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# Addressing cardiovascular health in a changed and changing world

EVENT REPORT



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**On 16 May 2022, experts in cardiovascular health came together with national and European policymakers to discuss new approaches to improving cardiovascular health. During the Friends of Europe debate, 'Addressing cardiovascular health in a changed and changing world', participants discussed the value of concerted EU action on health, how to future-proof prevention, and inequalities in CVD prevalence, treatment and outcomes.**

As the world emerges from the pandemic but remains in a state of change, as we reevaluate health systems and the importance of health to well-functioning societies, and as the way we interact with health systems changes, there is now an opportune moment to assess what can be done differently to address the long-standing challenge of cardiovascular disease (CVD) in Europe.

The event was organised by Friends of Europe in partnership with the European Alliance for Cardiovascular Health (EACH) and endorsed by the Members of the European Parliament (MEP) Heart Group.

CVD, primarily heart disease and stroke, is the leading cause of disability and death in Europe – and has been for many years. Today 60mn people are affected by CVD, and CVD is connected to 1.8mn deaths per year. During the COVID-19 pandemic, screening decreased and health priorities shifted, while CVD risk factors increased. The picture of CVD in Europe reflects the wider challenges that we face in health systems and societies. The issue is closely connected to the need to reorient health systems towards health promotion, disease prevention and the uneven burden of disease across different population groups, which reflects wider regional and social inequalities in Europe.

At the event, EACH launched 'The EACH Cardiovascular Health Plan for Europe', a multi-pronged strategy designed to diminish premature and preventable CVD deaths; improve equitable access to risk assessment and multidisciplinary care pathways across Europe; and promote research, data sharing and health literacy around cardiovascular health (CVH).

**The debate made clear that there is still much more to be done to reduce the CVD death and disease burden in Europe, whether on healthy ageing, research, addressing inequalities, health literacy or the implementation of digital solutions. The clear message was that it is important to consider not only what needs to be done but also how it should be done. It is time to move from patients to people, from disease to health.**

## Key messages

- CVD is the leading cause of illness and death in Europe, creating a significant health and economic burden, which – without concrete action – will continue to grow as the population ages.
- EACH unveiled a European strategy for CVH based upon a coordinated approach to CVD prevention, screening, management, research, best practices and data. The EACH plan calls for countries to create tailored national plans for CVH.
- Addressing inequities, particularly in central and eastern Europe, is a top priority.
- Spain's innovative CVH strategy promotes citizens' responsibility in disease prevention along with streamlined and equitable screening and treatment.
- Increasing health literacy across Europe is critical for reducing CVD and improving heart health through lifestyle changes that lower risk factors.
- Healthy ageing is key to sustainable European health systems.
- Systematic screening for inherited conditions that can cause early-onset CVD must be implemented across Europe.
- Capitalising on new digital technologies to share data and knowledge, facilitating research and implementing existing best practices will allow Europe to meet the challenge of CVD.
- Research gaps exist.
- Digital solutions need to be integrated throughout the care pathway.

### A coordinated strategic approach to CVH

*“The burden of cardiovascular disease in the population in the European Union is so tremendous that we need many different approaches to tackle it. There are many options to tackle the burden of cardiovascular diseases,”* explained **Stephan Achenbach**, President of the European Society of Cardiology.

The new EACH plan calls for the creation of a ‘European Knowledge Centre’ that capitalises on digital technologies to capture fragmented data and promote research across Europe. A ‘European Cardiovascular Observatory’ will identify and share new developments and best practices for the prevention, assessment and management of CVD.

To ensure country-level implementation of the European CVH Plan, the strategy supports European countries in the development of national plans to improve heart health and address CVD in their populations. These plans should be flexible enough to address the specific population needs of each country while retaining the overarching framework and goals of the European strategy. **Tomasz Guzik**, Regius Chair of Physiology and Cardiovascular Pathobiology at the University of Glasgow, reiterated via the event’s online comments: *“It is essential to make sure that national strategies follow the pan-EU strategies and that they are all aligned.”*

The EACH CVH plan links with ‘Healthier Together’, a new European Commission initiative dedicated to reducing the burden of non-communicable diseases (NCDs), including CVD. **Artur Furtado**, Deputy Head of Unit at the European Commission Directorate-General for Health and Food Safety (DG SANTE), pointed out that Healthier Together will *“provide inspiration and guidance between member states as they work together”* to reduce CVD. Furtado evoked the CVH strategy recently developed in Spain, which could serve as a model for other countries.

### Spain’s strategy for CVH: shifting from patients to citizens

A comprehensive national strategy for CVH (Estrategia en Salud Cardiovascular (ESCAV)) has recently been developed in Spain. It promotes a culture of equitable health across the country’s 17 autonomous regions.

In view of the ageing population demographic in Spain, it is important to empower citizens to improve their CVH to avoid an unsustainable burden on the health system explained **Héctor Bueno**, the scientific coordinator of the Spanish plan, who is a clinical cardiologist and researcher at Hospital Universitario 12 de Octubre. He explained: *“We have shifted our strategy’s philosophy, moving from disease to health, from patients to citizens.”*

Spain’s CVH strategy includes 134 specific actions around research, prevention, data, screening, treatment and management, with accompanying indicators to measure progress and outcomes. Reflecting the overarching goal of including all of society in the collective effort to improve heart health and promote a healthy lifestyle, the strategy was developed with input from over 100 actors, including health professionals, engineers, economists, policymakers and patients.

*“We need to consider the view of the patients and move beyond our traditional indicators to take into consideration the patients’ expectations to help them live better and safer at home,”* Bueno stated.

### Redressing inequalities in gender, geography and health literacy

Gender inequality is an ongoing problem in CVD. Spain's CVH strategy includes mechanisms to reduce sex-based inequities in prevention, screening and treatment. The EACH CVH plan also seeks to improve equitable access to quality screening, treatment and care.

Inequities also exist between countries and regions, with central and eastern Europe having notably higher levels of CVD. A coordinated European strategy is particularly crucial for these areas. Sharing data, knowledge and best practices between countries will help to reduce disparities by improving quality screening, treatment and care.

**Juozas Olekas**, Member of the European Parliament and former Lithuanian health minister, welcomed the coordinated approach: *"There are significant disparities in access to CVD diagnosis, treatment and follow-up, which can have disastrous consequences. We cannot act alone."*

Improving health literacy and education can also help countries with high CVD rates to reduce the existing burden. Promoting health literacy for all, with specific campaign measures to reduce lifestyle and behavioural risks, is a priority. Fostering trust among populations, however, is a prerequisite to launching an effective prevention campaign.

**Robert Hatala**, Head of the Cardiology and Angiology Department at the National Cardiovascular Institute, highlighted that the COVID-19 vaccination campaign was an example of varying levels of trust in health information: *"The last two years of the pandemic have shown us that there is significant heterogeneity across Europe when it comes to trusting medical science. In some countries, two-thirds of the population were opposed to vaccination."*

### Unhealthy lifestyles – a risky business

Obesity, tobacco use, poor diet, lack of physical exercise and excessive alcohol intake all contribute to the burden of CVD across Europe.

*"The tremendous increase in obesity and diabetes that we currently see is extremely concerning regarding cardiovascular health and the population,"* Achenbach warned. The EACH CVH plan calls for mechanisms to support populations to reduce these preventable risks.

*"We have to help citizens to lead healthier lifestyles,"* observed **Stella Kyriakides**, European Commissioner for Health and Food Safety.

Other types of risks must equally be addressed. Air and noise pollution, stress, chemical exposure and climate change have been identified as contributing to CVD. Synergies must be created with other national and European agencies to reduce harmful environmental factors.

### Promoting heart health through prevention and early screening

Raising health literacy around all non-communicable diseases (NCDs), including CVD, is a key priority of the European Commission and an important element for fostering a healthy ageing population. Dedicated funding for projects geared towards reducing

CVD and other NCDs hold a central place in the Commission's health work programme. *"A call for proposals for stakeholders will be launched in July this year on CVD and diabetes,"* Commissioner Kyriakides informed participants.

The Healthier Together initiative and related proposals illustrate EU-level recognition for addressing the health burden of CVD and other NCDs.

Access to early CVD screening is also important for preventing severe patient outcomes. **Oliver Bisazza**, Director General of Industrial Policies at MedTech Europe, used the event's ongoing online chat to query: *"What about doing more to diagnose the disease earlier, so we can prevent the conditions from becoming more burdensome than they have to be?"*

**Magdalena Daccord**, Chief Executive of FH Europe, a network of 29 patient organisations across Europe for familial hypercholesterolemia (FH) and other inherited lipid conditions, also brought up increased screening for this group of diseases, which cause early-onset CVD: *"Although familial hypercholesterolemia affects 1 in 300 people across Europe, less than 10% are detected."*

Inherited lipid conditions frequently affect paediatric populations. Daccord emphasised that these conditions must be adequately represented in the strategy for CVH, stressing *"the importance of including cholesterol and inherited risk factors in prevention programmes to avoid unnecessary consequences of CVD"*.

**Bart Torbeyns**, Executive Director of the European Diabetes Forum, concurred: *"Early detection through screening allows early and intensive treatment. This is exactly what people with Type 1 diabetes need as well. Let's not forget children and adolescents with both FH and Type 1 diabetes."*

Although paediatric screening programmes for FH and other inherited lipid conditions have been implemented across a number of member states, many inequities remain, due mainly to cost-related factors. Early screening for FH has benefits for the patients' entourage, explained Daccord: *"Early detection of a CVD risk factor in a child also allows us to detect, through cascade screening models, risk factors in their parents before they develop heart attack, stroke or maybe even die prematurely."*

### The YOUNG50 prevention programme

To effectively prevent CVD, it is important to address problems before they begin. The YOUNG50 cardiovascular screening prevention programme is a risk assessment programme for people aged 50. The programme includes personalised counselling for developing a healthy lifestyle, support in improving identified risk factors, and dedicated follow ups.

Initiated in Italy, the YOUNG50 programme has been rolled out in Lithuania, Luxembourg and Romania.

**Joanne Fleming**, Project Manager for the YOUNG50 #Stay Healthy - Cardiovascular Risk Prevention project, funded under the third EU Health Programme, explained: *"This is an age when many are busy with their lives and can miss warning signs and overlook risk factors, yet there is still time for decisive action."*

As **Brando Benifei**, Member of European Parliament and Co-Chair of the MEP Heart Group asserted, *"cardiovascular health is important for everyone, at all ages."*

### Prioritising research and data

Scientists reiterated the need for robust research with harmonised datasets and nomenclatures.

**Karin Sipido**, Professor of Cardiology at the Katholieke Universiteit Leuven, commented, *“all progress in prevention, early detection and treatment is fed by research. Cardiovascular research is at risk. A lack of solid growth in public funding is paralleled with lack of growth of research outputs. A research funding strategy to reverse this trend is needed, which must be as comprehensive as the Cancer Plan.”*

In a similar vein, a coordinated approach needs to ensure that nomenclatures and data are harmonised. **Tatjana Potpara**, Cardiologist and Head of Department at the University of Belgrade, stated, *“a standardised CV disease/health data collection with uniformed variable definition across all EU members would facilitate insights into unmet needs, communication among HCPs [healthcare professionals] and further action points.”*

**Gerrit Zijlstra**, Senior Region Europe Medical Director at Novartis, urged via chat for fuller implementation: *“While [...] innovation needs to continue (and accelerate) in Europe, improving CVH also depends on effective implementation of existing knowledge.”*

### Conclusion

CVD is a major health challenge impacting millions of Europeans. The European CVH Plan capitalises on emerging technologies and digitalisation to be shared across Europe that promote disease prevention, early screening, improved health literacy, streamlined treatment and disease management, best practices, coordinated data and collaborative research.

*“Tackling these challenges demands a coordinated effort across different policy areas,”* Kyriakides acknowledged.

This formidable goal can only be met through a coordinated strategic response that leaves no one behind. *“Nothing is effective as acting together,”* underscored Achenbach.

Wrapping up the debate, moderator Tamsin Rose summarised the discussion: we need more research and scientific discovery as progress has slowed in recent years; we need improvements in health literacy; we need to look at risks; we need better health promotion and disease prevention; and we need pathways for people living with cardiovascular disease.

*“There’s an enormous amount to be gained if we can get an appropriate strategy at European level, which is measurable, which has policymakers accountable for the change, and which allows for a whole-of-society response,”* she concluded.

