

# TOWARDS COMPREHENSIVE CARDIOVASCULAR HEALTH CHECKS ACROSS EUROPE

Implementing the Safe Hearts  
Plan through Early Detection  
and Screening

## EVENT REPORT

**THURSDAY**  
**07 MAY 2026**  
**09:30-11:30 CET**

Brussels, European Parliament

Hosted by:



**MEP AURELIJUS  
VERYGA**

ECR, Lithuania

Organized by:

**efpia**

European Federation of Pharmaceutical  
Industries and Associations

 **each**  
European Alliance for  
Cardiovascular Health





Speakers of the event. The full list is available below

## THE EVENT

On 7 May 2026, MEP Aurelijus Veryga (ECR, Lithuania) hosted the event **“Towards Comprehensive Cardiovascular Health Checks across Europe: Implementing the Safe Hearts Plan through Early Detection and Screening”** at the European Parliament in Brussels. The event was supported by the EFPIA Cardiovascular Health Platform in collaboration with the European Alliance for Cardiovascular Health (EACH).

The event took place at a pivotal moment for EU cardiovascular health policy. Six months after the publication of the Safe Hearts Plan, the event brought together EU policymakers, Member State Health Ministers, international organisations, clinicians, industry representatives, and patient advocates to examine how the forthcoming proposal for a Council Recommendation on Cardiovascular Health Checks can be designed to improve early screening and detection of cardiovascular disease (CVD) at the national level in EU Member States.

The discussion focused on the design and implementation of the forthcoming proposal for a Council Recommendation on Cardiovascular Health Checks, drawing on national experiences, clinical evidence, and the economic case for investment. **Speakers called for an ambitious and evidence-based policy instrument, one that mandates not only what to screen for, but the full care pathway, from detection to structured follow-up and treatment.** The session was moderated by Prof. Michal Vrablik, Chairman of the Czech Atherosclerosis Society and member of its the EAS Educational Platform Committee.

## SPEAKERS

- **Eirini Agapidaki**, Alternate Minister for Health, Greece
- **Laimutė Vaidalienė**, Vice-Minister of Health, Lithuania
- **MEP Aurelijus Veryga** (ECR, Lithuania)
- **MEP Vytenis Povilas Andriukaitis** (S&D, Lithuania)
- **Dr Marianne Takki**, Head of Unit, DG SANTE, European Commission
- **Katherine de Bienassis**, Health Policy Analyst, Organization for Economic Cooperation and Development (OECD)
- **Dr Tomas Lapinskas**, Professor of Cardiology, President of the Lithuanian Society of Cardiology
- **Dr Walter Marrocco**, Scientific Manager, Italian Federation of General Practitioners (FIMMG)
- **Paul Quinn**, Stroke Survivor and Patient Advocate
- **Bart Torbeyns**, Executive Director, European Diabetes Forum (EUDF)
- **Victoria Tzouma**, Chair, EFPIA Cardiovascular Health Platform
- **Radka Lang**, Vice-Chair, EFPIA Cardiovascular Health Platform

## THE KEY TAKEAWAYS FROM THE DISCUSSION



**Disclaimer:** The opinions expressed in this document are solely those of the organisers and should not be regarded as stating the views of Dr Marianne Takki, Head of Unit at DG SANTE, nor an official position of the European Commission.

The discussion aimed at ensuring that the forthcoming proposal for a Council Recommendation on Health Checks **concretely enables every EU citizen to benefit from structured, equitable, and effective cardiovascular screening, linked to timely follow-up and care**. Panellists agreed on several points, including:

### **The need for a robust and ambitious proposal for a Council Recommendation on Health Checks**

- Some speakers underlined that the upcoming proposal for a Council Recommendation on Health Checks must include precise, evidence-based guidance, such as specific age thresholds, minimum datasets, risk stratification tools, and measurable outcome targets.
- They also stated that a comprehensive document is needed to reduce fragmentation and drive equitable access to early detection. It should commit to a comprehensive cardiovascular risk assessment by age 35 at the latest, explicitly identify high-risk groups requiring earlier and more frequent testing, and define mandatory follow-up pathways for every parameter crossing a defined threshold.
- Equity must be built into the framework from the outset: targeted outreach for underserved populations and monitoring of coverage disaggregated by socioeconomic status, geography, and gender must be central elements of the proposal for a Council Recommendation.
- Dedicated funding must be secured at national level, supported by EU financial instruments including cohesion funds and the EU4Health programme, to ensure meaningful implementation across all Member States.



*"A great success would be the adoption of a Council Recommendation on Health Checks that offers clear guidance to all Member States on how to ensure high participation in screening and prevention programmes and proper follow up after abnormal results are found."*

**MEP Aurelijus Veryga,**  
ECR, Lithuania

### *The need for a complete care continuum*

- **Screening alone is insufficient.** What is required is a complete care continuum that includes detection, risk assessment, treatment initiation, and structured follow-up. Every abnormal result must trigger a mandatory, standardised next step, whether that is a referral pathway, a personalised management plan, or a follow-up appointment.
- **General practitioners are the frontline of effective screening but face significant structural constraints.** Sustainable delivery requires more time for patients, nursing staff support, integrated digital tools, clear referral pathways shared with specialists, and appropriate financial and organisational incentives.
- **A blended delivery model is essential.** Systematic, age-based invitations must be combined with opportunistic screening triggered by routine healthcare contacts, making every contact count. A notable gender gap warrants attention, though patterns vary by context and risk factor. While some EU data suggest lower screening coverage among men for certain cardiovascular risk factors, the broader evidence is mixed, underscoring the need for sex-disaggregated analysis to identify where prevention gaps truly occur.
- **Patient and survivor engagement must be embedded** as a structural component of both programme design and public communications.



*“Everybody should know their numbers. Screening alone is not enough: we need a full pathway – detection, treatment, and follow-up.”*

**Radka Lang**, Vice-chair of the EFPIA Cardiovascular Health Platform



*“We need structural strengthening of primary care: more time for patients, more support, and more staff.”*

**Dr Walter Marrocco**,  
Scientific Manager, Italian Federation of  
General Practitioners (FIMMG)



*“If you want more effective and efficient use of resources, people with lived experience must be a fundamental and central part of both policy and messaging, not an add-on.”*

**Paul Quinn**,  
stroke survivor and patient advocate

### **There are already national experiences and key implementation enablers to build on**

- Greece's PROLAMVANO programme has reached over 3.5 million people, with projections indicating approximately 60,000 deaths may already have been averted, showing how screening programs at the national level can work if commitment and collaboration from all stakeholders is achieved.
- Lithuania's twenty-year experience demonstrated that screening without structured follow-up fails to generate meaningful clinical change. Fundamental reforms, including personalised prevention plans and strengthened referral mechanisms, substantially improved outcomes.



*"More than 3.5 million citizens have already undergone cardiovascular health checks, including 67,000 examinations for coronary artery disease and 15,000 ischaemia screening tests. These efforts are not just identifying risk, they are enabling thousands of people to receive timely diagnoses and life-saving treatment."*

**Eirini Agapidaki,**  
Alternate Minister for Health, Greece



*"Primary care remains the most effective way to reach people across the country, increase participation in screening programs and reduce hospitalizations and premature deaths."*

**Laimutė Vaidelienė,**  
Vice-Minister of Health, Lithuania



*"We should shift our focus to outcomes. It is not enough to count how many people participated; we must measure how many actually reach their goals."*

**Dr Lapinskas,** Professor in Cardiology, Director for Public Health, Research and Education at Kauno Klinikos, President of Lithuanian Society of Cardiology



### **The benefit in economic terms and the case for investment**

- The EFPIA CVH Platform's [PwC report](#) demonstrates that **structured cardiovascular health checks are cost-effective and represent a return on investment**. Long-term savings from fewer heart attacks, strokes, and acute care utilisations are clearly demonstrable.
- The message for finance ministries is clear: **investment in cardiovascular prevention pays back**.

*“Health checks are cost-effective when delivered at scale and they are linked to evidence-based follow-up. They are not a cost to society or to health systems, but an investment that generates a return [...] Without dedicated funding, cardiovascular health checks will remain an aspiration rather than a reality.”*

**Victoria Tzouma**, Chair of the EFPIA Cardiovascular Health Platform

