

EUROHEART CONFERENCE
CARDIOVASCULAR DISEASES (CVD)
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SPEAKING POINTS

Ladies and Gentlemen,

It is a pleasure to be here today. And I would like to pay tribute to the European Heart Network and the European Society of Cardiology for organising this event.

Heart disease is the most common cause of death in the European Union today. It is the cause of over 2 million deaths a year, representing over 40% of all deaths in the EU.

This is why we must step up our efforts to raise awareness of the causes of this terrible disease and promote efforts to prevent it from occurring in the first place.

This is why the European Commission is grateful to these organisations for their commitment to promoting the health of European citizens.

The European Heart Network and the European Society of Cardiology are our key partners in our aim of alleviating the burden of cardiovascular diseases in Europe.

Their valuable and continuous work to create and nurture ties between organisations concerned with the prevention of cardiovascular disease and the promotion and dissemination of cardiovascular science present a powerful incentive to do more - and to do it better.

I very much look forward to hearing about recent work on the EuroHeart project. Launched over 2 years ago, it now has 21 partner countries in the EU and EEA. Today, it has become our flagship project in the area of heart health.

This conference will be instrumental in illustrating the main findings of the EuroHeart report, which assesses national priorities and actions on cardiovascular health promotion and cardiovascular disease prevention in Europe.

This is a timely and important initiative to broaden our knowledge of what is being done to tackle and alleviate the burden associated with cardiovascular diseases.

This report will be something we can all learn from and it could impact on future action in this area.

Against the background of the current harsh economic climate, it is important to highlight the impact of cardiovascular diseases on the individual, and also on the economy and on society as a whole.

Recent estimates tell us that, in 2006, treating cardiovascular diseases cost national health care systems as much as 110 billion EUR. This amounts to around 10% of total health care spending in the EU.

Taking into account that cardiovascular disease is one of the leading causes of long-term sickness and therefore losses to the labour market, this figure could even rise to over 190 billion EUR a year.

Tackling cardiovascular disease is therefore of great importance:

- because of its human cost;
- because of its socio-economic cost; and also
- because of the huge potential for prevention.

This is why the European Commission is delighted to be able to support initiatives such as the EuroHeart project.

Health Strategy

The European Heart Health Charter, which has emerged from the project, shares the European Commission's own objectives as outlined in its Health Strategy "Together for Health", which aims not only to help people live *longer*, but also to live *healthier*, thereby reducing the risks of developing conditions such as cardiovascular diseases.

Health Programme

The Health Strategy is supported by our Health Programme, which aims to complement, support and add value to the policies and actions of national Member States. It contributes to increased solidarity and prosperity in the EU through the "3 Ps": protection, prevention and promotion of health.

Our Health Programme, with funding of over 50 million EUR a year, supports actions where the EU can make a real difference; areas such as:

- promoting health and reducing health inequalities across the EU;
- improving health security and safety;
- generating and disseminating health information and knowledge.

It is through this programme that we support the EuroHeart project.

Health determinants

Concretely, the Commission's approach to tackling cardiovascular disease is through action on its major determinants, such as tobacco, drugs, nutrition, alcohol and physical activity; but also social and environmental determinants.

As this audience will know better than most, a very high proportion of cardiovascular disease is potentially preventable if these health determinants are tackled effectively.

Health inequalities

However we must also take into account that cardiovascular diseases cause a much greater burden amongst some parts of the EU population than others.

There are very big differences in the rates of cardiovascular disease between EU countries. For example, deaths from heart diseases are 10 times higher amongst women in Slovakia than in France.

There are also big differences between people from different social backgrounds - in some countries death rates from heart disease are more than twice as high among poorer people than those who are better off. There are also noticeable differences in trends. For ex. Whilst mortality rates from CHD in Finland declines by 76% in the last 30 years in the same period in Greece the mortality rate increased by 11%. Also the trends in CHD death rates in women show that they have declined less than in men.

In fact, differences in the rates of cardiovascular diseases are the biggest single cause of health inequalities both between and within countries.

The overarching objective of EU health policy is to provide a high level of health protection for everyone – regardless of where they live or how much they earn.

When you look across Europe, you see alarming differences in health:

- Men in Sweden, or in my own country of Cyprus, can expect to live until 79. But men born in some other EU countries see their lives stop short at 65.
- Even within Europe, those with a lower level of education or a lower level of income tend to die at a younger age or have a higher prevalence of many conditions such as cardiovascular diseases.

Why is this? Many people live in unhealthy environments; many have unhealthy or stressful lifestyles; and many regions lack sufficient high-quality health facilities to respond to the needs of their people.

And today's economic crisis is likely to lead to even more uncertainty for many. An increasing number of people are losing their jobs and finding it difficult pay off mounting debts.

This affects health. We have already seen this pattern in previous crises.

This is why the EuroHealth report is so timely.

For the European Commission's part, to help tackle the challenges of health inequalities, I plan to present a policy initiative on health inequalities shortly together with Commissioner Špidla (the European Commissioner for Employment, Social Affairs and Equal Opportunities).

Together with our partners such as yourselves and, in the context of our new policy initiative on health inequalities, I assure you that I will continue to play my full part in helping to close the gap of health inequalities.

But in order to succeed, we need to work together, through well-coordinated actions.

European cooperation

The Commission is encouraged by the growing experience of European cooperation in the prevention of heart disease, through the European Heart Health Charter and the public health importance of the issue.

In this respect, I am very pleased to hear that both Spain and Belgium are set to take up issues around chronic diseases during their respective Presidencies.

The conference that may be organised under the Spanish Presidency would be a good opportunity to discuss with Member States and broader stakeholders the way European involvement can create most added value.

I also recognise the valuable work of the European Parliament and the MEP Heart Group in this area. I very much welcome the European Parliament Resolution, adopted two years ago, on action to tackle cardiovascular diseases.

I am sure that the incoming European Commission will want to build on its collaboration with the new European Parliament on this important issue.

Empowerment

Patients themselves are also playing an active role in their healthcare - now more than ever before.

As European Commissioner for Health, I am committed to supporting the empowerment of patients. I would like to see a Europe for Patients where citizens are confident and knowledgeable about the care they receive and a Europe which involves participation in, and influence on, decision-making on health.

Empowerment can be driven by the actions of individuals, but it can also be supported by civil society and NGOs, including patients' groups, as well as disease support and advocacy networks.

By working together with our partners such as yourselves there is a real hope of reducing and alleviating the burden and making premature death and disability from cardiovascular disease a thing of the past.

In this respect, I look forward to our continued cooperation and wish you all a fruitful and inspiring conference.

Thank you.

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