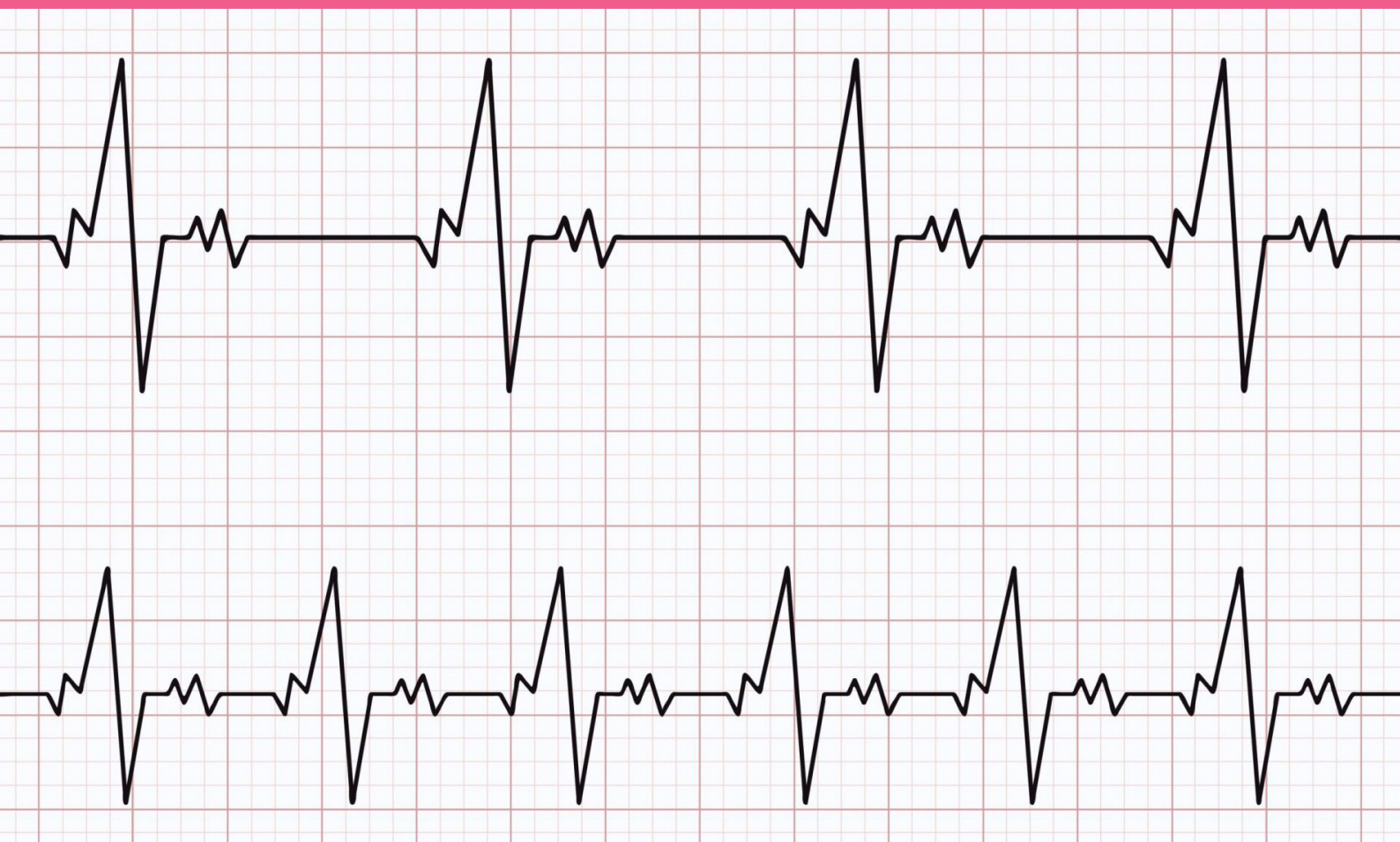


SUMMER 2020

The ticking time bomb

Cardiovascular diseases

EVENT REPORT



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Co-funded by the
Europe for Citizens Programme
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Reinvigorating European healthcare in the time of COVID-19

As of the end of May, COVID-19 has taken the lives of 360,000 people worldwide and this number will continue to rise for months to come. Governments and healthcare providers are naturally focusing all their efforts on tackling this new pandemic. However, this means that many patients with non-communicable diseases, especially heart disease, are being side-lined and thus risk growing sicker or dying.

Could Europe's response to the virus – such as strict lockdowns, broad state support for embattled economies, and accelerated investment in vaccine R&D – offer pointers for reforming healthcare systems? If so, this could also greatly benefit people with chronic diseases and the wider population.

“ This pandemic has changed everything – including the ways we work, interact, socialise and shop. Healthcare systems have come under great strain and have had to adapt quickly

Tamsin Rose, moderator and Senior Fellow at Friends of Europe

During the Friends of Europe online debate 'The ticking time bomb: cardiovascular diseases', livestreamed from Brussels on 28 May 2020, Brando Benifei, Barbara Casadei, Jean-Luc Lemercier and Andrzej Rys plus a videoconferencing audience explored lessons learned from tackling COVID-19. Their discussions also covered the impact of the crisis on patients with cardiovascular diseases (CVD) and the missing links in European health systems.

Kicking off the debate, **Tamsin Rose**, moderator and Senior Fellow at Friends of Europe, noted: “This pandemic has changed everything – including the ways we work, interact, socialise and shop. Healthcare systems have come under great strain and have had to adapt quickly. So we can expect nothing to be the same in future – including the way we configure our healthcare.”

Participants emphasised how patients with non-communicable diseases, such as CVD, have suffered disproportionately due to the virus. Around half of European cardiovascular patients have avoided hospitals for fear of catching the virus or have seen their appointments postponed or cancelled.

In Spain, for example, there has been a 40% reduction in interventions for people with severe heart attacks. According to **Susanne Logstrup**, Director of the European Heart Network, there is a huge problem being stored up by the estimated 150,000

to 200,000 heart patients in the Netherlands getting late treatment for their ailments. Delays like this pose a new challenge for healthcare systems, since cardiovascular disease accounts for 1.8 million deaths yearly in the EU. That is around 36% of all deaths in the EU, whereas cancer accounts for 26%.

There is emerging evidence that COVID-19 infections can lead to heart damage and increase the number of stroke patients, due to blood clots. Not to mention its negative impact on the broader population's physical and mental health, due to lifestyle changes, additional stress and anxiety.

Learning from the COVID-19 response

Rose encouraged participants to look at the lessons already learned from the crisis. How can Europe improve healthcare, including through health promotion and disease prevention? She highlighted that after a slow start last March, EU health providers went into overdrive to fight COVID-19, enjoying unprecedented collaboration with public and private partners. One key lesson learned from that effort is the importance of everyone working together for a common health cause.

“ The rapid response to COVID-19, with clinical trials organised within days and 10,000 patients recruited in just two months, shows that health breakthroughs are possible with the right effort

Barbara Casadei, President of the European Society of Cardiology

There was consensus about striving for a more resilient society in general. Europe must now also build stronger and more resilient healthcare systems. Besides enabling us to deal with any future threats of infection, stronger health systems will offer clear benefits for the large cohort of patients with chronic conditions such as CVD.

“Treatment of cardiovascular disease has long suffered from a lack of innovation and investment. Yet the rapid response to COVID-19, with clinical trials organised within days and 10,000 patients recruited in just two months, shows that health breakthroughs are possible with the right effort,” said **Barbara Casadei**, President of the European Society of Cardiology. She added that the pandemic has taught us we can do things much better and more efficiently.

Further lessons learned from this crisis, according to Casadei, were the urgent need to cut red tape in European healthcare and the need for better data sharing on patients. “We need rapid access to patients' data across Europe in order to learn from each other, as well as to understand what's happening and facilitate prompt

action that saves lives,” she remarked. This view was backed up by **Niek Klazinga**, Senior Health Policy Analyst of the Organisation for Economic Co-operation and Development (OECD): “Data infrastructure is vital for healthcare resilience, as it will boost governance. This is an area the EU should strengthen.”

Role of the healthcare sector

This pandemic has shone a spotlight on some areas where European healthcare is inefficient, slow and bureaucratic, commented Tamsin Rose. She was curious to discover how the life sciences industry has responded and if there is any overlap between ways of tackling cardiovascular diseases and the current pandemic.

“Without doubt, CVD pose a real threat for Europe, due to the combined impact of our ageing population and this pandemic

Jean-Luc Lemercier, Corporate Vice-President Europe, Middle East, Africa, Canada and Latin America regions of Edwards Lifesciences and Chair of the Cardiovascular Sector Group of MedTech Europe

“Without doubt, CVD pose a real threat for Europe, due to the combined impact of our ageing population and this pandemic,” replied **Jean-Luc Lemercier**, Corporate Vice-President Europe, Middle East, Africa, Canada and Latin America regions of Edwards Lifesciences and Chair of the Cardiovascular Sector Group of MedTech Europe.

Lemercier highlighted a worrying World Health Organization statistic: 65% of COVID-19 casualties had an underlying heart condition. Moreover, by 2040, 155 million Europeans will be aged 65 or over, which will only increase the scale of the CVD challenge. In his view, the best solutions are to improve the medical care of these serious yet often treatable diseases by investing smarter in innovative technologies, in order to alleviate the pressure on health services, as well as for governments and institutions to collaborate better.

“The response to the pandemic has indicated some paths for transforming our medical care and providing active and healthy ageing,” said Lemercier. He highlighted that while life has been suspended since March, people have since developed new conditions, while those living with cardiovascular diseases cannot press pause on their medical needs. Surgery and treatment for people suffering from progressive heart conditions must be addressed rapidly. Lemercier also calls for replicating the partnership shown in tackling COVID-19 in the mission to address the cardiovascular time bomb.

Brando Benifei, Member of the Internal Market and Consumer Protection Committee (IMCO) of the European Parliament and Co-Chair of the MEP Heart Group, opened his remarks by stating that today in Europe, more people die from cardiovascular disease than from cancer. Benifei said that: “The pandemic is reshaping our world and health policies. We must discuss a new normality and protect the most vulnerable people, especially CVD patients.” He also called for Europe to prioritise fighting cardiovascular disease by linking civil society, patients, experts and EU institutions.

Benifei emphasised that fighting cardiovascular diseases is a priority for the EU Institutions. He said that the MEP Heart Group has pressed for that in recent years by, for instance, calling on the European Commission for a healthy ageing policy to make sure the elderly population is more resilient to pandemics and educating young people to adopt a lifestyle to prevent CVD. The Group is also working with the European Commission to set up a Joint Action on structural heart diseases and it is pushing for a European CVD summit in late 2020.

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Brando Benifei, Member of the Internal Market and Consumer Protection Committee (IMCO) of the European Parliament and Co-Chair of the MEP Heart Group

Unexpected boost for EU healthcare

The moderator pointed out that Europe's role in health has often been limited by petty arguments over who is responsible for what. “Yet COVID-19 has pushed all that aside, almost overnight, and we now have a clear passage forward and a political commitment to engagement in that field,” said Rose.

She was delighted with EU4Health, the new and vastly upgraded health programme for 2021-2027, with a proposed budget of €9.4bn – some 23 times higher than the budget of the existing health programme. Nevertheless, there are questions over what the EU could do with all that money.

“Our ambitious programme underlines how COVID-19 will speed up the Commission's health work. It also shows how we intend to make the best use of our resources and time with patients, health professionals and politicians, as well as by acting more flexibly,” said **Andrzej Rys**, Director for Health Systems, Medical Products and Innovation at the European Commission Directorate-General for Health and Food Safety.

Rys added that the new programme will of course address circulatory diseases such as CVD, as well as challenges like health digitalisation and data strategies. “Data is key for us, which is why the EU is working on the concept of an EU health data space. Data collection means investing more in infrastructure as well as regulatory systems that cover medicines and devices,” he noted. European countries must also boost the exchange of health expertise.

The medical devices sector is ready to play its part too, Lemerrier promised. He pleaded for more use of smart technology, such as remote monitoring to assist heart disease patients at home. In his opinion, this crisis has shown how telehealth technology can better connect doctors and patients. “In the cardiovascular area, clinicians need technology to enable minimally invasive operations, so that patients can return home quickly. This technology would also benefit COVID-19 patients.”

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Casadei highlighted efforts to build the ‘European Heart Health Initiative’, a continuous pan-European patients registry. However, she said this is struggling to get off the ground, due to the “inequality of data between the northern and southern countries.”

‘Don’t fear hospitals!’

Patients are staying away from hospitals for fear of catching COVID-19. In Poland, according to **Jarosław Fedorowski**, a cardiologist and President of the Polish Hospital Federation, a new public campaign is being rolled out to persuade heart and other patients to go to hospital for any treatment they need during this pandemic.

Neil Johnson, Founding Member of Global Heart Hub, an advocacy group for patients, added that the European Commission could do more to encourage cardiovascular patients to go to hospital: “It’s been tragic hearing from CVD nurses how some patients seem to have been transported back some 40 years in time, due to COVID-19 fears and treatment delays.”

Cancer has long been a main focus for EU health policy, remarked **Florence Berteletti**, Advocacy Director of the World Heart Federation. The time has come for a similar approach for cardiovascular disease – sharing data, strengthening prevention and improving health outcomes.

The moderator asked whether EU countries today have the political will to plough more funds into healthcare systems. Benifei argued that the European Parliament has often proven its determination to defend EU citizens’ healthcare interests, including promotion of a healthy lifestyle. But progress is typically hampered by a fragmented healthcare sector, as well as member states blocking decisions and seeking low-level compromises. Hence the need for more political will to reform and support governments, so that they can make faster and more practical decisions. “We need more healthcare action at EU level, building on existing powers and expanding EU competence for a real health union,” he concluded.

Closing the debate, Rose underlined how this pandemic has resulted in many disruptive changes for healthcare – with devastating infection and death tolls alongside some promising developments in terms of healthcare action and collaboration Europe-wide. “This is an opportunity for change because, as the old saying goes, health is wealth.”

