

Advocacy toolkit for the Mission Statement

The European Heart Failure Mission Statement includes key actions for the European Commission. Here we have collected further detailed information that heart failure advocates can use when engaging with policymakers. This includes what problems each action is addressing, what the action could help achieve and where we know the EU has already successfully made use of its competences to improve health.

Prioritise cardiovascular health and heart failure in strategic plans

1. The European Commission should launch a **European Cardiovascular Health Plan** that includes goals to reduce cardiovascular disease (CVD)-related hospitalisations and to improve prevention and management of heart failure and other high-needs cardiovascular conditions.

What's the problem?

The challenge is great: CVD remains the number one killer across Europe, and high-needs cardiovascular conditions, such as heart failure, represent the leading cause of preventable hospitalisations across European countries. Despite the burden on people with CVD, these conditions have suffered from decades of underinvestment, which has translated into insufficient innovation and research across diagnostics, therapies and implementation science. It is unrealistic for any one Member State to fully address this challenge on its own.

What could we achieve?

A European Cardiovascular Health Plan would **unlock significant EU funding and multiple Commission programmes** to promote cardiovascular health across the entire care pathway. The plan should focus on the prevention, early diagnosis and effective management of heart failure. It would help establish heart failure as a key priority to alleviate the burden on health systems and would also stimulate the development of national plans across Member States.

Where has this already worked?

Europe's Beating Cancer Plan coordinates €4 billion of EU funding to tackle the entire disease pathway. It is structured around four key action areas: prevention, early detection, diagnosis and treatment, and quality of life. Over the coming years, it aims to guide research and innovation, tap into the new potential that digitalisation and new technologies offer, and mobilise financial instruments to support Member States.

2. The European Commission should establish a **heart failure hub within a Knowledge Centre on Cardiovascular Health**, to support the implementation of evidence-based policymaking and ensure widespread roll-out of best-practice initiatives.

What's the problem?

Addressing cardiovascular health and heart failure requires a complex, multi-sectoral approach with evidence-based policies. Best-practice examples are constantly evolving across Europe, but these often remain isolated examples and Member States are still too slow to learn from each other.

What could we achieve?

A Knowledge Centre on Cardiovascular Health would **support evidence-based policymaking** for heart failure at a critical moment when a new generation of national cardiovascular health and heart failure plans is taking shape. It would provide a platform to disseminate knowledge on best practice in heart failure, and would coordinate and monitor the delivery of initiatives. For example, the Heart Failure Association of the European Society of Cardiology (ESC HFA) registry data and national heart failure registries could contribute to building a database of heart failure burden and quality indicators across Member States.

Where has this already worked?

Europe's Beating Cancer Plan provides for a Knowledge Centre on Cancer as a flagship initiative. The Joint Research Centre supported the implementation of this initiative – its strategic plan for 2020–2024 includes the initiation of the new knowledge centre to foster independent scientific alignment, coordination and support of cancer policies and activities.

Direct funding towards research and innovation in heart failure and cardiovascular disease

3. The European Commission should create a heart failure working group within a wider **EU Mission on Cardiovascular Health** in Horizon Europe (the EU flagship research programme). Like the EU Mission on Cancer, this should mobilise collective power behind research, innovation and exchange of best practice to address heart failure and other high-needs cardiovascular conditions, with a goal to deliver concrete results by 2030.

What's the problem?

CVD remains one of the greatest challenges in the EU, held back by insufficient investment in research, innovation and development of treatments. Horizon Europe is the EU's main research funding body, but it has yet to issue a direct call for proposals in cardiovascular health.

What could we achieve?

An EU Mission on Cardiovascular Health would be a commitment by the European Commission to **pool all the necessary resources** (e.g. funding programmes, policies, regulations) to deliver concrete results in cardiovascular health, and heart failure, by 2030.

As part of the mission, **national Heart Failure Mission hubs** could be developed to empower advocates from different Member States to come together to leverage wider EU efforts into heart failure initiatives at national, regional and local levels.

Where has this already worked?

The EU Mission on Cancer has set a goal of improving the lives of more than 3 million people by 2030 through prevention, cure and solutions to live longer and better following a cancer diagnosis. As part of this, in 2021, the European Health and Digital Executive Agency called for proposals for cancer research, funding 12 projects (such as on breast cancer screening) as a result.

Horizon Europe has funded the ECHoS project, which aims to support the implementation of the EU Mission on Cancer activities in all Member States. The hubs operate at national, regional and local levels.

4. The European Commission should include a dedicated strand on cardiovascular health in the 2025 EU4Health work programme that grants funding for real-world implementation of flagship schemes for heart failure at national, regional and local levels, and accelerates the roll-out of best-practice care. This must include shifting to more sustainable models, including specialist-nurse-led care.

What's the problem?

Cardiovascular disease, including heart failure, is strikingly absent from the 2023 EU4Health Work Programme, despite the announcement of a Joint Action on cardiovascular disease and diabetes in 2022. As a result, there are no direct grants to Member States or calls for proposals to specifically address heart failure. This is not the case for other non-communicable diseases (e.g. cancer, chronic respiratory diseases, mental health conditions, dementia), which are addressed in the work programme.

What could we achieve?

With an EU4Health dedicated strand on cardiovascular health, heart failure teams could receive **greater funding and support** for heart failure projects to improve diagnosis, management and quality of life, as well as strengthening the workforce and developing the necessary infrastructure.

Where has this already worked?

Personalised Cancer Medicine for all EU citizens, a project funded by EU4Health (January–December 2023), has an aim of improving the survival rates and quality of life of people with cancer using personalised medicine. Trials are currently ongoing in north-western Europe.

Facilitate the exchange of best practice in heart failure

5. The European Commission should create a dedicated European Reference Network (ERN) on heart failure with preserved ejection fraction (HFpEF) that facilitates specialist knowledge-sharing among Member States on this complex and highly prevalent type of heart failure, where clinical science and best practices are fast evolving.

What's the problem?

HFpEF affects more than half of people with heart failure and typically arises in those who are living with many other health conditions, often making treatment decisions complex. Despite accounting for half of all hospitalisations for heart failure, HFpEF and its diverse causes remain poorly understood even among specialists. Healthcare professionals must keep pace with fast-evolving guidelines in HFpEF; until recently, the condition did not have any effective treatment available.

What could we achieve?

An ERN on HFpEF would help Member States cultivate a **new generation of HFpEF experts** who can share their knowledge, react quickly to future guideline changes and evolving knowledge of HFpEF's origins and treatments, navigate the complexity of HFpEF subgroups, and reduce inequalities in care. It should involve a multi-sectoral, patient-centred group with the active participation of patient advocates.

Where has this already worked?

There are four ERNs focused on rare cancers and Europe's Beating Cancer Plan has also announced the establishment of new cancer ERNs looking at specific, challenging cancer conditions (e.g. metastatic diseases, comorbidities in cancer care, specific conditions related to genomics in cancer care, palliative care and living beyond cancer).

6. The European Commission should establish an Initiative on heart failure, to embed best-practice standards across Member States, including quality assurance schemes as well as a training template and certification for heart failure specialist nurses.

What's the problem?

Clinical guidelines for heart failure exist but much of the challenge in delivering high-quality care typically relates to inconsistent availability of nurse-led, integrated teams. These kinds of teams are proven to improve outcomes and reduce healthcare costs. There are many promising initiatives, but they need support to overcome challenges in implementation across Member States.

What could we achieve?

The Initiative on heart failure would **support the ambition of existing best-practice initiatives**, such as the Heart Failure Association's Quality of Care Centres, and the *Heart Failure Patient & Caregiver Charter* of the Global Heart Hub. A training template and certification for heart failure specialist nurses would also help to grow the workforce by ensuring specialist nurses gain recognition and reward for their skills and expertise. The EU could also support the roll-out of natriuretic peptide testing for heart failure in primary care across Member States via the ESC's Peptide for Life programme.

Where has this already worked?

Under the Initiative on breast cancer, a quality assurance scheme for breast cancer services has been tested in real-life settings to achieve certification. A training template for digital screening for radiologists and radiographers has also been developed.

The Heart Failure Policy Network is an independent, multidisciplinary platform made possible with financial support from AstraZeneca and Roche Diagnostics. The content produced by the Network is not biased to any specific treatment or therapy. All outputs are guided and endorsed by the Network's members. All members provide their time for free. The Network is hosted by The Health Policy Partnership (www.healthpolicypartnership.com).