

EVENT REPORT



TOWARDS A MORE RESILIENT AGEING POPULATION IN EUROPE: BUILDING A COALITION ON STRUCTURAL HEART DISEASES

Monday 1 March, 09:30 – 11:00 (CET)

Executive Summary

On 1 March 2021, from 9.30 to 11.00 CET, an online event titled “Towards a more resilient ageing population in Europe: building a coalition on Structural Heart Diseases” saw the successful launch of the European Coalition on Structural Heart Diseases (SHD)¹. The SHD Coalition is a European network that aims to bring together experts including key opinion leaders, politicians, and patients to work together to ensure that policy on SHD is prioritised. The initial goal of the SHD Coalition is to work towards a [EU Joint Action on SHD](#) with an emphasis on early diagnosis and treatment.

With about 80 stakeholders attending the session, the event welcomed healthcare professionals as well as national and European policymakers from 7 EU Member States. The event was an opportunity for the policymakers to underline the need to put the right policy mechanisms in place to ensure every person with SHD receives a timely diagnosis and the treatment that is right for them, and to call for a coordinated approach across Europe. The event’s speakers highlighted ageism as a

form of discrimination that can affect the detection and treatment of SHD and have deadly consequences on Europe’s elderly citizens.

The event, moderated by Tamsin Rose, Director Progress Works, was co-hosted by two Members of the European Parliament (MEP) **Brando Benifei** (S&D, Italy) and MEP **Maria da Graça Carvalho** (EPP, Portugal) and also saw the participation of **Senator María Esther Carmona** (Spanish Socialist Worker’s Party, Spain), **Senator Sonia Fregolent** (Lega, Italy), **Member of the Parliament Annie Vidal** (LREM, France), **Member of the Parliament Steve McCabe** (Labour, UK), **Member of the Parliament Els Van Hoof** (CD&V, Belgium). Two healthcare professionals – **Professor José Zamorano** (Head of Cardiology, University hospital Ramon y Cajal, Madrid) and **Professor Doctor Hans-Jürgen Heppner** (President of the German Society for Geriatrics) set the scene by sharing their perspective on the burden of Cardiovascular and Structural Heart disease in an ageing population. Throughout the event, panellists were firm in their support for overcoming the numerous challenges associated with SHDs at both the national and European level.

¹ The European Coalition’s efforts on Structural Heart Disease can be consulted on the Coalition’s dedicated website at <https://structuralheartdiseasecoalition.eu/>. Please do not hesitate to get in touch with the [Secretariat of the Coalition at Secretariat@structuralheartdiseasecoalition.eu](mailto:Secretariat@structuralheartdiseasecoalition.eu) if you wish to support our efforts further.

Why solve the problem of Structural Heart Disease? Because we can



“There is a lack of policy action at EU level. This is a key reason why a coalition on Structural Heart Disease is needed”.

MEP **Brando Benifei** (S&D, Italy) opened the event by welcoming attendees and underlining the importance of a European approach to SHDs. With 14 million Europeans suffering from SHDs, and with Cardiovascular Disease being Europe’s number 1 killer, Brando Benifei is calling on the EU Commission to prioritise these diseases. He emphasised that the launch of a strong coalition on Structural Heart Disease is needed to precisely guide EU policy action on SHDs.

He concluded that the number of national policymakers who had gathered for the launch event of the SHD Coalition was a clear demonstration of the progress achieved since the launch of the [Manifesto on Structural Heart Disease in 2018](#) which called on decision-makers to examine the imminent threat of heart conditions linked to ageing when viewed through the lens of our changing demographics.

On cardiovascular disease: Reprioritization is needed.

Prof. José Zamorano, Head of Cardiology, University Hospital Ramon y Cajal, Madrid (Spain) highlighted the challenges associated with cardiovascular diseases, such as SHDs, and how they have impacted Europe and its national healthcare systems. With 18 million deaths each year caused by cardiovascular diseases, it is the number one killer in Europe and responsible for one-third of all deaths. Given the upwards trend in population age across Europe, cardiovascular diseases will place an increasingly significant strain on the economy. He explained that cardiovascular diseases cost Europe approximately € 210 billion per year and that, every year, nearly **13 million new cases** are diagnosed. He likewise underlined how much more vulnerable this already vulnerable group had become during the COVID-19 pandemic by stating that patients with heart conditions and/or whose treatment have been delayed are suffering from a poor prognosis and increased mortality.

He then focused on SHDs and expanded on MEP Benifei’s statement that more than 14 million people suffer from these lethal conditions. He noted that, every year, close to 50,000 Europeans die from heart valve

disease alone and that, in the last 20 years alone, the number of hospitalisations linked to SHDs had doubled. He framed Europe’s ageing population and the 23 million people with SHD in 2050 that will accompany this development as a challenge, but also as an opportunity for policymakers. He explained that the evident challenges for health and social care systems were also an opportunity for governments to invest in improving the economic and societal contributions of older people.

“Our societies need to allow SHDs patients to live healthy lives.”.

Prof. Zamorano deplored the low societal awareness regarding these conditions and the lacking EU policy on the matter. He called for more commitment from the EU and national governments so as to achieve more resilient healthcare systems and a resilient elderly population. He also cautioned against the dangers of ageism which sees SHD symptoms dismissed as evidence of old age and called for early detection and stethoscope checks to become a regular feature of check-ups of people above 65 years. Prof. Zamorano concluded that our societies need to allow SHDs patients to live healthy lives and that health systems will need to embark on major structural reforms following the impact of the COVID-19 pandemic. Finally, he expressed his full support for the SHD Coalition’s ideals and goals.



Age is not a Diagnosis: Detecting age-related diseases.

Prof. Dr. Hans-Jürgen Heppner, in his capacity as President of the German Society for Geriatrics, discussed demographic shifts and the growing proportion of elderly patients throughout the care pathway. He underlined that intensive care medicine enables people to continue their lives, but that the aim should be to ensure elderly citizens can actively pursue their lives and contribute to society.

“Ageing and disease must be distinguished. Ageism is not acceptable in Europe.”

During his contribution, Prof. Dr. Heppner called for the integration of geriatrics and geriatrician in the acute treatment of structural heart disease and also said that the key to success is detection: screening younger and middle-age adults can help avoid negative



consequences for patients when they become older. Finally, he highlighted that age should not be a limitation for treatment and cautioned against the dangers of ageism. He stated that ageism leads to underdiagnosis and less treatment, referring to the German Federal anti-discrimination agency that reported that 1 in 5 people have experienced discrimination based on their age. On healthcare specifically, a 2014 study conducted by the German Centre for Gerontology showcased that 4% of respondents have been discriminated against in healthcare because of their older age. Age, he concluded, is a matter of mind over matter, so if you don't mind, it doesn't matter.

Building a Coalition on Structural Heart Diseases

During the roundtable, the floor was opened to five policymakers from Spain, Italy, France, Belgium, and the United Kingdom; they offered the audience an insight into the approach to Structural Heart Diseases in their respective countries.

Senator María Esther Carmona (Spanish Socialist Worker's Party, Spain) discussed the motion she tabled in the Spanish Senate asking the Government to tackle the burden of SHDs and to pass the new Strategy on Cardiovascular Diseases. She explained that her efforts were geared towards securing early diagnosis and efficient treatment of cardiovascular diseases and SHDs in Spain. The positive consequences of which would see a reduction in functional decline – through the earlier identification of symptoms associated with SHDs and earlier treatment – and reduced health expenditure by the Spanish health system on cardiovascular diseases.

During her contribution, she highlighted that ageism was a serious challenge that needed to be overcome and that women in particular suffered from insufficient diagnosis levels. She informed the audience that the promotion of active and healthy ageing were core components of the Cardiovascular Disease Strategy. **She concluded that the European Union should help conceive these strategies and replicate the efforts achieved in cancer policy for cardiovascular diseases.**

Senator Sonia Fregolent (Lega, Italy) informed the audience that the Italian population was the oldest in Europe with 22.8% of the population over the age of 65 and explained that SHDs were, therefore, a priority given the potential long-term consequences for the country. She provided some insights on the draft law presently under discussion at the Senate intended to ensure the activation of a cardiovascular screening for all Italian citizens over 50.

She called for Europe to make a change on Cardiovascular disease, with the promotion of screening and the timely identification of SHDs to secure a better quality of life for patients. She stated that policy development needed to account for scientific and technological progress on cardiovascular diseases and called for increased sharing of best practices across EU Member States. **Finally, she likewise emphasised the need for a Plan for Cardiovascular Diseases at the European and national levels.**

MP Annie Vidal (LREM, France) explained her views on how France and Europe will need to proactively address ageing before it becomes an insurmountable challenge. Preventing functional decline and loss of autonomy, she said, were priorities in France and the Parliament had already established the necessary legislative conditions for an ambitious Autonomy Policy, to anticipate the upcoming demographic shock. She also argued that France would need to train healthcare professionals to better recognise diseases associated with elderly citizens and revisit the role of care homes.



She also explained that France's Healthy Ageing 2020-2022 Plan emphasised the need for more prevention and called for more investments in these measures. **She drove the point that EU guidance which France could align with would be crucial if national governments are to successfully tackle the upcoming demographic transition.**

MP Steve McCabe (Labour Party, United Kingdom) has been very active on the topics of SHDs in the United Kingdom and outlined his support in establishing an All-Party Parliamentary Group (APPG) on Heart Valve Disease as a vehicle to increase the awareness of these

disease, help ensure patients receive timely diagnosis and the optimal treatment of their condition. MP McCabe revealed that, as a heart valve disease patient, he has first-hand experience of the need for better education, awareness, and check-ups for these lethal conditions. He said that the APPG on Heart Valve Disease would work on the development of an awareness campaign emphasising the need for access to treatment, follow-up treatment and proper rehabilitation programmes. He expressed his delighted at seeing so many national parliamentarians assembling to create momentum for this preventable type of heart disease and conveyed that he hoped the British will nonetheless be invited as observers if the stated goal of creation of a European Joint Action on Structural Heart Disease comes to fruition. ***He concluded that an EU joint action on SHD should be hugely successful to improve care.***

Els Van Hoof (CD&V, Belgium) closed the roundtable with a review of her efforts to develop a Parliamentary Resolution in Belgium. She explained that the lack of an integrated approach to Structural Heart Disease and the federal and regional split in competencies regarding health and prevention means that it is vital to develop a country-wide inter-federal plan to tackle the growing burden of structural heart disease in the country.

In January 2021, she organised a parliamentary event alongside several parliamentary colleagues during which key stakeholders in the field of structural heart disease and elderly affairs gathered to discuss how Belgium could act to reduce the impact of SHDs in the country. The core components of the Parliamentary Resolution were outlined during the event with key stakeholders highlighting their concerns and noting the need for policies promoting the better recognition of symptoms, the inclusion of regular heart checks for all those above the age of 65 and calling on scientific authorities to generate more data across the country. Concluding her contribution, ***she explained that EU intervention and guidance in this field could provide Belgium with an overarching framework to work under and that she supported the call for an EU Joint Action on the topic.***

Making SHD Detection a Reality: Launching an SHD Coalition

The event's co-host **MEP Maria da Graça Carvalho** (EPP, Portugal) closed the event by thanking the audience and the panellists for their attendance and excellent contributions. She said that the cost of inaction on Structural Heart Diseases would be high which is why it was so important to see so many national policymakers present during an event advocating for a European approach to the topic. She argued that investing in the health of elderly citizens and SHD is not just a sensible health policy, but a social imperative geared towards ensuring they can continue to participate in society and not burden it. Moreover, failing to act would also see the culture of ageism continue to fester and condemn an ever-increasing percentage of the population to discrimination and ill-treatment.

“The coalition on Structural Heart Disease will be our vehicle of action. It will act as a campaign headquarters across 6 countries as we work to adjust health policy to the reality of the burden we face when it comes to SHDs.”



She said that the coalition on Structural Heart Disease represents an ideal vehicle for action and act as the headquarters for a campaign spanning six countries and the European Union. She emphasised that she was certain the Coalition would succeed in achieving demonstrable results by delivering not only an EU Joint Action on SHDs but also better care for elderly citizens and SHD patients across Europe and. MEP Carvalho's explained that she had supported the launch of the [Coalition's website](#) as it represents an ideal platform showcasing real progress in policy that will have a demonstrable impact on the lives of elderly citizens and SHD patients.

She concluded with a statement of intent. She said that age was an inescapable reality and that, when there are so many conditions we cannot cure or take on, we needed to act on SHDs. Why? Because we can!

The report and recording of the event are also available on the Structural Heart Disease's official webpage at <https://structuralheartdiseasecoalition.eu/>

This event was organised with the support of Edwards Lifesciences.