



A Joint Reaction to the Council Conclusions on Cardiovascular Health

Position paper



This position paper is co-created and endorsed by the undersigned organisations:



Table of Contents

- 1. Summary 1
- 2. Prevention 4
- 3. Research and innovation 7
- 4. Equity and access 8
- 5. Survivor support 9
- 6. Data and collaboration..... 10
- 7. Community engagement 12

1. Summary

Cardiovascular Diseases (CVD): addressing the EU's leading cause of mortality

Cardiovascular diseases (CVD) remain the leading cause of mortality in the European Union, accounting for 42.5% of all annual deaths—approximately 10,000 lives lost daily¹. This burden translates into significant economic costs, with over €282 billion spent annually on healthcare, including €48 billion in productivity losses². Addressing these challenges is essential for achieving the vision outlined in the Draghi Report³.

Disparities across Member States highlight inequities in service access and outcomes:

- An elderly man in rural Eastern Europe may face hours-long journeys to reach a suitable hospital.
- A young woman in a Western European city benefits from routine care for hypertension.

Such inequalities demand urgent, coordinated action at both national and EU levels to ensure equitable access to care and improved health outcomes.

Key objectives

EUPHA and its partners commend the Council's acknowledgment of these challenges and call for bold, measurable actions akin to the EU Cancer Mission. The following objectives are critical to addressing CVD across the EU:

- Reduce premature mortality through early intervention and prevention.
- Improve quality of life for individuals affected by CVD.
- Address disparities in healthcare access and outcomes across Member States.
- Target shared risk factors like obesity, smoking, and poor nutrition through comprehensive strategies.
- Integrate solutions for overlapping conditions, such as cancer and dementia⁴, to amplify health improvements.

¹ [Cardiovascular diseases kill 10,000 people in the WHO European Region every day, with men dying more frequently than women](#)

² [Economic burden of cardiovascular diseases in the European Union: a population-based cost study - PubMed](#)

³ [ref McKee M, de Ruijter A, Hervey T. Health, the missing chapter in the Draghi Report on Europe's future. Lancet Reg Health Eur. 2024 Nov 23;48:101150](#)

⁴ [Dementia, currently the 7th leading cause of death worldwide, shares multiple modifiable risk factors with CVD, such as hypertension, obesity, and smoking. According to the WHO, dementia is also a major cause of disability and dependence, with significant costs attributable to informal care. The 2024 Lancet Commission on Dementia Prevention, Intervention, and Care identifies 14 modifiable risk factors, including exercise, smoking, hypertension, obesity, high LDL cholesterol, excessive alcohol consumption, and diabetes - all overlapping with CVD risk factors](#)

CSO Commendations

Recognising cardiovascular diseases as the leading cause of death in the EU.



Propose a comprehensive EU cardiovascular health strategy, requiring Member States to regularly report on cardiovascular health metrics and progress under a common framework.

Implementing robust policies targeting tobacco, alcohol, unhealthy food consumption, and sedentary behaviour.



Develop and enforce EU-wide regulations mandating plain packaging for tobacco, front-of-pack food labelling (e.g., Nutri-Score), and minimum excise duties on alcohol, sugar, and tobacco products. Launch EU-level public health campaigns on the risks of sedentary behaviour.

Highlighting environmental determinants via Zero Pollution policies and aligning climate strategies with cardiovascular health to reduce emissions and pollution.



Mandate binding air quality standards aligned with WHO guidelines under the Ambient Air Quality Directive. Require Member States to integrate cardiovascular health impact assessments into climate and energy strategies.

Incorporating mental health as a key element in cardiovascular prevention and management strategies.



Require Member States to include mental health screening and treatment pathways in national cardiovascular care guidelines and primary care services.

Promoting integrated prevention strategies to address overlapping risk factors and burdens of CVD, cancer, dementia, and chronic respiratory diseases (CRDs).



Establish EU-funded programmes targeting shared NCD risk factors, including coordinated tobacco control, obesity reduction, and air pollution mitigation initiatives.

CSO Commendations

Ensuring equitable access to cardiovascular care by strengthening healthcare systems and reducing disparities across Member States.



CSO's Call to Action

Create an EU directive promoting equal access to essential medicines (e.g., statins, antihypertensives) and advanced diagnostics across Member States, with targeted support for underserved regions.

Supporting innovative research and data-sharing initiatives to better understand NCD mechanisms and promote evidence-based interventions.



Allocate Horizon Europe funding for NCD research and require Member States to contribute to a centralized EU data-sharing platform for cardiovascular and NCD health metrics.

Expanding accessible and tailored rehabilitation programmes to include physical, mental, and lifestyle interventions.



Introduce an EU recommendation for universal access to cardiac rehabilitation programmes, with specific funding for rural and remote areas. Promote tailored rehabilitation services addressing diverse patient needs, including those with multi-morbidity.

Enhancing community engagement by involving patients, families, and civil society in policy design and promoting health literacy.



Develop EU guidelines for participatory health policymaking, ensuring meaningful patient and civil society involvement. Support health literacy programmes and community-led prevention initiatives.

Aligning cardiovascular health goals with broader EU strategies, including the Green Deal, detection and management.



Integrate cardiovascular health metrics into EU climate, agricultural, and energy policies to ensure sustainable and health-oriented development.

2. Prevention

We commend the Council for:

- Recognising cardiovascular diseases as the leading cause of death in the EU and emphasising the need for a coordinated Union-level response.
- Recognising that cardiovascular health and mental well-being are strongly interconnected and the need to facilitate the flow of information to and from people living with mental health conditions.
- Acknowledging the critical role of both commercial and social determinants of health in increasing CVD risk and burden.
- Recognising the need to address risk factors such as smoking, alcohol consumption, unhealthy diet, and low level of physical activity, as crucial parts of CVD prevention strategies, including improving health literacy with primary care as a critical point for early intervention and patient support.
- Acknowledging the link between environmental stressors and CVD, the need to address environmental determinants and related equity concerns in CVD prevention strategies, and to advance the implementation of the Zero Pollution policies and health-health actions.
- Acknowledging the need to address chronic respiratory diseases (CRDs), which share risk factors such as tobacco use, obesity, and air pollution with cardiovascular diseases. Integrated prevention strategies are essential to mitigate the burden of these diseases and ensure alignment across non-communicable disease (NCD) initiatives.
- Acknowledging the omission of physical inactivity as a risk factor, which has a widespread impact on health outcomes and must be included in prevention strategies.
- Acknowledging the need to align CVD initiatives with broader EU strategies, like the European Green Deal, to promote sustainable environments conducive to better cardiovascular health, and bridging the productivity gap by fostering healthier populations.
- Recognising the interconnected burden of cardiovascular diseases and cancer, and the opportunity to enhance prevention strategies by addressing shared social and environmental determinants.

We call for action to:

- ★ Implement policies at both national and EU levels to reduce consumption of products associated with major risk factors (e.g., tobacco, alcohol, unhealthy foods), focusing on the most effective actions that target price, availability, and marketing, recognising how the manufacturers of these products target vulnerable populations and children in particular. This should include a clear call for alcohol labelling (nutritional information as well as health claims), food labelling such as Nutri-Score (alongside addressing misleading health claims), and strengthened tobacco legislation, including new tobacco products that we now know carry a similar risk of heart disease as cigarettes. These delayed files under Europe's Beating Cancer Plan (EBCP) must be prioritized to advance CVD prevention.
- ★ Support citizens to increase their physical activity by, inter alia, investing in appropriate, accessible and affordable urban and rural spaces and infrastructure such as parks, bike lanes and sidewalks, nature trails, and sports facilities, and supporting organisations and initiatives that encourage citizens to be more active and lead healthy lifestyles.
- ★ Set up, implement and monitor the effectiveness of mechanisms that limit the influence of health-harming industries on EU policymaking, ensuring the highest level of public health protection from commercial interests. Measures would encompass stricter transparency regulations to expose industry lobbying efforts and funding, alongside strengthened mechanisms to manage conflicts of interest, including exclusion of conflicted industries from participating in policy formulation.
- ★ Focus on better detection, treatment, and control of high blood pressure, including pharmaceutical and non-pharmaceutical approaches, such as reducing salt in processed foods, encouraging physical activity, and addressing stress from precarious lives. Strengthening primary care systems is crucial for delivering these interventions equitably, especially in regions with varying levels of investment, as highlighted by WHO. Clearer roles for public health policy and primary care delivery are key to achieving effective prevention and treatment strategies. ⇒ Integrate prevention approaches for chronic respiratory diseases and their shared risk factors, including measures targeting air pollution and tobacco use.
- ★ Include mental health in these policies, acknowledging the interconnected role of mental health, as prerequisite for successful and effective CVD prevention policies.⁵
- ★ Include health literacy programmes at both national and EU levels to equip citizens with knowledge to evaluate health claims and make truly informed health decisions, while recognising that they face constraints in making healthy choices.
- ★ Recognise the strong causal link between cardiovascular disease and cognitive decline, as laid out in the 2024 Lancet Commission on dementia prevention, intervention and care; as well as the value of risk reduction measures for both body and brain health.
- ★ Call on all Member States to promptly transpose and implement the revised Ambient Air Quality Directive⁶ into national law, aligned with WHO Air Quality Guidelines⁷, ensuring consistent application across the EU.

⁵ [Understanding Mental Health Challenges in Cardiovascular Care - PMC](#)

⁶ [New pollution rules come into effect for cleaner air by 2030 - European Commission](#)

⁷ [WHO Global Air Quality Guidelines](#)

- ★ Call on the European Commission to advance cardiovascular health by urgently accelerating climate change mitigation. The European Commission should set health-protective emission targets for key sectors like energy, agriculture, and transport – advancing public health protection while keeping the EU on track to meet Paris Agreement commitments. These targets would support primary CVD prevention by reducing the emissions of harmful pollutants that heighten CVD risk and contribute to mitigating extreme heat trends that challenge tertiary prevention.
- ★ Implement policies at both national and EU levels to address these risk factors and ensure consistent action across Member States.

3. Research and innovation

We commend the Council for:

- Supporting research and innovation to understand better and address the structural mechanisms through which risk factors affect cardiovascular diseases.
- Ensuring that "available EU funding is used to implement interventions widely", suggesting a need for strategic allocation of resources to address CVD.
- Advocating for "promoting investments in research and development initiatives" to better understand CVD risk factors and develop effective public health responses.

We call for action:

- ★ Promote research on endothelial function, wearable technologies, artificial intelligence, and new care models, as emphasised in the Digital Strategy for 2030 for E-Health⁸.
- ★ Integrate research into health systems by eliminating barriers to clinical trials for innovative treatments, addressing uncertainties, and advancing more effective CVD management strategies.
- ★ Establish a dedicated Horizon Europe funding stream for cardiovascular research, showcasing the EU's commitment to advancing CVD prevention, diagnosis, and treatment.
- ★ Highlight the importance of robust research within the broader non-communicable disease (NCD) agenda, including cardiovascular diseases, cancer, dementia, and diabetes. Comprehensive research is essential to understand both the connections and differences in shared risk factors, such as tobacco use, alcohol consumption, obesity, smoking, physical inactivity and poor nutrition.
- ★ Leverage existing findings from initiatives such as Horizon Europe, the Innovative Health Initiative (IHI⁹), and the Evidence-Based Community of Practice (EBCP¹⁰) to develop integrated prevention strategies and shared treatment approaches that significantly enhance cardiovascular health across Europe.

⁸ [eHealth | Shaping Europe's digital future](#)

⁹ <https://www.ihl.europa.eu/>

¹⁰ https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

4. Equity and access

We commend the Council for:

- Acknowledging uneven distribution of the CVD burden across the EU, leading to significant inequalities in health outcomes.
- Highlighting the importance of addressing gender-specific and socio-economic inequalities in cardiovascular health outcomes.
- Proposing several measures to promote equity and access in CVD care, including targeted health promotion and health literacy, expanding access to rehabilitation, considering the needs of vulnerable groups.

We call for action:

- ★ Strengthen healthcare systems in underserved regions to reduce disparities in care focusing on bolstering primary care services to improve accessibility for vulnerable populations.
- ★ Prepare and implement health promotion strategies across the life course for all, and especially for socio-economic groups disproportionately affected by CVDs.
- ★ Ensure equitable access to affordable essential medications, including statins and antihypertensives, across all Member States, ensuring no population is left behind.
- ★ Ensuring access to palliative care services across diverse populations and underserved regions, and training healthcare professionals on palliative care principles, would contribute to a more equitable and comprehensive approach to CVD care.
- ★ Address social determinants of health at both the national and EU levels, through targeted health promotion and leveraging frameworks like the EPSR action plan¹¹ and the European Union's first-ever Anti-Poverty Strategy¹². These frameworks should be leveraged to target socioeconomic drivers of CVD, ensuring equitable access to prevention, care, and treatment across the EU.

¹¹ [European Pillar of Social Rights Action Plan - European Commission](#)

¹² [Addressing poverty and supporting social inclusion - European Commission](#)

5. Survivor support

We commend the Council for:

- Stressing the importance of secondary prevention strategies, focusing on risk factor control and patient education to prevent future cardiovascular events in those who have already experienced one.
- Expanding access to cardiac and neuro-rehabilitation programmes to support holistic recovery and reduce the likelihood of recurrence.
- Improving therapeutic adherence and promoting healthy lifestyles for people affected by CVD.

We call for action:

- ★ Expand access to cardiac rehabilitation programmes that integrate physical therapy, mental health support—including addressing the long-term psychosocial impact of CVD such as anxiety, depression, fear of recurrence, and social isolation—and lifestyle guidance. Primary care providers can play a pivotal role in facilitating referrals and ensuring continuity of care during rehabilitation.
- ★ Develop targeted programmes to support reintegration into work and address psychological challenges faced by survivors. Build upon the upcoming study on "Job Retention and Return to Work for Cancer Patients and Survivors," contained in Europe's Beating Cancer Plan, to develop effective strategies for CVD patients¹³.
- ★ Develop peer support programmes and community networks to provide emotional support, practical advice, and a sense of belonging for CVD survivors. These networks can play a crucial role in mitigating feelings of isolation and promoting mental well-being.

¹³ [Redirect Notice](#)

6. Data and collaboration

We commend the Council for:

- Emphasizing the need to expand and optimize evidence-based screening coverage for CVD risk factors across Member States, as a critical step toward improving early detection and prevention.
- Calling on the European Commission to leverage the work of the WHO, OECD, Eurostat, and ECDC in monitoring, documenting, and disseminating information on cardiovascular health developments, to support evidence-based policymaking and enhance outcomes.
- Highlighting the importance of promoting collaboration between Member States through the 'Healthier Together' EU Non-Communicable Diseases Initiative and related frameworks, to advance integrated and cross-sectoral approaches to CVD prevention and care.
- Prioritizing the use of Digital Health Infrastructure, including Standardized Electronic Health Records (EHRs), Secondary Use of Data for Research, Policy-making and Innovation for public interest purpose - safeguarding data privacy and non-discrimination principle - and addressing the fragmentation of health data to facilitate seamless integration across Member States.
- Acknowledging the need to address interoperability challenges and establish common standards for data collection and reporting, ensuring data harmonization and flow between Member States to advance cardiovascular health initiatives.

We call for action:

- ★ Establish mechanisms to collate and share CVD research, treatment outcomes, and patient experiences at both national and European levels, ensuring data collection frameworks incorporate equity considerations to address disparities in screening, treatment, and outcomes across diverse populations while fostering consistency and collaboration.
- ★ Create standardized and actionable metrics for cardiovascular health across Member States, ensuring compatibility with existing European frameworks and patient-reported outcomes, while fostering global partnerships to advance cardiovascular health. These metrics should account for differences in socioeconomic determinants and ensure inclusivity in data collection and reporting.
- ★ Encourage the integration of cancer registries into broader NCD databases to improve data harmonization. This will facilitate cross-disease analysis, enhance resource allocation, and support evidence-based policymaking across the EU. Aligning with recommendations for cardiovascular data standardization, the inclusion of harmonized

cancer data can strengthen initiatives such as the Europe's Beating Cancer Plan and the EU4Health programme.

- ★ Consider joint initiatives, such as an EU salt reduction programme, to promote healthier lifestyles. Include a comprehensive European alcohol strategy to address shared challenges and foster coordinated efforts across Member States.
- ★ Address the need for standardised metrics across Member States and the importance of fostering global partnerships in CVD research and knowledge sharing. Global collaboration can accelerate progress by leveraging expertise and resources from around the world.

7. Community engagement

We commend the Council for:

- Recognising the critical role of patients, families, and civil society in shaping effective healthcare strategies.
- Introducing comprehensive educational programmes in schools, workplaces, and communities to increase awareness and knowledge of the importance of cardiovascular health, suggesting that community settings are essential for reaching individuals and promoting healthy lifestyle choices.
- Emphasizing the importance of closer links between the health and physical activity sectors to better integrate physical activity into CVD care. This collaboration can lead to community-based programmes and initiatives that encourage physical activity for individuals of all abilities.

We call for action:

- ★ Highlight the importance of co-design and co-creation approaches, empowering patients, families, and civil society organisations to shape their cardiovascular health through policies and programmes, while emphasizing active involvement in shared decision-making and consulting patient organisations.
- ★ Strengthen engagement with local communities and governments through initiatives that actively foster the inclusive participation of target audiences, including culturally sensitive outreach programmes to reach diverse populations and community health worker programmes designed to provide education and support at the grassroots level.
- ★ Involving patients, families, and civil society organisations in the design and implementation of strategies to address commercial determinants, policymakers can ensure that these efforts effectively counter the influence of private interests of health-harming industries and prioritise public health.