

THE COUNCIL CONCLUSIONS ON CARDIOVASCULAR HEALTH ARE A UNIQUE CHANCE TO TACKLE EUROPE'S #1 KILLER: LET'S NOT WASTE IT!

October 2024

The Council Conclusions should be a step towards an EU Cardiovascular Health Plan and access to early detection of heart diseases.

Reflecting with concern on the latest discussions around the Council Conclusions, the SHD Coalition would like to reiterate the need for a dedicated EU Cardiovascular Health Plan, including improved opportunity for access to systematic heart checks for European citizens.

Cardiovascular diseases are the biggest killer in the European Union, with a higher mortality than cancer. While the EU has developed and implemented a structured and coordinated action for cancer, it only makes sense to adopt a similar approach for cardiovascular diseases.

A significant subset of CVD is [Structural Heart Disease \(SHD\)](#) which affects the heart's valves, walls, and chambers. **If left undiagnosed and untreated, SHD can lead to debilitating symptoms and increased mortality.** In 2020, 14 million people in Europe were living with SHD in 2020.

These diseases are mostly degenerative and mainly affect the elderly. Primary prevention measures cannot prevent them, but SHD can be detected through a simple heart check.

With an ageing European population, the prevalence of SHDs is rising, placing a substantial economic burden on healthcare systems due to late diagnoses and prolonged hospitalisations. The economic burden is complemented by an increasing loss of productivity and absence from work as highlighted by the European Agency for Occupational Health (OSHA).¹

Additionally, significant geographical, socioeconomic and gender inequalities hinder the improvement of SHD care.² It has been documented for example, that late diagnosis and more conservative disease management leads to worse outcomes for women.³

With the ageing of the population, the increase of working age in the EU and the significant increase of heart disease among women, the prevalence of cardiovascular diseases, in particular those linked to age such as Structural Heart Disease, is set to increase to 20 million by 2040.⁴ **The EU has a duty to better prevent, detect and manage these conditions:**

“A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”

¹ OSHA, 2023, The Links Between Exposure to Work-Related Psychosocial Risk Factors and Cardiovascular Disease. Available at https://osha.europa.eu/sites/default/files/Links-exposure-work-related-psychosocial-risks-at-work-and-cardiovascular-diseases_EN.pdf

² ILC, 2023. Holding us back? Tackling inequalities in the detection and treatment of structural heart disease in Europe. Available at <https://structuralheartdiseasecoalition.eu/wp-content/uploads/2023/11/ILC-holding-us-back.pdf>

³ Excess Mortality and Undertreatment of Women With Severe Aortic Stenosis. Tribouilloy et al. J Am Heart Assoc. 2021;10:e018816

⁴ Eurostat population projections EU28 (Last update February 2020) - D'Arcy et al. 2016, Large-Scale Community Echocardiographic Screening Reveals a Major Burden of Undiagnosed Valvular Heart Disease in Older People

This is the first point of article 168 of the “Lisbon Treaty”, defining the functioning and the competences of the EU. **The European Union has a duty to protect the health of its citizens.**

In that sense, a dedicated **EU Action Plan on Cardiovascular Health** would significantly contribute to fulfilling this obligation. While Member States must coordinate and implement the plan within their own healthcare frameworks, a unified European approach over the next five years is essential to support and holistically address the devastating impact of CVD.

Concrete Action is Needed: What the Conclusions should invite Member States to do to turn the tide of the growing burden of Structural Heart Diseases

To this end, the **EU SHD Coalition** calls on Member States to seize this opportunity during the ongoing Council Conclusions negotiations to take concrete and decisive steps toward safeguarding cardiovascular health across Europe in all appropriate policies as suggested by the EU Treaty. Specifically, the Coalition urges Member States to integrate the following into the final conclusions:

- Establishment of an **EU Cardiovascular Health Plan**, similar in scope and ambition to the EU Cancer Plan.
- **Stronger focus on access to secondary prevention, including early detection as many CVDs cannot be tackled with primary preventative measures only.** The EU should foster more **collaboration and research between Member States to ensure heart checks for every European citizen.**
- Address inequalities in access to diagnosis and treatment, ensuring equitable care across regions, socioeconomic groups, and between genders.
- Explore the opportunity to enhance investments on Research and Innovation and registries focusing on CVDs.
- Extension of cardiovascular health in various Union policies including public health, innovation and technology uptake and employment and social affairs

Europe needs an ambitious plan to improve the heart health of its citizens: the EU SHD Coalition calls upon Member States, in their negotiations on the Council Conclusions, **to not miss this opportunity to concretely protect the hearts of European citizens.**

About the EU SHD Coalition

The EU Structural Heart Disease Coalition ([SHD Coalition](#)) is a European network that brings together experts including key opinion leaders, politicians, and patients to work together to ensure that policy on SHD is prioritised.

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