Feedback on the European Cardiovascular Health Plan
Submitted by Initiative Herzklappe (Patient Advocacy Group)

We welcome the European Commission's initiative to establish a comprehensive EU Cardiovascular Health Plan. Cardiovascular disease (CVD) remains Europe's leading cause of death and disability, affecting more than 60 million citizens and costing €282 billion annually. Yet much of this burden is preventable. As a patient organisation representing people living with **heart valve disease (HVD)**, we stress the need for the Plan to address both the broad burden of CVD and the specific unmet needs of patients with valve disorders.

Key Priorities

1. **Prevention and Early Detection**
   Routine cardiovascular risk assessments across the life course should become standard practice. For valve disease, simple **stethoscope checks** during consultations are a proven, cost-effective way to detect murmurs early. Too often, valve disease is diagnosed only at an advanced stage. Community-based screening, echocardiography where appropriate, and digital tools must complement these measures.

2. **Equity in Access to Care**
   There are striking inequalities in diagnosis, treatment, and outcomes across Europe. In heart valve disease, delayed diagnosis and unequal access to surgical or transcatheter interventions lead to preventable deaths and disability. Women, low-income groups, and socially disadvantaged populations are disproportionately underdiagnosed and undertreated. The EU Plan must commit to equitable access to timely interventions, advanced imaging, and innovative therapies.

3. **Integrated and Patient-Centred Care**
   Valve disease patients require multidisciplinary care pathways that integrate cardiology, cardiac surgery, primary care, rehabilitation, and psychosocial support. Nurses and other healthcare professionals should be enabled to take on **greater responsibility** within these pathways, including risk assessment, follow-up, and patient education. This task-shifting will strengthen efficiency and help address workforce shortages.

4. **Mental Health and Quality of Life**
   Living with valve disease or other CVD often brings anxiety, depression, and fear of relapse. These must be systematically addressed within care pathways. Quality of life and patient-reported outcomes should be recognised as central measures of success.

5. **Innovation, Data, and Research**
   The EU should invest in registries and real-world evidence platforms to track outcomes, particularly for valve interventions where long-term data are crucial. **Digital stethoscopes**, supported by AI algorithms, offer enormous potential for earlier and more accurate detection, especially in **rural areas with low physician density**, where nurses or community health workers can play a key role. Equitable access to clinical trials must be improved. Digital health tools, wearables, and AI-based prediction models should be embedded within the European Health Data Space to benefit all patients.

6. **Healthy Environments and Policy Action**
   Strong EU action on tobacco, alcohol, nutrition, and air quality is vital. Urban planning and mobility policies should create heart-healthy environments—benefiting all forms of CVD.

The Role of Patient Organisations

Patients' voices must be embedded at every stage of the EU Cardiovascular Health Plan — from design to implementation and monitoring. Patient organisations bring lived experience, highlight unmet needs, and ensure policies are relevant, accessible, and centred on quality of life. Without this involvement, the Plan risks falling short of its potential.

Reference to the Manifesto for Change

The recently published *Manifesto for Change on Early Detection and Diagnosis of Cardiovascular Disease*, authored by the Global Heart Hub and translated into German by Initiative Herzklappe, provides a comprehensive, evidence-based overview of the measures needed to transform cardiovascular health in Europe. It underlines the importance of early detection through stethoscope and digital stethoscope checks, expanded roles for nurses and allied professionals, investment in registries and research, and equitable access across Europe. We strongly encourage the Commission to draw on this Manifesto as a guiding framework for the EU Plan.

Conclusion

A European Cardiovascular Health Plan has the potential to reduce premature deaths, close health inequalities, and improve quality of life for millions of citizens. For patients, this is not only about living longer, but about living better. Early detection—including routine stethoscope checks for valve disease—and the **systematic involvement of patient organisations** will be decisive for success.