



## EVENT REPORT

# Equal Hearts: Addressing Cardiovascular Health Disparities in Europe

Hosted by MEP Brando Benifei (S&D, Italy), with the support of the Structural Heart Disease Coalition

23 October 2023

15:30 – 17:00 CET

European Parliament, SPINELLI 3H1



*For a Heart Health Check in Europe*

## Summary

On the 23<sup>rd</sup> of October 2022, Member of European Parliament Brando Benifei (S&D, Italy) hosted the event **“Equal Hearts: Addressing Cardiovascular Health Disparities in Europe”**.

The event brought together key European policy-makers, national officials, patient advocates and experts in the field of Cardiovascular Diseases (CVDs), who underlined:



The huge gender, economic, age, geographical and ethnic **inequalities surrounding cardiovascular care across Europe**, as well as the enormous human and financial costs associated with it, as highlighted in the International Longevity Center UK Report [“Holding us back? Tackling inequalities in the detection and treatment of structural heart disease in Europe”](#).



The value of innovative digital technologies, including digital stethoscopes, as well as the involvement of various healthcare professionals in assisting into **closing the gaps in CVD and Structural Heart Disease (SHD) detection and care**.



The momentum building up on the **prioritisation of CVDs at national and European levels**. On the one hand the development of national CV Health Strategies in Member States such as Spain, Germany, Poland, Hungary, Czechia and Croatia, and on the other, the inclusion of CVDs in the programme of the current Trio Presidency Council, combined with the launch of the Joint Action of CVDs and Diabetes signal

important milestones on the battle against CVDs.



The pilots and initiatives in various European countries (Spain, Italy, UK) that aim at improving screening and early detection of CVDs including SHD demonstrate that **equal access to CVD screening and care is within reach** and can be successful from a population health perspective.



The importance of consistently allocating **increased funding towards combating CVDs and Structural Heart Diseases (SHD)** to implement effective and sustainable long-term solutions.

The [EU Structural Heart Disease Coalition](#) thanks all speakers and attendees for joining the event and joining the call to address disparities in the field of cardiovascular care.

The EU Structural Heart Disease Coalition welcomes the commitment of the Members of European Parliament Brando Benifei (S&D, IT), as well as of Maria da Graça Carvalho (EPP, PT) and Stelios Kypourouopoulos (EPP, GR), to prioritise and take prompt action on tackling cardiovascular health inequalities during the next mandate of the European Parliament. During the event, they signed the EU SHD Coalition Manifesto “Healthy Hearts, Healthy Life and Ageing Manifesto” (refer to the Annex), which outlines a comprehensive approach to improving cardiovascular health and reducing disparities in care.

## Report

On Monday, 23 October 2022, Member of European Parliament Brando Benifei (S&D, Italy) hosted the event “Equal Hearts: Addressing Cardiovascular Health Disparities in Europe”, with the support of the EU Structural Heart Disease Coalition, which took place on the premises of the European Parliament in Brussels.



*“We should continue working towards a healthier, more equitable Europe, tackling the burden of CVDs” – Brando Benifei, MEP*

In his introductory remarks, MEP Benifei emphasized the significance of addressing cardiovascular health disparities in Europe, particularly focusing on age-related illnesses affecting senior citizens. As a co-chair of the MEP Heart Group and a supporter of the EU SHD Coalition, he expressed his commitment to tackling this pressing challenge.

Highlighting the urgency of the matter, MEP Benifei posed essential questions about maintaining the priority of heart health for every European on both European and national agenda, emphasizing the need for targeted cardiovascular screening programs to save and improve the lives of senior citizens.

As the rapporteur of the Artificial Intelligence Act, the MEP underlined the novel opportunities of AI in assisting in early detection, and prevention of CVDs, including SHDs.

The MEP also welcomed the launch of the EU SHD Coalition "[Healthy Hearts, Healthy Life and Ageing Manifesto](#)" and the

publication of the International Longevity Center report titled "Holding us back? Tackling inequalities in the detection and treatment of structural heart disease in Europe" which serve as roadmaps, offering evidence and inspiration for collective efforts.

In conclusion, he urged participants to commit to making a difference by collectively addressing the social and economic burden of cardiovascular diseases and continue working towards a healthier and more equitable Europe.



*“We have the tools to treat SHD. But if we’re not detecting the disease early on, they’re useless.” – Arunima Himawan, Senior Health Research Lead,*

**International Longevity Centre-UK**

Ms. Himawan, Senior Health Research Lead, International Longevity Centre-UK and EU SHD Coalition Steering Committee Member, presented the key findings of the ILC report "[Holding us back? Tackling inequalities in the detection and treatment of structural heart disease in Europe](#)". She pointed out that the **detection and treatment of structural heart disease (SHD) face significant inequalities, hindering progress**. While effective tools for SHD treatment exist, their potential is **futile without early detection**. In this context, without improvement in detection and treatment, the number of older adults with SHD in Europe is expected to rise from 14 million to 20 million by 2040.

Furthermore, it was signalled that **age, socio-economic status, gender, ethnicity, and geographical location have an impact the chances of individuals accessing diagnosis and receiving treatment for structural heart disease (SHD).** Henceforth, national governments should invest in **comprehensive data collection, including demographic information, SHD registries, and more inclusive clinical trials, to gain a better understanding of inequalities as well as to pilot screening programs with the aim of reducing them and facilitating earlier diagnosis.** At the same time, public health bodies should also increase awareness of SHD signs and symptoms, developing culturally sensitive awareness campaigns and strategies to address disparities in SHD detection and treatment.



***“It is vital to involve other healthcare professionals in the detection of CVDs in primary care, which will then be followed by a***

***referral to a cardiologist at a secondary level.”*** – Prof. Christophe Dubois, Cardiologist, Steering Committee member, EU SHD Coalition

Prof. Dubois, Cardiologist and Steering Committee member of the EU SHD Coalition, presented the current situation of cardiovascular diseases in Belgium. In 2023, **more the 750 thousand people in Belgium suffer from cardiovascular diseases.** Moreover, **CVDs were the cause of 27 thousand deaths in 2017, 25% of the national total** and of 300 thousand hospitalisations in 2019.

Prof. Dubois highlighted the impact of SHD detection on a patient’s life and mortality,

**calling for a more holistic approach to enhancing secondary prevention.** As Belgium currently does not have a Plan on Cardiovascular Health, Prof. Dubois underlined the importance **of raising awareness and involving other healthcare professionals in the detection of CVDs in primary care,** which will be followed by a referral to a cardiologist at a secondary level.



***“When we talk about CV care, we have to consider economic, social and cultural aspects too.”*** – Prof. Graziano Onder,

**Geriatrician, Università Cattolica del Sacro Cuore, Rome, Coordinator of the Joint action on CVDs and Diabetes**

Prof. Graziano Onder, Geriatrician at the Università Cattolica del Sacro Cuore, Rome and Coordinator of the Joint Action on CVDs and Diabetes (JACARDI), presented the specifics of the Joint Action and highlighted the several aspects of having a holistic approach to tackle CVDs. Firstly, he stressed that **when developing public health strategies, it is imperative to consider cultural, economic and social features of the local population** and thus adopt a flexible approach on the prioritisation of high-risk individuals. Moreover, Prof. Onder, underlined that is important to **build on the work of existing projects and cooperate with stakeholders that have been already working on these issues.**

At the same time, tailored-made cardiovascular **health policies shall focus on the entirety of the health journey,** including raising awareness, care pathways, screening, data collection and participation to the labour market. In this context, **environmental and sustainability**

aspects shall also be taken into consideration to ensure the successful implementation of these policies on the respective societies.



***“Patients must be involved from the beginning to ensure that any kind of CV health plan will succeed” - Birgit Beger, CEO,***

**European Heart Network (EHN)**

Ms. Beger, CEO, European Heart Network (EHN), highlighted the importance of including patients in the development of public health policies. **As the end-users of those policies, patients must always be consulted to ensure that any new strategy or plan will be successfully implemented.**

Ms. Beger also recognised the need to **upscale health literacy and tackle gender inequalities**, especially in regard to clinical trials and to make better use of digital health. On CVD prioritisation, she admitted that important steps have been made on national and supranational levels, including the JACARDI and the EU4Health “Healthier Together Initiative”, but she called for **further action towards tackling CVDs including the drafting of an EU CV Health plan**, to adequately address this issue.

Regarding cardiovascular care, Ms. Beger **stressed the importance of enhancing the resilience of national healthcare systems**, by focusing on both primary and secondary prevention of CVDs, but also by making an effort to create healthy environments and efficient community care for everyone.



***“The fight against inequalities in cardiovascular care must become synonymous with the fight for gender equality, for geographical equality and for generational solidarity as well.” – James Kennedy, Public Affairs Director, European Society of Cardiology (ESC)***

James Kennedy, Public Affairs Director at the ESC, informed the panellists that through the European Alliance on Cardiovascular Health (EACH) stakeholders are pushing for the development of an **EU CV Health plan and national CV health plans**.

He alerted that **CVDs kill more women than men, create huge disparities among and within states, and result to a paramount cost of more than a quarter billion Euro per year to the EU for the CVD care.**

To this end, to better frame the need to address CVDs inequalities, including SHDs, **these need to be framed as a social issue as a form of discrimination, in addition to a public health emergency.** The fight against inequalities in cardiovascular care must become **synonymous with the fight for gender equality, for geographical equality and for generational solidarity as well.**

Therefore, it is imperative to **enhance screening capacities which act as an equalizer between people with different race, gender, age or economic background.**



*“We have to start the discussion to identify how we can make a difference on tackling CVDs” - Csaba Kontor, Health Attaché,*

**Permanent Representation of Hungary to the European Union**

Mr. Kontor, Health Attaché at the Permanent Representation of Hungary to the EU, acknowledged the **heavy toll of CVDs on human lives and national budgets**, in Europe and Hungary in particular, especially **in light of an ever-ageing European population that it is necessary to continue to be an active part of European societies.**

Regarding the actions taken by the EU, Mr. Kontor stressed **the need to move to tailor made policies for specific NCDs, like CVDs**, in accordance with the EU’s Beating Cancer Plan. To this end, he highlighted that **CVDs will be a priority during the upcoming Hungarian Presidency of the Council of the EU**, during the second half of 2024, and expressed his hope that **the Council will adopt Council Conclusions calling for the prioritisation of cardiovascular care in the working programme of the European Commission.**

Concluding his intervention, Mr. Kontor underlined the interconnection of CVDs with other NCDs, like diabetes, and called for **further action to be taken at national level to develop national CV health plans that are adapted to the needs of the EU Member States.**



*“I encourage you to follow the Spanish example and develop a CV Health Strategy at a European level.” – Maite San Saturnino, President,*

**Patient Platform of the Spanish Heart Foundation**

Giving the patient perspective, Ms. San Saturnino, President of the Patient Platform of the Spanish Heart Foundation, acknowledged the difficulties for economically deprived individuals to follow a heart healthy diet, due the rising costs of living, and highlighted the importance of **launching awareness campaign focusing on both primary and secondary prevention.**

Ms. San Saturnino also acknowledged the **significant role of patient organisations in raising awareness on cardiovascular care**, filling the gap of the official authorities.

Regarding the Spanish Cardiovascular Health Strategy, Ms. San Saturnino welcomed its development and praised the involvement of all interested national stakeholders, including patients, and its focus on female cardiovascular health, rehabilitation of patients and valvular health diseases.

She also acknowledged the valuable role of **digital technologies, like the digital stethoscope, in bridging the gap of CVD care, especially in primary care.**

Finally, Ms. San Saturnino, **also urged for an EU CV Health plan, following the Spanish example, which will have to put patients and their needs at the epicentre of the discussion.**



*“I believe that the JACARDI projects are very important as they allow us to learn from other countries and work in a multidisciplinary manner”*

– Dr. Clara Bonanad

Lozano, Cardiologist, Emerging Research Group on Geriatric Cardiology, INCLIVA

Dr. Bonanad Lozano, cardiologist, shared with the panel her work at INCLIVA, which focuses on tackling the burden of CVDs, including SHDs. She underlined the **importance of innovation which can significantly help ameliorate the quality of life of the patient.**

Shen then described the project that she is involved in Valencia, which involves the development of a laboratory profile that enables clinical analysis and alerting the cardiologists in case of detecting cardiovascular event. In addition to that, in 2023, INCLIVA conducted screening campaigns for CVD detection, and reducing CVD risk.

At a European level, Ms. Bonanad Lozano has participated in a validation of a high-fidelity stethoscope in nursing homes for the screening of valvular diseases. This resulted in a 25% increase of detecting previously undiagnosed murmurs, and of atrial fibrillation (AF), heart failure and other cardiomyopathies.

Regarding the forthcoming JACARDI EU Joint Action on CVDs and Diabetes, in which INCLIVA is involved, Ms. Bonanad Lozano informed the panel that INCLIVA is involved in 6 out of the 11 Work Packages of the Jonty Action, focusing **on dissemination and communication, sustainability, data availability, improve screening and on reviewing tools to strengthen CVD and diabetes patients' self-management.**



*“We have to focus on the community level to detect CVDs and SHDs in a more timely and efficient manner”* – Prof. Alessandro Boccanelli,

Cardiologist, President of the Italian Society of Geriatric Cardiology (SICGE), Steering Committee member, EU SHD Coalition

Professor Boccanelli, President of the Italian Society of Geriatric Cardiology (SICGE), presented the findings of the **PREVASC study**, which included an innovative pilot project for screening for structural heart disease (SHD) in small villages in Italy and a broader population-based screening initiative in San Marino. In May 2022, **a cardiological screening program targeting individuals over 65** was carried out in 10 small regions strategically chosen across Italy, considering size and proximity to ten cardiological institutes. This initiative successfully delivered preventive education and screening services to the population, ensuring accessibility even in smaller communities typically disadvantaged by their distance from major hospitals. Furthermore, on September 29, 2022, the Republic of San Marino introduced a groundbreaking cardiovascular health screening campaign, encompassing SHDs, for individuals over 50. This initiative, promoted by the Secretary of State of Health and developed in collaboration with SICGE, underscores the importance of establishing screening systems in smaller communities to enhance preventive measures and facilitate communication among residents.



***“With the use of Digital Stethoscope and AI technology, non-clinical personnel like pharmacists, can also contribute to the early***

***diagnosis of HVD” - Dr. John De Verteuil, General Practitioner, Member of the EU SHD Coalition***

Finally, Dr. de Verteuil, described the [“Farnborough Community Pharmacy Digital Stethoscope Pilot Project”](#) which took place in the UK, and aimed to address the gap on the detection of CVD patients caused by the heavy burden put on the healthcare system due to COVID-19 pandemic.

To address this gap, the project combined the work of community pharmacists, which are trusted by the patients and some of them were already involved in detecting

abnormalities like AF and hypertension, as well as of digital technologies, like the digital stethoscope and Artificial Intelligence. At the end of the 6-month-long pilot, 86 patients were screened by the pharmacy and **45% of those had a murmur detected and were referred to a specialist for echocardiography.** Moreover **21% of the pharmacy-referred patients had significant heart valve disease, representing 70% more patients with significant heart valve disease compared to those referred by the GPs.**

To this end, it became apparent that **this pathway, using non-clinical ancillary staff, like community pharmacists, and with the aid of technology (digital stethoscope and AI software), was found to be equally valuable as that currently being provided by GPs referring directly to the Echo service.**



# Annex: “Healthy Hearts, Healthy Life and Ageing Manifesto”



## Structural Heart Disease: a significant burden only preventable through early detection

Structural Heart Disease (SHD) are structural abnormalities of the heart leading to impaired functioning. Though some forms of SHD are congenital, impacting younger population, the majority are degenerative, primarily affecting older people. SHD can also be both debilitating and deadly for patients, with severe untreated cases having a worse prognosis than some cancers.

It's estimated that 14 million people in Europe were living with SHD in 2020, and that by 2040, this will increase to 20 million, mostly due to the ageing European population. Recent estimates indicate that every year more 50 000 Europeans die from Heart Valve Disease only.

A degenerative disease that can generally not be prevented, SHD needs to be detected early to allow patients to benefit from treatments that will reduce mortality, prevent heart failure and improve quality of life, and reduce healthcare costs.

Detection can simply be put in place with a heart check using a stethoscope, and/or an echocardiography. Unfortunately heart checks are not routine in Europe meaning that many citizens may be asymptomatic, but still suffer from the disease without knowing it.

## Structural Heart Disease: a challenge for Healthy Ageing

The senior population in Europe is about to experience a rapid growth in the next years with a corresponding vast increase in prevalence of SHD.



As Europe's population continues to age, the increasing burden of SHD poses a challenge to healthy and active ageing, increasing premature mortality as well. The difference between having SHD and being disease free can mean the difference between living a fully independent life and not being able to make it up a flight of stairs. SHD is also linked to inequalities (gender, socio-economic, geographic). Without effective treatment and intervention, its impact will only become higher.

It is imperative to adapt health policies and systems to this reality, allocating resources and strategically planning healthcare services catering to the needs of ageing population. There is a pressing need to address the burden of SHD among the elderly and the youth, mitigating its impact and improving their well-being.

## Healthy Hearts, Healthy Life & Ageing Manifesto Commitments

If I am elected in the European Parliament elections in 2024, during my mandate I will work towards making the fight against Structural Heart Diseases a priority in the European Union, to ensure there is a real change in research, diagnosis and care, to curb the trend and promote cardiovascular health and healthy ageing. I will aim at ensuring that the European Union takes appropriate action by:

- Addressing Europe's demographic shift with the right resources to detect and manage debilitating age-related conditions.
- Developing an EU Cardiovascular Health Plan (CVHP), including an EU-wide target for early detection of CVD including SHD.
- Calling for systematic targeted heart checks in community and primary care, to address inequalities in detection and access to treatment of SHD.
- Supporting the development of heart disease plans in Member States that reduce the preventable burden of this disease through awareness campaigns, prevention, detection and treatment.
- Prioritising the early detection and treatment of CVD and SHD in policies and funding, as an enabler of healthcare systems sustainability in a context of healthcare workforce shortages and capacity issue.

