the following.

- **Treat maternal cardiovascular health as core to maternal survival.** Integrate cardiovascular screening, risk assessment, and counselling into antenatal, postnatal, and adolescent reproductive-health services.
- **Prioritise adolescent girls.** Target prevention and education at adolescents and young women, where modifiable risk is high and lifelong benefit is greatest.
- **Fund local, youth-led, digital-health research and advocacy.** Direct resources to community-rooted, technology-enabled initiatives designed and delivered by young people, rather than parachuted programmes.
- **Close the sex-data gap.** Mandate the collection, disaggregation, and reporting of cardiovascular data by sex, including in pregnancy, so the burden in women is visible and trackable against the 2030 Agenda.
- **Make trials representative.** Require adequate enrolment and reporting of women in cardiovascular research as a condition of public funding.
- **Confront poverty as a clinical risk factor.** Account for socioeconomic deprivation and the caregiving burden in prevention strategies, especially in low- and middle-income settings.
- **Scale what already works.** Support proven low-cost models, such as hub-and-spoke rural access and bystander CPR training, for adaptation across high-burden regions.

06 Our commitment

The World Youth Heart Federation does not ask of others what it will not do itself. We commit to:

- Expanding our hub-and-spoke and digital models to reach more under-served women and adolescents.
- Building gender-responsive awareness and CPR-training tools that reach young people on the platforms they use.
- Supporting youth-led research on sex differences and maternal cardiovascular risk.
- Carrying the voice of young people, and of the women this agenda serves, into the rooms where policy is decided.

07 A closing word

The promise of SDG 5 is that no woman's life should be shaped by inequality she did not choose. For too many women, that inequality is written into the organ that keeps them alive, and is at its most lethal in the moment they give life to another. Closing this gap will not make headlines the way other injustices do. But it will save mothers, and it can be done with tools we already hold. The generation inheriting this burden is ready to act.

We ask the world to act with us, because every heartbeat matters, and because gender equality must reach the heart.

Priyansh Shah

Founder & President, World Youth Heart Federation · wyhf.org

References & sources

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