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European Alliance for Cardiovascular Health

EACH Cardiovascular Health Summit 2025

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The Inaugural EACH Cardiovascular Health Summit

This report gives an overview of key points and comments made at a two-day Summit hosted by the European Alliance for Cardiovascular Health (EACH). The first ever EACH Cardiovascular Health Summit attracted expert speakers and over 200 attendees to Brussels, Belgium on 10 and 11 December 2025. Policy makers, patient groups, industry, scientists and others debated subjects including best practices in national approaches to combating cardiovascular disease, the need for collaboration across disciplines and across borders, and how to address inequalities in access to cardiovascular care, one week ahead of publication of the EU Safe Hearts Plan.

Wednesday 10 December

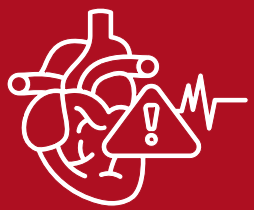
I/ *"I am proud that cardiovascular health is for the first time centre stage as a priority on the EU policy agenda,"* said **Thomas F. Lüscher**, President, European Society of Cardiology, opening the Summit with **Welcoming Remarks**.

There have been huge advances in the understanding, diagnosis and management of cardiovascular disease over the last decade, he said, but cardiovascular disease remains the major killer of the European population.

There are still gaps in treatment and disparities in access to care, for instance between men and women, ethnicities and age groups. Air pollution, traffic noise, climate change, and ultra-processed foods all add to the widespread health risks contributing to cardiovascular disease.

Add to this rising rates of obesity and an ageing population around Europe and *"we are at risk of reversing what we have achieved."*

Stories and evidence to be heard at the Summit would show that *"behind every statistic lies a patient, a unique story,"* he concluded. *"Now our efforts must be heard by people in positions of influence."*



1 in 5

OF CARDIOVASCULAR DISEASE
IS CAUSED BY THE ENVIRONMENT

"Europe has a unique opportunity, a golden hour, in which to take the lead."

He hoped the inaugural European Cardiovascular Health Summit would be the first of a series over the coming years.







1. Thomas F. Lüscher, President of the European Society of Cardiology, delivering the opening remarks
2. The archway and entrance of the venue, welcoming attendees to the Cardiovascular Health Summit.
3. Thomas F. Lüscher, President of the European Society of Cardiology, welcoming Commissioner for Health Olivér Várhelyi upon his arrival at the Cardiovascular Health Summit venue.
4. Registration area of the venue



II/ *"Although high blood pressure, poor diet, smoking and a lack of exercise are widely recognised as the traditional factors, the environment itself is one of the most important influences on cardiovascular health"*, said **Franz Weidinger**, Past-President, European Society of Cardiology, presenting a "Science Snippet" on **How does the environment around us affect our risk for cardiovascular disease?**

Noise pollution, air pollution, light pollution and plastic pollution are *"not innocent bystanders,"* agreed **Thomas Münzel**, University Medical Center of Mainz. Indeed, the European Environment Agency reports that 1 in 5 of cardiovascular disease is caused by the environment.

He reminded participants that *"genetics loads the gun but environment pulls the trigger."*

People living in cities and other urban environments are particularly at risk of "co-exposures" to, for instance, air and noise pollution. "Heatwaves driven by climate change also add to environmental factors, with temperatures set to rise substantially.

Environmental vulnerability may begin even before birth, with the foetus exposed to pollution as well as the mother.

Europe must reflect these environmental risks in cardiovascular health policy, he concluded. *"Protecting the environment means protecting the heart."*

III/ Almost every family in Europe has lost a loved one to cardiovascular disease, often sooner than expected and with no warning, said **Romana Jerković**, MEP and Chair of the European Parliament Cardiovascular Health Group. *"We blame genetics, bad luck, or aging. We should call it what it is: a political and societal failure."*

Most cases of cardiovascular disease are preventable but cases are worsened by unequal access to care and environmental exposure, she explained, leading a panel on **Aspirations for the EU Cardiovascular Health Plan from the European Parliament.**

"We need health education…Screening those at high risk should be the norm, not the exception." The upcoming EU Cardiovascular Health Plan will be a test of how ambitious Europe can be.

"Prevention is the best tool we have and it is neglected."

Veronika Ostrihoňová MEP agreed that, to date Europe has focused heavily on treatment, at the expense of preventative measures. Societal responsibility means *"we have to make it easier for individuals to take responsibility."*

Awareness at schools is needed alongside policies to reduce the marketing of unhealthy products targeted at young people, such as alcopops. For this a revision of the Audiovisual Media Services Directive is urgently needed.

Christophe Clergeau MEP said there are lessons to be learned from EU and national approaches to regulating tobacco. Although smoking rates among young people have fallen markedly, children and youths are now being targeted with alternatives to cigarettes, such as disposable vapes.

The ongoing revision of the taxation directive was welcomed as a possible way of targeting tobacco, but Europe must go further: *"We need to develop a tobacco-free generation."*

Victor Negrescu MEP said he has seen all the problems there can be in accessing cardiovascular care, from a lack of preventative measures to delayed ambulances.

"We need to coordinate better," he said. "*Work with the private sector and move data faster between hospitals. Have common EU standards. We can do that."*







1. 2. Franz Weidinger, Past-President of the European Society of Cardiology, interviewing Thomas Münzel from the University Medical Center of Mainz during the first session of the Summit: the Science Snippet titled “How does the environment around us affect our risk for cardiovascular disease?”

3. 4. MEP Romana Jerković, Chair of the MEP Cardiovascular Health Group, moderating the MEP Panel with MEP Ostrihoňová, MEP Negrescu, and MEP Clergeau during the Cardiovascular Health Summit.



IV/ Cardiovascular disease is the leading cause of death in Europe today, with 1.7 million people dying every year. What is more, *"We are on the brink of a trend that could get very quickly, massively worse,"* said **Olivér Várhelyi**, European Commissioner for Health and Animal Welfare.

His **Keynote address: The EU Cardiovascular Health Plan** gave an overview of the proposal a week before its publication, scheduled for 16 December.

The policy will be known as a *"Safe Hearts Plan,"* he announced, and will offer *"a coordinated approach to cardiovascular disease at an EU level, for the first time ever."*

Regarding prevention, he estimated that 80% of lives lost to cardiovascular disease could be saved. *"We should try to save them."*

This includes addressing the huge increase in average weight around the EU, where a third of the population is now thought to be overweight or living with obesity. Around 30% of children under 15 are living with obesity or are overweight.

"This is not only a medical question. It is also a question of the choices we are making every day."

With this in mind, the Safe Hearts Plan will address *"the biggest shortcomings in public health policy."* This includes those around eating, drinking, sport and lifestyle.

The Commissioner reassured the audience *"this is not about taking products off the shelf. It is not Brussels telling people what to do: far from it. This is about telling people for instance about Ultra-Processed Foods. Then if they want to continue consuming something, of course they can."*

"We need to address inequalities, to give solutions at every level and to everyone." This includes developing an EU protocol on health checks.

More than half of Member States don't have a cardiovascular health plan. Millions of Europeans do not monitor their blood pressure or know their own cholesterol and blood sugar levels.



1.7

MILLION PEOPLE

DYING EVERY YEAR FROM CARDIOVASCULAR DISEASE

Artificial Intelligence (AI) also brings new opportunities for cardiovascular health. 20 million euros has already been allocated to investments in AI to address cardiovascular health this year, the Commissioner said.

Long-term funding for the Safe Hearts Plan will be important, but he asked his audience to *"be mindful this is not about raising budget money but about funding a long-term cardiovascular plan."*

One idea would be to take inspiration from the *"Polluter Pays Principle"* used in environmental policy and ensure that *"those who are doing the damage contribute to mitigation."*

20

MILLION EUROS

ALLOCATED TO INVESTMENTS IN AI TO ADDRESS CARDIOVASCULAR HEALTH





1.2. Commissioner for Health Olivér Várhelyi delivering his keynote address, presenting the new Cardiovascular Health Plan.

3. The auditorium as Commissioner for Health Olivér Várhelyi delivers his keynote address.

4. Commissioner for Health Olivér Várhelyi being interviewed following his keynote address.



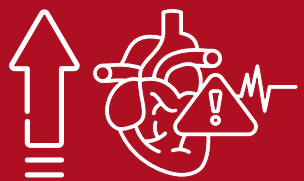
V/ *"Mental health issues do increase the risk of developing cardiovascular disease, and vice versa,"* said interviewer **Richard Mindham**, ESC Patient Forum, opening a Science Snippet panel on **Hearts & Minds: How does cardiovascular disease affect mental health, and vice versa?**

Chronic stress or depression can trigger an increase in heart rate and raise blood pressure, explained **Hector Bueno**, National Centre for Cardiovascular Research, Madrid. Over a long period of time this can trigger inflammation, damaging vessels and the immune system.

Recovering from a cardiovascular event, or simply being diagnosed as having a cardiovascular condition, may easily affect a patient's mental health.

Faye Forsyth, Luxembourg Institute of Health, gave an example of an older woman suffering from depression and obesity, who was diagnosed with heart failure. With no proper support or follow up, her mental health and depression worsened when she left the hospital and went home. This then led to increased frailty and her transfer to a care home. *"If she had been screened for depression and offered tailored care, perhaps the outcome would have been different."*

Faye also reminded participants that anxiety and depression are much more prevalent among women than men.



MENTAL HEALTH ISSUES

INCREASE THE RISK OF DEVELOPING CARDIOVASCULAR DISEASE, AND VICE VERSA

VI/ The Safe Heart Plan is *"a long awaited, long advocated, long fought for health plan,"* said **Borjana Pervan**, World Heart Federation, presenting a High-level panel on **Addressing inequalities and improving equity through EU and national cardiovascular health action plans**.

Greece has demonstrated in practice that preventive measures and screening saves lives and increases confidence in the public health sector, said **Eirini Agapidaki**, Alternate Minister of Health, Greece. Moving from a *"hospital-based"* healthcare system, in which screening happens *"by chance,"* Greece has in recent years offered everyone free healthcare screening, regardless of their income, status or place of residence.

"Is this financially sustainable? Yes, provided it is well designed." EU Recovery and Resilience Funds were used as a catalyst for the programme. Universal blood screening is relatively low cost, while digitalisation can reduce costs.

Above all, she said *"every euro invested avoids hospitalisations and increases productivity."*

Robert Gil, National Medical Institute of the Ministry of the Interior and Administration, Poland, said the new Cardiovascular Health Plan means *"we can do it."* This means *"optimising activities"* through a cardiology network across countries.

"There is a massive need for education" about cardiovascular health *"among the clinician community too,"* added **Jesús Ponce**, EFPIA Cardiovascular Health Platform. He described cardiovascular disease as *"a silent pandemic."* He said that, just as with COVID-19, the disease reveals inequalities even within western countries.

Arlene Wilkie, Stroke Alliance for Europe, said she was glad to see the EU *"saving hearts"* and called for strokes not to be forgotten in the Safe Hearts Plan. Stroke Alliance for Europe has drafted best practice guidelines, showing what stroke care should look like. These include *"practical tools for national coordinators, and KPIs to ensure this is not just a plan on a shelf but something that can be measured."*





1.3. Richard Mindham (ESC Patient Forum) interviewing Hector Bueno (National Centre for Cardiovascular Research, Madrid) and Faye Forsyth (Luxembourg Institute of Health) during the second Science Snippet, titled "Hearts & Minds: How does cardiovascular disease affect mental health, and vice versa?"

2. Eirini Agapidaki, Alternate Minister of Health of Greece, giving an interview.

4. High-level panel titled "Addressing Inequalities and Improving Equity through EU and National Cardiovascular Health Action Plans", featuring Eirini Agapidaki (Alternate Minister of Health, Greece), Arlene Wilkie (Stroke Alliance for Europe), Robert Gil (National Medical Institute of the Ministry of the Interior and Administration, Poland), Jesús Ponce (EFPIA Cardiovascular Health Platform), and Ewa Piasecka (Permanent Representation of Poland to the EU), moderated by Borjana Pervan (World Heart Federation).

5. Borjana Pervan (World Heart Federation) moderating the High-level panel









~20%

THE DANISH POPULATION - ONE OF THE LOWEST RATES OF CARDIOVASCULAR DISEASE DEATHS IN EUROPE

VII/ Another example of national best practice was given in the next panel, a **Spotlight on cardiovascular health in Denmark**.

The Danish population now has one of the lowest rates of cardiovascular disease deaths in Europe, at about 20%. However, 30 years ago there was a *"time of desperation for Danish cardiologists,"* with people dying on waiting lists, said **Michael Rahbek Schmidt**, Danish Cardiac Society. This eventually provoked *"pretty radical action"* from cardiologists, who began collecting the names of dead patients and sending these to politicians.

Almost overnight, a lot more attention was given to cardiovascular disease. Local guidelines were developed to promote harmonised treatment and awareness. The new paradigm ensured that people received care wherever they lived. A national data registry makes it possible to track where inequality exists and treat it.

"We have to build an environment where the healthy choice is the easy choice," added **Natasha Selberg**, Danish Heart Foundation, EHN Member. Collaboration between Danish authorities, NGOs, and the food industry saw Danes double their intake of wholegrain in ten years, with important benefits for cardiovascular health. This collaboration included the development of a wholegrain food label and encouraged the food industry to reformulate some products. The good evidence base shared by NGOs at the same time increased consumer demand for wholegrains, leading to *"a win-win situation."*

VIII/ *"As Europeans, we want a healthier, more resilient Europe. A strong and competitive Europe. We have all the capacities to reach this objective,"* said **Damien Gruson**, President-Elect, European Federation of Clinical Chemistry and Laboratory Medicine, in his **Closing Remarks** on the first day of the Summit.

"I have some tips and tricks for your time here in Brussels," he joked. Any Belgian chocolates bought should be *"at least 72% cocoa,"* and to anyone enjoying the famous Belgian pommes frites he simply said, *"don't forget vegetables on the side."*





1. Damien Gruson, President-Elect of the European Federation of Clinical Chemistry and Laboratory Medicine, delivering the closing remarks for the first day of discussions.
2. 3. Michael Rahbek Schmidt (Danish Cardiac Society) and Natasha Selberg (Danish Heart Foundation, EHN Member) being interviewed by Borjana Pervan (World Heart Federation) during the session “Spotlight on cardiovascular health in Denmark”.
4. View of the auditorium during the sessions of the Summit.
5. MEP Romana Jerković attending the sessions of the summit.







Thursday 11 December

IX/ A panel debate on **Bridging the Innovation Gap: Translating Science into Cardiovascular Health Impact** opened the second day of the Summit.

"The traditional view is of a patient as a passive recipient of treatment," said **Melinda Roaldsen**, European Stroke Organisation and Stroke Action Plan for Europe. *"There is a dawning realisation that this is not the whole truth and that the patient's own mindset and motivation play an important role in treatment."*

"Healthcare is always teamwork between professionals, but it would not exist without the patient."

Laura Sampietro Colom, Clinic Barcelona, said it was also important that developers work with patients and doctors, because *"sometimes breakthrough innovations don't come with the evidence doctors or patients want."*



NORDIC COUNTRIES

GIVE ACCESS
TO DATA ACROSS BORDERS.

"We have to put the patient in the centre, particularly in case of any change from primary care to rehabilitation. Ask what he or she sees."

Information, organisation and cost are all challenges for bringing breakthrough innovations to market.

Bridging the innovation gap also requires close industry involvement. *"Industry is a collaborator, not just a contributor,"* said **Doris Pommi**, Siemens Healthineers. *"We can only be good if we are doing this collaboratively."*

This includes helping industry to understand what the challenges healthcare providers face are. *"We need to be able to ask the right questions. Every industry is innovating in its own way."*

Data at European as well as national level is needed, not simply for training AI algorithms but for understanding the patient journey. In many cases where data exists, access is a problem.

A best practice example heard that the Nordic countries already in most cases collect and give access to the data across borders between each other.

Although sharing data cross-border is essential, homogenisation is not the answer. There must always be room for different national cultures and healthcare organisations. This means customising best practice to different countries.









1. 2. 4. Melinda Roaldsen (European Stroke Organisation and Stroke Action Plan for Europe), Doris Pommi (Siemens Healthineers), and Laura Sampietro Colom (Clinic Barcelona) pictured participating in the panel discussion titled “Bridging the Innovation Gap: Translating Science into Cardiovascular Health Impact”, moderated by master of ceremony Karen Coleman.

3. Master of Ceremony Karen Coleman and Borjana Pervan (World Heart Federation) together on stage.

X/ The focus on patients continued with consideration of **Patient Voices in Action: How Lived Experience Can Guide a Transformative EU Cardiovascular Health Plan.**

Here coordination between doctors was found to be a challenge. Too often "each doctor focuses on their own discipline," said **Kostas Tagkalos**, International Diabetes Federation Europe. "They don't see the holistic view of the patient."

Making it easier to share patient health records across borders – and even between hospitals – would improve treatment plans and save lives.

Digitalisation should make it easier to share data and even to address linked conditions, such as diabetes and obesity. A digital platform where all data is stored and which patients may access using a unique ID code is unlikely to be opposed by patients or doctors but requires political action.

As a stroke survivor, **Diana Wong Ramos**, Portugal AVC, Stroke Alliance for Europe, Global Heart Hub Affiliate, said at times it seemed there was a war between cardiology and neurology departments. Presenting as a 34-year-old, she said her cardiovascular condition was for a long time misdiagnosed as anxiety.

Marc Rijken, Global Lp(a) Taskforce, FH Europe Foundation, agreed that having had a heart attack before the age of 40 he had seen major gaps in testing and a general lack of coordination between specialists, followed in his case by a second heart attack. *"My situation should not have been possible in the EU,"* he said. *"The Safe Hearts Plan is a step forward in potentially closing these gaps."*

Coordination and early action helped to save the life of **Francesca Musso**, HCM Patient Foundation, Global Heart Hub, who was diagnosed with a heart condition at the even earlier age of 24. Even she, however, suffered from *"limited psychological and practical support"* after being successfully implanted with a defibrillator. Instead of being charged with writing repeat prescriptions, she suggested doctors could *"invest time in looking at patients and what they need."*

Patient organisations help to give voices urgency. When health professionals do not have the answers, peer support groups can give hope and understanding, as well as good support and general advice on the simple tasks of daily life.



1. 3. 7. Francesca Musso (HCM Patient Foundation, Global Heart Hub) intervening during the panel discussion "Patient Voices in Action: How Lived Experience Can Guide a Transformative EU Cardiovascular Health Plan".

2. Kostas Tagkalos (International Diabetes Federation Europe) during the panel discussion.

4. All panellists of the "Patient Voices in Action" panel discussion engaging in conversation on stage

5. Marc Rijken (Global Lp(a) Taskforce, FH Europe Foundation)

6. Diana Wong Ramos (Portugal AVC, Stroke Alliance for Europe, Global Heart Hub Affiliate)


2
Marc Rijken
p(a) Taskforce, FH Europe Foundation


3
Lp(a) Taskforce, FH Europe Foundation


4
Diana Wong Ramos
Portugal AVC, Stroke Alliance for Europe,
Global Heart Hub Affiliate
Marc Rijken
Global Lp(a) Taskforce, FH Europe Foundation
each


5
kalos


6


7

XI/ A recurring topic of the Summit was the focus of the next Science Snippet, on **Gender differences in CVD – coming together to close the gap.**

Often when we think about cardiovascular disease, the image that comes to mind is of an older man clutching his chest. This *"societal perspective"*, as **David Adlam**, University of Leicester, UK, explained, has a knock-on effect on government policy and on funding. The data shows that, judged by cardiovascular outcomes, women are *"fairly consistently doing worse than men."* Until that popular image of a man is changed to include both genders, outcomes will not improve.

Jolien Roos-Hesselink, Erasmus University Medical Centre, Rotterdam, said that women's risks of developing cardiovascular risks later in life are not properly recognised. As well as guidelines, awareness-raising among women is needed. Stroke and hypertension are overlooked as a problem for women and often dismissed, simply because blood pressure is usually low during pregnancy.

Where gender is taken into consideration at the moment, too often it focuses only on pregnancy. There is a need to include the whole of female life, including for instance menopause and women's roles in society.

Maria Rubini Gimenez, Gender Task Force Chair, European Society of Cardiology, closed by calling for support for women in clinical trials leadership positions – and a plea not to exclude those who don't include women but instead to incentivise those who do.













1. 2. 3. Maria Rubini interviewing Jolien Roos-Hesselink (Erasmus University Medical Centre, Rotterdam) and David Adlam (University of Leicester, UK) during the Science Snippet "Gender differences in CVD – coming together to close the gap"

4. 5. 6. 7. 8. 9. Exhibition displayed in the networking area.







XII/ Marius Geanta, Centre for Innovation in Medicine, FH Europe Foundation, opened the panel debate on **CVD and Cancer: Synergies, Learnings, Opportunities, and Challenges** by asking for more information about the EU Cancer Mission and Plan, which had been mentioned by **Commissioner Várhelyi** the day before as an inspiration for the Safe Hearts Plan.

Penilla Gunther, EU Cancer Mission Board, said the Mission had made a big difference, setting clear goals for prevention, diagnostics and treatment of cancer, as well as quality of life. She said that, although a similar approach could help treat cardiovascular disease, different terminology might be necessary. For instance, screening for cardiovascular disease often means just a simple blood test, in contrast to some more invasive screening tests for cancers.

The Cancer Plan and Mission mean the EU is not starting from scratch when it comes to cardiovascular health, said **Catherine Paradis**, WHO Europe. She welcomed the new focus on cardiovascular disease as a chance to talk about the health risks of *"heavy episodic drinking."* In contrast with earlier speaker's calls to help consumers make informed decisions, and **Commissioner Várhely**i's assurance that the Safe Heart's Plan was not about making products unavailable, she warned that for cardiovascular disease *"information is insufficient."* Instead, there is a need for *"population-level policies that help people move away from health-harming products."* She pointed to a significant reduction in the number of hours a week in which alcohol can be sold in Lithuania as an example of best practice, which had quickly led to a drop in hospital admissions. She said that *"mandatory health warnings on alcohol labels"* were also needed.

Françoise Meunier, European Initiative on Ending Discrimination Against Cancer Survivors, hoped for the *"right to be forgotten"* to be made mandatory in law. This means that five years after the end of treatment for a cancer, insurance policies would *"forget"* about the disease and treat recovered patients the same as healthy applicants. She noted that comparable legal protections could also be helpful, and should be explored, for other conditions such as cardiovascular disease.

Following the comments about alcohol, she added *"I'm amazed we haven't talked about tobacco. I don't know any other legally available product killing as many people as tobacco."*

XIII/ Cardiovascular disease is an economic as well as a health burden, attendees heard during a final panel debate on key messages from the EACH Summit **Keeping the EU competitive through improving and investing in cardiovascular health.**

Francesca Colombo, Head of the Health Division, OECD, gave a sneak peek of an OECD report on The State of Cardiovascular Health in the EU, published 15 December. Acknowledging that 62 million people live with cardiovascular disease in Europe, she said it was important to look beyond death and into quality of life. Regardless of geography or gender, people with cardiovascular disease report experiencing a lower quality of life.

More than 3 in 4 cardiovascular deaths in the EU are linked to *"modifiable risks,"* such as obesity and psychological conditions. Despite this huge opportunity for preventative measures, levels of testing for blood sugar, blood pressure and cholesterol remain low across the EU. In addition, the adoption of digital health technologies is limited, "even though these can transform cardiovascular disease diagnosis, prevention and care."

Susanna Price, European Society of Cardiology, said *"if we can reduce the burden of cardiovascular disease, this will automatically translate to improvements in productivity."* She suggested given more attention to what employers can do to help employees, such as workforce health prevention programmes to promote screening and healthy lifestyles.







1. Catherine Paradis (WHO Europe) during the panel discussion “CVD and Cancer: Synergies, Learnings, Opportunities, and Challenges”.
2. Penilla Gunther (EU Cancer Mission Board) during the panel discussion “CVD and Cancer: Synergies, Learnings, Opportunities, and Challenges”.
3. Marius Geanta (Center for Innovation in Medicine, FH Europe Foundation) moderating the panel discussion featuring Catherine Paradis, Penilla Gunther and Françoise Meunier (European Initiative on Ending Discrimination Against Cancer Survivors).
4. Francesca Colombo (OECD) presenting the report “The State of Cardiovascular Health in Europe”
5. MEP Billy Kelleher during the “Key takeaways panel: Keeping the EU competitive through improving and investing in cardiovascular health”
6. Susanna Price (European Society of Cardiology) and Frederic Clement (MedTech Europe Cardiovascular Sector Group)







Today, Europe has a *"reactive illness system,"* not a healthcare system. Shifting to earlier diagnosis and prevention would empower people.

Billy Kelleher MEP, reminded everyone that some EU cardiovascular policy is needed because *"national governments don't have the luxury of looking beyond keeping the lights on in hospitals."*

"We should be ambitious but start by prioritising key areas." **Mario Draghi** in his 2024 report on European economic competitiveness found that investment is indeed moving out of Europe. *"We need to streamline."*

Frederic Clement, MedTech Europe Cardiovascular Sector Group, said investors will analyse the market and invest in a country where they see a heathy population. In the past, it was easier to go to market in Europe than the US, but EU over-regulation has reversed this situation.

Considering for instance the EU Medical Devices regulation, he said *"Patient safety is important but the patient also needs to be able to get the best technology on the market, in the safest way."* He warned against falling into *"the trap of bureaucracy,"* and suggested allowing a specific regulatory pathway to speed up market access for innovative technologies.

Karen Coleman, master of ceremony for the Summit, reminded the audience that the EU cannot work directly in national healthcare systems. The question is *"how to get national best practice implemented at EU level."*

XIV/ The two-day inaugural EACH Cardiovascular Health Summit was *"a truly inspiring and transformative summit,"* said **Cecilia Linde**, President-Elect, European Society of Cardiology, making the **Closing Remarks**.

Key messages were the interconnectedness of cardiovascular health and the wider world, the urgent need to address inequalities, and the essential role of innovation. Synergies between cardiovascular disease and cancer remind us of the need to ensure no one is left behind.

Above all, the great strength of the Summit was the diversity of voices heard, she added. Moving forward, *"The future now depends on strong partnerships and collaboration, on co-creating solutions."*

"We should all leave the room with optimism. Our work does not stop here. It accelerates."





1. Attendees walking towards the auditorium

2. 3. 4. Networking opportunities during the Summit






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