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EPHA's Vision and Strategic Recommendations for the EU Cardiovascular Health Plan: Achieving Healthier Hearts in a Healthier Europe

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Executive Summary

Cardiovascular diseases (CVDs) remain the leading cause of death and disability in Europe, costing the EU an estimated €282 billion annually.[1] CVDs are interconnected with other – often preventable - major non-communicable diseases (NCDs) such as diabetes, obesity, lipid conditions, and chronic respiratory disease, sharing common risk factors and social, environmental, and commercial determinants.

The **EU Cardiovascular Health Plan (ECHP)** offers a pivotal opportunity to deliver systemic, cross-sectoral solutions that not only address CVD but also advance broader public health, equity, and economic goals.

The **European Public Health Alliance (EPHA)**, representing 45 member associations from across the WHO European Region, urges policymakers to seize this opportunity and implement the following actions as part of the ECHP.

1. Prevention

Accelerate **implementation of outstanding Europe's Beating Cancer Plan** (EBCP) measures relevant to cardiovascular health, including legislative action in the area of tobacco control and marketing of unhealthy products.

Ensure coherence between public health objectives, EU subsidy and fiscal frameworks. Phase out EU subsidies and tax breaks for harmful products and polluting energy sources (alcohol, tobacco, ultra-processed foods, fossil fuels, biomass energy). Redirect resources to health-promoting measures such as healthy food subsidies, active mobility, and clean air.

Reinforce EU and national governance mechanisms to embed (cardiovascular) health into environmental, climate, and urban policy, including through the establishment of an **EU Expert Group on Climate and Health** to drive integration of cardiovascular prevention into all relevant legislative and planning frameworks.

2. Early Detection & Screening

Develop **EU guidelines on life-course screening** with clear, evidence-based criteria for timing, target populations, and follow-up.

Launch an **EU-supported initiative** to implement **evidence-based, multi-condition, standardised**

1 Cardiovascular diseases statistics - Statistics Explained - Eurostat

screening protocols for CVD risk factors, and directly related disease and comorbidities (e.g. hypertension, atrial fibrillation, diabetes, chronic respiratory disease, dementia, kidney disease).

Support the integration of CVH screening into other NCD screening and specialist care pathways beyond direct comorbidities, leveraging EU funding programmes to pilot and scale integrated screening models in Member States, and facilitating best-practice exchange, with health authorities sharing proven models for integrated screening and patient referral.

3. Management, Care, & Rehabilitation

Recommend and support the development of national cardiovascular care protocols in all Member States, embedding multi-disease, multidisciplinary team models, with EU guidance, best-practice exchange, and targeted funding to ensure consistent, patient-centred care across Europe.

Establish a **European network of specialised cardiovascular centres** to harmonise treatment standards, reduce disparities, and facilitate the integration of cutting-edge research into day-to-day care.

Develop **EU guidance for comprehensive cardiovascular rehabilitation**, integrating digital tools, community-based models, and psychosocial support to improve reach, effectiveness, and equity.

4. Cross-Cutting Enablers

Build robust, interoperable cardiovascular data systems aligned with the European Health Data Space, ensuring high-quality, standardised, and regularly updated datasets across Member States, supported by EU4Health and Horizon Europe funding.

Support an EU-wide cardiovascular health literacy campaign tailored to diverse linguistic, cultural, and literacy contexts, integrating messaging across the prevention spectrum and linking to related health areas such as cancer, mental health, and respiratory health.

Embed mental health as a core pillar of cardiovascular prevention and care, with referral pathways between cardiovascular and mental health services and expanded access to community-based and digital mental health support.

Require structured patient involvement in the design, implementation, and evaluation of cardiovascular policies and services, including advisory boards, co-design processes, and mandatory participation in EU-funded initiatives.

Make equity a central principle in EU cardiovascular health action by mandating disaggregated data collection, developing EU-level progress indicators, and requiring equity impact assessments for all major cardiovascular policy and funding decisions, with targeted interventions for high-risk groups.

Introduction

Cardiovascular diseases (CVDs) remain the leading cause of mortality and morbidity in Europe. This underscores the urgency of an Europe's Cardiovascular Health Plan (ECHP) fit to meet the challenge this poses to society, healthcare systems, and economies.

CVD is not an isolated health challenge but part of a growing crisis of Multiple Interconnected Chronic Conditions (MICC), including diabetes, obesity, and chronic respiratory, kidney, and liver disease. CVDs are largely driven by risk factors shared across Non-Communicable Diseases (NCDs), and their impact on communities is further exacerbated by mounting environmental stressors. This reality reinforces the **need for urgent, systemic, and coordinated approaches to cardiovascular health**.

Importantly, these **efforts must be cross-sectoral** in nature, positioned not only as targeted responses to CVDs, but also as a **coordinated approach to tackle NCDs** and, more broadly, as a **strategic investment** with wide-ranging benefits for public health, societal resilience, and economic competitiveness.

The **European Public Health Alliance (EPHA)** is the EU's largest civil society platform dedicated to protecting and improving public health, representing 45 member associations across the WHO European Region. Drawing on its own expertise and that of its members, this paper presents **key recommendations** for the plan, structured around the three action areas identified in the call for evidence, plus a fourth domain of cross-cutting enablers. Delivering on these recommendations will require coordinated, integrated action at both EU and Member State levels.

Prevention

The ECHP presents a critical opportunity for the EU to take a leadership role in reshaping chronic disease prevention through a systemic and integrated lens. CVD shares risk factors with a range of major preventable NCDs, including cancer, diabetes, and chronic respiratory illnesses. These conditions are driven by overlapping commercial, environmental, and social determinants. A **bold and coherent prevention strategy combining legislative, fiscal, and public awareness measures** can generate significant co-benefits, not only for cardiovascular health, but also for other public health and sustainability challenges that are interconnected and escalating.

A key priority must be **accelerating the implementation of outstanding legislative and non-legislative prevention initiatives outlined by the European Commission in Europe's Beating Cancer Plan (EBCP) with direct relevance to cardiovascular and cardio-metabolic health**. Tobacco use, alcohol consumption, and unhealthy diets remain leading - and modifiable - contributors to the burden of CVD, accounting for a substantial share of premature mortality and health system costs across the EU. A recent WHO Europe report[2] found that alcohol, tobacco, and ultra-processed food industries are responsible for over 2.7 million deaths annually in the region, primarily through NCDs including CVD. Urgent progress is needed to **meaningfully update key legislative instruments** - in particular the **Tobacco Taxation Directive** and the **Tobacco Products Directive**, to address evolving patterns and challenges in market developments and consumption patterns of tobacco and nicotine products. Comprehensive tobacco control measures are among the most cost-effective tools to reduce CVD and NCDs morbidity and mortality. Just as critical is the effective regulation and restriction of marketing for harmful products - such as tobacco and nicotine products, alcohol, and nutrient poor foods high in salt, sugar, and saturated and trans fat - which disproportionately target and affect young people, low-income groups, and other vulnerable and marginalised populations. Advancing these legislative frameworks can significantly curb cardiovascular risks and promote equity, delivering wide-ranging public health, social, and economic benefits.

Complementary to these efforts are the **systemic, public-good oriented, and cross-sectoral policies needed to ensure coherence across public health objectives, EU subsidy and fiscal frameworks**. Article 168 of the Treaty on the Functioning of the European Union (TFEU) provides a robust legal foundation for the EU to support and complement Member State actions aimed at improving public health, preventing diseases, and reducing sources of danger to physical and mental health. Leveraging Article 168, the EU can promote alignment and coherence in health-related measures across diverse policy areas such as agriculture, energy, transport, and environment, thus addressing the broader determinants of cardiovascular health.

2 https://www.who.int/europe/news/item/12-06-2024-just-four-industries-cause-2.7-million-deaths-in-the-european-region-every-year

Current subsidy regimes significantly undermine public health. The Common Agricultural Policy (CAP) continues to support sectors and commodities despite their established links to increased CVD risk - propping up high–saturated-fat animal products, financially supporting the wine sector, and indirectly bolstering the ultra-processed and harmful food industry through subsidies for commodity ingredients like refined sugars and oils.[3][4] Additionally, CAP area-based payments persist in supporting raw tobacco growers, estimated to total around €270 million between 2023 and 2027, contradicting public health obligation under the Article 168 and objectives under the EBCP.[5] Fossil fuel subsidies and support for biomass energy under the Renewable Energy Directive continue to lower the cost of polluting energy, fuelling air pollution and the climate crisis, both key contributors to cardiovascular morbidity and mortality. To address these contradictions, **the EU must urgently commit to ambitious phase-out timelines for subsidies and tax breaks for alcohol, tobacco, ultra-processed and nutritiously poor foods, biomass energy, and fossil fuels**. Redirecting these resources toward health-promoting measures, such as strengthening public health systems, subsidising fruit and vegetable consumption, expanding clean and active mobility, and improving environmental monitoring, would support healthier behaviours, reduce health inequities, and generate climate-health co-benefits.

Finally, **institutional mechanisms must be reinforced at both EU and national level, to embed (cardiovascular) health considerations into broader policy domains**, and particularly in **environmental, climate**, and **urban governance**. Effective prevention of CVD requires that air pollution, climate mitigation and adaptation, and urban infrastructure be treated as core determinants of public health. Health-protective urban design, green infrastructure, and environmental regulation can significantly reduce cardio-metabolic risk, while also enhancing resilience and quality of life across EU communities. A strategic next step to advance the ECHP's goals, and public health goals more broadly, would be the establishment of a dedicated **EU Expert Group on Climate and Health**, building on the groundwork laid by the European Climate and Health Observatory, which already facilitates data integration and monitoring across sectors. This expert group would serve as a key governance mechanism to systematically embed health considerations, and particularly cardiovascular prevention, into climate, environment, and urban policy. By strengthening interservice and interministerial coordination at both EU and Member State levels, it would ensure that health and environmental stakeholders engage early in the policy development process, rather than at the margins. Crucially, it would help set clear, measurable targets that reflect the reciprocal impacts of environmental policy on health outcomes, and vice versa. As CVD is closely linked to air pollution, extreme heat, and other environmental stressors, such a structure would provide the cross-sectoral leadership needed to drive systemic CVD and NCD prevention. Anchoring this coordination within the ECHP would enhance policy coherence and maximise the plan's public health, equity, and sustainability impacts across the Union.

3 https://www.nature.com/articles/s43016-024-00949-4
4 https://agrifoodecon.springeropen.com/articles/10.1186/s40100-020-00159-z
5 https://www.spglobal.com/commodityinsights/en/ci/research-analysis/eu-keeps-pumping-100-million-into-tobacco-production

Early Detection & Screening

Standardised early detection and screening are essential to reducing the burden of cardiovascular disease (CVD) and its interconnected conditions. Yet Europe continues to face considerable variation in access, quality, and outcomes of cardiovascular screening, which drives avoidable morbidity, mortality, and healthcare costs, currently estimated at around €282 billion annually across the EU. Over the past decade, the EU and its Member States have invested significantly in strengthening secondary prevention of CVD and other NCDs, through joint actions, pilot projects, and collaborative initiatives (e.g. JACARDI, JA PreventNCDs). These efforts have generated a valuable body of evidence on target populations, strategies, and protocols, many of which demonstrate strong potential to improve early detection, patient pathways, and population health outcomes. The ECHP offers a unique opportunity to build on this foundation by consolidating and promoting the implementation of the work already undertaken. The integration of proven methodologies from joint actions into national and regional health systems, while adapting them to diverse contexts, can help ensure equitable access to high-quality cardiovascular prevention and care across Europe.

A **life-course screening model** offers the most effective approach: assessing metabolic, inherited, and vascular risks from birth through childhood and key periods in adulthood and later life. This requires **clear, evidence-informed guidelines**, that should be co-developed by medical societies and health authorities **with EU support**, on target populations and optimal timing, coupled with **awareness campaigns for clinicians and the public** to increase timely service provision and uptake.

Another cornerstone of the ECHP should be the **launch of an EU-supported initiative to scale up evidence-based, standardised approaches to screening and early detection programs for major cardiovascular risk factors and directly related comorbidities**. This should prioritise conditions with clear, well-established links to cardiovascular disease, including hypertension, atrial fibrillation, diabetes, kidney disease, and lipid disorders – which share common pathophysiological mechanisms with CVD and have a strong, bidirectional impact on outcomes. In parallel, screening pathways should also address closely associated conditions which, while not primarily vascular in origin, share significant risk factors with CVD and contribute substantially to its burden – such as, for example, chronic respiratory disease and dementia. [6][7][8] Aligning screening protocols for these conditions, embedding them within coordinated care pathways, and harmonising approaches across Member States can improve early detection, strengthen secondary prevention, and enhance health system efficiency. **Integration of cardiovascular health screening into other NCD and specialist care pathways beyond direct comorbidities** can further expand reach and efficiency. This means embedding CVD risk assessments into programmes such as cancer screening, occupational health checks, maternal health services, or general wellness examinations, where patients may not otherwise be reached by cardiovascular-specific initiatives. **EU funding programmes** can help pilot and scale these models, with a focus on

6 https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12340-52112-79990
7 https://pmc.ncbi.nlm.nih.gov/articles/PMC5722015
8 https://health.ec.europa.eu/system/files/2022-06/eu-ncd-initiative_publication_en_0.pdf

digital interoperability, workforce training, and streamlined referral systems. A dedicated **EU best-practice platform** would enable Member States to exchange tested models, share implementation insights, and adapt approaches to diverse health system contexts.

Management, care, and rehabilitation

Comprehensive, continuous, and inclusive care pathways are essential to optimise recovery and long-term outcomes during and after cardiovascular events. However, access to and quality of treatment and rehabilitation services varies significantly across Europe. Building on the knowledge, models, and practical tools generated through previous and ongoing EU-supported initiatives, there is a clear opportunity to translate this accumulated experience into more consistent, high-quality provision across Member States.

The EU should **recommend and support the creation of comprehensive, standardised national cardiovascular care protocols in all Member States**. These protocols should embed multi-disease, multidisciplinary team models to enable proactive management of interconnected NCDs, ensure smooth care transitions, and deliver truly patient-centred care. EU action could include issuing common framework guidance, facilitating best-practice exchange, and leveraging EU4Health funding to support protocol development and professional training.

To harmonise standards of care, reduce regional disparities in care quality and access, and foster multi-disease and research-care integration, the EU should facilitate the creation of a European network of specialised cardiovascular centres. These centres would serve as hubs for high-quality, multi-disease care, knowledge-sharing, and cross-border collaboration, improving equity and outcomes for patients with cardiovascular conditions and related NCDs across Europe. The development of targeted **EU-level guidance for cardiovascular rehabilitation**, should be a crucial element of the ECHP. This guidance should promote the integration of digital tools, community-based models, and psychosocial support, ensuring greater reach, continuity, and effectiveness of care post-discharge. It should also set best practices for the screening, referral, and follow-up of anxiety, depression, and social isolation, supported by EU-funded training sources and educational initiatives.

Cross-Cutting Enablers

To ensure the success and sustainability of the ECHP, a strong enabling environment must be established, anchored in robust data systems, inclusive communication, integrated mental health care, structured patient involvement, and equity-driven governance.

Improving cardiovascular health data interoperability and standardisation across Member States is essential for driving evidence-based cardiovascular policymaking, monitoring outcomes, and identifying inequalities. The ECHP should explicitly support alignment with the EHDS and **promote the collection, standardisation and regular update of cardiovascular data**, ensuring cardiovascular datasets are accessible, high-quality, and comparable across borders. EU funding instruments such as EU4Health and Horizon Europe can be leveraged to support national capacity-building, technical infrastructure, and cross-country registries, enabling real-time surveillance of risk factors, service uptake, and treatment outcomes.

EU-coordinated communication and health literacy campaigns tailored to diverse linguistic, cultural, and literacy contexts can enhance community cardiovascular health literacy. The ECHP should mandate the development of **EU-wide health literacy campaigns**, tailored to different linguistic, cultural, and literacy contexts. These initiatives are key to empower individuals and communities to actively engage in preventive health behaviours and to deepen their understanding of how behavioural, lifestyle, and environmental factors impact their cardiovascular health. Joint campaigns should integrate cardiovascular health literacy, from primary to tertiary prevention, with related health conditions, particularly cancer, mental and respiratory health.

Mental health is closely intertwined with cardiovascular health. Depression, anxiety, and chronic stress increase CVD risk and complicate recovery, yet mental health remains insufficiently addressed in cardiovascular care pathways. The ECHP should formally embed mental health as a cross-cutting pillar of integrated cardiovascular prevention and care, recommending **referral pathways between cardiovascular and mental health services**, and the expansion of **community-based and digital mental health solutions**. EU programmes such as EU4Health, Digital Europe, and the Mental Health Strategy can be mobilised to support service delivery and innovation.

To ensure policies and initiatives are relevant and inclusive, the EU CHP should **make active and meaningful patient participation a formal requirement in the design, implementation, and evaluation of cardiovascular policies and services**. This includes recommending the creation of national or regional patient advisory boards, co-design workshops and mandatory patient engagement in EU-funded cardiovascular initiatives.

Finally, equity must be central to all actions within the ECHP. The Plan should explicitly mandate the **collection and use of disaggregated data** (e.g. by age, gender, income, education, geography, ethnicity) to identify and address gaps in access, outcomes, and prevention coverage. **EU-level indicators** should be developed to benchmark progress. Specific guidance should be issued to help Member States implement **targeted interventions** for groups at higher risk, particularly for those where this higher risk is due to social determinants of health - such as low-income populations, rural communities, and people living with multiple chronic conditions. Equity impact assessments should become standard for all major cardiovascular policy and funding decisions.

Conclusion

EPHA remains committed to championing an ambitious and evidence-based EU Cardiovascular Health Plan that delivers on prevention, early detection, equitable treatment pathways, and robust patient involvement. Effectively protecting cardiovascular health in Europe requires an integrated, multi-sectoral approach, embedding these priorities into all relevant EU and Member State policies.

We call for coordinated action to accelerate proven prevention measures, harmonise screening and care protocols, and ensure equity and patient voices are central to every step. The adoption of comprehensive, evidence-based, and inclusive strategies, can support Europe's efforts in reducing preventable deaths and health inequities, strengthening public health, resilience, and prosperity across the region.

The European Public Health Alliance (EPHA) is an international not-for-profit association established in Belgium in 1993. Our mission is to advocate for the protection and improvement of public health in Europe, both via health policies and across all other relevant policy areas that have an impact on health. Since its foundation, EPHA has grown into the EU's largest civil society platform of organisations working together to protect and improve public health in Europe. EPHA serves as a change agent in the public interest, independent from commercial funding. We facilitate the mobilisation of our diverse member organisations, that include civil society organisations, groups of health professionals and public health actors. EPHA thanks its members, including the British Society of Lifestyle Medicine (BSLM), the European Cancer Organisation (ECO), the European Diabetes Forum (EUDF), the European Liver Patients' Association (ELPA), the European Respiratory Society (ERS), the International Society of Doctors for the Environment (ISDE) Italy, and the Vascular Access Society (VAS), for their valuable feedback and inputs to this output.

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