EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
**Health promotion, disease prevention, financial instruments**

# Healthier Together – EU NCD Initiative

The EU NCD Initiative addresses five strands: a) cardiovascular diseases, b) diabetes, c) chronic respiratory diseases, d) mental health and neurological disorders, e) health determinants.

Contribution from health stakeholders is essential to gather:

1. **priorities for action** in each of the above-mentioned strands;
2. **examples of effective policies, best practices, promising approaches**, innovative actions (to be put for consideration of Member States) to effectively address priorities;
3. the **field of work of stakeholders** and actions that stakeholders can do in collaboration with public health authorities and other parties.

Stakeholders may also wish to provide general comments (on the structure of the approach, information gaps, recommendations for better supporting stakeholders, etc.).

**How to contribute**

You can provide input –or revise and add to your previous input– at any time until the end of the drafting process of the EU NCD Initiative, expected by June 2022.
However, contributions will be particularly appreciated before the webinars, to feed the debate.

When you are ready to do so,

1. Download the document from the Health Policy Platform;
2. Introduce your input; please be concise;
3. Save and send the document to contact@euhealthsupport.eu;
4. Revise and resend the document in case you wish to update your input. The previous version will then be replaced.

We may contact member of the Health Policy Platform NCD Stakeholder Group for clarifications. Unless you disagree, responses will be uploaded to the Health Policy Platform and thus readable by other network members. For that reason, please do not include personal information (e.g. names and contact details) in your document.

**Calendar**

Stakeholders' webinars

- 3 February
- 17 March
- 27 April
- 3 June

Member States' webinars

- 28 January
- 3 March
- 8 April
- 19 May

You will receive a notification when new materials are available at the Health Policy Platform, including summaries and drafts of the EU NCD Initiative and/or new questions for stakeholders.

https://ec.europa.eu/health/non_communicable_diseases/overview_en

## Stakeholder input

1. Please provide the **name of the organisation** you represent.*

*Individual names will not be disclosed; the list of responding organisations may be published.*

**European Heart Network (EHN)**

*Input will be considered from organisations listed in the EU Transparency Registry and granted access to the EU NCD Initiative Stakeholder Network at the Health Policy Platform.*

2. On which strands of the EU NCD Initiative would you like to comment? Please select all that apply.

- ☒ Health determinants
- ☒ Cardiovascular diseases
- ☐ Diabetes
- ☐ Chronic respiratory diseases
- ☐ Mental health and neurological disorders

*You can then fill in the relevant sections below. If you only fill in one section, please add any general comments you may have in the closing section.*

## Health determinants

1. Please indicate your **priorities for EU-supported action** in this strand.

*Please select up to five priorities and be as specific as possible. You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).*

| | Priorities | Rationale | References |
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| 1 | **Ambitious public health measures to create healthier living environments for all citizens and to mitigate cardiovascular risk factors.** | Contrary to common belief, CVD is not only caused by behavioural risk factors. A greater reduction of exposure to the main behavioural risk factors – tobacco, unhealthy diet, physical inactivity and harmful use of alcohol – would increase the number of years lived in good health. Many people are already disabled by ill health before they reach the retirement age. Effective population-wide interventions to prevent CVD have the potential to provide both human and economic benefits with considerable returns on investment. With the EU Green Deal, the EU Farm to Fork Strategy and prevention measures proposed in the 'Beating Cancer Plan', many primary prevention measures that would also prevent other non-communicable diseases are already in the EU pipeline and hopefully well on their way to being implemented in Europe.<br>**Concrete policy measures in the field of primary prevention include**:<br>• in the field of nutrition: | Fighting cardiovascular disease—a blueprint for European Action, European Heart Network and the European Society of Cardiology, 2020 https://ehnheart.org/eu-action-on-cvd.html<br><br>EHN paper, 2020, on Front of Pack Nutrition Labelling, https://ehnheart.org/publications-and-papers/position-papers-and-statements/1283:nutri-score-could-become-eu%E2%80%99s-front-of-pack-nutrition-labelling-if-its-underlying-algorithm-is-revised.html<br><br>EHN paper, 2017, Transforming European Food and Drink policies for cardiovascular health, https://ehnheart.org/publications-and-papers/publications/1093:transforming- |

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| | | ➢ Set nutrient profiles to underpin nutrition and health claims as required by the EC regulation on nutrition and health claims (EC) No 1924/2006<br>➢ Adopt rules on simplified front-of-pack nutritional labelling<br>➢ Adopt regulations restricting all marketing to children, including digital, of food and drinks high in fat, salt and sugar<br>• in the field of tobacco control policies<br>➢ Raise minimum tobacco excise duties to the highest possible level<br>➢ Bring excise duties on "roll your own" tobacco up to the same level as manufactured cigarettes<br>➢ Strengthen regulation on e-cigarettes<br>• in the field of physical activity<br>➢ Encourage the development and approval of EU funded projects (in particular projects supported by EU Structural Funds) that have a positive impact on active living<br>• in the field of alcohol consumption<br>➢ Raise minimum excise duties on alcoholic beverages to the highest possible level<br>➢ Introduce mandatory, front-of-pack energy labelling on alcohol<br>➢ Introduce mandatory ingredients list on alcoholic beverages<br>• in the field of air pollution<br>➢ Align EU policies with the latest WHO Air Quality Guideline values | european-food-and-drinks-policies-for-cardiovascular-health.html<br><br>EHN paper, 2022, Heated Tobacco Products and CVD, https://ehnheart.org/publications-and-papers/position-papers-and-statements/1327:heated-tobacco-products.html<br><br>EHN paper, 2020, Electronic Cigarettes and Cardiovascular Disease, https://ehnheart.org/publications-and-papers/publications/1241:electronic-cigarettes-and-cardiovascular-disease.html<br><br>EHN paper, 2020, Physical Activity Policies for Cardiovascular Health, https://ehnheart.org/publications-and-papers/publications/1243:physical-activity-policies-for-cardiovascular-health.html<br><br>EHN paper, 2017, Air pollution and cardiovascular disease, https://ehnheart.org/publications-and-papers/publications/1087:ehn-paper-on-air-pollution-and-cardiovascular-diseases.html |

2. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

*Please list up to ten suggestions and be as specific as possible. You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).*
*Please indicate if the action has been evaluated or piloted, whether there is information on (cost/effectiveness, or why it should be tried as a novel option with high impact.*

| | **Effective policies, best practices, promising approaches or innovative actions** | **Rationale** | **References** |
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| 1 | | Many members of the European Heart Network have populated the EC's 'best practice portal' with best practice examples from their respective countries. | |

3. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can do in collaboration with public health authorities and other parties?

*Please list up to five suggestions and be as specific as possible.*
*You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).*

| | **Roles** | **Rationale** | **References** | **Other concerned parties** |
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| 1 | EHN to represent the voice of national foundations and associations dedicated to preventing cardiovascular diseases (CVD).<br><br>EHN and its network of members across Europe to collaborate with and support policy-maker to identify priorities and co-create ambitious population-wide interventions to prevent CVD by creating healthier living environments for all citizens. | With more than 25 years of existence, EHN has demonstrated its leading role in the EU public health landscape and has an impressive track record. Since its beginning and together with its members, EHN has engaged with European policy makers to influence policies which can contribute to promoting cardiovascular health and preventing cardiovascular diseases.<br>Our core values of independence, ambition and inclusiveness are what underpins our success.<br>EHN advocacy relies on latest developments and on an expanding scientific evidence base, reviewed by EHN Expert Groups.<br>Through its membership of the World Heart Federation, EHN is also active in the creation of a wider international network whose aim is to advance the cause of cardiovascular health promotion world-wide. | EHN Strategic Plan 2019-2023 https://ehnheart.org/about-us/ehn-strategic-plan-2019-2023.html<br><br>EHN expert groups https://ehnheart.org/expert-groups/ehn-experts.html | |
| 2 | EHN members to share national best practices and innovative approaches and support implementation of best practices at national levels. | National heart foundations and associations are well embedded at national level, liaise with large network of other national stakeholders, and provide input to national policy makers. They can ensure the implementation and deployment of critical solutions and best practices. EHN works in close collaboration with its members to ensure they are part of the co-creation process providing input both to this stakeholders' input form and to their national health representatives. | https://ehnheart.org/members/members.html | EHN members |

## Cardiovascular diseases

4. Please indicate your **priorities for EU-supported action** in this strand.

*Please select up to five priorities and be as specific as possible.*

*You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).*

| | Priorities | Rationale | References |
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| 1 | **Develop a dedicated European Cardiovascular Health Plan** with the overall aim to reduce premature morbidity and mortality from CVD and tackle inequalities in cardiovascular health in the EU. | The COVID-19 pandemic has worsened the burden from CVD, which was already greater than that of any other disease and the leading cause of death in the EU. Beating CVD with a comprehensive, EU-wide plan for prevention, early detection and intervention, patient care, management and treatment, is an opportunity for the EU to emerge as innovator and world leader in public health.<br>Improving cardiovascular health is key in making our healthcare systems more resilient to health crises. COVID-19 has brought to light the high vulnerability of CVD patients, showing that by improving cardiovascular health, the European population will be more resilient to future health threats.<br>A dedicated European Cardiovascular Health Plan shall include clear targets, milestones, incentives, and financing available for:<br>1. primary prevention at population level<br>2. secondary prevention through early detection, early and appropriate intervention and effective management in organised, quality-assured and properly resourced pathways<br>3. equal access to high quality, multi-disciplinary and patient-centered healthcare in modernized patient pathways with effective and user-friendly innovations for long term care<br>4. increased uptake of rehabilitation<br>5. improvements in quality of life and other patient reported outcomes in cardiovascular disease.<br><br>A dedicated Plan should be complemented by a **European research mission on cardiovascular health** aimed at addressing unmet needs in the field and at triggering innovative approaches for prevention, detection, treatment, management and care coping with the needs of people and most notably cardiovascular patients. | European Commission Healthier Together Initiative 2022, Input from the European Heart Network<br><br>Fighting cardiovascular disease—a blueprint for European Action, European Heart Network and the European Society of Cardiology, 2020<br><br>European Alliance for Cardiovascular Health (EACH) – strategic plan https://www.cardiovascular-alliance.eu/<br><br>Roth GA et al.; Global Burden of Cardiovascular Diseases Writing Group. Global Burden of Cardiovascular Diseases and Risk Factors, 1990-2019: Update From the GBD 2019 Study.<br><br>OECD/The King's Fund (2020), Is Cardiovascular Disease Slowing Improvements in Life Expectancy? OECD and The King's Fund Workshop Proceedings, OECD Publishing, Paris<br><br>EESC Opinion, European missions, INT/967-EESC-2021, COM(2021) 609 final<br><br>European Research Area Network on Cardiovascular Diseases (ERA-CVD) Strategic Research Agenda for cardiovascular disease (SRA-CVD), 2019 |
| 2 | **Establish a joint action in early detection and secondary prevention**.<br>The aim would be to identify and manage individuals at high risk of developing CVD. | Not all cardiovascular diseases can be prevented. Unmodifiable risk factors, such as genetic predisposition, congenital factors, functional decline due to ageing, or cardiovascular morbidity due to other chronic conditions or infectious diseases, such as COVID-19, and their therapies cannot be ignored.<br>Secondary prevention via early detection is therefore equally crucial. For example, around 20% – 40% of heart attacks occur in people previously undiagnosed with | European Alliance for Cardiovascular Health (EACH), Proposal for a Member States' Joint Action in secondary prevention, October 2021<br><br>European Commission Healthier Together Initiative 2022, Input from the European Heart Network |

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| | | CVD. To assist these people to reduce their risks, and to avoid the onset of disease, it is crucial to identify them early and provide them with the appropriate advice and preventative treatment.<br>By investing in early detection, people will have the possibility to be treated early in quality-assured pathways to prevent the onset of the disease, which can otherwise lead to debilitating CVD events and deaths.<br>Recent evidence suggests that evidence-based, targeted case-finding in selected settings and specific population groups known to be at high risk, are more likely to be effective in reducing CVD. Digital technologies and big data could potentially transform early detection, for example by stratifying the population into risk groups using data from electronic health records or by self-monitoring, but further research and scientific validation of such technologies is needed.<br>**Therefore, Member States should establish a joint action in secondary prevention supported by EU resources to identify and manage individuals at high risk of developing CVD**. Targeted high-quality, risk-assessment programmes (including approaches that enable the inclusion of hard-to-reach groups) can help identify people at risk and determine the most appropriate preventive measures. | European Heart Network, Early detection of cardiovascular disease, 2021<br><br>Eriksen CU, Rotar O, Toft U, Jørgensen T. What is the effectiveness of systematic population-level screening programmes for reducing the burden of cardiovascular diseases? Copenhagen: WHO Regional Office for Europe; 2021 (WHO Health Evidence Network (HEN), Evidence Synthesis Report 71) |
| 3 | **Unlock the full potential of digital technologies** for cardiovascular innovation and for saving lives. | **3.1 Digitalisation for cardiovascular innovation in treatment and quality of care:**<br>Digital health, big data and artificial intelligence hold great potential to personalise cardiovascular detection, treatment and management, develop new medicines, stratify patient populations and make clinical trials less expensive. To achieve the delivery of safe, effective, sustainable, and user-friendly technologies accessible to all, further exploitation of the potential of digital health in a spirit of co-creation between patients and health care professionals is a must. Interoperability and implementation of electronic health records are also important to realise a large-scale roll-out of digital health technologies.<br>**The EU and its Member States should promote and support the development of harmonised and comprehensive health information systems on CVD. They should also invest in increasing the digital capability** so that the evidence generated within health systems allows to:<br>▪ Improve the collection of epidemiological data on CVD across the EU<br>▪ Identify unmet needs for cardiovascular patients in terms of treatments and medical procedures<br>▪ Assess whether existing therapies and treatments produce patient-relevant outcomes<br>▪ Drive public and private investments towards research, innovation and development of | European Commission Healthier Together Initiative 2022, Input from the European Heart Network<br><br>Scherrenberg M., Vangenechten G., Janssen A., Dendale P., What is the value of digital tools for cardiovascular patients?, European Heart Network, 2020 |

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| | | medicinal products that address real needs of cardiovascular patients and contribute to improving the quality of life for people living with CVD<br>▪ Improve the speed and efficiency of multi-country randomised clinical trials at lower cost and without compromising patient safety<br>▪ Monitor the availability of medicines and medical devices in the cardiovascular field with a view to predict and mitigate potential shortages, especially in emergency situations.<br><br>**3.2 Digital innovation for saving lives**<br>It is estimated that 350,000 people suffer out-of-hospital cardiac arrests every year in Europe, with only 10% surviving until hospital discharge. There are large regional differences in sudden cardiac arrest survival rates across Europe.<br>In cases of cardiac arrest, immediate provision of cardiopulmonary resuscitation (CPR) is crucial to keep oxygen flowing in and out of the lungs and to keep oxygenated blood flowing through the body. CPR can help save lives and minimize the damaging effects that can occur while waiting for emergency responders to arrive. International studies emphasize the importance of early life-saving interventions during a cardiac arrest to help save more lives. International and European guidelines from resuscitation organisations cast special attention on technologies which support early life-saving interventions such as citizen responder systems.<br><br>**EU resources should be used to help EU member states establish a joint action to develop evidence-based guidelines and to support CPR education and training and citizens' emergency response networks with supportive digital technologies.** | CA19137 - Sudden cardiac arrest prediction and resuscitation network: Improving the quality of care, COST project<br><br>First Responder Engaged by Technology Systematic Review, ILCOR/COSTR<br><br>European Resuscitation Council Guidelines 2021 – Systems saving lives. |
| 4 | **Modernise cardiovascular patients' pathway** by supporting interdisciplinary health care models combined with digital health to strengthen outpatient care. | Interdisciplinary patient care, combined with effective tools for digital health, will not only improve patient welfare but also reduce the costs to health care systems. Digital technologies in health care delivery provide the opportunity to redesign and improve patient pathways after diagnosis and discharge, thanks to innovations in telemedicine, remote monitoring and telerehabilitation. Strengthening outpatient care programmes, especially in geographical areas with low structural capability, can improve the safety, quality of life and survival prognosis of many patients.<br>A review of digital health research from 2000 until the end of 2019, funded by EHN, presents available evidence on the effectiveness of digital health tools in interventions in CVD prevention and management of cardiovascular patients. In the field of **remote consultation and monitoring**, current evidence suggests | European Commission Healthier Together Initiative 2022, Input from the European Heart Network<br><br>Scherrenberg M., Vangenechten G., Janssen A., Dendale P., What is the value of digital tools for cardiovascular patients?, European Heart Network, 2020 |

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| | | that incorporating digital health tools in the patient pathway can be effective in improving long-term self-management and medication adherence and reduce rehospitalisations. In the field of **telerehabilitation**, current evidence suggests that it is effective and cost-effective whether standalone or as add-on to centre-based rehabilitation.<br>During the COVID-19 pandemic the use of digital health tools and wearables became essential to replace (or at least to support) the traditional face-to-face interaction between patients and clinicians. The need to improve access to digital healthcare has increased due to COVID-19 for many years to come. Modernising patient pathways will improve the resilience of our health systems and minimise disruptions caused by shock events, such as a pandemic.<br><br>**The EU and its Member States should therefore work with all stakeholders, and most notably patients, to reorganise cardiovascular services and put in place effective models for out-of-hospital care, accessible to all.** | |
| 5 | **Invest in programmes aimed at increasing health and digital literacy rates of all citizens across countries.** | The uneven burden of CVD across different population groups reflects the wider inequalities within countries. Public investments into programmes aimed at improving health and digital literacy are important enablers to tackle inherent inequalities.<br>Low health literacy is a public health challenge throughout Europe, where one in every three to almost one in every two Europeans may not be able to understand essential health-related materials. Increasing health literacy rates is a means to empower citizens, including patients, and will contribute to scaling down inequalities with the aim of building a healthier society.<br>Although digitalisation has increasingly been embedded in our everyday life, the state of digital literacy and education in Europe varies greatly between countries. 84% of the EU population are internet users, with smartphones being the most frequently used device, yet digital literacy is surprisingly low. Only 57% of the EU population aged 16–74 had a basic level of digital literacy in 2017. Low digital and health literacy are especially associated with older age and low socio-economic status. Being able to use the internet and basic digital technologies can be life-transforming and can improve quality of life for people who possess the know-how. Therefore, the introduction of digital health is only beneficial for those who have sufficient digital literacy. Increasing digital literacy rates will also help contribute to scaling down existing inequalities.<br>Digital health literacy is a blurry notion for most people. There is a lack of understanding of what it entails and how it can add value, and there is even less information | European Commission Healthier Together Initiative 2022, Input from the European Heart Network<br><br>Scherrenberg M., Vangenechten G., Janssen A., Dendale P., What is the value of digital tools for cardiovascular patients?, European Heart Network, 2020<br><br>Baccolini, V., Rosso, A., Di Paolo, C. et al. What is the Prevalence of Low Health Literacy in European Union Member States? A Systematic Review and Meta-analysis. J GEN INTERN MED 36, 753–761 (2021). https://doi.org/10.1007/s11606-020-06407-8<br><br>Eurostat Quality of life indicators – education<br><br>eHealth Task Force Report, Redesigning health in Europe for 2020 |

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| | | on common solutions and issues in a cross-border context, combined with concerns over data protection and confidentiality. In its 2020 report, the eHealth Stakeholder Group (EHSG) underlined that digital health literacy is the key to successful diffusion of digital health in society, to facilitate secondary use of health data and to build up trust in the potential of digitalisation.<br><br>**The EU and Members States must invest in programmes aimed at increasing health and digital literacy rates of all people across countries.** Adequate use of structural and cohesion funds in combination with the EU Digital Education Action Plan are important tools towards this goal. | |

5. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

   *Please list up to ten suggestions and be as specific as possible.*
   *You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).*
   *Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.*

| | **Effective policies, best practices, promising approaches or innovative actions** | **Rationale** | **References** |
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| 1 | Scottish Government Heart Disease Action Plan 2021 | The Scottish strategic plan sets out priorities and national actions to minimise preventable heart disease and ensure equitable and timely access to diagnosis, treatment and care for people with suspected heart disease in Scotland.<br>The key areas addressed in the National Heart Disease Strategy are risk factor identification and management, particularly high cholesterol and hypertension, a reduction of inequity of services and ensuring effective use of data for quality improvement in the care for patients with heart disease in Scotland. The national strategy proposal expands on these three common, crucial and central fields, on achievable goals, and most of all, how to implement this strategy within Scotland. | https://www.gov.scot/publications/heart-disease-action-plan/ |
| 2 | **Farmers Have Hearts Programme**: An example of a targeted risk | Context: Irish research showed that Irish farmers are 7 times more likely to die from heart disease compared to other occupational groups (Smyth et al., 2013). | Farmers Have Hearts - Detailed Baseline Report, https://www.teagasc.ie/media/website/publications/2020/Far |

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| | assessment programme in rural Ireland | For many farmers, making time to go to the doctor is one of those things that is too often pushed down the list because of so many other pulls on their time. That is why the Irish Heart Foundation, supported by the Irish Health Service Executive (HSE), developed the "Farmers Have Hearts" programme, which aims to address the issue of CVD among rural men in Ireland.<br>About the programme:<br>Originally founded in Co. Roscommon in 2005 by a Multidisciplinary Health Service Executive (HSE) team, the programme has been led by the Irish Heart Foundation's (IHF) Health Check team (or Health Promotion team) since 2009.<br>Since 2014, the Programme has been operating at a national level reaching 1,000 farmers per year.<br>Effectiveness:<br>In 2018, Teagasc - The Agriculture and Food Development Authority (Ireland) commissioned the 'Farmers Have Hearts' Study to investigate whether a tailored intervention is effective in prompting Irish farmers to adopt sustainable behaviour change to improve their health. Specifically, the 4-year study investigates whether the programme results in effective follow-up use of GP services, sustainable cardiovascular health behaviour change, and reduced CVD risk. Publication of the results is expected.<br>Previous evaluation of the Irish Heart Foundation has already shown that:<br>▪ 48% of farmers are making lifestyle changes<br>▪ 89% changes to diet<br>▪ 92% being more physically active<br>▪ 41% said they would not have had a health check otherwise<br>▪ 64% noted their intention to go to their doctor more regularly. | mers-Have-Hearts---Detailed-Baseline-Report.pdf<br><br>The 'Farmers Have Hearts' Study: Can a workplace cardiovascular health check followed by health promotion texts and/or health coaching by phone improve behaviours affecting heart and circulatory system health in livestock farmers? https://doi.org/10.1186/ISRCTN26792329<br><br>Irish Heart Foundation, Evaluation Report on 'Farmers Have Hearts' health checks, 2013-2014, http://irishheart.ie/wp-content/uploads/2017/01/FHH_report_Summary_final_13th_May.pdf |
| 3 | **Slovenian National programme for prevention of cardiovascular disease** | National research on prevalence of lifestyle and biological risk factors, morbidity and mortality provided evidence for the design of a national strategic approach to deliver prevention activities at population level and at individual level from 2002 onwards.<br>At population level, a series of important health promotion initiatives were implemented under a common framework entitled "Living Healthy". These included, for example, a national action plan to reduce salt intake in the Slovenian diet (2010-2020), a national nutritional policy programme, a national health-enhancing physical activity programme (2007-2012) and enforcement of strict alcohol and anti-tobacco legislation.<br>At individual level, the systematic and universally available national programme for prevention of cardiovascular disease aims to detect individuals who are at risk of developing cardiovascular disease, | National institute of Public Health, Ljubljana https://www.nijz.si/en/national-programme-primary-prevention-cardiovascular-diseases<br><br>European Association of Preventive Cardiology (EAPC) Country of the month – Slovenia, June 2015, report prepared by Prof Zlatko Fras, https://www.escardio.org/Sub-specialty-communities/European-Association-of-Preventive-Cardiology-(EAPC)/Advocacy/Prevention-in- |

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| | | individuals with unhealthy lifestyles and risk factors for these diseases. The programme aims to deliver appropriate interventions, including counselling and support to change lifestyle, as part of a pathway with quality assurance procedures.<br>The combined approach of Slovenia has resulted in significant changes in cardiovascular epidemiology with number of deaths from all types of cardiovascular disease dropping significantly. | your-country/country-of-the-month-slovenia |
| 4 | Examples of **national registries** for data collection and data-use for improving quality of care and treatments for CVD patients | The advantages of quality-assured national registries aiming to support continuous quality improvement at the hospital and country level have been demonstrated by the Swedish, the Finnish and more recently, the UK models. Continuous data collection and provision can substantially improve quality of care, resulting in improved outcomes. To achieve this, the use of validated quality indicators to assess the effect of various measures on healthcare outcomes and inequalities across the EU will must be ensured. There is a need for CVD registries to be coordinated and expanded at European level in order to inform evidence-based decision-making throughout the cardiovascular disease pathway.<br>▪ **Sweden:** The SWEDEHEART Registry was launched in 2009 by merging four already existing quality registers and forming Sweden's largest quality register. The primary purpose of SWEDEHEART is to support evidence-based therapy development in acute and chronic coronary heart disease and in heart valve interventions by providing continuous data on care needs, examinations, treatments, and treatment outcomes. It also aims to register changes in the quality of care over time within a hospital and compared to other hospitals, contribute with risk assessment tools and decision support and to support continuous improvement work at all participating units. SWEDEHEART will also form a basis for research on coronary heart disease and valve intervention. The long-term goal is to contribute to a reduction in mortality and morbidity in patients and to increase the cost-effectiveness of care. SWEDEHEART is also a procedure and surgery-related register whose purpose is to gather relevant information regarding disease severity, patients' risk profile, medical, medical technical treatment, results and any complications from the procedure at the time of all performed procedures and surgeries. Comparisons can be made between hospitals and between regions. The individual operator can also compare their results with an average of the clinic's or the whole of Sweden's other operators. New medical technology products can be quickly | SWEDHEART Registry: https://www.ucr.uu.se/swedeheart/<br><br>Annual report SWEDEHEART 2012. Scand Cardiovasc J. 2014 Aug;48 Suppl 63:2-133. doi:10.3109/14017431.2014.931551. PubMed PMID: 25119891<br><br>Finnish Institute for health and welfare, National health care quality registers, https://thl.fi/en/web/social-welfare-and-health-care-reform/health-and-social-services-system-performance-assessment/national-health-care-quality-registers<br><br>BHF Data Science Centre: a partnership between Health Data Research UK (HDR UK) and the British Heart Foundation (BHF), https://www.hdruk.ac.uk/helping-with-health-data/bhf-data-science-centre/ |

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| | | evaluated, as well as different treatment strategies in the short and long term.<br>▪ **Finland** is using all available electronic data in the pilot quality registry for coronary artery disease. Data collected automatically from different sources, such as from diagnostics and various medical procedures, hospitalisation records, medicine purchases, laboratory measurements after discharge, and deaths. National quality register activities in health care are piloted in THL's National health care quality registers pilot project 2018–2020.<br>▪ **UK:** Launched in January 2020, the BHF Data Science Centre aims to improve the public's cardiovascular health through the power of large-scale data and advanced analytics across the UK. It is a partnership between Health Data Research UK (HDR UK) and the British Heart Foundation (BHF) and sits within HDR UK. | |
| 5 | Examples on **cardiopulmonary resuscitation (CPR) programmes and citizens' networks** | In cases of cardiac arrest, immediate provision of cardiopulmonary resuscitation (CPR) is crucial to keep oxygen flowing in and out of the lungs and to keep oxygenated blood flowing through the body.<br>Over the years, many heart foundations and patient associations in collaboration with other national actors have developed and maintained resuscitation programmes for a lay public, defibrillator registries, and smartphone applications establishing citizen responder systems connected to emergency call centres and services. Evaluation studies on such programmes demonstrate that an increased proportion of victims who receive early CPR (i.e. before the ambulance arrives) has a positive effect on survival rates.<br>Examples of CPR programmes and citizens' networks include:<br>▪ Finland defi.fi;<br>▪ the Netherlands = 6min campaign, a collaboration between the Dutch Heart Foundation and the Dutch association for people with cardiovascular diseases (Harteraad) https://www.hartstichting.nl/reanimatie;<br>▪ Heartrunner Sweden, https://heartrunner.com/ (funded also by the European Regional Development Fund);<br>▪ Denmark, TrygFonden Hjerteløber https://hjertestarter.dk/hjerteloeber/bliv-hjerteloeber;<br>▪ Ireland: https://irishheart.ie/what-is-cpr/<br>▪ UK: https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life | CA19137 - Sudden cardiac arrest prediction and resuscitation network: Improving the quality of care; COST project<br><br>Andelius L, Malta Hansen C, Lippert F, et al. Smartphone Activation of Citizen Responders to Facilitate Defibrillation in Out-of-Hospital Cardiac Arrest. J Am Coll Cardiol. 2020 Jul, 76 (1) 43–53. DOI: 10.1016/j.jacc.2020.04.073<br><br>Ringh M, Rosenqvist M, et al. Mobile-Phone Dispatch of Laypersons for CPR in Out-of-Hospital Cardiac Arrest, June 11, 2015, N Engl J Med 2015; 372:2316-2325 DOI: 10.1056/NEJMoa1406038<br><br>Enhancing citizens response to out-of-hospital cardiac arrest: A systematic review of mobile-phone systems to alert citizens as first responders (2020), European Resuscitation Council |

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| 6 | **Finland**: **Tulppa - Digital rehabilitation** | Tulppa is a cardiac rehabilitation operating model designed by the Finnish Heart Association. The programme is already available in 13 districts of Finland and can be adapted to a municipality, hospital district or welfare area to fit regional needs. Tulppa includes a digital care pathway that includes group communication and weekly discussion, self-monitoring, following the personal plan and support from health care professionals throughout the entire rehabilitation programme. | About the programme: https://sydan.fi/apua-ja-tukea/tulppa-kuntoutus/<br><br>Evaluation: https://clinicaltrials.gov/ct2/show/NCT03437616 |
| 7 | Examples on **digital health tools** for CVD prevention and management | The review of digital health research from 2000 until the end of 2019, funded by the EHN and published in 2020 lists many examples and their evaluations in its Annexes. | Scherrenberg M., Vangenechten G., Janssen A., Dendale P., What is the value of digital tools for cardiovascular patients?, European Heart Network, 2020 |

6. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

   *Please list up to five suggestions and be as specific as possible.*
   *You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).*

| | **Roles** | **Rationale** | **References** |
|---|---|---|---|
| 1 | EHN to represent the voice of national foundations and patient associations dedicated to promoting cardiovascular health, supporting people living with cardiovascular disease and representing the patient voice at national level.<br><br>EHN and its network of members across Europe to collaborate with and support policy-maker to identify priorities and co-create policies and programmes aimed at developing and implementing innovative solutions to ensure people's equal access to secondary prevention, treatment of CVD and quality of care across Europe. | Half of EHN members are patient organisations supporting people living with cardiovascular disease and representing the patient voice at national level. Their combined outreach is over 2 million patients and carers in Europe. Together, we engage in influencing European policies to improve diagnosis, treatment and quality of life for people with cardiovascular disease. We do this by:<br>▪ connecting our members to facilitate networking, sharing information, expertise and best practices<br>▪ supporting our members in their national advocacy efforts<br>▪ representing patients' interests in European policy platforms<br>▪ enabling and empowering patient engagement in policy and research. | EHN Strategic Plan 2019-2023 https://ehnheart.org/about-us/ehn-strategic-plan-2019-2023.html |
| 2 | EHN members to ensure co-creation of policies and programmes with the meaningful involvement of | National patient organisations are well embedded at national level with great outreach to cardiovascular patients, large networks of other national stakeholders. They represent the patient voice and | https://ehnheart.org/patients/about.html |

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| | cardiovascular patients, share national best practices and innovative approaches, and support implementation of best practices at national levels. | provide input to national policy makers. They can ensure co-creation with the meaningful involvement of people living with CVD, the implementation and deployment of critical solutions and best practices. EHN works in close collaboration with its members to ensure they are part of the co-creation process providing input both to this stakeholders' input form and to their national health representatives. | https://ehnheart.org/members/members.html |

## Closing section

7. You may wish to add other comments (e.g. on the structure of the approach, information gaps, recommendations for better supporting stakeholders).

| **Comments (maximum 500 words)** |
|---|
| While past EU health policies and programmes have addressed certain aspects and risk factors of CVD through prevention and health promotion policies, a coherent, structured and financed European Plan for Cardiovascular Health has been missing so far. This is rather surprising given the high prevalence of CVD at EU level, making it killer No 1 in Europe and even worldwide. Therefore, we encourage the EU and Member States to develop a dedicated European Cardiovascular Health Plan, complemented by a European research mission, with the overall aim to reduce premature morbidity and mortality from CVD and tackle inequalities in cardiovascular health in the EU.<br><br>The 'Healthier Together' initiative through current funding mechanisms should channel investments in baseline and pilot work to support Member States in improving the cardiovascular health of all people, and in preparing of a holistic and dedicated European Plan.<br><br>EU4Health funding should be significantly expanded beyond the current EU Joint Action on Cardiovascular Diseases & Diabetes to contribute to the Sustainable Development Goals to reduce by one third premature and preventable deaths in Europe from CVD related causes by 2030. |

Please check the boxes that apply:

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☒ I confirm that the document does not include personal information (e.g. names and contact details)

**Thank you for your contribution**