TOwards a beating cardiovascular disease plan for Europe

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Summary: Cardiovascular disease (CVD) is the leading cause of mortality in Europe and globally, and creates a substantial economic burden for health systems. It is therefore imperative that action is taken to address and improve prevention, treatment and management of CVD. Yet, political strategy and leadership to build a sustainable environment for cardiovascular health in Europe is lagging behind. The COVID-19 pandemic has demonstrated weaknesses in health systems and highlighted the burden of CVD. With the current political momentum behind cardiovascular health, we propose the creation of an EU action plan on CVD, underpinned by multi-stakeholder cooperation and dialogue with policymakers.

Keywords: Cardiovascular Disease (CVD), COVID-19, Multi-stakeholder Cooperation, EU Action Plan

Introduction

“If you fail to plan, you are planning to fail.”

– Words attributed to Benjamin Franklin, an American visionary, philosopher, and statesman.

The burden of cardiovascular disease (CVD) is greater than that of any other disease and the leading cause of death in Europe and globally. Yet, whilst evidence of the health burden and the economic burden (€210 billion per year in the European Union) from CVD is known, political strategy and leadership is missing to build and secure a sustainable environment for cardiovascular health.

In contrast, the advantage and the need for national and supranational plans to help tackle cancer, the second leading cause of death and morbidity globally, has been recognised. In the USA, the Cancer Moon shot initiative aims to accelerate scientific discovery in cancer, foster greater collaboration, and improve the sharing of data; the 21st Century Cures Act in December 2016, authorised $1.8 billion in funding for the Cancer Moon shot over seven years. The EU has also been working to tackle cancer for decades; its actions, for example on tobacco control and protection from hazardous substances, have saved and prolonged lives. The European Beating Cancer Plan, adopted at the end of 2020, is the latest lifeline to boost the efforts made so far.

While common risk factors between cancer and CVD exist (notably tobacco, diet and physical activity), specific priorities for CVD need to be taken, in prevention, treatment and management.
not forgetting the need for innovation and modernising research regulations to improve access to better treatments.

**The burden of CVD in the EU**

CVD is a group of conditions, comprising ischaemic heart disease, atherosclerosis, stroke, peripheral artery disease, heart rhythm disturbances (sudden cardiac death and atrial fibrillation), heart failure, congenital heart disease, genetic heart conditions, vascular dementia, and valvular heart disease.

Alarmingly, after a decline in mortality from CVD over the past several decades in the EU, numbers are rising again. In 2020, CVD accounted for 36% of all deaths and around 20% of all premature deaths (before age 65) in the EU. Furthermore, geographical inequalities are significant throughout the region. The prevalence of CVD is higher in Eastern and Central EU Member States and lower in Western, Northern and Southern European countries. Also, in line with the prevalence data, death rates from both heart disease and stroke are higher in Central and Eastern Europe than in Northern, Southern and Western Europe. For example, the age standardised death rate for heart disease for 2017, or latest available year, is 13-fold higher in women in Lithuania than in France, and 9-fold higher in men. For stroke, the age-standardised death rate is 7-fold higher in women in Bulgaria than in France, and 8-fold higher in men.

**Fighting CVD – a blueprint for EU action**

The urgent need for a specific European-level plan on CVD prompted the European Heart Network, together with the European Society of Cardiology, to publish a ground-breaking document entitled: “Fighting Cardiovascular disease – a blueprint for EU action”. The overall aim of the blueprint is to reduce premature disease and death from CVD and inequalities in cardiovascular death rates in the EU (see Figure 1). The CVD Action Plan is a call for action for the EU to develop a comprehensive CVD plan and provides a blueprint for the 2019–2024 EU mandate. The blueprint has 21 specific priority recommendations to be achieved by 2024.

**CVD plans at national level can be a trickle-down effect from a wider EU initiative**

National CVD plans are not widespread in Europe. In the United Kingdom, the National Health Service (NHS) developed a NHS Long Term Plan in 2019, which focuses on prevention, because improving prevention is seen as essential for a sustainable health service. In addition to substantial commitments to tackle obesity, alcohol and smoking, the Plan includes an ambitious objective to prevent 150,000 strokes and heart attacks over the next ten years by improving the treatment of high-risk conditions – hypertension (high blood pressure), high cholesterol and Atrial Fibrillation (AF).

On a more specific CVD condition, namely familial hypercholesterolemia (FH), Slovenia has been a model country for paediatric screening, alongside newborn screening (NBS), with an effective approach to detect this global, severely underdiagnosed inherited disorder. Recently, the Slovenian programme was identified as one of the “Best Practices” by the European Commission, and the World Heart Federation (WHF) White Paper on Cholesterol recognised it as a possible model for FH-screening.

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**Figure 1: Summary of main actions of the blueprint for EU action**

**H-E-A-R-T**

**ACTIONS FOR THE EU**

- **H**ealthy lifestyles through ambitious EU policy and regulation to reduce critical risk factors (smoking, obesity, sedentary lifestyles, etc.)
- **E**quality in heart health by reducing the huge disparities in Cardiovascular Disease mortality that exist between and within EU Member States
- **A**dvancing knowledge by increasing EU funding for Cardiovascular Disease research
- **R**egistries for continuous quality improvement, registry-based clinical trials and safety surveillance of new treatments
- **T**ransfer of knowledge and best practice among Member States in prevention, diagnosis and management of Cardiovascular Disease

Source:
and potentially a model for NBS in general. Under its EU presidency (from 1 July to 31 December 2021), Slovenia spearheaded an initiative designed to enhance cooperation and equity in provision of newborn and FH paediatric screening within the EU, with several differing models of care currently recognised within individual EU countries.

An objective for having a European plan for CVD is to encourage governments to implement national CVD plans, by adapting European recommendations and measures at national level, as appropriate, for their health care system. Furthermore, synergies and collaboration with a network of experts from different countries could also be a spin-off of such a plan, as well as the creation of an exchange of “best practices” and a toolbox of recommendations, policy initiatives and communication campaigns to trigger awareness and promote change at the national level.

COVID-19 has emphasised the need to address the cardiovascular health of European citizens

The COVID-19 pandemic has worsened the health burden from CVD, causing damage to European citizens’ hearts and vascular systems. Moreover, many of the patients most impacted by COVID-19, in terms of severe morbidity and mortality, have had underlying cardiovascular disease.

At the same time, COVID-19 has impacted diagnosis and treatment through reductions in doctors’ visits and heart checks, and has caused an untenable backlog in hospital care for heart patients. There is now a clear opportunity to improve the health of European citizens by addressing the underlying burden of CVD, with preventive action where possible and with appropriate treatment and intervention.

For example, the value of digital tools for CVD patients and their uptake have increased exponentially during the COVID-19 pandemic: online consultations, remote telemonitoring and tele-rehabilitation are just three examples where a positive change could be made. However, the right steps towards a legal and policy framework for digital tools must be taken to ensure that equal access is available to all patients, independent of socio-economic factors and including vulnerable population groups like migrants. Low digital health literacy is especially associated with older age or low socio-economic status. It is important to ensure that digital health tools do not lead to increased inequalities in health. Also, as a core principle, patients should be involved in creating new digital health tools because of the central role they play in health decisions. In the pandemic, online tools, like telemonitoring or online rehabilitation programmes provided some relief, but would not work for all CVD patients due to the above-mentioned socio-economic factors.

Multi-stakeholder cooperation is needed to bring about improvements in tackling CVD

In every crisis there is an opportunity for rethinking the way we work and with whom we work. In 2021, three European organisations committed to the fight against CVD. The European Heart Network (EHN), the European Society for Cardiology (ESC), and MedTech Europe came together and founded a multi-stakeholder alliance to catalyse change in Europe for cardiovascular health. By bringing together partners from different sectors, they could capitalise on their unique expertise and propose comprehensive, multi-pronged, workable solutions to policymakers. On World Heart Day, 29 September 2021, the European Alliance for Cardiovascular Health (EACH) was officially launched with the aim of calling for a comprehensive EU policy response to improve the cardiovascular health of European citizens. By the end of 2021, the alliance had 16 partners representing:

- tens of millions of patients
- more than 200,000 health professionals
- over 400 health technology companies
- health insurers covering the medical costs of more than 200 million people
- millions of people living with genetic CVD risk factors but who have not been diagnosed yet.

Through an EU wide CVD Plan, ambitious incentives and measures could be implemented across all stages of the disease including, prevention, screening, early detection, access to treatment and rehabilitation to keep citizens in good health and optimise their quality of life. This would strengthen the resilience at the population level, whilst making efficient use of health care resources.

Where do we stand today?

Shortly after this article was written, the European Commission published its plans to issue a “Policy Implementation Roadmap” for non-communicable diseases (NCDs) due to be launched in mid-2022. The roadmap covers five themes: cardiovascular, respiratory, mental and neurological diseases, diabetes, as well as one on lifestyle-related risk factors that include alcohol, tobacco and nutrition. This effort has the potential to be a major step forward and could change the health landscape for CVD and patients across Europe, depending on the milestones to be achieved in the road map.

This is ground breaking news and a change of landscape as early as 2022 for health policy in the area of CVD. The European Heart Network (EHN) (https://ehnheart.org/) very warmly welcomes the new EU Initiative on NCDs. With its strand on CVD, we see the EU Initiative on NCDs as a very timely and needed step towards a European CVD plan which should be an inspiration for national CVD plans in Member States.

EHN, together with its members, stands ready to provide the patients’ perspective in the CVD roadmap, insofar as it is much appreciated to see ‘quality of life’ as a building block in the planning of the roadmap. Also, close to EHN’s heart are efforts to address inequality throughout Europe regarding prevention, treatment
and management of CVD. We believe that digital tools across the entire patient pathway of all CVD patients (independent of their specific CVD or other condition) could indeed be another decisive element of the plan. Overall, this is a very good outcome from the work put into the EU blueprint and the joint effort with the European Alliance for Cardiovascular Health. We hope that the work of the World Health Organization’s Regional Office for Europe on NCDs will be linked and that synergies are created to ensure the most fruitful outcomes for CVD patients.

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The market reform in Dutch health care: Results, lessons and prospects

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In 2006, the Netherlands embarked upon an ambitious reform of the Dutch health care system based upon the principles of regulated competition. Some 15 years later, it is an appropriate time to find out how this ‘market reform’ has worked out, and what the experience has been like for those involved in putting it into practice.

The authors of this important new study review the reforms and their impact to date and ask whether the reforms merit being counted as a success.

- Did they alter the relationship between state, insurers, providers and patients?
- Has there been evidence of problems that market-based systems are often associated with, such as high administrative costs, restricted access to health care, rent-seeking, skimming and adverse selection?

Whilst addressing these questions and suggesting possible answers, the authors also examine what can be learned from the Dutch experience with competition in health care and what changes might be expected in the near future in the Netherlands and more broadly, especially considering the context of the COVID-19 pandemic.