

Listen to the Heartbeat of Europe: Tackling SHD Through Early Detection, Equity & Investment

On 3 December 2024, EU Health Ministers unanimously adopted the [Conclusions on the improvement of cardiovascular health in the European Union](#), signaling strong political commitment to tackle the burden of CVD, Europe's leading cause of death. The same day, Health Commissioner Olivér Várhelyi announced that the European Commission will develop a new European Cardiovascular Health Plan, emphasizing that cardiovascular health is a top priority for the EU in the current mandate.

Structural Heart Diseases (SHD) are already recognized as a major contributor to the cardiovascular disease (CVD) burden in the Council Conclusions. However, they remain largely absent from concrete policy action.



Time to act is NOW

With the European Commission now committed to developing an EU Cardiovascular Health (CVH) Plan, it must act without delay.

There is a crucial opportunity to make a lasting and tangible impact for patients and societies. By acting swiftly and prioritizing Structural Heart Diseases (SHD), the plan can ensure timely and equitable access to early detection and diagnosis, and to optimise patient pathways for referral and treatment. This will lead to better patient outcomes, a more efficient healthcare system, and reduced economic burden.

Including SHD will help millions across Europe gain equitable access to life-saving care, ultimately strengthening cardiovascular health for all.

Structural Heart Disease (SHD) is a key form of cardiovascular disease (CVD) affecting the heart's valves, walls, and chambers. SHD is a growing public health concern in Europe, it cannot be prevented but **once detected it is easily treated**. Addressing them can prevent many avoidable deaths and improve the quality of life of patients.

> 20M

people will suffer from Structural Heart Disease by 2040 in EU
[1]

7 in 8

Europeans are not aware of SHD conditions, meaning the rest are underdiagnosed and undertreated
[2]

75%

patients with severe forms of SHD die after 3 years if they do not receive timely and adequate treatment
[3]

[1] <https://ilcuk.org.uk/42-more-older-adults-in-europe-at-risk-of-structural-heart-disease-by-2040/>

[2] <https://ilcuk.org.uk/silent-epidemic-of-structural-heart-disease-affecting-millions-across-europe/>

[3] <https://ilcuk.org.uk/the-invisible-epidemic/>

Why Are We Failing the Heart? The Gaps in Early Detection, Equity & Funding

Ageing Population and Increased Healthcare Burden

SHD is a degenerative disease linked to functional decline. With Europe’s ageing population, SHD prevalence is increasing, placing a substantial strain on healthcare systems, requiring tailored approaches for diagnosis, treatment, and long-term care.

Gender Disparities

Women face significant challenges with delayed diagnoses and underrepresentation in clinical trials, which results in less effective treatments and poorer outcomes. Women are less likely to receive routine cardiac exams.

Limited Early Detection, Late Diagnosis and Referral

Early detection and efficient referral is critical. However, SHD often goes undiagnosed until it reaches an advanced stage, leading to worsened outcomes and increased healthcare costs. Early detection is critical but is often not prioritized, particularly in routine healthcare settings.

Funding Gaps and Lack of EU Coordination

Insufficient public funding for systematic early detection programs and optimised referral and treatment pathway, combined with a lack of coordinated investment across the EU, prevents a unified and effective approach to addressing SHD at the EU, national, and regional levels.

Why Action on SHD Can’t Wait: The Benefits of Change

Addressing SHD through early detection, gender equity, and proper funding will bring substantial benefits to Europe’s healthcare systems and society, and save the life of millions of Europeans.



Improve 50% lives^[4] saved and reduce long-term healthcare costs through early diagnosis and intervention.

Improve quality of life and healthy ageing for Europe’s growing elderly population.

Lessen the burden on national healthcare systems by preventing late-stage SHD cases.

Strengthen gender equity in healthcare and align with the EU’s broader health and equality goals.

[4] <https://ilcuk.org.uk/42-more-older-adults-in-europe-at-risk-of-structural-heart-disease-by-2040/>

The EU SHD Coalition calls for immediate action on a EU Cardiovascular Health (CVH) Plan that includes SHD Early Detection, Gender Equity & Adequate Funding.



Develop an EU framework for Early Detection, including SHD

SHD affects over 14 million people in Europe [5], with prevalence expected to rise due to an ageing population. **Despite the availability of effective treatments, up to 50% of severe SHD cases remain undiagnosed until advanced stages, leading to preventable hospitalisations, reduced quality of life, and increased mortality.**

To improve cardiovascular health outcomes across Europe, the EU CVH Plan should include **routine screenings for early detection, timely referral, and equitable access to treatment** for Structural Heart Disease (SHD) and other prevalent cardiovascular conditions.

Integrating simple routinely heart checks like stethoscope exams and echocardiography, especially for individuals aged 65 and above, can prevent severe complications and save lives by enhancing early diagnosis rates. Misattribution of symptoms to ageing rather than treatable diseases leads to missed or delayed diagnoses, significantly impacting health outcomes and quality of life for older patients.

This integration ensures that SHD patients receive timely heart checks and structured referral pathways to specialized care when needed, optimizing treatment outcomes and improving survival rates. For instance, people with Aortic Stenosis (AS) that receive treatment have 50% more chances of survival than those without treatment after two years [6].

Additionally, EU and national funding mechanisms should support innovative screening technologies, such as digital stethoscopes and AI screening tools, and best-practice treatment frameworks to guarantee equitable and timely access to interventions. Studies indicate that underutilisation of care due to ageism leads to a reduced contribution to GDP of between EUR 6–9k per year per person, totalling EUR 3–6 billion in the Netherlands [7]. By embedding these measures into national healthcare protocols, the EU can **reduce the burden of undiagnosed SHD, improve patient outcomes, and promote active and healthy ageing .**

[5] <https://structuralheartdiseasecoalition.eu/wp-content/uploads/2023/11/ILC-holding-us-back.pdf>

[6] <https://pmc.ncbi.nlm.nih.gov/articles/PMC2999052/>

[7] https://gupta-strategists.nl/storage/files/Gupta-Strategists-Confronting-ageism-in-healthcare_2024-12-04-063618_lffv.pdf



Integrate Gender-Specific Measures in the EU CVH Plan to Close the SHD Gap

EU cardiovascular policies must prioritise **closing the gender gap in Structural Heart Disease (SHD) diagnosis and treatment through the EU Cardiovascular Health (CVH) Plan**. Women often experience atypical symptoms, delayed diagnosis, and barriers to specialised care, resulting in poorer health outcomes compared to men. [8]

A comprehensive strategy is needed, **incorporating public awareness campaigns, expanded screening programmes, and gender-sensitive healthcare protocols, all supported by adequate funding for research, education, and healthcare infrastructure. Medical guidelines, diagnostic tools, and treatment strategies must be tailored to account for gender-specific differences, ensuring more accurate and timely intervention.**

Moreover, gender-specific factors should be systematically integrated into research and clinical practice. Studies indicate that women tend to seek medical attention later and present with more comorbidities than men, complicating both diagnosis and treatment [9].

Because of this underdiagnosis, if **untreated, women have greater mortality rates compared to men if untreated** [10]. The EU CVH Plan should include this sex and gender perspective, promote public awareness Campaigns, mandate sex and gender-sensitive research which are crucial to eliminating these disparities and ensuring equitable access to SHD care for women across Europe.



[8] <https://pmc.ncbi.nlm.nih.gov/articles/PMC2850557/>

[9] Nkomo, Vuyisile T., et al., 'Burden of Valvular Heart Diseases: A Population-Based Study', *The Lancet*, 368.9540 (2006), 1005–11
[https://doi.org/10.1016/S0140-6736\(06\)69208-8](https://doi.org/10.1016/S0140-6736(06)69208-8)

[10] <https://ilcuk.org.uk/holding-us-back/>



Ensure Adequate Funding for the EU CVH Plan

The EU Cardiovascular Health (CVH) Plan must establish a **dedicated and sustainable funding framework to support early detection initiatives, address gender disparities and ensure timely implementation among Member States**. Without targeted investment, Europe risks an increasing burden of undiagnosed SHD, higher long-term healthcare costs, and growing disparities in access to care. **Insufficient funding has historically led to fragmented screening programmes, delays in diagnosis, and uneven treatment availability across Member States, exacerbating health inequalities.**

A long-term financial commitment is essential to ensure that SHD policies are effectively implemented and integrated into national healthcare systems. **This requires a combination of EU-level funding mechanisms, national healthcare budgets, and public-private partnerships to guarantee stable financial support for treatment, research and healthcare infrastructure development.**

To maximise impact, the **CVH Plan should promote transparent funding allocation, regular progress assessments, and equitable resource distribution among Member States**. By ensuring adequate and sustained investment, the EU can address SHD challenges at scale, improve early detection rates, and create a more resilient and efficient cardiovascular healthcare system.

To significantly improve cardiovascular health outcomes, the EU must take bold and decisive action by fully integrating these priorities into the EU Cardiovascular Health Plan (EU CVH Plan).

About the SHD Coalition

The **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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<https://www.linkedin.com/company/eu-shd-coalition/>



<https://x.com/shdcoalition>