The Health Policy Partnership

Governments must choose a new future for cardiovascular health

THOUGHT LEADERSHIP FORUM
ON CARDIOVASCULAR DISEASE

ACTION STATEMENT

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Why we need action on cardiovascular disease now

Effective political leadership and greater investment in the prevention and management of cardiovascular disease (CVD) could offer huge benefits for people and societies: better quality of life, improved population health, more resilient health systems, reduced health inequalities and economic growth.[1]

People are living longer, but not always healthier, lives – and CVD is a major reason why.[2]

The number of people living with CVD in Europe is increasing,[3] exacerbated by ageing populations and the rising prevalence of associated conditions such as high blood pressure, diabetes, high cholesterol and obesity.[4 5]

CVD is the leading cause of death in Europe and worldwide, and a major cause of disability and illness – and much of this impact is preventable.[3 4 6]

Although CVD mortality rates have declined over the past few decades,[7] they are now plateauing and even increasing in some countries, partly due to stalled progress in preventing and addressing CVD and its risk factors.[4 5]

CVD is therefore a critical component of target 3.4 of the United Nations' Sustainable Development Goals (SDGs), which calls for a 33% reduction in premature deaths from non-communicable diseases (NCDs) by 2030.[8]

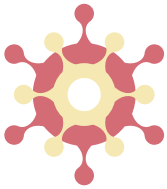
People aged 50 and over could comprise up to **40%** of workers by **2035**.[9]

CVD affects people of all ages, including those of working age. Almost **40%** of first strokes occur between the ages of **40 and 69**.[10]

CVD accounts **for almost half** of the excess deaths in lower socioeconomic groups across Europe.[5]

40–72% of CVD-related deaths are attributable to modifiable risk factors.[4]

23–55% of CVD-related deaths are associated with lack of access to acute care and secondary prevention.[4]



People living with CVD are **three times more likely** to develop severe symptoms or die from COVID-19 than those without.[11]

At the European level, there are new opportunities to advance the political cause of CVD.

In 2022, the European Alliance for Cardiovascular Health (EACH)[12] launched its European Cardiovascular Health Plan, calling for national cardiovascular health action plans alongside other cross-cutting actions.[13] In addition, the EU Commission launched the Healthier Together EU-wide NCD initiative, with tools that Member States can use to reduce the burden of CVD.[14]

Now is the time to push for action at the national level.

It's time to choose a new future for cardiovascular health

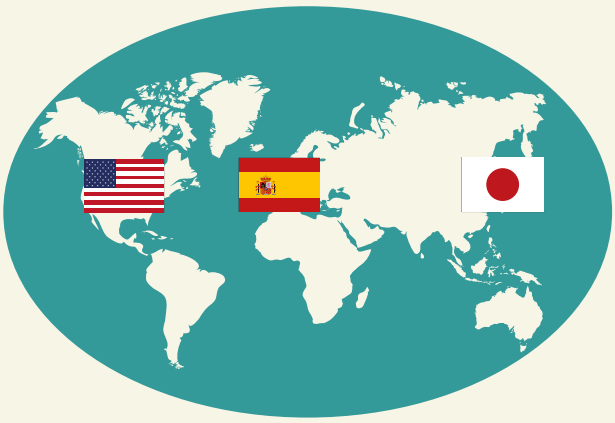
There has been a noticeable lack of political leadership in CVD over the past decade in Europe,[15] and many national CVD plans and strategies are outdated or lacking in concrete investment and implementation measures.[15 16]

Given that tackling CVD can bring benefits outside of health,[1] political interest in CVD should extend beyond the remit of just ministries of health to other governmental departments such as finance, pensions, employment and social affairs. CVD advocates must demand change and hold decision-makers accountable for progress in CVD.

What should governments do?

Ensure longer and healthier lives for citizens by establishing comprehensive national cardiovascular health plans to reduce CVD-related deaths, illness and disability by one third by 2030, in line with SDG target 3.4:[8]

- Follow the example of modern CVD plans across the world in setting ambitious, measurable and country-specific targets, such as:
  - to prevent one million avoidable cardiac events over five years (Million Hearts 2027, US)[17]
  - to extend healthy life expectancy by three years (National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease, Japan)[18]
  - to use evidence-based indicators to allow for the monitoring and evaluation of interim and final outcomes (Cardiovascular Health Strategy, Spain)[19]



Reduce inequalities and boost social and economic participation:

- Factor health into economic strategies, focusing on the impact of CVD and other chronic conditions in an ageing population
- Grow investment in CVD-related biomedical innovation to help deliver on industrial strategies to build knowledge-based economies
- Set cross-departmental targets to reduce health inequalities facing marginalised communities, overseen by an independent committee including senior ministers

How could governments deliver on this ambition?

Learn from the COVID-19 pandemic, and equip and incentivise community and outpatient services to prevent the development or worsening of CVD and associated conditions such as high blood pressure, diabetes, high cholesterol and obesity

Detection, care and management of CVD and other chronic diseases have suffered greatly during the pandemic, owing to significant disruptions to healthcare services. Worldwide, there was a 64% reduction in CVD diagnostic procedures in April 2020 compared with March 2019.[20]

Examples of this approach around the world:

Nationwide Strategy for the Prevention, Treatment and Rehabilitation of Cardiovascular Disease, Mexico – advises the establishment of secondary prevention programmes and delivery of cardiac rehabilitation outside of the hospital.[21]

Heart Disease Action Plan, Scotland – calls for the provision of CVD care and long-term management by specialist nurses and cardiac physiologists in primary care, community care and the third sector.[22]

National Strategic Action Plan for Heart Disease and Stroke, Australia – recommends the incentivisation of general practice and allied health services to provide ongoing preventive or post-discharge CVD care.[23]

Invest in digital technologies to deliver accessible prevention, diagnosis and management of CVD and its risk factors

Digitalisation could be utilised in several aspects of CVD care, such as remote monitoring, self-management, routine medical review and multidisciplinary communication.[5] An analysis for the EU Commission estimated that greater use of digital approaches in health could save €120 billion across all 27 EU countries.[24]

Examples of this approach around the world:

National Cardiovascular Disease Prevention and Treatment Programme, Poland – proposes the development of an inter-hospital network (TELESTROKE) to enable collaboration between regional and local treatment centres.[25]

The NHS Long Term Plan, England – advocates for the expansion of electronic health records, decision-support and artificial intelligence tools, and an Electronic Prescription Service.[26]

Heart Disease Action Plan, Scotland – endorses the adoption and expansion of telehealth to facilitate communication between CVD care teams and people living in remote areas.[22]

Invest in data collection to inform care and policy decisions and to benchmark performance

National registries spanning multiple conditions and collecting data along the full CVD pathway would not only help provide a better understanding of CVD and its risk factors, thereby guiding research and innovation, but also enable an ongoing assessment of health service performance.[27]

Examples of this approach around the world:

SWEDEHEART, Sweden – a nationwide CVD registry that collects data on the quality and type of CVD care in all Swedish hospitals to measure and compare performance.[28]

EuroHeart, Estonia – a regional initiative from the European Society of Cardiology to promote collaboration between national CVD registries and generate consistent observational data across Europe.[29]

CVDPREVENT, England – a national primary care audit that automatically extracts data from general practice on the diagnosis and management of CVD risk factors.[30]

Reverse the decline in investment in CVD clinical research and innovation, which are critical to developing new treatments and improved care models

Compared with other diseases, research funding for CVD is disproportionately lower than the high burden of disease.[5 15]

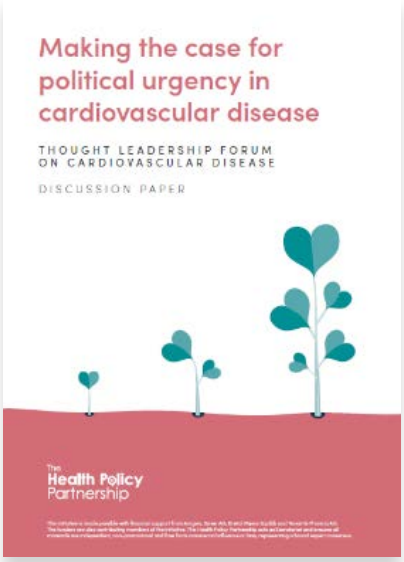
Examples of this approach around the world:

National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease, Japan – promotes collaboration between industry and academia for research and development, with a focus on diagnostic and treatment methods.[18]

Cardiovascular Health Mission, Australia – an AUD $220 million research programme to improve heart health and reduce stroke over ten years.[31]

Danish Cardiovascular Academy, Denmark – an initiative comprising leading CVD experts tasked with improving diagnosis, treatment and prevention in CVD by pooling knowledge and resources.[32]

Related publications



About the Thought Leadership Forum on Cardiovascular Disease

The Thought Leadership Forum on Cardiovascular Disease is a project from The Health Policy Partnership (HPP), advised by a multidisciplinary group of senior stakeholders seeking to ignite greater political urgency in CVD.

The Forum is non-promotional and free from commercial bias, representing expert-based consensus. This initiative is made possible with financial support from Amgen, Bayer AG, Bristol Myers Squibb, Novartis Pharma AG and Novo Nordisk. The funders are also contributing members of the initiative.

To find out more, visit the Thought Leadership Forum on Cardiovascular Disease project page or contact the team at CVDTLF@hpolicy.com

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