


REPORT

Connecting the Dots:

learning from national perspectives for a strong EU cardiovascular health framework

March 2024



BELGIAN
ALLIANCE for
CARDIOVASCULAR
HEALTH 



“I hope our efforts with the Belgian Alliance for Cardiovascular Health can help all people in Europe with heart disease. That’s why I’m your host today: to make a real difference.

People need you— healthcare providers, academics, patient organizations, scientific and prevention organizations — to exchange information and inform policies on heart disease.”

MEP Hilde Vautmans

Open Vld in Belgium, Renew Europe group in the EP



“I encourage the Belgian Council Presidency to inspire the European Commission to establish a European cardiovascular health plan. It would also make sense for the next Belgian government to develop a national plan for cardiovascular health.”

MEP Pascal Arimont

CSP in Belgium, EPP group in the EP



On March 18th, 2024, the European Parliament was the stage for the event '**Connecting the dots: learning from national perspectives for a strong EU cardiovascular health framework**'. Central to this event's agenda was the resounding call to develop cardiovascular health plans at member state level and the need for a cohesive European plan for cardiovascular health.

This collaborative initiative was hosted by **MEPs Hilde Vautmans (Renew Europe)** and **Pascal Arimont (EPP)**, in partnership with the **European Society of Cardiology** and **EFPIA**. It featured interventions by Health Attachés from the **Hungarian and Polish Permanent Representation to the EU**, a **CVD patient**, and representatives from the **Belgian Society of Cardiology**, **Belgian Heart League**, **RIZIV/INAMI/NIHDI** (Belgian National Institute for Sickness and Disability Insurance), **University of Antwerp**, **University of Leuven**, and the **Belgian Chamber of Representatives**. The event was moderated by Ms Leen De Witte, journalist and EU affairs correspondent at **VRT NWS** (Belgian Dutch-speaking national broadcaster).

The event came at the initiative of **BACH**, the Belgian Alliance for Cardiovascular Health (membership list at the end of the report), which wants to leverage the Belgian presidency of the EU to provide input for a Belgian as well as a European cardiovascular plan. The request for an EU cardiovascular health (CVH) plan supports EACH's clear policy demand for **EU-wide action to address cardiovascular health in a coordinated way**¹.

In this report, you will find the key insights and recommendations generated at the event. These statements are not necessarily supported by all speakers and other attendees.

1 <https://www.cardiovascular-alliance.eu/each-plan-for-cardiovascular-health-launched/>

The pressing need to improve CVD health

Cardiovascular disease (CVD) remains the leading cause of death for both men and women in the EU. It is also a **leading cause of both** preventable and premature mortality as well as long-term ill health. The following **key facts and figures** underline the urgency of policy action for CVD:

- As Europe's **number 1 killer**, CVD causes 1.7 million deaths every year in Europe. In Belgium, one-third of all deaths are caused by CVD. Together with cancer it is a leading cause of both preventable and premature mortality and long-term ill health².
- The burden of CVD **varies across the EU**, with Central and Eastern Europe experiencing higher death rates compared to other areas³.
- **Significant regional disparities** in treatable mortality exist within Belgium between Flanders, Brussels, and Wallonia⁴. Treatable mortality is much higher in the south, by 40 % for women and even 70% for men. In CVD, there is 30% more mortality for heart attack in the south and 15% for stroke.
- It is a misconception that CVD only impacts men and elderly people. In Belgium, approximately **10% of CVD deaths occur before the age of 50 and 23% before the age of 75**⁵.
- While CVD mortality has declined over the last 30 years, it has **recently plateaued and is even increasing again**⁶. This is because of the ageing of the population but also the rise in obesity and diabetes.
- **60 million people** in the EU are suffering from CVD and millions are living with CVD without being diagnosed⁶.
- Factors such as **unhealthy lifestyles** (for example, tobacco, alcohol, physical inactivity and obesity), **environmental pollution** coupled with an **ageing population** with increasing comorbidities are key drivers behind this trend⁶.
- A recent London School of Economics (LSE)⁶ report estimated that in the EU, **one million heart attacks and strokes could be prevented over the next 10 years if secondary prevention were improved**, yet only 4 – 5% of healthcare resources are allocated to prevention.
- **80% of premature heart attacks and strokes are preventable**⁷. Major gains can be made from interventions to improve the environment in which we live (creating easy access to healthy diets, better smoke-free

2 [Epidemiology of cardiovascular disease in Europe | Nature Reviews Cardiology](#)

3 European CD Statistics, EHN, 2017

4 <https://statbel.fgov.be/>

5 <https://statbel.fgov.be/>

6 [How can we improve secondary prevention of cardiovascular disease? - LSE Research Online](#)

7 <https://www.who.int/news-room/questions-and-answers/item/cardiovascular-diseases-avoiding-heart-attacks-and-strokes>

policies including smoking cessation programmes, creating increased access to physical activity, better clean air policies) and by better risk factor management (- controlling hypertension and controlling lipids better).

- On the other hand, **not all CVD can be prevented**. Some are determined by biological or individual determinants such as age, gender, genetics (e.g. congenital heart diseases) or ethnicity.
- In the EU, the economic cost related to CVD is estimated to be 282 billion euros per year, representing a cost of €630 per EU citizen⁸.



“We seem to have lost this sense of urgency as if the problem of cardiovascular diseases has been solved, but it’s still the number one killer in Europe.”

Prof. dr. Rik Willems
Belgian Society of Cardiology, University of Leuven

In short, without urgent intervention, there is a **real possibility that future generations will have worse cardiovascular health than the current population**.

Within the context of the WHO Global Action for the Prevention and Control of Non-Communicable Diseases (NCDs), several EU-focused initiatives provide a platform for improving the lives of Europeans with CVD. Numerous research and policy initiatives exist at the EU level such as EuroHeart⁹ from the European Society of Cardiology (ESC), and the European Commission-funded Joint Action on Cardiovascular Diseases and Diabetes (JACARDI¹⁰). However, there is **no coordinated EU CVD strategy** and CVD is not always recognised as a public health priority.

In addition, there is overwhelming evidence¹¹ that targeted public and health policy at the **national level** has a significant impact on cardiovascular health. The Czech Republic, Poland, and Spain have already launched national cardiovascular health plans, tailored to the specific needs of their citizens, while other Member States are currently developing plans, such as Bulgaria, Romania, and Croatia.

Coordinated action for both EU and Member States

BACH believes that the current Belgian Presidency of the EU creates an opportunity for Belgium to secure **broader EU institutional support for creating a comprehensive European Cardiovascular Health Plan**. This European CVD framework would raise the public health priority of CVD, facilitate a consistent approach to monitoring, encourage sharing of best practices and facilitate the adoption of common standards for public health and medical interventions.

8 [Epidemiology of cardiovascular disease in Europe | Nature Reviews Cardiology](#)

9 <https://www.escardio.org/Research/euroheart>

10 [21 European countries unite in the EU Joint Action JACARDI to reduce the burden of cardiovascular diseases and diabetes | sciensano.be](#)

11 https://efpia.eu/media/movnhr0y/how-can-we-improve-secondary-cvd-prevention-lse_efpia.pdf

As well as an EU plan, **National Cardiovascular Health Plans** are also required to address the significant variations in the epidemiology of CVD across the EU. They help gain recognition and encourage action to comprehensively address the specific needs of a population by establishing a political and legal framework and allocating resources, including all stakeholders and coordinating relevant actions at national and regional levels.

BACH recommends the following:

Key insights to realize these ambitions



“I want to thank the medical society for providing exceptionally well-trained medical staff and top-notch clinical technology. It really saved my life 10 years ago. Therefore, I urge organizations like BACH to accelerate and facilitate further innovation and R&D for CVD.”

Mr Wim Warnier

CVD patient and Community Volunteer at the Belgian Heart League

1 The Belgian Presidency should encourage the European Commission to build on its experience with the ‘European Beating Cancer Plan’ and launch a **‘European Cardiovascular Health Plan’** within its new mandate, following the recommendations of EACH.

2 The Belgian Presidency should work with upcoming Presidencies to gain commitment to a **Council Resolution on developing National Cardiovascular Health Plans**.

3 The Belgian Government should establish a **National Cardiovascular Health Plan**, capitalizing on current European initiatives and learning from the experience of other Member States. This plan should aim for a 30% reduction in premature deaths before the age of 75 by 2030, by focusing on **data collection** and evidence-driven policies, implementing a **health management system** and developing **patient pathways** from prevention and early detection to management and revalidation.



“We are firm believers that Belgium can do a lot better in terms of CVD policies. We must set more ambitious goals and include in the next government agreements to reduce cardiovascular mortality by one-third by 2030.”

Ms Delfine Vansintjan

Advisor to Belgian federal MP Nathalie Muylle (cd&v)

1. Momentum is growing among EU policymakers to advocate for an EU CVD plan

- The incoming **Hungarian Presidency of the Council of the EU** (July - December 2024) has a clear ambition to prioritise cardiovascular health. The Presidency aims to address CVD through a comprehensive policy document, namely working on **Council Conclusions** embracing a range of topics and calling for an EU plan, as well as national plans¹². The conclusions will be shaped by a high-level conference in Budapest and an informal meeting of the Employment, Social Policy, Health and Consumer Affairs Council.
- The **European People's Party** has committed to tackling CVD as a top health priority in its Manifesto for the European election campaign¹³ and the next EU institutional mandate.
- The **EACH Plan for Cardiovascular Health**¹⁴, launched in 2022, focuses on primary prevention at population level, improvements in secondary prevention through timely detection, equal access to high-quality patient-centred healthcare and an increased uptake of rehabilitation. In December 2023, the EACH exhibition "Vote Cardiovascular Health 2024"¹⁵ took place in the European Parliament. The exhibition showcased CVD figures from EU Member States and gathered over **100 MEPs from 20 countries**, who pledged action at both EU and national level.



“During the Hungarian EU presidency, we would like to address CVD with a comprehensive Council Conclusion, built from a holistic approach grounded in prevention, equity, innovation, and, of course, sustainability.”

Ms Kitti Almer
Public Health Attaché of the Permanent Representation of Hungary
to the EU

2. An increasing amount of EU Member States are developing national CVD plans

- **Poland** has already introduced a 10-year national plan¹⁶ with investments of 700 million across 5 areas: human resources, education to promote healthy lifestyles, investments in patients such as screening, science & innovation, and the cardiac system. Poland, which will hold the EU presidency after Hungary, also supports the Hungarian Presidency's CVD goals.
- The **Czech Republic** National Cardiovascular Plan 2023–2033¹⁷ plan focuses on improving preventive and curative care for cardiovascular diseases through comprehensive epidemiological analysis and the

¹² Kitti Almer, Public Health Attaché at the Hungarian Permanent Representation to the EU, 'Connecting the dots: learning from national perspectives for a strong EU cardiovascular health framework', European Parliament, March 18, 2024

¹³ https://www.epp2024.eu/files/ugd/8e086a_0961c846aa0643b49ce0cb190bc85a28.pdf

¹⁴ <https://www.cardiovascular-alliance.eu/each-plan-for-cardiovascular-health-launched/>

¹⁵ <https://www.cardiovascular-alliance.eu/vote-cardiovascular-health-2024/>

¹⁶ <https://pacjent.gov.pl/programy-profilaktyczne/program-profilaktyki-chorob-ukladu-krazenia-chuk>

¹⁷ [National Cardiovascular Plan \(NKP\) 2023-2033 | NZIP](#)

establishment of quality indicators. Key objectives include improving data availability, promoting primary prevention through lifestyle changes and preventive examinations, ensuring access to high-quality care, strengthening highly specialised and centralised services, and integrating cardiology care with other health-care sectors. Additionally, the plan emphasises research and science, allocating resources for cutting-edge research and human capital development in cardiology.

- In **Spain**, the NHS’s Cardiovascular Health Strategy¹⁸ is centred on preventive care and long-term management of CVD. It also includes piloting and scaling up CVD screening initiatives across¹⁹ different regions throughout the country. This effort aligns with the call for an EU-wide initiative for joint health checks targeting cardiovascular diseases and diabetes, aiming to identify at-risk individuals early and provide timely interventions. Moreover, enhancing the role of primary care, particularly by strengthening the involvement of family doctors and nurses, is essential for effective cardiovascular prevention and risk factor management. There is also an emphasis on increasing nurse responsibilities in primary care settings to bolster efforts in disease management and health promotion.
- Other Member States such as **Croatia, Bulgaria, and Romania** are currently developing national strategies.



“The best way to improve CV health is by investing in knowledge. It would be useful to develop common strategies and approaches to the reduction, treatment and prevention of CVD.”

Ms Ewa Piasecka
Health Councillor, Permanent Representation of Poland to the EU

3. A comprehensive holistic approach to tackle CVD is needed

- The approach should consider how to address the key drivers and **embrace integrated health management** from diagnosis, primary and secondary prevention, and treatments as well as research and development. In addition, it should ensure equity of access for underserved and hard-to-reach populations such as women and other vulnerable and high-risk groups.
- Unhealthy lifestyles such as smoking are generally more prevalent among **people with lower socio-economic status**. If high-risk patients are to be prioritised, paying particular attention to this part of the population is of paramount importance.
- A **population-based approach** to create community-based awareness and screening campaigns is crucial, as highly vulnerable groups and people in difficult economic circumstances do not visit their GP frequently enough. Regular GP checkups for CVD patients and people at risk are one of the best ways to improve primary and secondary prevention.

18 [towards-better-cardiovascular-health-in-spain.pdf \(efpia.eu\)](#)

19 [Prevention, Use of Health Data and Healthcare Equity: Key Factors for Improving Cardiovascular Health in Spain \(efpia.eu\)](#)

- **Population health management** also contributes to switching from a curative to a preventive healthcare model, as CVD can be seen as silent killers.
- **Population-wide interventions** are necessary to bring the whole population to a higher health level. Substantial progress can be made by focusing on creating healthy living environments (easy access to healthy nutrition, smoke-free living environments, diet, increased physical activity, clean air), and mental resilience.

4. Collaboration and dialogue across all stakeholders and geographies

- Clinicians and other healthcare professionals, scientists, patients, governments and local authorities, industry, the EU, and member states **all have a role to play** in developing and implementing policy solutions. Increasing the patient and civil society voice is particularly important.
- Policymakers and governments should also **provide professionals and healthcare workers with the necessary tools and conditions** for their work. With a comprehensive framework, players on the field can optimise their activities accordingly.
- We need united action, across Europe. This requires a **collective European effort**, bringing together member states, institutions, healthcare professionals, researchers and civil society to ensure a lasting impact.



“While different member states have different needs, sharing best practices and learning from each other on how to implement specific policy directions will help us in the long term.”

Ms Josefien Van Olmen
Research Professor Quality of Integrated Care, University of Antwerp



“CVD prevention and a healthy lifestyle go hand in hand. The solution lies not only in what the government is doing for you but also in what you can do for your own health, and what professionals can do to help you.”

Mr Pascal Meeus
Advisor-general Medical Care at RIZIV/INAMI/NIHDI

5. Data collection and knowledge-sharing are pivotal to ensure evidence-based policies and clinical decision-making:

- New tools are needed to **aid data collection, analysis and sharing** at a local level. The EU JACARDI programme²⁰ involving 21 European countries and 76 partners, focusing on implementing effective practices through 143 pilot projects, will be critical to this effort.
- Data is also needed at an operational level to **steer and monitor actions**. Local networks that are close to people should be able to identify the vulnerable groups that are not reached, but tools are needed to combine and monitor this data.
- Research on hypertension in Belgium showed that the biggest **gap in the cascade of care is between the prevalence on the one hand and the people being diagnosed on the other**, where 50 percent of those patients were missed. Tools and data on the ground are, therefore, needed to steer and monitor actions.
- Data collection within member states is crucial for **identifying risks and lifestyle changes**. The EU's role should be to develop common strategies and coordinate experiences between member states.



“A sustainable future starts with shifting from a curative to a preventive care model. Implementing a health management system to increase both primary and secondary prevention will not only decrease deaths but also costs.”

Mr Rik Vanhoof
General Manager, Belgian Heart League

Members of BACH:

Prof. Antoine Bondue (Hôpital Universitaire de Bruxelles - Hôpital Erasme - ULB, Belgian Heart League), prof. Bernhard Gerber (Saint-Luc UCLouvain, Belgian Society of Cardiology), prof. dr. Ernst Rietzschel (UGent, Belgian Atherosclerosis Society), prof. Fabian Demeure (CHU UCL Namur, Belgian Atherosclerosis Society), dr. Jelle Demeestere (UZ Leuven, Belgian Stroke Council), prof. dr. Michel De Pauw (UZ Gent, Belgian Society of Cardiology), dr. Muriel Sprynger (CHU de Liège, Belgian Working Group on Angiology), dr. Noémie Ligot (Hôpital Universitaire de Bruxelles - Hôpital Erasme - ULB, Belgian Stroke Council), prof. dr. Paul Dendale (Jessa ziekenhuis, European Association of Preventive Cardiology, Belgian Working Group of Cardiovascular Rehabilitation and Prevention), prof. dr. Peter Vanacker (AZ Groeninge, Belgian Stroke Council), prof. Philippe van de Borne (ULB, Belgian Working Group on Cardiovascular Prevention and Rehabilitation, Belgian Hypertension Committee), Rik Vanhoof (Belgian Heart League), prof. dr. Rik Willems (UZ Leuven, Belgian Society of Cardiology), dr. Sofie De Blauwe (AZ Sint-Jan, Belgian Stroke Council), prof. dr. Tine De Backer (UZ Gent, Belgian Hypertension Committee), Amgen, AstraZeneca, Bayer, Boehringer-Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Edwards Lifesciences, MSD Belgium, Novartis, Novo Nordisk, Sanofi Belgium, Servier.



BELGIAN
ALLIANCE for
CARDIOVASCULAR
HEALTH 