

European Heart Network (EHN) Response to the Call for Evidence on a European Cardiovascular Health Plan

CVD is Europe's leading killer and a major social and economic burden. Over 60 million people across Europe live with CVD, which causes more than 1 in 3 deaths in the EU — many premature and preventable. The economic cost is estimated at €282 billion annually through healthcare, lost productivity and informal care. Yet up to 80% of premature CVD deaths can be prevented through effective prevention, earlier detection and better care.

Although health systems are mainly a Member State competence, many determinants of cardiovascular health cross borders. Food and alcohol consumption, tobacco and nicotine regulation, digital trade, marketing, advertising, and environmental standards all have a cross-border impact and can be shaped at EU level, as are research, procurement and investment policies. Leveraging these tools can deliver a coherent and equitable response.

The Plan should rest on three pillars, with equity as a horizontal priority:

1. Prioritise Prevention.

The EU must use regulation, fiscal tools and procurement to make healthy choices affordable and accessible. Key actions include:

- Harmonised, mandatory front-of-pack nutrition labelling.
- Strict restrictions on marketing HFSS (High in fat, salt and sugar) foods to children.
- Mandatory criteria for sustainable public food procurement.
- Reformulation targets to cut salt, sugar and saturated fat while increasing plant-based foods.
- Redirecting CAP (Common Agricultural Policy) and promotion funds to support healthy diets.
- Revising tobacco legislation to include all nicotine products and vapes, ensuring smoke-free environments.
- EU-level alcohol policies: health and energy warnings, higher prices, reduced availability, and bans on promotion and subsidies.
- Stricter air pollution laws.
- Promoting physical activity in schools, cities and communities.
- EU guidance for systematic screening in primary care for hypertension, cholesterol, diabetes and atrial fibrillation.

2. Empower Patients.

People with CVD must have access to holistic rehabilitation, digital continuity of care and psychosocial support. The EU should promote multidisciplinary and digital rehabilitation, ensure patient representation in health and research policy, strengthen legal protections against discrimination, and scale investment in health literacy, awareness and mental health. Furthermore, those living with or recovering from a CV condition require access to ongoing CV health maintenance, structured programmes, peer to peer, psychological and community-based support (nursing and care, medical adherence programmes, remote monitoring). All stakeholders should be improving patient experiences, outcomes, and value throughout the care continuum. New technology could play a major role in improving quality of life.

3. Strengthen Research & Innovation.

EU research funding must increase for CVD, with a strong focus on prevention, early detection, sex- and age-specific factors, paediatric CVD, and inequalities. Investment in interoperable EU data platforms will enable high-quality research and equity analyses. Predictable regulatory frameworks should ensure timely access to diagnostics and therapies, while implementation science must help proven interventions reach scale. In parallel, the EU should ensure a system for both pharmaceuticals and medical devices that prioritises and facilitates the availability of life-saving innovations—particularly for children and for those living with rare conditions.

Address inequalities in CVD

CVD disproportionately affects people with lower incomes, ethnic minorities and rural communities. Women remain underrepresented in research and care, with symptoms often misunderstood or misdiagnosed. Children with cardiovascular conditions are also overlooked. EU policy can reduce inequities by targeting determinants, ensuring sex- and age-sensitive approaches, and funding programmes in regions with the greatest burden.



European Heart Network
Fighting heart disease and stroke