



MEP HEART GROUP MEETING

EUROPE'S UNEQUAL BURDEN OF CARDIOVASCULAR DISEASES – THE ACTUAL FACTS

TUESDAY 28 FEBRUARY 2017 14:00 – 16:00 | ROOM A5F385 - EUROPEAN PARLIAMENT, BRUSSELS

Report from the meeting

(Note: all presentations are available from [this link](#) on the MEP Heartgroup website)

Ms Mairead McGuinness MEP, Co-Chair of the MEP Heart Group welcomed all participants. She highlighted that although mortality figures from Cardiovascular Diseases have gone down, it still remains the main cause of death. Action is therefore needed at national and European level to lower the burden of CVD.

The burden of cardiovascular disease – latest facts & figures

Dr Nick Townsend, Oxford University presented the report “European Cardiovascular Disease Statistics, 2017 edition”. He stressed the gaps between Western and Eastern European countries in CVD mortality, but also the fact that more women than men are dying from CVD in the EU. (women: 1 004 599 vs men: 843 875). Also more and more people in Europe live with the burden of CVD because people live longer. At a population level, diet is now the main risk factor for CVD; though smoking is a more important risk factor for individuals. The increases in obesity and diabetes are worrying trends which risk slowing down the observed decrease in mortality rates. Dr Townsend noted that the inequalities observed in the EU are not only between countries, but also within countries.

The cost of cardiovascular disease

Dr José Leal, Oxford University presented the cost of cardiovascular diseases in Europe. CVD costs the EU economy €210 billion per year, which is more than the total EU budget. The majority (€111bn - 53%) is due to healthcare costs. Coronary heart disease and cerebrovascular diseases (including stroke) are the two main forms of CVD and combined they account for 50% of CVD costs. The rest includes conditions such as: heart failure, renovascular disease, and hypertension. Within the EU there are major differences in EU-countries spend on CVD-related healthcare, both in terms of amount per citizen, and proportion of healthcare budget.

Dr Townsend and Dr Leal acknowledged funding from the European Heart Network for the production of the report.

“Prevention in your country” – a novel web-based source of national information

Prof Joep Perk, European Society of Cardiology (ESC), presented some of the work done by the EAPC (European Association of Preventive Cardiology). This network of national cardiovascular prevention coordinators aims to facilitate more effective implementation of CVD prevention. A [website](#) was created to provide web-based information on CVD prevention among the countries where ESC has members to inspire both national coordinators and others in the field of preventive cardiology and to support exchange of ideas between countries. The website provides a comparison of cardiovascular prevention practice between European countries and presents “flagship” projects. The target audience of the website are all categories of health workers, decision makers at different levels, and for dedicated NGO's? There is one section for the overview of cardiovascular prevention activities (3 levels) and one section for the overview of cardiac rehabilitation (3 levels).

During the discussion the following points were raised:

- An increasing number of people live with CVD mainly because people are living longer
- Countries' economic situations are reflected in the amount of money spent on health care
- Informal care is more present in Southern than in Northern European countries, which explains partly the higher cost of CVD in northern European countries
- In poorer countries there is more need for informal care because the budget available for health care is smaller



- Budget for research in medication is going down partly because of the greater availability of generic drugs. What about development of new drugs? Do we not use them enough? Is access too limited?
- Availability of generic drugs is a positive way for patients to have more access to health care. In countries like Portugal for example patients are more likely to take drugs when they are generic drugs. However, this is not the case everywhere
- MEPs highlighted that the EU has to do more when it comes to health. Health and healthcare are not 'small' issues that 'only' need to be tackled at national level. Politicians forget how expensive it is not to invest in health. Especially the members of the ENVI Committee in the EP have an important role to play. If we want to integrate health in all policies we need all the help we can get to convince MEPs in other committees to take health into consideration.

To conclude the meeting, Mrs Kadenbach, co-chair of the MEP Heart Group highlighted that because of the high mortality level from CVD and the high costs of CVD to the EU economy common EU actions are needed to help Member States addressing the societal burden of CVD and help people who live with the disease to have access to quality treatment so that they can remain active and continue to contribute to the economy.

Many politicians claim that health is a 'personal choice', a 'personal freedom' but when we look at the high increase in e.g. diabetes (in some countries it increases by more than 50%) or the rise in overweight and obesity we cannot claim that this is due to personal choices. Stricter measures are needed to reverse these trends.

MEPs and other political decision makers have to make sure that for citizens, the healthy choice is made the easy choice, the default choice. Inequalities, access to medicine, treatment and care, rare diseases etc. are all topics that have to be dealt with at EU level as well, not just at national or local level.

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