

Urgent recommendations for a European Cardiovascular Health Plan that meets the needs of future European society and health system sustainability

Dear Commissioner Várhelyi

We are pleased to hear that the final cardiovascular health (CVH) plan will be published on 16 December. We thank you for your efforts to ensure a high quality plan, and congratulate you on this important milestone for sustainable and equitable health systems in Europe.

However we write today with some urgent recommendations to ensure the final plan truly delivers for the European population, through adequate inclusion of **heart failure** – in line with the earlier strong mention made in the **December 2024 Council Conclusions**, for which we were proud to give input along with your Hungarian colleagues in Budapest in November 2024.

We believe that only a plan with strong inclusion of heart failure can be the right plan to meet the needs of the European society and national health systems, which are in under huge pressures to maintain sustainable and equitable care. You will be aware that heart failure affects 15 million people across Europe and is today one of the leading causes of avoidable hospitalisations in the EU, overall.^{1,2} It is one of fastest growing causes of admissions and cases are rising – for example prevalence in Hungary among older adults (60–79 years) rose from 3.1% in 2011 to 5.4% in 2023.³

The path to heart failure is not solely via atherosclerotic cardiovascular disease (ASCVD) – it is also via arrhythmias, diabetes, kidney disease, obesity, and cancer treatment and other causes. An EU CVH Plan must therefore consider how we screen and prevent heart failure in a variety of high-risk groups, many of whom live with chronic risk factors and underlying conditions and comorbidities that require intensive management and prevention efforts (secondary or tertiary prevention).

We ask for your help to ensure in the final plan:

Where top level goals are stated

- An overarching goal of **reducing avoidable cardiovascular hospital admissions by 20%**.
- A goal of **80% of high-risk groups receiving enhanced screening** annually for heart failure (e.g. diabetes, kidney disease, obesity, chronic hypertension, post-myocardial infarction and atrial fibrillation). Such testing has been proven cost-effective in national case studies.^{4,6}

Where there is reference to wider action at EU level

- Recognition that **heart failure is endemic** and growing in European populations – for example 16% of people over 50 in the general population were diagnosed with heart failure in one Portuguese community screening study – far higher than previously realised.⁷ Of these, 90% were unaware they were living with the condition. In this same study, far more women were diagnosed with the condition (21%) than men (10%).
- Acknowledgement that expert World Health Organization panels in Portugal and Germany have estimated that **57–64% of heart failure admissions are avoidable**.^{8,9}

Where there is reference to screening and early detection of those at risk

- Mention that despite this, we currently fail to detect and manage heart failure early – some **80% of heart failure cases are diagnosed in hospital**, once severe and irreversible damage has occurred, despite in many cases the presence of earlier symptoms that should have triggered suspicion and investigation.¹⁰
- A recommendation that where cardiovascular health checks produce suspicion of heart failure or confirmation of high risk, the **check should escalate immediately to guideline-based biomarker testing**, in line with European Society of Cardiology (ESC) guidelines.

Where there is reference to living with cardiovascular disease

- Acknowledgement of the **proven potential of reducing the risk of heart failure readmissions** by 33% following effective post-discharge management.¹¹
- Inclusion of **heart failure in any mention of cardiac rehabilitation** – which is a guideline-recommended, effective approach to heart failure management – not only for myocardial infarction and stroke.¹² And acknowledgement that despite this, only 4% of people receiving cardiac rehabilitation have been referred due to heart failure.¹³
- Note that **research is needed to identify therapeutic options** in heart failure with preserved ejection fraction (HFpEF) – a form of heart failure that disproportionately affects women and for which there is limited treatment.^{14 15}

Finally, we call to your attention that the two most modern and comprehensive national cardiovascular strategies in Europe – those of **Spain (2023)** and **Romania (2025)** – which make strong provision for heart failure and to that end we are glad to include the support of the lead author of the Romanian plan, Professor Dragos Vinereanu, for this petition.

We attach our submission to the European Commission's Call for Evidence from the summer, which provides further detail.

We remain at your service, and thank you on behalf of the heart failure community and our colleagues in diabetes and kidney health.

Endorsed by



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Heart Failure Policy Network



**International Diabetes
Federation Europe**



**European Kidney
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