

ESIP Feedback to the
Call for Evidence
On the upcoming EU Cardiovascular Health Plan
15-09-2025

The European Social Insurance Platform (ESIP), representing statutory social security institutions and healthcare payers in the EU, welcomes the initiative to develop an EU Cardiovascular Health Plan ('Plan'). We support the creation of an integrated, prevention-oriented framework to reduce the burden of cardiovascular diseases (CVD), which are the leading cause of death in the EU despite being largely preventable.

Prioritise prevention and the promotion of healthy lifestyles

Evidence shows that up to 80% of cardiovascular events could be avoided through effective prevention. Population awareness of the early signs of cerebrovascular events ensures effective emergency care. However, prevention and health promotion continue to play a secondary role compared to curative care. The most effective strategy is not a further medicalisation of cardiovascular health through pharmaceutical interventions, but a comprehensive effort to strengthen health literacy across all population groups as well as situational and behavioral prevention.

The Plan should support Member States (MS) creating environments that enable healthy lifestyle choices e.g. policies on tobacco and alcohol consumption, measures to promote food low in sugar and fat as well as healthy nutrition and physical activity, and measures addressing environmental and urban factors that influence health.

Target early detection to high-risk groups

Early detection can reduce the insurgence and the severity of CVD progression. Screening measures should be evidence-based and targeted at specific risk factors (tobacco use, diabetes, high blood pressure, lipid metabolism disorders and family history). Population-wide screening programmes without proven benefits should be avoided, as they may result in over-diagnosis and over-medication.

Support affordable care, rehabilitation and reintegration

High-quality care for CVD patients must combine effective and affordable treatment with continuous follow-up, rehabilitation and reintegration services.

CVD remain among the most common causes of work disability and early retirement. Rehabilitation and reintegration are essential to safeguarding employability and participation in the labour market. ESIP members are committed to financing and supporting rehabilitation

services that help patients recover, regain independence and return to work wherever possible. The Plan should explicitly acknowledge the role of rehabilitation in restoring quality of life and reducing the CVD social and economic impact.

Avoid a pharmaceutical business case

While recognising the link between CVD and comorbidities e.g. diabetes and obesity, ESIP underlines that the Plan should not evolve into a business case for costly pharmaceutical interventions, e.g. weight-loss drugs. Medicines have an important role in treatment but cannot replace primary prevention and healthier lifestyles. Public resources should be directed towards measures that promote sustainable, long-term benefits for population health, rather than primarily sustaining high-cost therapies.

Leverage health data and digital tools for better cardiovascular health

Beyond enabling predictive and personalised care, digital tools and health data should support prevention and self-management, while respecting health data privacy. Importantly, the use of digital tools should not increase inequalities. Promoting digital health literacy among patients and healthcare professionals will be essential.

In conclusion, ESIP invites the Commission to adopt a health-in-all-policies approach, prioritising prevention and targeted early detection, while ensuring appropriate resources for the Plan's implementation and monitoring. Above all, the Plan shall provide adequate support to MS in their efforts to promote healthy lifestyles, rehabilitation and reintegration over medicalisation, towards reducing the CVD burden, safeguarding employability, and strengthening solidarity-based healthcare systems.

[Link to the ESIP feedback to the call for evidence on the EU Cardiovascular Health Plan](#)

