

ESIP Feedback to the
Call for Evidence
Council Recommendation on health checks for cardiovascular diseases
19-05-2026

The European Social Insurance Platform (ESIP), representing statutory social security institutions and healthcare payers in Europe, welcomes the Commission's initiative for a Council Recommendation to support Member States improving early detection of cardiovascular diseases (CVD). CVD remains a major public health, social and economic burden. Earlier identification of cardiovascular risk factors can contribute to prevention, better outcomes and more sustainable health systems.

From a payer perspective, a clear distinction is necessary between risk-based and large-scale population screening programmes. ESIP supports risk-based early detection, targeting individuals or groups with age-related or clinical cardiovascular risk factors, such as high blood pressure, diabetes, obesity, tobacco use, lipid metabolism disorders, family history of premature CVD, chronic kidney disease or other validated indicators of increased risk. Such approaches should be embedded in primary care and prevention pathways, using validated risk assessment tools and ensuring timely follow-up and monitoring.

By contrast, large-scale population screening programmes are viewed with caution. Screening targets and frequencies should be proportionate to evidence of net clinical benefit, cost-effectiveness and demonstrated feasibility within national health systems. Population-wide screening without proven benefit should be avoided, as it may lead to over-diagnosis, over-medication, unnecessary follow-up costs and inefficient use of scarce healthcare resources.

EU action can add value by supporting evidence-based, targeted, coordinated yet adaptable approaches. While setting targets for health checks, the upcoming Council recommendation should allow Member States to tailor implementation to national epidemiology, care organisation, workforce capacity, financing arrangements and existing prevention programmes.

Importantly, ESIP encourages the Commission to place primary prevention and health promotion at the center of the initiative, focusing on healthy lifestyle and health literacy promotion, action on tobacco and alcohol consumption, healthier nutrition, physical activity and social, environmental and urban conditions that enable healthy choices.

Digital tools and health data may support better risk stratification, monitoring and evaluation of screening approaches. Their use should respect confidentiality, ensure interoperability and avoid duplication. Attention should be paid to reducing rather than increasing inequalities,

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focusing on digitally excluded groups, socio-economically disadvantaged populations and groups at higher risk of missed or delayed diagnosis.

Finally, recommendations should include robust monitoring of outcomes, costs, uptake, downstream treatment and systemic impact. This will help ensure that public resources are directed towards interventions that deliver measurable health benefits, reduce inequalities and strengthen solidarity-based healthcare systems.

In summary, ESIP supports targeted, evidence-based early detection of CVD risk, particularly for defined high-risk groups. EU recommendations should avoid endorsing broad population screening targets without proof of net clinical benefit, cost-effectiveness and feasibility within national care systems. Member States should maintain flexibility to design proportionate and sustainable approaches.

[Link to the ESIP feedback to the call for evidence on the upcoming Council Recommendation on health checks for cardiovascular diseases.](#)

