



## JOINT STATEMENT

### The EU must act decisively to improve the cardiovascular health of European citizens

**The signatory organisations jointly call for a comprehensive EU policy response to address the increasing burden of cardiovascular disease and ensure that citizens can live longer, healthier lives – regardless of where they are born or live in the EU – and enable them to continue to contribute to society and the economy.**

Cardiovascular disease (CVD) is a group of disorders, all related to the heart and circulatory (vascular) system.<sup>1</sup> Past efforts and investments into better cardiovascular care, combined with improvements in preventative strategies and infrastructure for acute care, have resulted in a substantial reduction of CVD mortality over the past 50 years. Nonetheless, cardiovascular events (mainly heart attacks and strokes)<sup>2</sup> remain by far the **leading cause of death** in the European Union (EU).<sup>3</sup>

In the EU, CVD accounts for **36% of all deaths** and impacts the lives of **some 60 million people** that are living with CVD.<sup>4</sup> Furthermore, the reduction in CVD mortality has started to plateau and, in some countries, mortality has even started to increase. This should be a cause of great concern for policymakers when considering both population health and the effect on health systems.

Cardiovascular disease is not limited to the elderly. Quite to the contrary, it heavily **impacts people of all age groups**. Around **20% of all premature deaths** (before the age of 65) in the EU are caused by CVD. Many cardiovascular conditions cannot be prevented but are inherited<sup>5</sup> and some may not manifest themselves until adulthood.

Risk and prevalence of CVD increases even further with age and unpreventable functional decline. This is of utmost relevance in view of **Europe's ageing population**. In 2040, 155 million Europeans will be

<sup>1</sup> Cardiovascular disease (CVD) has many forms, and they include ischemic heart disease (also known as coronary heart disease), different types of stroke, peripheral artery disease, heart rhythm disturbances (e.g. atrial fibrillation), heart failure, congenital heart diseases, inherited (genetic) conditions, valvular heart disease and vascular dementia.

<sup>2</sup> Eurostat (2019) Causes and occurrence of deaths in the EU <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20190716-1>

<sup>3</sup> EHN ESC Fighting cardiovascular disease – a blueprint for EU action, June 2020. [2020 ESC-EHN Blueprint Digital Edition pdf](#)

<sup>4</sup> Ibid

<sup>5</sup> Examples include certain cardiomyopathies and arrhythmias, some forms of inherited high cholesterol, and monogenic diseases associated with stroke

over 65.<sup>6</sup> Without decisive action starting today, the number of citizens suffering from CVD and the burden of dealing with the disease will increase dramatically. For example, the projected number of people living with stroke will increase by 35% (from nine million in 2017 to 12 million in 2040).

In addition, CVD often is triggered by other chronic conditions or their therapies<sup>7</sup>, including but not limited to diabetes, hypertension, chronic kidney disease, pulmonary disease, and cancer. Timely identification and appropriate management of these **comorbidities** is essential to combat cardiovascular disease and to reduce healthcare costs.

Reducing inequalities is at the heart of EU action on health, but this objective is far from being achieved as far as CVD is concerned. **Tremendous inequalities** in the access to appropriate cardiovascular care persist within and between EU countries. Death rates from CVD are higher in Central and Eastern Europe than in Northern, Southern and Western Europe. For example, the age-standardised death rate for heart disease is 13-fold higher in women in Lithuania than in France, and 9-fold higher in men. For stroke, the age-standardised death rate is 7-fold higher in women in Bulgaria than in France, and 8-fold higher in men.<sup>8</sup> These inequalities, resulting in differences in access and in awareness, should be addressed.

Cardiovascular disease has been costing the EU **EUR 210 billion** per year, due to direct healthcare costs, productivity loss, and informal care by caregivers.<sup>9</sup> The **COVID-19 pandemic** has added to this challenge due to the significant impact it has had on CVD patients, in terms of access to and delivery of care, as well as of heart health and cardiovascular complications.<sup>10</sup> Indeed, data shows that pre-existing cardiovascular conditions are particularly important predictors of COVID-19 severity and mortality.<sup>11</sup>

Improving the resilience of healthcare systems to pandemics requires acting decisively to improve cardiovascular health. COVID-19 has brought to light the **high vulnerability of CVD patients** and that reducing the burden of CVD and other chronic conditions is the best way of making the European population more resilient to future health threats.

## It is time to act!

We are demanding that the European Commission elaborate an **ambitious plan to address the burden of CVD** and really make a difference by improving the lives of millions of people. This plan should **mobilize research and innovation in CVD** (and its interaction with other chronic diseases) and promote public private partnerships in CVD innovation by **leveraging the various policy and funding instruments**, including Horizon Europe, the EU4Health Programme, the European Health Data Space and Next Generation EU, as well as through horizontal healthcare and life sciences related policy instruments.

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<sup>6</sup> Eurostat (2017) People in the EU – population projections, [http://ec.europa.eu/eurostat/statistics-explained/index.php?title=People in the EU - population projections](http://ec.europa.eu/eurostat/statistics-explained/index.php?title=People_in_the_EU_-_population_projections)

<sup>7</sup> Risks Associated with CVD, Appendix 2, Fighting cardiovascular disease – a blueprint for EU action, June 2020, [2020 ESC-EHN Blueprint Digital Edition pdf](#)

<sup>8</sup> EHN ESC, Fighting cardiovascular disease – a blueprint for EU action, June 2020, [2020 ESC-EHN Blueprint Digital Edition pdf](#)

<sup>9</sup> Ibid

<sup>10</sup> ESC Statement (2020), The collateral damage of COVID-19: cardiovascular disease, the next pandemic wave. <https://www.escardio.org/static-file/Escardio/Advocacy/Documents/ESC%20statement%20on%20COVID-19%20&%20CVD.pdf>

<sup>11</sup> MEP Heart Group Statement (2021), Lessons learned from COVID-19 for Cardiovascular Health: Health Systems Resilience & Digital Transformation [Lessons learned from COVID-19 for Cardiovascular Health MEP Heart Group Statement Feb2021.pdf](#)

Furthermore, the plan should promote **ambitious actions across the whole disease pathway** to keep people in good health and optimise their quality of life, thereby also strengthening resilience at a population level, whilst making efficient use of healthcare resources. This should be done throughout health systems, looking at:

- primary and secondary prevention
- early detection, screening, and diagnosis
- access to care and optimal treatment
- rehabilitation
- quality of life after a CVD event

Our organisations stand **ready to collaborate with EU Institutions** and national governments, to take the necessary steps to improve cardiovascular health and help alleviate the CVD burden for Europe's citizens and for a more healthy and productive society.

### About the signatory organisations

Our organisations represent all aspects of cardiovascular care: from the patients who suffer from the disease to the clinicians and health professionals who take care of the affected patients, from health insurers to research organisations, and the industries that develop the medical and technological innovations that improve the management and care of the disease.

#### List of Signatories (16 June 2021)

International Association of Mutual Benefit Societies (AIM)

European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries (COCIR)

European Chronic Disease Alliance (ECDA)

European Federation of Pharmaceutical Industries Associations (EFPIA)

European Heart Network (EHN)

European Kidney Health Alliance (EKHA)

European Society of Cardiology (ESC)

European Confederation of Pharmaceuticals Entrepreneurs (EUCOPE)

The European FH Patient Network (FH Europe)

Global Heart Hub (GHH)

European Trade Association representing the medical technology industries including diagnostics, medical devices, and digital health (MedTech Europe)

Stroke Alliance for Europe (SAFE)