From Plan to Practice: Implementing the EU Safe Hearts Plan for Structural Heart Diseases

EU SHD coalition

To reach the **25% decrease** in premature cardiovascular related deaths target by 2035, the Coalition calls for:

14

MILLION PEOPLE AFFECTED BY SHD IN EUROPE

50%

MORTALITY OF AORTIC STENOSYS AFTER 2 YEARS IF NOT DIAGNOSED AND TREATED

SEVERE SHD CASES REMAIN UNDIAGNOSED UNTIL ADVANCED STAGES

50%

01

ROUTINE SCREENING FOR EARLY DETECTION OF SHD

The EU Health Check Protocol should include routine screenings for early detection of SHD through auscultation, with standardised training for primary care professionals and specific measures for people aged 65 and over.

02

INTEGRATED PATIENT PATHWAY FROM REFERRAL TO TREATMENT

A harmonised pathway is needed to link early detection, referral, treatment, rehabilitation, and follow-up, with explicit referral protocols to ensure timely access to care in comprehensive network-based cardiovascular centres.

03

ADDRESSING GENDER INEQUALITIES

Address gender disparities in SHD care by raising awareness of the disease symptoms, and by ameliorating early screening, referral and access to treatment for women and underrepresented population, through digital solution such as Gender Equality Dashboard with a specific pillar focused on CVD and SHD specifically.

04

ENSURING FUNDING FOR IMPLEMENTATION OF THE EU SAFE HEARTS PLAN

Long-term financial commitment through current and future EU funding mechanisms, including FP10 and ECF, is necessary to support SHD policies and ensure equitable healthcare investment also at the national level.

The EU Safe Hearts Plan presents a vital opportunity to place strong focus on early detection, treatment and care of Structural Heart Disease.

From Plan to Practice: Implementing the EU Safe Hearts Plan for Structural Heart Diseases

On 16 December 2025, the European Commission published the EU Cardiovascular Health Plan: "the Safe Hearts Plan". The EU SHD Coalition welcomes the Safe Hearts Plan as the first-ever EU policy to tackle Europe's leading cause of death, cardiovascular diseases. Moreover, the Coalition also welcomes the European Commission's ambition to publish Council Recommendations on a Health Check Protocol before the end of 2026, Council recommendations on EU guidance for personalised and integrated pathways for CVD in 2027 to enhance treatment and care, as well as the aspiration to foster the creation of national Cardiovascular Health Plans, which requires structured coordination at EU level.

The Safe Hearts plan explicitly recognises Structural Heart Disease and seeks to strengthen national policies to holistically achieve the 25% decrease in premature cardiovascular-related deaths target by 2035.

The EU Safe Hearts Plan presents a vital opportunity to place strong focus on early detection, treatment and care of Structural Heart Disease.

To reach the **25% decrease** in premature cardiovascular related deaths target by 2035, the Coalition calls for:

ROUTINE SCREENING FOR EARLY DETECTION OF SHD

The EU Health Check Protocol should include routine screenings for early detection of SHD through auscultation, with standardised training for primary care professionals and specific measures for people aged 65 and over. The health checks should be carried out at least every 2 year and with higher frequency for at-risk population.

INTEGRATED PATIENT PATHWAY FROM REFERRAL TO TREATMENT

A harmonised pathway is needed to link early detection, referral, treatment, rehabilitation, and follow-up, with explicit referral protocols to ensure timely access to care in comprehensive cardiovascular centres. Rapid access to echocardiography and multidisciplinary valve/structural heart assessment after abnormal findings should be routine after screeing and health checks.

ADDRESSING GENDER INEQUALITIES

Address gender disparities in SHD care by raising awareness of the disease symptoms, and by ameliorating early screening, referral and access to treatment for women and underrepresented population, through digital solution such as Gender Equality Dashboard with a specific pillar focused on SHD.

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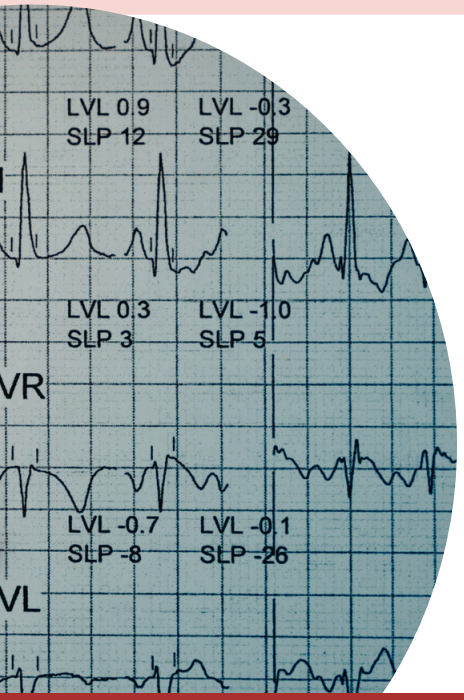
2026 Recommendations for EU protocol on health checks for cardiovascular diseases

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.

Therefore, to reduce premature cardiovascular related deaths, the EU Health Check Protocol should include routine auscultation for the early detection, and timely access to treatment for Structural Heart Disease (SHD).

Auscultation should be performed systematically and should be conducted at a minimum every two years for all citizens aged 65 and over (1). This also reinforces the need to define "at-risk populations" more explicitly, such as patients with heart failure, atrial fibrillation, or cardiovascular comorbidities. This would ensure implementation is more actionable at national level.
The examination should cover all standard valve areas and be performed in multiple positions — sitting, supine, and lateral — during both normal and deep inspiration. Findings, including heart sounds and murmurs, should be documented in detail. auscultation should be considered an entry point within a broader structured diagnostic pathway rather than a stand-alone intervention



Assessment for peripheral signs of cardiovascular and fluid dysregulation — including ankle oedema, jugular venous pressure, and indicators of fluid retention — should be conducted concurrently as auscultation, as part of every health check.These findings, when identified early, can prompt timely investigation and intervention before symptoms become acute.

The physical examination, comprised of heart auscultation and with a minimum set of diagnostic tests, form the essential foundation for effective early detection of structural heart disease. These minimum diagnostic tests should include routine blood tests — incorporating cardiac biomarkers where clinically indicated — and an ECG for patients presenting with symptoms, murmurs, or an irregular pulse.

[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

Flagship Initiative Addressing Gender Inequalities: Awareness, Referral, and Systemic Drivers

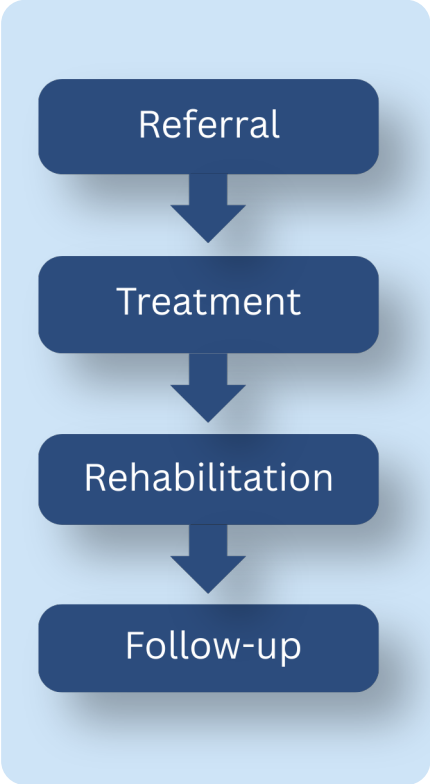
SHD care presents sex and gender disparities, especially for women. These challenges already begin in the research phase, where women are significantly underrepresented in dedicated studies and clinical trials, resulting in selection bias. This awareness gap feeds directly into delayed help-seeking. But the problem does not resolve once women do present to care: women are less likely than men to receive routine cardiac examinations during GP consultations (24.2% versus 31.3%), meaning early-stage SHD goes undetected at the one proactive contact point most adults have with the health system.

Women at key life stages — pregnancy, perimenopause, post-menopause — face particular vulnerability, as the cardiovascular complexity of these transitions is rarely met with structured screening or follow-up, leaving SHD undetected at the moments when detection would matter most. The EU Safe Hearts Plan acknowledges these misdiagnosis challenges in emergency care and under-treatment, especially after cardiovascular events. The envisioned flagship initiative aiming to develop an EU cardiovascular health inequalities dashboard signifies a clear step towards addressing these inequalities faced by women.

The EU SHD Coalition calls for the European Commission to establish a Women's Heart Health dashboard which includes mention of conditions unique to women. The Dashboard should also include stronger focus should also be placed on the aforementioned symptoms which are more often attributed to ageing, stress, or menopause; effectively hindering Structural Heart Disease early detection.

[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

Integrated Patient Pathways from Referral to Treatment



Current evidence points to the same systemic failures across Europe: variable and a lack of screening practices, fragmented pathways, unclear referral routes, delayed access to diagnostics, and insufficient continuity of care. These gaps are not marginal. More than 5,000 cardiovascular deaths occur each day in Europe, Structural Heart Disease often remains silent until late stages, and delays between suspicion and specialist intervention too often result in complications, emergency admissions, and avoidable mortality.

The pathway must be harmonised through a structure that links early detection, referral, treatment, rehabilitation, and long-term follow-up. Standardisation should therefore include core elements at every stage: structured history-taking, routine auscultation, minimum diagnostic steps, monitored referral timelines, access to specialised outpatient networks, and consistent post-treatment surveillance.

This should be implemented also through AI-supported tools, such as ECG and stethoscopes, to assist diagnosis amid a shrinking physician workforce. With follow-up and rehabilitation still inconsistently implemented, and with around half of patients suffering a major cardiovascular event likely to experience another, the case for an end-to-end protocol is both clinical and economic. Without it, Member States will continue to pay the price in preventable hospitalisations, readmissions, poorer outcomes, avoidable deaths, and widening health inequalities.

To make early detection meaningful in practice, the envisioned Council Recommendations should also explicitly detail referral pathways following the detection of a structural heart disease finding during the health check. Screening and auscultation alone will not improve outcomes if patients cannot be rapidly directed into a clear diagnostic and specialist care pathway. In this regard, the Recommendations should be aligned with existing clinical guidelines on care pathways, ensuring that suspected Structural Heart Disease identified in any healthcare setting triggers timely access to confirmatory diagnostics, including echocardiography where appropriate, and referral to specialist assessment. Without such structured referral pathways, early signals detected during routine checks risk being missed, delayed, or lost in follow-up, undermining both the effectiveness of detection and the EU's broader prevention and cardiovascular mortality reduction objectives.

[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
[10] Https://ilcuk.org.uk/holding-us-back/

Ensure Adequate Funding for the effective implementation of the EU Safe Hearts Plan

A long-term financial commitment is essential to ensure that SHD policies are effectively implemented and integrated into national healthcare systems. To this end, concrete actions across the current EU Funding and next Multiannual Financial Framework (MFF) are needed, through prioritisation of Innovative Health, EU4Health and Horizon Europe.

First, the EU Safe Hearts Plan should be explicitly referenced and embedded in the relevant recitals, objectives, and priority-setting provisions of FP10, the European Competitiveness Fund (ECF), and National Recovery and Prosperity Plans (NRPPs). Anchoring the Plan at this regulatory level would create a predictable policy-to-funding bridge, reduce fragmentation between EU-level objectives and national implementation, and prevent cardiovascular investment from becoming optional in the NRPP context.

Second, the health budget under the FP10 and ECF health windows, accounting for €19.6 billion altogether, must be clearly ring-fenced and protected — including specific allocations for cardiovascular and structural heart diseases — to ensure that SHD priorities are reflected in future work programmes and calls for proposals, and are not diluted in favour of other sub-sectors.

Third, NRPPs represent a critical lever to translate cardiovascular objectives into measurable national commitments. RPPs should include clear cardiovascular investment priorities, such as early detection and screening scale-up for SHD, care pathway modernisation, health system resilience, and targeted measures to reduce regional access gaps. Measurable indicators, including screening coverage, early diagnosis rates, imaging capacity, and deployment of integrated care models, should be embedded to enable tracking of outputs and outcomes. Member States should also be encouraged to involve cardiovascular expert communities and patient representatives in MFF preparation and implementation at national and regional levels.

[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

The EU SHD Coalition is calling for a comprehensive approach to addressing Structural Heart Disease through early detection, standardized screening, streamlined patient referrals, and targeted initiatives to address systemic failures and gender disparities in care. The Coalition advocates for routine cardiac auscultation for citizens aged 65 and over, as well as a harmonized referral system to ensure timely specialist intervention. Additionally, addressing gender inequalities and improving awareness, especially among women, is crucial for reducing missed diagnoses and improving outcomes. Finally, we are calling for long-term, dedicated funding to support the implementation of the EU Safe Hearts Plan, ensuring that SHD priorities are integrated into EU financial frameworks and national healthcare systems.

The Coalition stands ready to support the effective implementation of this plan, ensuring that these critical actions are carried out to improve heart health and reduce cardiovascular mortality across Europe.

About the EU SHD Coalition

The **EU Structural Heart Disease Coalition (EU 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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