

European Alliance for Cardiovascular Health¹

Proposal for a Member States' Joint Action in secondary prevention

Policy Context:

The EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a) through the specific objectives defined in Article 4, points (a) and (i) of Regulation (EU) 2021/522) **calls for the reduction of the burden of non-communicable diseases (NCDs).**

Non-communicable diseases (NCDs), including cardiovascular disease, stroke, cancer, chronic respiratory diseases, chronic kidney disease and diabetes, represent the major share of the burden of disease in Europe. Of these NCDs, cardiovascular disease (CVD), a group of disorders related to the heart and circulatory (vascular) system, is the leading cause of death and accounts for **1.8 million deaths** in the EU every year (36% of all deaths), with close to **13 million new CVD** cases annually.²

This also has a significant economic impact, costing EU countries **over €210 billion** in healthcare costs, lost productivity, and informal care costs.³

The health and economic burden of CVD has been compounded by the **COVID-19 pandemic**. It is now clear that COVID-19 also affects other organs, including the heart, and that pre-existing cardiovascular conditions are particularly important predictors of COVID-19 severity and mortality. Studies have shown that 15–40% COVID-19 patients had a history of cardiac disease and 10–30% showed laboratory signs of cardiac injury and cardiovascular involvement, associated with a more severe clinical course.⁴

To date, most EU and Member States' actions to tackle cardiovascular diseases have been focussing on **primary preventive measures**, such as promoting healthy lifestyles or tackling environmental factors.

While these actions are very important, they are clearly not sufficient. Regardless of having a healthy lifestyle, many people develop cardiac disorders due **to their genetic predisposition** or due to **congenital** factors.

Other conditions are linked to **functional decline due to ageing** (such as age-related structural heart diseases). Some cardiovascular disorders result **from other chronic conditions or their therapies**, such as treatment for certain types of cancer, diabetes, hypertension, chronic kidney disease, pulmonary disease.⁵

The next step to tackle CVD is to promote action on **secondary prevention**. Secondary prevention refers to detecting a health problem at an early stage, thereby **facilitating cure, or reducing or preventing it spreading or its long-term effects**. According to WHO, secondary prevention includes **early detection**, comprising activities such as evidence-based, targeted screening of at-risk populations to enable early

¹ www.cardiovascular-alliance.eu

² European Society of Cardiology and European Heart Network (2020), Fighting cardiovascular disease – a blueprint for EU action

³ *ibid*

⁴ MEP Heart Group (2021): Lessons learned from COVID-19 for Cardiovascular Health: Health Systems Resilience & Digital Transformation

⁵ Joint Statement (2021): [The EU must act decisively to improve the cardiovascular health of European citizens](#)

detection of diseases or for prevention of congenital malformations; and preventive drug therapies of proven effectiveness when administered at an early stage of the disease.⁶

Recent evidence suggests that **evidence-based, targeted case-finding in selected settings and to specific population groups** known to be at high risk are more likely to be effective for reducing CVD.⁷ Such specific population groups could include people, who may develop age-related heart diseases linked to functional decline, or people who could have genetic predisposition. patients with comorbidities that increase risk of cardiovascular disease,

By fostering better CVD secondary prevention, through early detection, **more patients will become known and have the possibility to be treated early in quality-assured pathways** to prevent the onset of the disease, debilitating CVD events and deaths. In addition, **more reliable data on CVD will become available**. To be able to ‘manage’ this data and information, a **European-wide representative and timely information system** should be set-up.

The advantages of continuous national registries aiming to support continuous quality improvement at the hospital and country level have been demonstrated by the Swedish, and more recently, the UK models.⁸ Continuous data collection and provision can substantially improve quality of care, resulting in improved outcomes.⁹ To achieve this, the use of validated quality indicators to assess the effect of various measures on healthcare outcomes and inequalities across the EU will be ensured. There is a need for CVD registries to be coordinated and expanded at European level, in order to inform **evidence-based decision-making** throughout the disease pathway.

A Joint Action on secondary prevention of CVD will leverage and further build on existing initiatives steered by the EU, and notably the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP). It will support Member States to meet the health targets of the UN Sustainable Development Goals and to reach the EU4Health Programme objectives more specifically. Improving citizens’ cardiovascular health will contribute to achieving equity, and strengthening healthcare systems’ resilience, the economy and society more broadly.

Objectives, scope and activities

Enhancing cooperation between Member States on secondary prevention of CVD is a key aim of this Joint Action, by:

- increasing and strengthening data collection, as well as the exchange of best practices
- supporting networks for knowledge-sharing and mutual learning
- supporting capacity-building actions to strengthen strategic planning

⁶ WHO <http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html>

⁷ European Heart Network (2021). [Early detection of cardiovascular disease – an update from the European Heart Network](#)

⁸ Annual report SWEDEHEART 2012. Scand Cardiovasc J. 2014 Aug;48 Suppl 63:2-133. doi: 10.3109/14017431.2014.931551. PubMed PMID: 25119891

⁹ EuroHeart: European Unified Registries On Heart Care Evaluation and Randomized Trials: An ESC project to develop a new IT registry system which will encompass multiple features of cardiovascular medicine, <https://academic.oup.com/eurheartj/article/40/33/2745/5556633> consulted on 11Oct2021

Expected results and impact

This Joint Action is expected to result in:

- a) Improving national efforts in secondary prevention of cardiovascular disease
- b) Sharing of best practices among Member States and enabling the transfer of these best practices.
- c) Better data and information systems on CVD, where Member States are encouraged and supported to optimize the use of their health data, to stimulate research and enable data-driven healthcare. Contributing to such an interoperable framework should facilitate to the realisation of the European Health Data Space.
- d) Improving quality of cardiovascular care

The expected impact is a reduction in morbidity and mortality rates for CVD, and therefore a lower societal and economic burden. It will increase the capacity of national authorities to design and implement relevant approaches to improve secondary prevention of cardiovascular disease, and ultimately improve health outcomes and quality of life for European citizens.

Indicative timeline, budget, implementation, and procedure type:

Call topic/sub-topic	Estimated call publication	Budget
Direct grants	2022	10 - 15 000 000 EUR
Procedure type	Implemented by	Types of applicants targeted
Direct grant to Member States (Joint Action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States authorities