

# EuroHealthNet's vision for improving cardiovascular health for all

## Contribution to the European Commission's Cardiovascular Health Plan

[EuroHealthNet](#) is a not-for-profit partnership of over 80 public health and health promotion organisations with the core mission of reducing health inequalities by addressing socioeconomic determinants. We work to advance health promotion, disease prevention, social equity, and wellbeing for all.

We welcome the European Commission's ambition to reduce cardiovascular diseases. Our vision is to have a comprehensive European cardiovascular health plan that addresses the root causes of cardiovascular diseases, with health equity and prevention at the centre of all actions.

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Our key policy recommendations are:

1. **Integrating cardiovascular health in all policy sectors with clear targets**, from the European Semester to taxation, education, employment and social inclusion, climate, agriculture, transport, and other relevant areas. Upcoming strategic EU dossiers, such as the new European Pillar of Social Rights Action Plan, the EU Anti-Poverty Strategy, and the Intergenerational Fairness Strategy, need to contribute to reducing the burden of cardiovascular diseases.
2. **Creating a supportive and enabling environment for cardiovascular health** with a special focus on gender, older people, and vulnerable groups is essential to achieving health equity. Such environments drive healthier outcomes by reducing tobacco and alcohol consumption, promoting healthy diets and physical activity, cutting environmental pollution, supporting climate change adaptation, as well as lowering chronic stress and improving wellbeing and mental health at work.
3. **Strengthening equity-based and innovative approaches**, such as social prescribing, across the life course, starting already from childhood.

## The burden of cardiovascular diseases today

Cardiovascular diseases (CVDs) such as ischaemic heart disease and stroke, remain the leading cause of death in the European Union, responsible for one in every three deaths. Today, over 62 million people in the EU-27 live with CVD.<sup>1</sup>

However, this burden is not evenly shared. For example:

- People with lower socioeconomic status are 68% more likely to develop cardiovascular disease.<sup>2</sup> After diagnosis, those in the lowest socioeconomic status group have a 35% higher risk of recurrent events and lose an average of 5.5 years of event-free life compared to others.<sup>3</sup>
- Cardiovascular mortality rates are up to seven times higher in some Central and Eastern European countries compared to Western Europe.<sup>4</sup>
- Although men have higher overall mortality rates, women who develop CVD face a greater risk of dying from it.<sup>5</sup>

Beyond the individual toll, CVD places a growing and unsustainable burden on families, communities, health and social systems, as well as economies. In 2021 alone, CVD cost the EU €282 billion, equivalent to 20% of all healthcare expenditure.<sup>6</sup> With CVD rates projected to rise,

particularly in Central and Eastern Europe,<sup>7</sup> this economic burden is expected to grow significantly. This trend is further compounded by Europe's ageing population. While efforts to increase longevity and a stronger focus on healthy ageing may help mitigate future costs, a shift towards prevention and health promotion is essential to contain the growing pressure on health.

## Health promotion and prevention is our strongest yet underused tool

Quality treatment and access to care are essential, but it is not possible to effectively address this escalating CVD crisis based on medical treatment only. The forthcoming European Cardiovascular Health (CVH) Plan presents a much-needed opportunity to move from a reactive to a broader, cross-sectoral proactive approach. An approach that:

- places health promotion and CVD prevention as the foundation of cardiovascular health policy,
- is universal with a strong focus on vulnerable people,
- integrates (cardiovascular) health considerations into policymaking across all sectors ('Health in All Policies'),
- is grounded in a life course perspective with a bigger emphasis on healthy ageing.

This shift would be **more sustainable, cost-effective, and equitable**, as it tackles the root causes of ill health rather than merely treating its symptoms. Importantly, health promotion measures do not only help those at risk of CVD. They also improve recovery and quality of life for the millions already living with CVD by reducing recurrence, supporting rehabilitation, and relieving pressure on healthcare services.

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1 European Society of Cardiology '[EU27 – Cardiovascular Realities](#)' (February 2025)

2 Omar Hahad, Doya A Gilan, et al. '[Cumulative social disadvantage and cardiovascular disease burden and mortality](#)', European Journal of Preventive Cardiology, Volume 31, Issue 1 (January 2024)

3 Stella Bijkerk, Frank L J Visseren, et al. '[Socioeconomic disparities and risk of recurrent cardiovascular events and cardiovascular disease-free life expectancy in patients with established cardiovascular disease](#)', European Journal of Preventive Cardiology (February 2025)

4 OECD Report '[Health at a Glance: Europe 2024](#)' (November 2024)

5 Benedetta Romeo, Maria Bergami, et al. '[Sex Disparities in Ischemic Heart Disease Mortality in Europe](#)', JACC: Advances, Volume 3, Number 12\_Part\_2 (September 2024)

6 Ramon Luengo-Fernandez, Marjan Walli-Attaei, et al. '[Economic burden of cardiovascular diseases in the European Union: a population-based cost study](#)', European Heart Journal, Volume 44, Issue 45 (December 2023)

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7 Bryan Chong, Jayanth Jayabaskaran, et al. '[Global burden of cardiovascular diseases: projections from 2025 to 2050](#)', European Journal of Preventive Cardiology (September 2024)

Up to 80% of premature heart disease and stroke is preventable,<sup>8</sup> mainly by addressing the major modifiable risk factors: **tobacco use, alcohol consumption, unhealthy diets, physical inactivity, psychosocial work stressors, and air pollution**. These so-called 'behavioural' or 'lifestyle' risk factors, alongside environmental exposures such as air pollution, are not simply the result of individual choices but are profoundly shaped by the environments we build, the policies we design, and the commercial practices we allow.

- **Unhealthy diets** contribute to 36.7% of all cardiovascular deaths, equal to 16.4% of all deaths in Europe.<sup>9</sup>
- **Tobacco use** accounts for 15.8% of heart disease deaths in the WHO European Region.<sup>10</sup>
- **Alcohol consumption** causes an estimated 50,000 cardiovascular deaths annually in the EU. CVD is the leading cause of alcohol-attributable deaths in the region.<sup>11</sup>
- **Physical inactivity** affects one in four Europeans; yet any amount of physical activity can reduce heart disease risk by up to 20%.<sup>12</sup>
- In 2021, nearly 1.1 million deaths in the EU (around one in five) were linked to **smoking, excessive alcohol consumption, and high body mass index**.<sup>13</sup>
- **Air pollution** leads to an average loss of 2.2 years of life expectancy, contributes to 15–28% of CVD mortality, and makes up the bulk of pollution-related deaths.<sup>14</sup>
- **Heatwaves** are linked to around a 12% increase in cardiovascular mortality risk (with mortality risk rising with heatwave intensity).<sup>15</sup> In 2023, the number of heat-related deaths was 2.2 times higher than the number of road traffic deaths in the EU.<sup>16</sup>
- **Psychosocial work factors** are estimated to account for up to 11% of CVD.<sup>17</sup>

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*When harmful products are widely marketed and easily accessible, when healthy food is inaccessible, when neighbourhoods are unfit for walking or cycling, when clean air is a privilege rather than a guarantee, and when working conditions create constant psychosocial strain, the space for healthy choices shrinks fundamentally.*

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8 World Heart Federation '[World Heart Report 2023](#)' (2023)

9 Theresa Pörschmann, Toni Meier, Stefan Lorkowski, et al. '[Cardiovascular mortality attributable to dietary risk factors in 54 countries in the WHO European Region from 1990 to 2019: an updated systematic analysis of the Global Burden of Disease Study](#)', European Journal of Preventive Cardiology (April 2024)

10 World Health Organization, Regional Office for Europe '[Effects of tobacco on health, Fact sheet](#)' (May 2025)

11 European Heart Network '[EHN position paper on the Impact of Alcohol Consumption on Cardiovascular Disease](#)' Position paper (May 2025).

12 European Heart Network '[Physical Activity Policies for Cardiovascular Health](#)' (December 2019)

13 OECD and European Commission '[Health at a Glance: Europe 2024: State of Health in the EU Cycle](#)' (November 2024)

14 Lelieveld J, Klingmüller K, Pozzer A, Pöschl U, Fnais M, Daiber A, and Münzel T. '[Cardiovascular disease burden from ambient air pollution in Europe reassessed using novel hazard ratio functions](#)' European Heart Journal, Vol. 40, Issue 20 (May 2019)

15 Jingwen Liu, Blesson M Varghese, Alana Hansen, et al. '[Heat exposure and cardiovascular health outcomes: a systematic review and meta-analysis](#)', The Lancet Planetary Health, Vol. 6, Issue 6 (June 2022)

16 8) Centre for Planetary Health Policy '[More deaths from heatwaves than traffic accidents in Europe — why urgent climate and social action is needed](#)' (July 2025)

17 Isabelle Niedhammer, Hélène Sultan-Taïeb, Agnès Parent-Thirion, Jean-François Chastang, et al. '[Update of the fractions of cardiovascular diseases and mental disorders attributable to psychosocial work factors in Europe](#)', International Archives of Occupational and Environmental Health (June 2021)

## Policy change is key, and the tools are within reach

Health promotion and CVD prevention go **beyond individual responsibility**. Policy interventions must focus on **shaping healthier environments for everyone, everywhere**. Policies that make healthy foods and diets affordable and accessible, create safe and active urban spaces, curb the marketing and availability of harmful products, reduce pollution, and ensure workers' wellbeing are powerful levers that lie squarely in the hands of policymakers.

## A turning point for Europe

A robust European Cardiovascular Health Plan, grounded in health promotion and CVD prevention, can contribute to the EU's broader objectives of increasing **healthy ageing and reducing the need for long-term care**, a healthy working population, improving **competitiveness**, **the green transition, social cohesion and intergenerational fairness**.

The new CVH Plan should follow the model of **Europe's Beating Cancer Plan**, as it has already established robust commitments to tackle many of the common risk factors driving CVDs. By reinforcing and implementing the commitments made under the Beating Cancer Plan, as well as building on and taking forward the evidence and tools developed through the **Joint Action PreventNCD**, the CVH Plan can maximise health gains and reduce the burden of non-communicable diseases simultaneously.

To translate our vision into concrete action, we set out our **policy recommendations**, each paired with clear asks in terms of legislative and supportive tools needed at the EU level to reduce CVD.

## 1. Integrating cardiovascular health in all policy sectors

### 1.1 Mainstreaming cardiovascular health across all policies with clear targets and accountability

- The CVH Plan should adopt a **Health in All Policies and whole-of-government approach**, anchored in the overarching goal of **Sustainable Development Goal Target 3.4** 'to

**reduce premature and preventable deaths from cardiovascular disease by one third by 2030**'.

To achieve this, the Plan should establish **concrete targets** that are translated into sector-specific targets across taxation, climate, education, employment, agriculture, transport, and other relevant areas. This way, sectors across different levels of governance (EU, national, regional, and local) will be held accountable for progress through robust, disaggregated indicators (age, sex, socioeconomic status) on major risk factors such as tobacco, alcohol, diet, physical activity, air pollution, climate adaptation, and chronic stress.

### 1.2 Make cardiovascular health part of the European Pillar of Social Rights and Semester process to drive an Economy of Wellbeing

- Cardiovascular prevention objectives should be included in the European Pillar of Social Rights (EPSR) implementation,<sup>18</sup> as part of a comprehensive NCDs prevention approach, especially under:
  - **Principle 2 on gender equality**, to address persistent underdiagnosis and undertreatment of women;
  - **Principle 16 on access to preventative health care**, and
  - **Principle 18 on access to long-term care services**, including community services and healthy ageing.<sup>19</sup>

This way, the CVH Plan will be reflected in the European Semester process while also delivering on the **EU's Roadmap for Women's Rights and the Intergenerational Fairness Strategy**.

18 See EuroHealthNet '[European Pillar of Social Rights Flashcard tool – A guide for public health professional and decision-makers](#)'

19 See EuroHealthNet '[Policy Briefing on healthy ageing in EPSR principle 18: 'An effective approach to the implementation of the European Long-Term Care Strategy'](#)' (April 2025)

## 2. Creating a supportive and enabling environment for cardiovascular health with a special focus on health equity and vulnerable groups

### 2.1 Curb tobacco and nicotine consumption<sup>20</sup>

- **Fast-tracking the July 2025 proposed revision of the Tobacco Taxation Directive and the Council Directive on general arrangements for excise duty.**<sup>21</sup> Ensure that revenues from tobacco excise duties are earmarked for health promotion, smoking prevention, and cessation support, particularly targeting vulnerable groups, including children and young people.
- **Advance the long-overdue revision of the Tobacco Products Directive** to address regulatory gaps concerning novel tobacco and nicotine products, including e-cigarettes, in plain packaging, health warnings, bans on flavourings, and full disclosure of product content and ingredients.
- **Revise the Tobacco Advertising Directive** to comprehensively cover digital advertising, cross-border promotion, social media, and influencer marketing, and extend provisions to novel tobacco and nicotine products—including e-cigarettes. This revision should align with the EU's Better Internet for Kids strategy<sup>22</sup> to ensure stronger protection of children and young people from harmful commercial online content.
- **Review duty-free rules and cross-border purchases of tobacco and nicotine products** to prevent policy undermining through price disparities within the single market.

### 2.2 Reduce alcohol consumption

- Advance the proposal for a revised Food Information to Consumers Regulation without further delay and ensure the inclusion of

**mandatory ingredient and nutritional labelling on alcoholic beverages, along with health warnings on packaging.**

- **Phase out EU subsidies for alcohol production and promotion**, particularly under the EU Common Agricultural Policy and redirect resources towards healthy and sustainable agriculture.
- **Review duty-free rules and cross-border purchases of alcohol products** to prevent opportunistic purchases within the EU single market.
- **Reopen the discussion for the revision of the EU alcohol taxation directive** to harmonise and increase excise duties for all alcoholic beverages.
- Establish a framework for **Minimum Unit Pricing**<sup>23</sup> that sets a baseline price at which a unit of alcohol can be sold.

### 2.3 Improve the affordability, availability and intake of healthy food, and reduce the presence of unhealthy food outlets<sup>24</sup>

- **Encourage and provide guidance to Member States on using VAT flexibilities** introduced by Directive (EU) 2022/542 to lower the rates for fresh fruits, vegetables, and healthy food up to zero.
- **Introduce subsidies to lower the final costs of healthy foods for consumers**, improving the affordability of healthy food, especially for the most vulnerable people.
- Advance the revision of the Food Information to Consumers Regulation<sup>25</sup> for **EU-wide implementation of a harmonised, mandatory front-of-pack nutrition labelling system**, to facilitate healthier food choices and support dietary health.

20 See EuroHealthNet Policy Brief '[Reducing tobacco and nicotine-based products consumption](#)' (March 2025)

21 European Commission '[Proposal for a Council Directive on the structure and rates of excise duty applied to tobacco and tobacco related products](#)' (16 July 2025)

22 European Commission '[A Digital Decade for children and youth: the new European strategy for a better internet for kids \(BIK+\)](#)' (11 May 2022)

23 World Health Organization, Regional Office for Europe '[No place for cheap alcohol: the potential value of minimum pricing for protecting lives](#)' (June 2022)

24 See EuroHealthNet [Policy Précis on Tackling ultra-processed food for a healthier and just food system](#) (January 2025)

25 European Parliament and Council of the European Union '[Regulation \(EU\) No 1169/2011 of the European Parliament and of the Council on the provision of food information to consumers](#)' (25 October 2011)



- **Enable, encourage, and provide guidance to Member States, regional, and local authorities on zoning interventions** to regulate density and availability of fast-food outlets in areas considered under special protection, such as schools, hospitals, etc.
- **Introduce mandatory healthy nutrition standards in public procurement** (e.g., school meals, public institutions, hospitals) to promote healthy dietary habits across the life course.
- Ensure the forthcoming **EU Anti-Poverty Strategy** addresses access to healthy, affordable food for low-income and marginalised populations.
- Reopen discussions on the **EU Framework for Sustainable Food Systems** and ensure that public health, including cardiovascular health, is central to its design and implementation. The Framework should explicitly support the production and consumption of nutritious, minimally processed foods, and align food system reforms with health and equity goals.

## 2.4 Increase physical activity

- **Encourage and guide Member States, regional, and local governments to facilitate people's physical activity.** This can be achieved, for example, by investing in safe, accessible, and affordable urban and rural spaces and infrastructure, such as parks, bike lanes, sidewalks, nature trails, and sports facilities; as well as by supporting organisations and initiatives that encourage people to be physically active at all ages. It is essential to ensure that vulnerable populations, including older people, benefit from physical activity initiatives, addressing health equity.
- **Update the existing Council Recommendation on Health-Enhancing Physical Activity** with an emphasis on inclusive access to sport and physical activity for people of all ages, backgrounds, and abilities.

## 2.5 Protect people from commercial determinants of health

- **Ensure stronger enforcement and monitoring of the Audiovisual Media Services Directive to restrict the marketing** of unhealthy foods, alcohol, and novel tobacco and nicotine products, in particular to young people, across online and offline platforms.

## 2.6 Reduce air pollution, climate-change induced events like heatwaves and promote zero-emission active mobility

- **Develop a dedicated EU Strategy on Climate and Health** that embeds health objectives in the EU Climate Strategy. This strategy must leverage benefits for cardiovascular health from improvements in air quality, green spaces, and heat mitigation, including in workplaces, housing, healthcare facilities, and educational settings. It should build on the EU's endorsement of the WHO Budapest Declaration<sup>26</sup> and the COP28 Health Declaration<sup>27</sup> to ensure a consistent EU approach to environmental health and the WHO's newly launched Pan-European Commission on Climate and Health.<sup>28</sup>
- **Require Member States to refer to the 2021 WHO Air Quality Guidelines in reducing air pollution**, including in implementing the Ambient Air Quality Directive. This approach will contribute to lowering pollution-related CVD mortality.
- **Support further implementation of the EU's Sustainable and Smart Mobility Strategy<sup>29</sup> from 2020 by requiring health impact assessments** in urban transport planning and investing in zero-emission transport, pedestrian infrastructure, and cycling networks, to promote both active mobility and pollution reduction.

26 World Health Organization, Regional Office for Europe 'Declaration of the Seventh Ministerial Conference on Environment and Health: Budapest, Hungary' (July 2023)

27 United Nations Climate Change Conference (COP28) 'the COP28 Declaration on Climate and Health' (October 2023)

28 World Health Organization, Regional Office for Europe 'Pan-European Commission on Climate and Health, Group/network' (June 2025)

29 European Commission, [Sustainable and Smart Mobility Strategy – putting European transport on track for the future](#) (9 December 2020)

## 2.7 Improve health and mental wellbeing at work

- **Follow up on the European Parliament Resolution calling for a Directive on the Right to Disconnect.**<sup>30</sup> This needs to formalise workers' rights to rest and recovery periods beyond existing Working Time Directive protections to reduce chronic work-related stress.
- Follow up on European Parliament Resolution and the 2021-2027 EU Occupational Health Framework, calling the Commission to propose a **Directive on psychosocial risks and wellbeing at work aimed at the efficient prevention of psychosocial hazards in the workplace, such as anxiety, depression, burnout and stress.**<sup>31</sup> This should require employers to assess and mitigate psychosocial hazards in the workplace with a focus on mental wellbeing, job security, and work-life balance.

## 3. Strengthening equity-based and innovative approaches across the life course

### 3.1 Leveraging the European Child Guarantee (ECG)<sup>32</sup> for cardiovascular health as a tool to tackle childhood obesity and physical inactivity, two of the strongest predictors of future cardiovascular disease

- Ensure the ECG includes measures to reduce nutrition inequalities, such as subsidised healthy school meals, free fruit and vegetable provision, and stricter limits on marketing unhealthy products to children.
- Integrate WHO recommendations on children's daily physical activity (60 minutes) into the

30 European Parliament '[Resolution with recommendations to the Commission on the right to disconnect](#)' (21 January 2021)

31 European Parliament '[Resolution on a new EU strategic framework on health and safety at work post-2020](#)' (10 March 2022)

32 See EuroHealthNet Policy Briefing on [Strengthening health in the European Child Guarantee](#) (July 2025)

ECG monitoring framework and support Member States to create safe, child-friendly environments for play, sport, and active mobility.

### 3.2 Health-promoting schools as a foundation for lifelong cardiovascular health

- **Promote health-promoting schools** within the CVH Plan by encouraging Member States to integrate comprehensive health education, balanced nutrition standards, physical activity, and mental wellbeing into daily school life, and foster healthy habits from an early age. A whole-school and life course approach should be encouraged, where school policies, environments, and curricula all work together to promote health. This effort can be reinforced by linking the CVH Plan to existing instruments such as the **EU School Fruit, Vegetables and Milk Scheme** and the European Education Area objectives.<sup>33</sup>

### 3.2 Integration of social prescribing into primary care to address social determinants of cardiovascular health

- **Promote uptake of social prescribing** by Member States by issuing EU guidance and funding pilots. Social prescribing empowers individuals by connecting them to non-medical support in their communities. These services address critical social determinants of health, help to reduce stress, combat social isolation, and support healthier behaviours.

**EuroHealthNet stands ready to support and engage with the European institutions and other stakeholders to ensure the European cardiovascular health plan is grounded in a health in all policies approach, addressing the root causes of cardiovascular diseases in Europe with a strong focus on ensuring health equity and a preventive approach across the life course.**

33 Council of the European Union '[Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond \(2021 – 2030\)](#)' (26 February 2021)

EuroHealthNet is a partnership of public organisations, institutes, and authorities working on public health, disease prevention, promoting health and wellbeing, and reducing inequalities. We aim to tackle health inequalities within and between European States through action on the social determinants of health. For further information and further references go to [www.eurohealthnet.eu](http://www.eurohealthnet.eu).

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