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CONTRIBUTION

From:	General Secretariat of the Council
To:	Working Party on Public Health (Attachés)
Subject:	Conclusions on the improvement of cardiovascular health in the European Union - Comments from the delegations

Delegations will find enclosed comments from the delegations on the document (ST 13142/24)

Guidelines to be followed

Please add your contributions in the table below, only in the columns '**Drafting**' and/or '**Comments**'

Name of document: please rename the MS Word document by adding the **two initials** of your delegation's Country followed by a space.

Only then you may add any text to the file name, for example, for Austria: **AT comments ondocx** .

Thank you for your cooperation!

Presidency compromise	Drafting suggestions and Comments
General comments	ES (Comments): ES comments on the first compromise text on the CC on CVD FI (Comments): For FI, the priority comments are: We are strongly in favour of a comprehensive and preventive approach that can support national and EU work as much as possible to address NCDs (see para 28 and specific subparas in the text). FI is hesitant on developing any standardisation related to "health checks" or "screening" as these concepts vary between countries. We are not in favour of a Council recommendation (para 34 f). RO (Comments):

Presidency compromise	Drafting suggestions and Comments
	<p>The revised project reflects better the need for actions for improving the cardiovascular health in the EU, and provides more coordination in approaching the most common risks for NCDs.</p> <p>SI (Comments): SI supports the new version of the Council Conclusions on the improvement of CVD.</p>
<p>Draft Council conclusions on the improvement of cardiovascular health in the European Union</p>	
<p>Introduction</p>	
<p>In the European Union, cardiovascular diseases (CVDs) have been recognised as the leading cause of mortality and a principal factor for morbidity and disability, challenging progress made in health care delivery and disease management. The EU’s past and recent collective actions¹, underscored by historical initiatives and health programmes, aim to address non-communicable diseases (NCDs), including the pervasive threat of CVDs. Despite these efforts, the enduring high mortality rates,</p>	<p>AT (Drafting suggestions): ... including associated common risk factors ...</p> <p>... emphasise the critical need of Union unified and strategic approach to cardiovascular health, taking into account that this will have positive effects on other NCDs too.”</p>

¹ https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

Presidency compromise	Drafting suggestions and Comments
<p>the still concerning prevalence of cardiovascular diseases <u>including associated risk factors</u>, and their substantial economic toll emphasise the critical necessity of an EU-level <u>Union</u> unified and strategic approach to cardiovascular health. This will require reinforced collaboration among Member States, the formulation of all-encompassing prevention, detection, <u>management</u>, treatment and rehabilitation strategies, and a pledge to harness healthcare innovations to lessen the impact <u>and prevalence</u> of CVDs. <u>In alignment with the initiatives of the World Health Organization and the European Parliament, the 2030 Agenda for Sustainable Development² (particularly SDG 3.4 and 3.8) emphasizes the importance of reducing premature mortality from non-communicable diseases (NCDs), such as cardiovascular diseases (CVDs).</u></p>	<p>AT (Comments): CVDs are preventable to a large degree. Risk factors for CVD are the same as for many other chronic and non-communicable diseases. Thus, preventative efforts to address the common risk factors will have a disease-overarching positive effect on population health</p> <p>FR (Drafting suggestions): In the European Union, cardiovascular diseases (CVDs) have been recognised as the leading cause of mortality and a principal factor for morbidity and disability, challenging progress made in health care delivery and disease management. The EU’s past and recent collective actions³, underscored by historical initiatives and health programmes, aim to address non-communicable diseases (NCDs), including the pervasive threat of CVDs. Despite these efforts, the enduring high mortality rates, the still concerning prevalence of cardiovascular diseases including associated risk factors, and their substantial economic toll emphasise the critical necessity of an EU-level Union unified and strategic approach to cardiovascular health. This will require reinforced collaboration among</p>

² UN Sustainable Development Goals, <https://sdgs.un.org/goals>, last accessed 16 May 2023

³ https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

Presidency compromise	Drafting suggestions and Comments
	<p>Member States, the formulation of all-encompassing prevention, detection, management, treatment and rehabilitation strategies, and a pledge to harness healthcare innovations to lessen the impact and prevalence of CVDs. In alignment with the initiatives of the World Health Organization and the European Parliament, the 2030 Agenda for Sustainable Development⁴ (particularly SDG 3.4 and 3.8) emphasizes the importance of reducing premature mortality from non-communicable diseases (NCDs), such as cardiovascular diseases (CVDs).</p> <p>FR (Comments):</p> <p>La délégation française note que l’approche sur la santé cardio-vasculaire doit être unie et dans le même temps stratégique, puisque les besoins des populations peuvent être différents au sein des Etats Membres. Elle suggèrera ainsi de modifier la phrase en ce sens.</p> <p>French authorities note that the approach to cardiovascular health must be unified and at the same time strategic, since the needs of populations may differ within Member States. It would therefore suggest amending the sentence accordingly.</p>

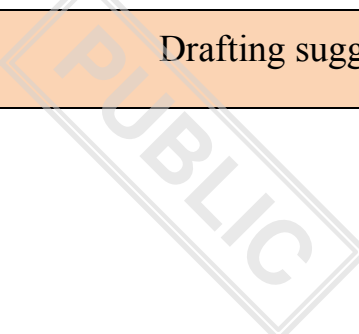
⁴ UN Sustainable Development Goals, <https://sdgs.un.org/goals>, last accessed 16 May 2023

Presidency compromise	Drafting suggestions and Comments
	<p>NL (Drafting suggestions):</p> <p>In the European Union, cardiovascular diseases (CVDs) have been recognised as the leading cause of mortality and a principal factor for morbidity and disability, challenging progress made in health care delivery and disease management. The EU's past and recent collective actions⁵, underscored by historical initiatives and health programmes, aim to address non-communicable diseases (NCDs), including the pervasive threat of CVDs. Despite these efforts, the enduring high mortality rates, the still concerning prevalence of cardiovascular diseases <u>including associated risk factors</u>, and their substantial economic toll emphasise the critical necessity of an EU-level <u>Union</u> unified and strategic approach to cardiovascular health. This will require reinforced collaboration among Member States, the formulation of all-encompassing prevention, detection, <u>management</u>, treatment and rehabilitation strategies, and a pledge to harness healthcare innovations to lessen the impact <u>and prevalence</u> of CVDs. <u><i>The aim of this collaboration should be to learn from each other and to strengthen knowledge and expertise within all countries. It should not interfere with the autonomy of the country to</i></u></p>

⁵ https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

Presidency compromise	Drafting suggestions and Comments
	<p><u><i>organise and finance healthcare. In alignment with the initiatives of the World Health Organization and the European Parliament, the 2030 Agenda for Sustainable Development⁶ (particularly SDG 3.4 and 3.8) emphasizes the importance of reducing premature mortality from non-communicable diseases (NCDs), such as cardiovascular diseases (CVDs).</i></u></p> <p>NL (Comments):</p> <p><u>In order to respect the national autonomy of Member States when it concerns the organization and finance of healthcare we suggest to include ‘The aim of this collaboration should be to learn from each other and to strengthen knowledge and expertise within all countries. It should not interfere with the autonomy of the country to organise and finance healthcare.’</u></p>
<p>THE COUNCIL OF THE EUROPEAN UNION</p>	
<p>WELCOMES</p>	

⁶ UN Sustainable Development Goals, <https://sdgs.un.org/goals>, last accessed 16 May 2023

Presidency compromise	Drafting suggestions and Comments
<p>1. The progress achieved through initiatives such as the joint actions funded by the European Union, the ‘Healthier Together’ initiative, and the recent Commission Communication on the European Health Union⁷. These efforts underscore a strong commitment to enhancing health resilience and cooperation across the Union, setting a commendable precedent for future health-related initiatives aimed at improving the well-being of all Europeans.</p>	
<p>2. The Council conclusions on the Future of the European Health Union, adopted on 21 June 2024, which underscored the critical importance of tackling diseases that lead to high mortality rates. These Conclusions emphasised an integrated approach that encompasses prevention, treatment, diagnosis and rehabilitation, aiming to enhance health outcomes across the Union. Additionally, the Conclusions invited the Member States and the European Commission to ‘CONTINUE and STRENGTHEN the work of the Healthier Together - EU Non-Communicable Diseases Initiative by implementing and completing in a stepwise manner an overarching, integrative, comprehensive and multi-sectoral EU-level approach, to support the implementation of effective</p>	<p>IE (Drafting suggestions):</p> <p>. The Council conclusions on the Future of the European Health Union, adopted on 21 June 2024, which underscored the critical importance of tackling diseases that lead to high mortality rates. These Conclusions emphasised an integrated approach that encompasses prevention, management, treatment, diagnosis and rehabilitation, aiming to enhance health outcomes across the Union. Additionally, the Conclusions invited the Member States and the European Commission to ‘CONTINUE and STRENGTHEN the work of the Healthier Together - EU Non-Communicable Diseases Initiative by implementing and</p>

⁷ https://health.ec.europa.eu/publications/communication-european-health-union_en

Presidency compromise	Drafting suggestions and Comments
<p>policies in the area of NCDs, including as strands, action plans on health determinants, cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, mental health and neurological disorders, and rare diseases.’</p>	<p>completing in a stepwise manner an overarching, integrative, comprehensive and multi-sectoral EU-level approach, to support the implementation of effective policies in the area of NCDs, including as strands, action plans on health determinants, cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, mental health and neurological disorders and rare diseases.</p> <p>IE (Comments): IE suggest adding “management” here as per amendments to the introduction section text.</p>
<p>3. The work and actions carried out under the Expert Group on Public Health, and its predecessor the Steering Group on Promotion and Prevention, in identifying and transferring a series of initiatives to improve health promotion including healthy nutrition, physical activity <u>and reducing risk factors such as the use of alcohol and tobacco</u>, and setting up impactful actions on disease prevention, in all disease areas of the Healthier Together – EU NCDs initiative, including cardiovascular diseases.</p>	<p>AT (Drafting suggestions): ... risk factors such as the use of alcohol and tobacco or low health literacy ...</p> <p>AT (Comments): There is increasing evidence for health literacy being a highly relevant independent health determinant</p> <p>DK (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>and reducing risk factors such as the harmful use of alcohol and tobacco</u></p> <p>DK (Comments):</p> <p>We strongly oppose to deleting “harmful” before “use of alcohol”. This also to ensure we do not water down language on use of tobacco and nicotine products by aligning any use of alcohol with any use of tobacco/nicotine as risk factor</p> <p>EE (Drafting suggestions):</p> <p>3. The work and actions carried out under the Expert Group on Public Health, and its predecessor the Steering Group on Promotion and Prevention, in identifying and transferring a series of initiatives to improve health promotion including healthy nutrition, physical activity <u>and reducing risk factors such as the use of alcohol and tobacco and related products</u>, and setting up impactful actions on disease prevention, in all disease areas of the Healthier Together – EU NCDs initiative, including cardiovascular diseases.</p> <p>EE (Comments):</p> <p>EE</p>

Presidency compromise	Drafting suggestions and Comments
	<p>In addition to tobacco products, reference should be made throughout the text also to other related products, such as new nicotine products</p> <p>ES (Drafting suggestions):</p> <p>3. The work and actions carried out under the Expert Group on Public Health, and its predecessor the Steering Group on Promotion and Prevention, in identifying and transferring a series of initiatives to improve health promotion including healthy nutrition, physical activity <u>and reducing risk factors such as the use of alcohol and tobacco and related products</u>, and setting up impactful actions on disease prevention, in all disease areas of the Healthier Together – EU NCDs initiative, including cardiovascular diseases.</p> <p>ES (Comments):</p> <p>All tobacco and related products. As discussed during the WP we support same position as EE, DK, LV, BE, SI, FR, LT and other MS</p> <p>SI (Drafting suggestions):</p> <p>3. The work and actions carried out under the Expert Group on Public Health, and its predecessor the Steering Group on Promotion and Prevention, in identifying and transferring a series of initiatives to</p>

Presidency compromise	Drafting suggestions and Comments
	<p>improve health promotion including healthy nutrition, physical activity and reducing risk factors such as the use of alcohol and tobacco and related products, and setting up impactful actions on disease prevention, in all disease areas of the Healthier Together – EU NCDs initiative, including cardiovascular diseases.</p> <p>SI (Comments): All tobacco and related products. As discussed during the WP, SI supports same position as EE, DK, LV, BE, ES, FR, LT and other MS</p>
RECALLS THAT	
<p>4. Pursuant to Article 168 of the Treaty on the Functioning of the European Union (TFEU), a high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities, and the Union is to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action;</p>	<p>DE (Drafting suggestions): Germany proposes the following addition:</p> <p>4a. Article 168 TFEU provides that the Union is to complement and support national health policies, and promote the coordination between their programmes, in full respect of the responsibilities of Member States for the definition of their health policies and for</p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>the organisation, management and delivery of health services and medical care.</u></p> <p>DE (Comments):</p> <p>The supposed amendments refer to Art. 168 para. 7 AEUV. They clarify the distribution of competences between the EU and members states regarding health policies. The adoption of the amendments therefore ensures the maintenance of competences relating to policies and (possible) regulations in the field of cardiovascular diseases.</p>
<p>5. Since 2000, the Council of the European Union continues to underline the importance of taking action on cardiovascular diseases, notably by adopting the following conclusions:</p>	
<p>- Council conclusions on Health in All Policies (2006)⁸;</p>	
<p>- Council conclusions on Equity and Health in All Policies: Solidarity in Health (2010)⁹;</p>	

⁸ <https://webportal.consilium.eu.int/econsilium/documents/ST%2016167%202006%20INIT/general>

⁹ https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/114994.pdf

Presidency compromise	Drafting suggestions and Comments
- Council conclusions on the Economy of Wellbeing (2019) ¹⁰ ;	
- Council conclusions on Healthy Nutrition for Children: The Healthy Future of Europe (2018) ¹¹ , which invites Member States to develop and implement targeted policies dealing with NCDs, as well as identifying unhealthy nutrition as a main risk factor for NCDs at the earliest age;	
- Council conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours (2011), which expresses a commitment to accelerate progress on combating unhealthy lifestyles relevant for CVD ¹² ;	

¹⁰ Council conclusions on the Economy of Wellbeing (2019/C 400/09), OJ C 400, 26.11.2019. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XG1126\(06\)&qid=1717682133309](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XG1126(06)&qid=1717682133309)

¹¹ [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018XG0703\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018XG0703(01)) (see para 35-36)

¹² Council conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours (2011/C 359/05), OJ C 359, 9.12.2011. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2011:359:0005:0008:EN:PDF> (see para 9)

Presidency compromise	Drafting suggestions and Comments
<p>- Council conclusions on nutrition and physical activity (2014), which recognises the link between nutrition and activity with NCDs, including CVD¹³;</p>	
<p>- Council conclusions on a Community strategy to reduce alcohol-related harm (2001)¹⁴, which recalls the scientific correlation between consumption of alcohol and alcoholic cardiomyopathy;</p>	
<p>- Council conclusions on promoting heart health (2004)¹⁵, which refers to several earlier Council resolutions and conclusions on the topic and suggests national PH strategies to address the promotion of cardiovascular health and related support by the Commission;</p>	
<p>- Council conclusions on Obesity, Nutrition and Physical Activity (2005)¹⁶, which highlights the link between obesity and cardiovascular health;</p>	

¹³ Council conclusions on nutrition and physical activity (2014/C 213/01), OJ C 213, 26.11.2014, p.1-6. [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52014XG0708\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52014XG0708(01)) (see para 15)

¹⁴ Council conclusions on a Community strategy to reduce alcohol-related harm (2001/C 175/01), OJ C 175, 20.6.2001. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM:c11564a> (see para 10)

¹⁵ Council conclusions on promoting heart health (2004/C 92/01), OJ C 92, 18.05.2004. <https://data.consilium.europa.eu/doc/document/ST-9627-2004-INIT/en/pdf> (see para 26-28)

¹⁶ Council conclusions on Obesity, Nutrition and Physical Activity (2005/C 99/01), OJ C 99, 6.6.2005. <https://data.consilium.europa.eu/doc/document/ST-9803-2005-INIT/en/pdf> (see para 8)

Presidency compromise	Drafting suggestions and Comments
<p>- Council conclusions on Women’s Health (2006)¹⁷, which states that CVDs affect women differently, account for a major cause of death and are linked to smoking;</p>	
<p>- Council conclusions on promotion of healthy lifestyles and prevention of Type 2 diabetes (2006)¹⁸, which recognises that CVDs can be due to complications following Type 2 diabetes in para 8, and that ‘preventing diabetes has a direct positive benefit on other non-communicable diseases, e.g. cardiovascular diseases’;</p>	
<p>- Council conclusions on the EU role in Global Health (2010)¹⁹, which refers to NCDs and mental health;</p>	
<p>- Council conclusions to contribute towards halting the rise in Childhood Overweight and Obesity (2017)²⁰, which highlights the link</p>	

¹⁷ Council conclusions on Women’s Health (2006/C 146/02), OJ C 146, 22.6.2006. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006XG0622\(02\)&qid=1717682926348](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006XG0622(02)&qid=1717682926348) (see para 12, 13 and 14)

¹⁸ Council conclusions on promotion of healthy lifestyles and prevention of Type 2 diabetes (2006/C 147/01), OJ C 147,23.6.2006. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006XG0623\(01\)&qid=1717683070198](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006XG0623(01)&qid=1717683070198) (see para 13)

¹⁹ https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/foraff/114352.pdf (see para 4)

²⁰ Council conclusions to contribute towards halting the rise in Childhood Overweight and Obesity (2017/C 205/03), OJ C 205, 29.6.2017. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017XG0629\(01\)&qid=1717683561043](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017XG0629(01)&qid=1717683561043) (see para 3 and 6)

Presidency compromise	Drafting suggestions and Comments
<p>between obesity and cardiovascular health and the correlation between nutrition and CVDs;</p>	
<p>- Council conclusions on cross-border aspects in alcohol policy – tackling the harmful use of alcohol (2017)²¹, which encourages Member States to strengthen NCD prevention;</p>	<p>LV (Drafting suggestions): Council conclusions on cross-border aspects in alcohol policy – tackling the harmful-use of alcohol (2017)²², which encourages Member States to strengthen NCD prevention</p> <p>LV (Comments): According to the latest recommendations by the WHO, there is no safe level of alcohol. If we add here that we only need to tackle harmful use, then we accept that there a is level of alcohol that could be safe and not dangerous to health. Therefore, we would suggest excluding the word “harmful” in this sentence. Please see the information from the WHO: contecthttps://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health</p>

²¹ Cross-border aspects in alcohol policy – tackling the harmful use of alcohol (2017/C 441/04), OJ C 441, 22.12.2017. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2017:441:0003:0007:EN:PDF> (see para 24)

²² Cross-border aspects in alcohol policy – tackling the harmful use of alcohol (2017/C 441/04), OJ C 441, 22.12.2017. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2017:441:0003:0007:EN:PDF> (see para 24)

Presidency compromise	Drafting suggestions and Comments
<p>- Council conclusions on Healthy nutrition for children: The healthy future of Europe (2018)²³, which refers to the link between nutrition and NCD/CVD in several places and invites MS and the Commission to take action in several areas;</p>	
<p>- Council conclusions on strengthening the European Health Union (2021)²⁴, which recalls in the introduction that ‘non-communicable diseases account for 87% of the disease burden in the EU’;-</p>	
<p><u>- Council Conclusions on Food Product Improvement (2016)²⁵, which notes with concern that the prevalence of overweight, obesity and other diet-related non-communicable diseases in the European population is too high and is still rising and that this has a negative impact on life expectancy, reducing Union citizens' quality of life and affecting society, for example by threatening the availability of a healthy and sustainable workforce and inducing high healthcare costs which may affect the sustainability of the healthcare systems.</u></p>	<p>BE (Comments): Ok</p>

²³ Healthy nutrition for children: The healthy future of Europe (2018/C 232/01), OJ C 232, 3.7.2018. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018XG0703\(01\)&rid=1](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018XG0703(01)&rid=1)

²⁴ Council conclusions on strengthening the European Health Union (2021/C 512 I/02), OJ C 512, 20.12.2021. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021XG1220\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021XG1220(01))

²⁵ Council conclusions on food product improvement (2016/C 269/04), OJ 269, 23.7.2016. [https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52016XG0723\(01\)](https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52016XG0723(01))

Presidency compromise	Drafting suggestions and Comments
<p>6. The European Commission adopted the Communication on the European Health Union in May 2024, confirming that NCDs including CVD remain a top priority (e.g. by strengthening the ‘Healthier Together Initiative’), and took the following actions in the field of cardiovascular health:</p>	
<p>- Joint Action on Cardiovascular Diseases and Diabetes (JACARDI)²⁶ and nine action grants financing projects in the field of CVD;</p>	
<p>- Repository of best and promising practices on the prevention of non-communicable diseases, including cardiovascular diseases²⁷;</p>	
<p>- Set up the Expert group on public health and in particular, the subgroup on the prevention of non-communicable diseases²⁸;</p>	

²⁶ <https://ec.europa.eu/newsroom/sante/newsletter-archives/49312>

²⁷ EU Best Practice Portal

²⁸ https://health.ec.europa.eu/document/download/e4d7a33c-ea35-4a08-8e0d-c1cb8ac04172_en?filename=c_2022_8816_en.pdf

Presidency compromise	Drafting suggestions and Comments
<p>- Healthier Together – the EU non-communicable diseases (NCD) initiative which provides a strategic framework for preventative action on cardiovascular diseases, diabetes, chronic <u>respiratory</u> diseases, mental health and neurological disorders, and also on health determinants.²⁹</p>	<p>BE (Comments): Ok</p>
<p>7. In the framework of the World Health Organisation (WHO), the following documents were adopted in the field of cardiovascular health:</p>	
<p>- Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011)³⁰;</p>	
<p>- The WHO Global Action Plan for the Prevention and Control of Non-communicable diseases 2013–2020 (2013)³¹;</p>	
<p>- The Vienna Declaration of 5 July 2013 on Nutrition and Non-Communicable Diseases in the Context of ‘Health 2020’³².</p>	

²⁹ https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

³⁰ https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf

³¹ <https://www.who.int/publications/i/item/9789241506236>

³² <https://iris.who.int/handle/10665/350439>

Presidency compromise	Drafting suggestions and Comments
<p><u>- The WHO Global Oral Health Action Plan (2023–2030): Turning Strategy into Action³³</u></p>	<p>BE (Comments): Ok</p>
	<p>AT (Drafting suggestions): - The WHO Acceleration Plan to stop Obesity³⁴</p>
<p>8. Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027 aims to improve and foster health in the Union and reduce the burden of communicable and non-communicable diseases by supporting health promotion and disease prevention, reducing health inequalities, fostering healthy lifestyles and promoting access to healthcare.</p>	
<p><u>8a. The European Commission adopted the Communication on The European Green Deal in December 2019 that aims, inter alia, to protect the health and well-being of citizens from environment-related risks and impacts. In its communication of 12 May 2021</u></p>	<p>BE (Comments): Ok</p>

³³ World Health Organization. (2022). Global Oral Health Action Plan (2023–2030): Turning Strategy into Action. Geneva: World Health Organization.

³⁴ <https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1>

Presidency compromise	Drafting suggestions and Comments
<p><u>entitled ‘Pathway to a Healthy Planet for All - EU Action Plan: Towards Zero Pollution for Air, Water and Soil’, the Commission established a ‘Zero Pollution Action Plan’ that, inter alia, addresses pollution aspects of the European Green Deal and further commits to reducing, by 2030, the health impact of air pollution by more than 55 % by aligning concentrations with the latest scientific evidence based WHO guidelines. It includes a vision for 2050, where air pollution is reduced to levels no longer considered harmful to health and natural ecosystems.</u></p>	<p>PUBLIC</p>
<p><u>8b. The European Parliament resolution on prevention, management and better care of diabetes in the EU, which recognises that one third of people living with diabetes develop cardiovascular diseases (CVD).³⁵</u></p>	
<p><u>8c. The European Parliament resolution on non-communicable diseases (NCDs), which recognizes the interconnections between</u></p>	<p>BE (Comments): Ok</p>

³⁵ https://www.europarl.europa.eu/doceo/document/TA-9-2022-0409_EN.html

Presidency compromise	Drafting suggestions and Comments
<p><u>NCDs, including between diabetes, obesity and cardiovascular diseases (CVD).</u>³⁶</p>	
<p>CONSIDERS THAT</p>	
<p>9. Cardiovascular diseases (CVDs) are disorders related to the heart and circulatory (vascular) system, which include, <u>among others</u> ischaemic heart disease, structural heart disease, stroke, heart failure, heart rhythm disturbances (e.g. atrial fibrillation), hypertension, <u>cardiomyopathy</u>, congenital heart diseases, inherited cardiac conditions, <u>such as inherited lipid metabolism disorders</u> and diseases of the aorta, heart valves and peripheral arteries.</p>	<p>BE (Comments): Ok</p>
<p>10. <u>An estimated 60 million people live with cardiovascular diseases in the EU, accounting for approximately 1 in every 3 deaths.</u>³⁷ Despite a decline in premature mortality from cardiovascular disease in many countries in the European Union, CVDs remain the most common cause of death, accounting for about 1.7 million deaths annually</p>	

³⁶ https://www.europarl.europa.eu/doceo/document/TA-9-2023-0467_EN.html

³⁷ European Society of Cardiology, Atlas and Cardiovascular Realities 2024. <https://eatlas.escardio.org/Atlas/ESC-Atlas-of-Cardiology>

Presidency compromise	Drafting suggestions and Comments
<p>across the EU’s 27 Member States, which equates to 37% of all deaths³⁸. In addition, many patients suffer from the long-term effects of CVDs³⁹, living for years with considerable disability. An estimated 53 million people were suffering from CVDs in the <u>EU-Union</u> in 2019, making CVD the biggest cause of death today⁴⁰.</p>	<p style="text-align: center; opacity: 0.5; font-size: 48px; transform: rotate(-30deg);">PUBLIC</p>
<p>11. The economic burden of CVD is substantial for patients, healthcare systems, society, patients and their families. <u>The total cost of CVD in the Union was estimated at €282 billion in 2021, representing 2% of the GDP of the Union.</u> Productivity losses associated with incapacity to work and premature mortality were estimated at €32 billion and €15 billion respectively, and the cost of unpaid care by friends/relatives was estimated at €79 billion.⁴¹ <u>Investing in the prevention of cardiovascular diseases and healthcare systems is</u></p>	<p>DE (Drafting suggestions): Investing in the prevention of cardiovascular diseases and healthcare systems is critical to ensure a resilient labour market reduce sick leave and the associated loss of productivity <u>and strengthen the EU’s competitiveness.</u></p> <p>DE (Comments): The current phrasing is too strong, implying a direct causality.</p>

³⁸ European Society of Cardiology, Atlas and Cardiovascular Realities 2022. <https://www.escardio.org/Research/ESC-Atlas-of-cardiology>

³⁹ Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021

⁴⁰ Timmis A, Vardas P, Townsend N, Torbica A, Katus H, De Smedt D, Gale CP, Maggioni AP, Petersen SE, Huculeci R, Kazakiewicz D, Benito Rubio V, Ignatiuk I, Raisi-Estabragh Z, Pawlak A, Karagiannidis E, Treskes R, Gaita D, Beltrame JF, McConnachie A, Bardinet I, Graham I, Flather M, Elliott P, Mossialos EA, Weidinger F, Achenbach S; European Society of Cardiology: cardiovascular disease statistics 2021, European Heart Journal, Volume 43, Issue 8, 21 February 2022, Pages 716–799, <https://doi.org/10.1093/eurheartj/ehab892>

⁴¹ Luengo-Fernandez R, Walli-Attaei M, Gray A, Torbica A, Maggioni AP, Huculeci R, Bairami F, Aboyans V, Timmis AD, Vardas P, Leal J. Economic burden of cardiovascular diseases in the European Union: a population-based cost study. Eur Heart J. 2023 Aug 26;ehad583. doi: 10.1093/eurheartj/ehad583.

Presidency compromise	Drafting suggestions and Comments
<p><u>critical to ensure a resilient labour market and strengthen the EU's competitiveness⁴².</u></p>	<p>EE (Drafting suggestions):</p> <p>EE</p> <p>11. The economic burden of CVD is substantial for patients and their families, healthcare systems; and society, patients and their families. <u>The total cost of CVD in the Union was estimated at €282 billion in 2021, representing 2% of the GDP of the Union.</u> Productivity losses associated with incapacity to work and premature mortality were estimated at €32 billion and €15 billion respectively, and the cost of unpaid care by friends/relatives was estimated at €79 billion.⁴³ <u>Investing in the prevention of cardiovascular diseases and healthcare systems is critical to ensure a resilient labour market and strengthen the EU's competitiveness⁴⁴.</u></p> <p>EE (Comments):</p> <p>EE</p> <p>Editorial changes</p>

⁴² [Enrico Letta - Much more than a market \(April 2024\) \(europa.eu\)](#)

⁴³ Luengo-Fernandez R, Walli-Attaei M, Gray A, Torbica A, Maggioni AP, Huculeci R, Bairami F, Aboyans V, Timmis AD, Vardas P, Leal J. Economic burden of cardiovascular diseases in the European Union: a population-based cost study. Eur Heart J. 2023 Aug 26;ehad583. doi: 10.1093/eurheartj/ehad583.

⁴⁴ [Enrico Letta - Much more than a market \(April 2024\) \(europa.eu\)](#)

Presidency compromise	Drafting suggestions and Comments
<p>12. The burden of cardiovascular diseases affects people and countries unevenly and increases inequalities in the <u>EU-Union</u> between socio-economic and population groups, countries and regions. <u>Social determinants of health, such as education, income, and living conditions, play a crucial role in these disparities, influencing both the prevalence and impact of cardiovascular diseases across different communities.</u></p>	<p>FR (Comments): La délégation française soutient la proposition de la délégation irlandaise de souligner le fait que certaines personnes vulnérables sont plus touchées par des maladies selon l’endroit où elles vivent en précisant qu’il serait nécessaire de mentionner les inégalités sociales et territoriales d’exposition au risque cardiovasculaire. French authorities support the Irish delegation's proposal to highlight the fact that certain vulnerable people are more affected by diseases depending on where they live, specifying that it would be necessary to mention social and territorial inequalities in exposure to cardiovascular risk.</p> <p>IE (Drafting suggestions): 12. The burden of cardiovascular diseases affects people and countries unevenly and increases inequalities in the <u>EU-Union</u> between socio-economic and population groups, countries and regions. <u>Wider determinants of cardiovascular health including social-economic determinants of health, such as education, income, and living conditions as well as commercial determinants, play a crucial role in these disparities, influencing both the prevalence and impact of</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>cardiovascular diseases across different communities, with some underserved populations and communities being affected disproportionately. Prevention strategies should target these high-risk populations with an emphasis on prevention over the life course in recognition of the generational inequalities in cardiovascular health.</u></p> <p>IE (Comments): IE welcome the reference to social determinants of health but suggest it is broadened to include the wider determinants of health including commercial determinants. IE suggest including generational disparities in the text to highlight that CVDs affect people across the life course and that strategies need to target all age groups. IE advocate for an emphasis on underserved populations and communities in recognition that some groups are at a higher risk based on where they live.</p>
<p>13. <u>40% of women in the EU die from CVDs.</u> CVDs impact women more severely than men; as, <u>for instance,</u> women have a higher risk of death after a heart attack. The cultural mislabelling of CVD as a ‘men’s</p>	<p>DE (Drafting suggestions): These gender disparities highlight the need for tailored cardiovascular strategies that address the specific risks and healthcare challenges faced</p>

Presidency compromise	Drafting suggestions and Comments
<p>disease’ and the lack of awareness of symptoms in women may be partly responsible for the risk of mortality following a heart attack being 20% higher among women than men. <u>Women-specific cardiovascular risk factors⁴⁵, such as menarche, menopause, pregnancy⁴⁶⁴⁷, and other health-related issues, are often overlooked in epidemiology, diagnosis, and care. Women are also less likely to receive evidence-based treatments for cardiovascular conditions and are more prone to experiencing delays in care. These gender disparities highlight the need for tailored cardiovascular strategies that address the specific risks and healthcare challenges faced by women.</u></p>	<p>by women. <u>Men on the other hand show different distributions in CVD risk factors, morbidity, mortality and treatment throughout the life course compared to women. These gender disparities need to be addressed in order to improve CVH both in women and men.</u></p> <p>DE (Comments): Germany welcomes these additions with a stronger consideration of cardiovascular health in women. Anyhow we support the previous comment of SWE that noted, that men still have a high mortality rate and incidence of CVDs. Focusing on gender aspects means to take into account the differences in women’s as well as men’s health.</p> <p>“40% of women in the EU die from CVDs.” This seems rather high, Eurostat reported 35% in 2021, what is the source of this data?</p> <p>ES (Drafting suggestions): <u>35% of women in the EU die from CVDs⁴⁸.</u> CVDs impact women more severely than men, as, <u>for instance,</u> women have a higher risk of death</p>

⁴⁵ European Society of Cardiology, Atlas and Cardiovascular Realities 2024. <https://eatlas.escardio.org/Atlas/ESC-Atlas-of-Cardiology>

⁴⁶ O’Kelly, A. C., et al. Pregnancy and reproductive risk factors for cardiovascular disease in Women. *Circulation Research* (2022) 130 (4), 652-672

⁴⁷ Roos-Hesselink J. W., et al. Pregnancy outcomes in women with heart disease: how to improve? *European Heart Journal* (2023) 44(17), 1541-1543

⁴⁸ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics&oldid=629164#Deaths_from_cardiovascular_diseases

Presidency compromise	Drafting suggestions and Comments
	<p>after a heart attack. The cultural mislabelling of CVD as a ‘men’s disease’ and the lack of awareness of symptoms in women may be partly responsible for the risk of mortality following a heart attack being 20% higher among women than men. <u>Women-specific cardiovascular risk factors⁴⁹, such as menarche, menopause, pregnancy⁵⁰⁵¹, and other health-related issues, are often overlooked in epidemiology, diagnosis, and care. Women are also less likely to receive evidence-based treatments for cardiovascular conditions and are more prone to experiencing delays in care. These gender disparities highlight the need for tailored cardiovascular strategies that address the specific risks and healthcare challenges faced by women.</u></p> <p>ES (Comments): We have corrected the data and the source.</p> <p>40% of mortality in women is based on the OECD report 2018, while Eurostat provides a figure of 35% with 2021 data. We have included the late figure and the right reference. reference to the source of this data</p>

⁴⁹ European Society of Cardiology, Atlas and Cardiovascular Realities 2024. <https://eatlas.escardio.org/Atlas/ESC-Atlas-of-Cardiology>

⁵⁰ O’Kelly, A. C., et al. Pregnancy and reproductive risk factors for cardiovascular disease in Women. *Circulation Research* (2022) 130 (4), 652-672

⁵¹ Roos-Hesselink J. W., et al. Pregnancy outcomes in women with heart disease: how to improve? *European Heart Journal* (2023) 44(17), 1541-1543

Presidency compromise	Drafting suggestions and Comments
	<p data-bbox="1187 343 2083 686"><ul style="list-style-type: none">• 40% : OECD/European Union (2018), <i>Health at a Glance: Europe 2018: State of Health in the EU Cycle</i>, OECD Publishing, Paris/European Union, Brussels, https://doi.org/10.1787/health_glance_eur-2018-en.• 35% : https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics&oldid=629164#Deaths_from_cardiovascular_diseases</p> <p data-bbox="1137 782 1187 810">RO</p> <p data-bbox="1137 817 1310 845">(Comments):</p> <p data-bbox="1137 869 2072 1013">We support Germany's comment about men and the statement that gender disparities need to be addressed in order to improve CVH both in women and men.</p> <p data-bbox="1137 1053 1187 1082">SE</p> <p data-bbox="1137 1088 1433 1117">(Drafting suggestions):</p> <p data-bbox="1137 1141 2083 1396">13. 40% of women in the EU die from CVDs. The incidence and mortality rates of cardiovascular disease still remain significantly higher among men than women, but CVDs can impact women more severely than men, as, for instance, women have a higher risk of death after a heart attack. The cultural mislabelling of CVD as a 'men's disease'</p>

Presidency compromise	Drafting suggestions and Comments
	<p>and the lack of awareness knowledge of symptoms in women may be partly responsible for the risk of mortality following a heart attack being 20% higher among women than men. Women-specific cardiovascular risk factors, such as menarche, menopause, pregnancy , and other health-related issues, are often overlooked in epidemiology, diagnosis, and care. Women are also less likely to receive evidence-based treatments for cardiovascular conditions and are more prone to experiencing delays in care. These gender disparities highlight the need for tailored cardiovascular strategies that address the specific risks and healthcare challenges faced by women.</p> <p>SE (Comments):</p> <p>SE supports the focus on gender aspects and the recognition that men and women are affected differently. The incidence and mortality rates of cardiovascular disease remain significantly higher among men than women and SE suggest adding this into the introduction of the paragraph.</p> <p>SE would also suggest adding a reference to the data on mortality risk.</p>

Presidency compromise	Drafting suggestions and Comments
<p>14. <u>Metabolic</u> Rrisk factors such as <u>including</u> high blood pressure, high cholesterol levels, <u>which include inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and</u> overweight/obesity, diabetes <u>and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and alcohol consumption, sedentary lifestyle, poor nutrition, and high intake of salt and saturated fat</u> are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary prevention programmes for the benefit of current and future generations.</p>	<p>AT (Drafting suggestions): ... high intake of salt and saturated fat and low health literacy ...</p> <p>AT (Comments): There have been several comparative European surveys on health literacy, indicating the high prevalence and specific fields of action.</p> <p>DK (Drafting suggestions): , <u>such as tobacco use, use of nicotine-containing products,</u> and harmful alcohol consumption,</p> <p>DK (Comments): We strongly oppose to deleting “harmful” before “alcohol consumption”. This also to ensure we do not water down language on use of tobacco and nicotine products by aligning any use of alcohol with any use of tobacco/nicotine as risk factor</p> <p>EE (Drafting suggestions):</p> <p>EE</p>

Presidency compromise	Drafting suggestions and Comments
	<p>14. <u>Metabolic R</u>isk factors such as <u>including</u> high blood pressure, high cholesterol levels, <u>which include inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and</u> overweight/obesity, <u>diabetes and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and alcohol consumption, sedentary lifestyle, unbalanced diet</u> poor nutrition, and high intake of salt and saturated fat are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary prevention programmes for the benefit of current and future generations.</p> <p>EE (Comments): EE Unbalanced diet would be our preferred term instead of poor nutrition. It would better reflect the need to ensure balanced intake of different nutrients. We support deletion of “behavioural” not to overemphasis individual responsibility, taking into account factors such as the living environment and commercial determinants.</p> <p>FI (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>...and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products,...</u></p> <p>FI (Comments): Propose to consider the deletion of "behavioural" as it puts the emphasis on individual choices whereas both individual and environmental factors need to be considered. For example, it is difficult to bike in cities if there are no bicycle lanes.</p> <p>FR (Drafting suggestions): Metabolic risk factors such as including high blood pressure, high cholesterol levels with attention to inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and overweight/obesity , diabetes and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and alcohol consumption, sedentary lifestyle, poor nutrition, and high intake of salt and saturated fat are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary prevention programmes for the benefit of current and future generations.</p> <p>FR (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>La délégation française suggère d'enlever la mention sur l'hypercholesterolemia, ainsi que les taux élevés de Lp(a), estimés être trop spécifiques pour une approche stratégique.</p> <p>French authorities suggest deleting the reference to hypercholesterolaemia and high levels of Lp(a), which are considered too specific for a strategic approach.</p> <p>IE (Drafting suggestions):</p> <p>14. <u>Metabolic</u> Rrisk factors such as <u>including, among others</u>, high blood pressure, high cholesterol levels, <u>which include inherited lipid disorders such as familial hypercholesterolemia, and elevated levels of Lp(a), and</u> and <u>overweight/obesity, diabetes and high blood sugar levels, along with behavioral risk factors, such as</u> tobacco <u>use, use of nicotine-containing products,</u> and alcohol consumption, <u>sedentary lifestyle, poor nutrition, and high intake of salt, sugar and saturated fat</u> are highly prevalent in the EU, suggesting <u>underlining</u> the need for an increased roll out of evidence-based primary prevention programmes for the benefit of current and future generations.</p> <p>IE</p>

Presidency compromise	Drafting suggestions and Comments
	<p>(Comments):</p> <p>IE note the risk factors are not exhaustive.</p> <p>IE would also advocate for strengthening the phrase “suggesting” to “underlining” to emphasize that there is an urgent need to address these risk factors.</p> <p>IT</p> <p>(Drafting suggestions):</p> <p><u>Metabolic</u> Rrisk factors such as <u>including</u> high blood pressure, high cholesterol levels, <u>which include inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and overweight/obesity, diabetes and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and use of tobacco and other nicotine-containing products, alcohol consumption, <u>sedentary lifestyle, poor nutrition, and high intake of salt and saturated fat</u> are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary prevention programmes for the benefit of current and future generations.</u></p> <p>IT</p>

Presidency compromise	Drafting suggestions and Comments
	<p>(Comments):</p> <p>It is better to standardize the terms used for tobacco with the following words: “<i>use of tobacco and other nicotine-containing products</i>”.</p> <p>NL</p> <p>(Drafting suggestions):</p> <p><u>Metabolic R</u>isk factors such as <u>including</u> high blood pressure, high cholesterol levels, <u>which include inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and</u> overweight/obesity, <u>diabetes and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and alcohol consumption, sedentary lifestyle, poor nutrition, and high intake of salt and saturated fat</u> are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary prevention programmes <i>and stronger EU product, sales and marketing regulation</i> for the benefit of current and future generations.</p> <p>NL</p> <p>(Comments):</p> <p>We would like to add a reference in paragraph 14 to product, sales and marketing regulation as this contributes to the risk of developing CVD.</p> <p>RO</p> <p>(Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>Metabolic Risk</u> factors such as <u>including</u> high blood pressure, high cholesterol levels, <u>which include inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and</u> overweight/obesity, <u>diabetes and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and alcohol consumption, sedentary lifestyle, poor nutrition unbalanced diet, and high intake of salt and saturated fat</u> are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary prevention programmes for the benefit of current and future generations</p> <p>RO (Comments): Romania welcomes the new paragraph related to risk factors and we consider that syntagm “unbalanced diet” could be more comprehensive. We suggest to maintain the expression “behavioural” in relation to risk factors.</p> <p>SE (Drafting suggestions): Metabolic risk factors such as</p>

Presidency compromise	Drafting suggestions and Comments
	<p>including high blood pressure, high cholesterol levels, which include inherited lipid disorders such as familial hypercholesterolemia and elevated levels of Lp(a), and overweight/obesity , diabetes and high blood sugar levels, along with behavioural risk factors, such as tobacco use, use of nicotine-containing products, and alcohol consumption, sedentary lifestyle, poor nutrition, and high intake of salt and saturated fat are highly prevalent in the EU, suggesting the need for an increased roll out of evidence-based primary harm prevention programmes for the benefit of current and future generations.</p> <p>SE (Comments): SE believes it is important to clarify the differences in the degree of harm, that have been scientifically proven. By adding the word harm before prevention this is better reflected.</p>
<p>15. Around 10% of CVD deaths are attributable directly linked to smoking. Smokers have a 30% higher risk of developing coronary heart disease than non-smokers. Secondary smoking is estimated to increase the risk of stroke by the same amount.⁵²</p>	<p>EE (Drafting suggestions): EE</p>

⁵² Gernun S, Franzen KF, Mallock N, Benthien J, Luch A, Mortensen K, Drömann D, Pogarell O, Rütther T, Rabenstein A. Cardiovascular functions and arterial stiffness after JUUL use. Tob Induc Dis. 2022 Apr 1;20:34. doi: 10.18332/tid/144317. PMID: 35431721; PMCID: PMC8973023.

Presidency compromise	Drafting suggestions and Comments
	<p>15. Around 10% of CVD deaths are attributable <u>directly linked</u> to smoking. Smokers have a 30% higher risk of developing coronary heart disease than non-smokers. Second-hand^{ary} smoking is estimated to increase the risk of stroke by the same amount.⁵³ <u>Furthermore, widespread use of novel nicotine-containing products among young people is a major concern, as these products are marketed as safer and healthier alternatives to conventional cigarettes, leading to nicotine addiction and possible dual use of multiple tobacco and nicotine products with detrimental effects to health.</u></p> <p>EE (Comments): EE Editorial change related to terminology – second-hand smoking instead of secondary smoking. Also would like to have a reference to the negative health effects of new nicotine products, because there are certain gaps within the TPD, especially related to the fast-developing market of novel tobacco and nicotine products.</p> <p>MT</p>

⁵³ Gernun S, Franzen KF, Mallock N, Benthien J, Luch A, Mortensen K, Drömann D, Pogarell O, Rütther T, Rabenstein A. Cardiovascular functions and arterial stiffness after JUUL use. Tob Induc Dis. 2022 Apr 1;20:34. doi: 10.18332/tid/144317. PMID: 35431721; PMCID: PMC8973023.

Presidency compromise	Drafting suggestions and Comments
	<p>(Drafting suggestions): Replace ‘secondary smoking’ with ‘secondhand smoking’.</p> <p>MT (Comments): Secondhand smoking is the commonly used terminology.</p>
<p>16. With regard to cardiovascular diseases, harmful alcohol consumption has a detrimental effect for all levels and patterns of drinking, namely in the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter.⁵⁴</p>	<p>BE (Drafting suggestions):</p> <ul style="list-style-type: none"> • harmful alcohol consumption <p>or</p> <ul style="list-style-type: none"> • <u>harmful</u> alcohol consumption related harm <p>• or if necessary we can accept the wording from the CC from June: “harmful alcohol consumption”</p> <p>BE (Comments): Any alcohol consumption is harmful. Delete ‘harmful’.</p>

⁵⁴ <https://www.who.int/publications/i/item/9789240096745>

Presidency compromise	Drafting suggestions and Comments
	<p>Proposal for alternative formulation: alcohol related harm, but no red line for us.</p> <p>DE (Comments):</p> <p>Following the discussions at the WP on 25th September and further internal reflection, DE can show flexibility in returning to the original wording of avoiding smoking/tobacco and nicotine and alcohol consumption.</p> <p>EE (Drafting suggestions):</p> <p>EE</p> <p>16. <u>According to WHO there is no safe level of alcohol consumption</u>⁵⁵. With regard to cardiovascular diseases, <u>harmful</u> alcohol consumption has a detrimental effect <u>for all levels and patterns of drinking</u>, namely in the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter.⁵⁶</p>

⁵⁵ **No level of alcohol consumption is safe for our health (who.int); Health and cancer risks associated with low levels of alcohol consumption - The Lancet Public Health**

⁵⁶ <https://www.who.int/publications/i/item/9789240096745>

Presidency compromise	Drafting suggestions and Comments
	<p>EE (Comments):</p> <p>EE</p> <p>Based on scientific evidence and WHO recommendations there is no safe level of alcohol consumption. Latest available data indicate that half of all alcohol-attributable cancers in the WHO European Region are caused by “light” and “moderate” alcohol consumption. This drinking pattern is responsible for the majority of alcohol-attributable breast cancers in women, with the highest burden observed in countries of the European Union (EU). Globally, the WHO European Region has the highest alcohol consumption level and the highest proportion of drinkers in the population.</p> <p>Add reference to:</p> <p>No level of alcohol consumption is safe for our health (who.int)</p> <p>Health and cancer risks associated with low levels of alcohol consumption - The Lancet Public Health</p> <p>ES (Drafting suggestions):</p> <p>With regard to cardiovascular diseases, harmful alcohol consumption has a detrimental effect for all levels and patterns of drinking, namely in</p>

Presidency compromise	Drafting suggestions and Comments
	<p>the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter.⁵⁷</p> <p>ES (Comments): Alcohol consumption is inherently harmful and we support coming back to the first Presidency text as MT, BE, EE, IE, FI, LV and others</p> <p>FI (Comments): Propose the deletion of harmful due to lack of evidence that there is a safe limit of alcohol consumption.</p> <p>FR (Comments): La délégation française insiste sur le maintien de la notion de consommation d'alcool nocive. La position française de santé publique vis-à-vis de l'alcool est basée sur les « repères à moindre risque » (2 verres par jours et pas tous les jours). French authorities insist on maintaining the notion of harmful alcohol consumption. The French public health position on alcohol is based on 'lower risk guidelines' (2 glasses a day, not every day).</p>

⁵⁷ <https://www.who.int/publications/i/item/9789240096745>

Presidency compromise	Drafting suggestions and Comments
	<p>IE (Drafting suggestions): With regard to cardiovascular diseases, harmful Alcohol consumption can have has a detrimental effect on cardiovascular health. for all levels and patterns of drinking, namely in the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter.⁵⁸</p> <p>IE (Comments): IE suggest removal of the word ‘harmful’ here support MT, BE, EE, ES, FI, LV.</p> <p>LV (Drafting suggestions): 16. With regard to cardiovascular diseases, harmful alcohol consumption has a detrimental effect for all levels and patterns of drinking, namely in the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter.⁵⁹</p> <p>LV (Comments):</p>

⁵⁸ <https://www.who.int/publications/i/item/9789240096745>

⁵⁹ <https://www.who.int/publications/i/item/9789240096745>

Presidency compromise	Drafting suggestions and Comments
	<p>According to the latest recommendations by the WHO, there is no safe level of alcohol. If we add here that we only need to tackle harmful use, then we accept that there is a level of alcohol that could be safe and not dangerous to health. Therefore, we would suggest excluding the word “harmful” in this sentence. Please see the information from the WHO: contecthttps://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health</p> <p>MT (Drafting suggestions): Delete ‘harmful’.</p> <p>MT (Comments): There is no safe level of alcohol consumption.</p> <p>NL (Drafting suggestions): With regard to cardiovascular diseases, <i>harmful</i> alcohol consumption has a detrimental effect for all levels and patterns of drinking, namely in the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter</p> <p>NL (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>Supported by scientific evidence we suggest to delete the word ‘harmful’ when it concerns alcohol use in paragraphs 16, 18, and 33a.</p> <p>The consumption of alcohol is causally linked to over 200 health conditions, including infectious diseases, gastrointestinal diseases and injuries, and CVDs .</p> <p>According to a WHO publication in The Lancet Public Health, there is no safe amount of alcohol consumption, that does not affect health. And there are no studies that would demonstrate that the potential beneficial effects of light and moderate drinking on cardiovascular diseases and type 2 diabetes outweigh the cancer risk associated with these same levels of alcohol consumption for individual consumers. Furthermore, cardiovascular diseases are a leading contributor to alcohol-attributable deaths, with 474.000 deaths in 2019.</p> <p>SI (Drafting suggestions):</p> <p>With regard to cardiovascular diseases, <u>harmful</u> alcohol consumption has a detrimental effect for all levels and patterns of drinking, namely in the case of hypertensive heart disease, haemorrhagic stroke, alcohol-induced cardiomyopathy, and atrial fibrillation/flutter.⁶⁰</p>

⁶⁰ <https://www.who.int/publications/i/item/9789240096745>

Presidency compromise	Drafting suggestions and Comments
	SI (Comments): Alcohol consumption is inherently harmful and SI supports coming back to the first Presidency text as ES, MT, BE, EE, IE, FI, LV and others
17. One of the most important lifestyle risk factors for cardiovascular disease is unhealthy nutrition, and there is strong evidence for the impact of, for example, overweight/obesity ⁶¹ and the high intake of saturated fats, trans fats, sodium and sugar ⁶² . The reduction of nutritional risk factors such as excessive salt, <u>sugar</u> , saturated fat and trans fatty acid intake, which can already be present in childhood, is key to prevention. <u>Commercial determinants, such as marketing practices that make healthy food choices more difficult, also play a crucial role and should be addressed to effectively reduce these risks.</u>	AT (Drafting suggestions): ... to effectively reduce these risks. Efforts to improve population, organizational and systems health literacy are needed to support people to understand health messages and take good decisions for their health. BE (Drafting suggestions): there is strong strong/clear/convincing evidence BE (Comments): Maintain ‘strong’. Alt: ‘clear’, ‘convincing’. But no red line for us

⁶¹ Roberto CA, Swinburn B, Hawkes C, et al. Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. The Lancet. 2015;385(9985):2400-2409. doi:10.1016/S0140-6736(14)61744-X.

⁶² Lifestyle and impact on cardiovascular risk factor control in coronary patients across 27 countries" Kotseva et al. en el European Journal of Preventive Cardiology 2019

Presidency compromise	Drafting suggestions and Comments
	<p>DE (Comments):</p> <p>Germany welcomes this point. As indicated in the 2024 WHO report “Commercial Determinants of Noncommunicable Diseases in the WHO European Region”: Nearly 7500 deaths per day in the Region can be attributed to commercial determinants, such as tobacco, alcohol, processed food, fossil fuels and occupational practices. These commercial products and practices contribute to 25% of all deaths in the Region.</p> <p>EE (Drafting suggestions):</p> <p>EE</p> <p>17. One of the most important lifestyle risk factors for cardiovascular disease is unhealthy unbalanced nutrition, and there is strong evidence for the impact of, for example, overweight/obesity⁶³ and the high intake of saturated fats, trans fats, sodium salt and sugar⁶⁴. The reduction of nutritional risk factors such as excessive salt, sugar, saturated fat and trans fatty acid intake, which can already be present in childhood, is key to prevention. Commercial determinants, such as marketing practices</p>

⁶³ Roberto CA, Swinburn B, Hawkes C, et al. Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. The Lancet. 2015;385(9985):2400-2409. doi:10.1016/S0140-6736(14)61744-X.

⁶⁴ Lifestyle and impact on cardiovascular risk factor control in coronary patients across 27 countries" Kotseva et al. en el European Journal of Preventive Cardiology 2019

Presidency compromise	Drafting suggestions and Comments
	<p><u>that make healthy food choices more difficult, also play a crucial role and should be addressed to effectively reduce these risks.</u></p> <p>EE (Comments):</p> <p>EE We propose to add commercial determinants in a separate point. Editorial change – propose to use salt instead of sodium for better readability.</p> <p>FI (Comments): Support the inclusion of commercial determinants.</p> <p>FR (Comments): La délégation française soutient la proposition de la délégation irlandaise d’ajouter une mention sur l’activité physique parmi les déterminants. French authorities support the Irish delegation's proposal to add a reference to physical activity among the determinants.</p> <p>IE (Drafting suggestions): 17. Evidence indicates that suboptimal nutrition is a risk factor for cardiovascular disease. One of the most important lifestyle risk</p>

Presidency compromise	Drafting suggestions and Comments
	<p>factors for cardiovascular disease is unhealthy nutrition, and there is strong evidence indicates that for the impact of, For example, overweight/obesity⁶⁵ and the high intake of saturated fats, trans fats, sodium and sugar⁶⁶. The reduction of nutritional risk factors such as excessive salt, sugar, saturated fat and trans fatty acid intake, which can already be present in childhood, is key to prevention. <u>Commercial determinants, such as marketing practices that make healthy food choices more difficult, also play a crucial role and should be addressed to effectively reduce these risks</u></p> <p>IE (Comments): IE suggests the modified wording here for greater clarity.</p>
	<p>EE (Drafting suggestions):</p>

⁶⁵ Roberto CA, Swinburn B, Hawkes C, et al. Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. The Lancet. 2015;385(9985):2400-2409. doi:10.1016/S0140-6736(14)61744-X.

⁶⁶ Lifestyle and impact on cardiovascular risk factor control in coronary patients across 27 countries" Kotseva et al. en el European Journal of Preventive Cardiology 2019

Presidency compromise	Drafting suggestions and Comments
	<p>EE</p> <p><u>17a. Commercial determinants, such as marketing practices related to food, alcohol, tobacco- and nicotine products that make healthy food choices more difficult, also play a crucial role and should be addressed to effectively reduce these risks.</u></p> <p>EE (Comments):</p> <p>EE</p> <p>We propose to add commercial determinant in a separate point and extend also to marketing related to alcohol, tobacco and nicotine products.</p> <p>IE (Drafting suggestions):</p> <p>17a. Another important lifestyle risk factor for cardiovascular disease is physical inactivity. There is strong evidence for the impact of physical activity for improving cardiovascular health with the potential for a 27% reduction in relative risk of cardiovascular disease mortality in those who engage in recommended levels of physical activity. Despite this, many children and adults still fall far short of meeting the guidelines for physical activity. Promotion of and evidence-based physical activity programmes for people of all</p>

Presidency compromise	Drafting suggestions and Comments
	<p>levels of ability should be a core component of cardiovascular disease prevention.</p> <p>IE (Comments): IE strongly advocates for the inclusion of a new paragraph highlighting physical inactivity as an important lifestyle risk factor for cardiovascular diseases. See suggested reference below⁶⁷</p>
<p>18. Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁶⁸ The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of <u>both</u></p>	<p>BE (Comments): Same proposals as in § 16 (use of alcohol)</p> <p>DE (Comments): Germany welcomes the mention of CKD as a relevant risk factor for CVD.</p> <p>Following the discussions at the WP on 25th September and further internal reflection, DE can show flexibility in returning to the original</p>

⁶⁷ Keijzer A, Kauling R, Jorstad H and Roos-Hesselink J, Physical Activity for Cardiovascular Disease Prevention. European Society of Cardiology, Council for Cardiology Practice available from: [https://www.escardio.org/Councils/Council-for-Cardiology-Practice-\(CCP\)/Cardiopactice/physical-activity-for-cardiovascular-prevention](https://www.escardio.org/Councils/Council-for-Cardiology-Practice-(CCP)/Cardiopactice/physical-activity-for-cardiovascular-prevention)

⁶⁸ Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. Lancet Diabetes Endocrinol. 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
<p>diabetes and CKD – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine and harmful alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p>	<p>wording of avoiding smoking/tobacco and nicotine and alcohol consumption.</p> <p>EE (Drafting suggestions): EE</p> <p>18. Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁶⁹ The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of <u>both</u> diabetes and CKD – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine <u>use</u> and <u>harmful</u> alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes</p> <p>EE</p>

⁶⁹ Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. *Lancet Diabetes Endocrinol.* 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
	<p>(Comments):</p> <p>EE</p> <p>Editorial change related to terminology – instead of smoking, we propose “tobacco use”. We do not support the addition on “harmful” alcohol consumption (same as in p.16)</p> <p>ES</p> <p>(Drafting suggestions):</p> <p>18. Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁷⁰ The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of <u>both diabetes and CKD</u> – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity,</p>

⁷⁰ Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. *Lancet Diabetes Endocrinol.* 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
	<p>and avoiding smoking/tobacco and nicotine and harmful alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>ES (Comments): Same as in 16</p> <p>FI (Drafting suggestions): ... including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine and harmful alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>FI (Comments): Propose the deletion of “harmful”.</p> <p>IE (Drafting suggestions): <u>....impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of <u>both</u> diabetes <u>and CKD</u> – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, promoting optimal periodontal health and avoiding smoking/tobacco and nicotine and <u>harmful</u> alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>IE (Comments): IE welcome the specific emphasis on diabetes here given it is a key risk factor for cardiovascular disease. IE suggest including “optimal periodontal health” in the last sentence.</p> <p>IE suggest removal of the word ‘harmful’ as per comments under para 16.</p> <p>IT (Drafting suggestions): Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁷¹ The high blood sugar</p>

⁷¹ Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. *Lancet Diabetes Endocrinol.* 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
	<p>levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of <u>both</u> diabetes <u>and CKD</u> – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine <i>use of tobacco and other nicotine-containing products</i> and <u>harmful</u> alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>IT (Comments): It is better to standardize the terms used for tobacco with the following words: “<i>use of tobacco and other nicotine-containing products</i>”.</p> <p>LV (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>18. Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁷² The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of <u>both diabetes and CKD</u> – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine and <u>harmful</u> alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>LV (Comments): According to the latest recommendations by the WHO, there is no safe level of alcohol. If we add here that we only need to tackle harmful use, then we accept that there a is level of alcohol that could be safe and not</p>

⁷² Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. *Lancet Diabetes Endocrinol.* 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
	<p>dangerous to health. Therefore, we would suggest excluding the word “harmful” in this sentence. Please see the information from the WHO: contecthttps://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health</p> <p>MT (Drafting suggestions): Delete ‘harmful’.</p> <p>MT (Comments): There is no safe level of alcohol consumption.</p> <p>NL (Drafting suggestions): Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁷³ The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk,</u></p>

⁷³ Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. *Lancet Diabetes Endocrinol.* 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
	<p><u>manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of both diabetes <u>and CKD</u> – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine and <u>harmful</u> alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>NL (Comments): Conform our suggestion for paragraph 16 we urge to delete the word ‘harmful’ when it concerns alcohol consumption.</p> <p>PT (Drafting suggestions): 18. Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke.⁷⁴ The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, <u>which together with impaired renal function further increases CVD risk. Similarly, patients with chronic</u></p>

⁷⁴ Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, Deanfield J, Smeeth L, Timmis A, Hemingway H. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. *Lancet Diabetes Endocrinol.* 2015 Feb;3(2):105-13. doi: 10.1016/S2213-8587(14)70219-0. Epub 2014 Nov 11. PMID: 25466521; PMCID: PMC4303913.

Presidency compromise	Drafting suggestions and Comments
	<p><u>kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death.</u> Therefore, the effective management of both diabetes and CKD – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding smoking/tobacco and nicotine and harmful alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes. <u>Tight glycemic control reduces short-and long-term microvascular disease, as well as macrovascular complications.</u></p> <p>SE (Drafting suggestions):</p> <p>18. Diabetes increases the risk of various cardiovascular diseases, including coronary artery disease, heart failure, and stroke. The high blood sugar levels associated with diabetes can damage blood vessels and the nerves that control the heart, which together with impaired renal function further increases CVD risk. Similarly, patients with chronic kidney disease (CKD) also exhibit an elevated cardiovascular risk, manifesting as coronary artery disease, heart failure, arrhythmias, and sudden cardiac death. Therefore, the effective management of both</p>

Presidency compromise	Drafting suggestions and Comments
	<p>diabetes and CKD – including controlling blood sugar, blood pressure, and cholesterol levels, following a heart-healthy diet, engaging in physical activity, and avoiding harmful smoking/tobacco and nicotine and harmful alcohol consumption – is vital in minimising the risk of cardiovascular disease and other complications from diabetes.</p> <p>SE (Comments):</p> <p>All various tobacco and nicotine products are harmful to health, but SE believes it is important to clarify the differences in the degree of harm caused by various tobacco and nicotine products, that have been scientifically proven. We suggest adding the word <i>harmful</i> to better reflect this. With this suggestion the sentence works better without using the word harmful before alcohol.</p>
	<p>PT (Drafting suggestions):</p> <p>18a new. Despite the increasingly documented link between obesity and a broad range of cardiovascular disease manifestations including atherosclerotic disease, heart failure, thromboembolic disease arrhythmias and sudden cardiac death, obesity has been sub-optimally addressed. Obesity is highly prevalent among patients with</p>

Presidency compromise	Drafting suggestions and Comments
	<p>CVD and impacts significantly the course and prognosis of the condition. People living with obesity have a 50% -100% increased risk of death from all causes compared to normal weight individuals. Around 67,5% of this risk is due to CVD.</p> <p>18b new. Obesity is also driven by genetic factors and addressing this challenge requires comprehensive prevention programmes, screening and diagnosis, and effective management.</p>
<p>19. <u>Cardiovascular health and mental well-being are strongly interconnected. Stress, anxiety, Depression⁷⁵ and other mental health problems difficulties</u>-have been associated with early-onset CVD and suboptimal cardiovascular health in young adults.⁷⁶ <u>At the same time, CVDs themselves can lead to mental health difficulties, including increased levels of stress, anxiety, and depression.</u> However, mental health issues also have an impact on cardiovascular disease outcomes,</p>	<p>BE (Comments): Ok</p> <p>FI (Drafting suggestions):</p>

⁷⁵ Borkowski P, Borkowska N. Understanding Mental Health Challenges in Cardiovascular Care. Cureus. 2024 Feb 18;16(2):e54402. doi: 10.7759/cureus.54402. PMID: 38505437; PMCID: PMC10950038.

⁷⁶ Kwapong YA, Boakye E, Khan SS, Honigberg MC, Martin SS, Oyeka CP, Hays AG, Natarajan P, Mamas MA, Blumenthal RS, Blaha MJ, Sharma G. Association of Depression and Poor Mental Health With Cardiovascular Disease and Suboptimal Cardiovascular Health Among Young Adults in the United States. J Am Heart Assoc. 2023 Feb 7;12(3):e028332. doi: 10.1161/JAHA.122.028332. Epub 2023 Jan 23. PMID: 36688365; PMCID: PMC9973664-

Presidency compromise	Drafting suggestions and Comments
<p>with studies demonstrating that pre-existing depression is a risk factor for poor prognosis of acute coronary syndrome.</p>	<p><u>At the same time, NCDs including CVDs themselves can lead to mental health difficulties, including increased levels of stress, anxiety, and depression.</u></p> <p>FI (Comments): Consider mentioning other NCDs as well as there is a connection as well.</p>
<p>20. Environmental stressors also contribute to CVD risk. There is increasing understanding of the links between different CVDs and air pollution, noise exposure and increase in temperature due to climate change⁷⁷, representing another critical area for action. Climate change, in particular, exacerbates existing health inequalities and particularly impacts vulnerable populations, requiring prevention across sectors. <u>Air pollution is the leading environmental cause of early death in the EU, resulting in 300,000 premature deaths annually, mainly due to noncommunicable diseases such as CVD. Vulnerable groups - including children, elderly people, those with pre-existing conditions, and socioeconomically disadvantaged populations - are</u></p>	<p>DE (Comments): Germany welcomes the emphasis on air and noise pollution as important and modifiable risk factors for CVDs.</p> <p>EE (Drafting suggestions): EE</p> <p>20. Environmental stressors also contribute to CVD risk. There is increasing understanding of the links between different CVDs and air pollution, noise exposure and increase in temperature due to climate change⁸¹, representing another critical area for action. Climate change, in</p>

⁷⁷ Münzel, T., Hahad, O., Sørensen, M., Lelieveld, J., Duerr, G. D., Nieuwenhuijsen, M., et al. (2021). Environmental risk factors and cardiovascular diseases: a comprehensive expert review. Cardiovascular Research, cvab316. doi:10.1093/cvr/cvab316 (MPG.PuRe)

⁸¹ Münzel, T., Hahad, O., Sørensen, M., Lelieveld, J., Duerr, G. D., Nieuwenhuijsen, M., et al. (2021). Environmental risk factors and cardiovascular diseases: a comprehensive expert review. Cardiovascular Research, cvab316. doi:10.1093/cvr/cvab316 (MPG.PuRe)

Presidency compromise	Drafting suggestions and Comments
<p><u>disproportionately affected. Increases in the number of particle pollution are directly correlated with higher risk of cardiovascular death. Adults who are exposed to second-hand smoke, face a 25-30% higher risk of developing coronary artery disease and a 20-30% higher risk of stroke⁷⁸. Additionally, environmental noise contributes to an increased incidence of arterial hypertension, myocardial infarction, and stroke⁷⁹⁸⁰. These findings underscore the critical need to address environmental stressors as part of comprehensive cardiovascular disease prevention strategies.</u></p>	<p>particular, exacerbates existing health inequalities and particularly impacts vulnerable populations, requiring prevention across sectors. <u>Air pollution is the leading environmental cause of early death in the EU, resulting in 300,000 premature deaths annually, mainly due to noncommunicable diseases such as CVD. Vulnerable groups - including children, elderly people, those with pre-existing conditions, and socioeconomically disadvantaged populations - are disproportionately affected. Increases in the number of particle pollution are directly correlated with higher risk of cardiovascular death. Adults who are exposed to second-hand smoke and aerosols, face a 25-30% higher risk of developing coronary artery disease and a 20-30% higher risk of stroke⁸². Additionally, environmental noise contributes to an increased incidence of arterial hypertension, myocardial infarction, and stroke⁸³⁸⁴. These findings underscore the</u></p>

⁷⁸ United Nations Intergovernmental Panel on Climate Change (IPCC). Environmental stressors, multi-hazards and their impact on health. Available from [Frontiers in Public Health\(Frontiers\)](#)

⁷⁹ European Society of Cardiology, Atlas and Cardiovascular Realities 2024. <https://eatlas.escardio.org/Atlas/ESC-Atlas-of-Cardiology>

⁸⁰ European Society of Cardiology (ESC) report on environmental stressors and CVDs, European Heart Journal (2017). doi:10.1093/eurheartj/ehx332(Oxford Academic)

⁸² United Nations Intergovernmental Panel on Climate Change (IPCC). Environmental stressors, multi-hazards and their impact on health. Available from [Frontiers in Public Health\(Frontiers\)](#)

⁸³ European Society of Cardiology, Atlas and Cardiovascular Realities 2024. <https://eatlas.escardio.org/Atlas/ESC-Atlas-of-Cardiology>

⁸⁴ European Society of Cardiology (ESC) report on environmental stressors and CVDs, European Heart Journal (2017). doi:10.1093/eurheartj/ehx332(Oxford Academic)

Presidency compromise	Drafting suggestions and Comments
	<p><u>critical need to address environmental stressors as part of comprehensive cardiovascular disease prevention strategies.</u></p> <p>EE (Comments):</p> <p>EE Add also aerosols to cover new nicotine products. Propose to use the terminology in the COM proposal on smoke-free environments.</p> <p>RO (Comments):</p> <p>Romania welcomes the reference to environmental stressors and air pollution as an important risk factor for CVDs, affecting disproportionately certain vulnerable groups.</p>
<p>21. There is a lack of <u>An important area for improvement lies in expanding and optimizing</u> -screening <u>coverage across</u> in the Member States for <u>specific</u> CVD risk factors, including <u>By enhancing early detection of conditions such as</u> hypertension, or heart rhythm disturbances, <u>kidney disease, or inherited lipid metabolism disorders</u>, and there are also missed opportunities for screening for and diagnosing a wide range of <u>we could better address</u> CVDs, that are not caused by <u>including those not linked to</u> modifiable factors.</p>	<p>DE (Comments):</p> <p>Germany welcomes the changes in this para.</p> <p>FR (Drafting suggestions):</p> <p>An important area for improvement lies in expanding and optimizing screening coverage across in the Member States for specific CVD risk factors, including By enhancing early detection of conditions such as</p>

Presidency compromise	Drafting suggestions and Comments
<p><u>Strengthening these efforts offers significant potential to reduce the burden of undiagnosed cases and improve health outcomes through earlier intervention.</u></p>	<p>hypertension, or heart rhythm disturbances, kidney disease, or inherited lipid metabolism disorders, and there are also missed opportunities for screening for and diagnosing a wide range of we could better address CVDs that are not caused by including those not linked to modifiable factors as appropriate, whenever scientific evidence argues for the positive evaluation of screening</p> <p>Strengthening these efforts offers significant potential to reduce the burden of undiagnosed cases and improve health outcomes through earlier intervention-</p> <p>FR (Comments):</p> <p>La délégation française relève que les dépistages doivent être évalués sur l'efficacité des programmes, leur capacité à maximiser les bénéfices et minimiser les risques.</p> <p>La phrase finale peut être maintenue sous réserve de mentionner l'apport de preuves scientifiques.</p> <p>French authorities point out that screening programmes should be evaluated on their effectiveness, their ability to maximize benefits and minimize risks.</p>

Presidency compromise	Drafting suggestions and Comments
	<p>The final sentence may be maintained, with the statement that scientific evidence provides the positive evaluation of screening.</p> <p>IE (Drafting suggestions):</p> <p>21. There is a lack of <u>An important area for improvement lies in expanding and optimizing evidence-based screening coverage across in the Member States for specific modifiable CVD risk factors in addressing CV health in the Union., including</u> <u>By enhancing early detection of associated CVD risk factors, conditions such as hypertension, or heart rhythm disturbances, kidney disease, diabetes or inherited lipid metabolism disorders,</u> and there are also missed opportunities for screening for and diagnosing a wide range of <u>we could better address cardiovascular health. CVDs that are not caused by including those not linked to modifiable factors.</u> <u>Strengthening these efforts offers significant potential to reduce the burden of undiagnosed cases and unmanaged risk factors and to improve health outcomes through earlier intervention.</u></p> <p>IE (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>IE suggest including the phrase “evidence-based” before the word screening.</p> <p>IE understands that this paragraph relates to screening of modifiable risk factors and suggests the inclusion of new paragraph 21b regarding non-modifiable risk factors.</p> <p>NL (Comments): We have to be careful that the individual Member States keep their autonomy to make decisions about how and what is screened. For example, in the Netherlands screening is carried out by medical professionals based on guidelines from the professional groups themselves. We acknowledge that there are limits to the added value of screening and we want to take care that the time of our healthcare providers is used as efficiently as possible.</p> <p>RO (Comments): Romania welcomes the reformulation of this paragraph, with more focus on screening.</p>

Presidency compromise	Drafting suggestions and Comments
<p><u>21a. There is evidence suggesting that vaccination against infections (such as influenza⁸⁵⁸⁶, pneumococcal⁸⁷, SARS-CoV-2⁸⁸, and respiratory syncytial virus⁸⁹) is critically important for patients with increased cardiovascular risk or existing CVD particularly among those over the age of 65. Strengthening awareness campaigns and emphasizing the cardiovascular protection that vaccines offer in these high-risk groups is important for improving vaccination rates and overall health outcomes.</u></p>	<p>DE (Drafting suggestions): 21a. There is evidence suggesting that vaccination against infections (such as influenza⁹⁰⁹¹, pneumococcal⁹², SARS-CoV-2⁹³, and respiratory syncytial virus⁹⁴) is critically especially important for patients with increased cardiovascular risk or existing CVD, particularly among those over the age of 65 elderly people.</p> <p>DE (Comments): Germany welcomes these additions. The current wording recognizes the additional protection provided by some vaccines for CVD patients and</p>

⁸⁵ Modin, D., et al. (2019). Influenza Vaccine and Risk of Cardiovascular Events in Patients With High-Risk Conditions: A Nationwide Cohort Study. *Journal of the American College of Cardiology*, 74(18), 2130-2140. doi:10.1016/j.jacc.2019.08.1038

⁸⁶ Udell, J. A., et al. (2013). Association between Influenza Vaccination and Cardiovascular Outcomes in High-Risk Patients: A Meta-analysis. *JAMA*, 310(16), 1711-1720. doi:10.1001/jama.2013.279206.

⁸⁷ Musher, D. M., et al. (2017). Pneumococcal Vaccination and Cardiovascular Outcomes. *Clinical Infectious Diseases*, 65(6), 1019-1025. doi:10.1093/cid/cix457.

⁸⁸ Xie, Y., Xu, E., Bowe, B., & Al-Aly, Z. (2022). Long-term Cardiovascular Outcomes of COVID-19. *Nature Medicine*, 28(3), 583-590.

⁸⁹ Shi, T., Vennard, S., Mahdy, S., Nair, H. (2023). Global, Regional, and National Disease Burden Estimates of Respiratory Syncytial Virus-Associated Acute Respiratory Infection in Older Adults in 2019: A Systematic Analysis. *The Lancet Global Health*, 11(1), e28-e39.

⁹⁰ Modin, D., et al. (2019). Influenza Vaccine and Risk of Cardiovascular Events in Patients With High-Risk Conditions: A Nationwide Cohort Study. *Journal of the American College of Cardiology*, 74(18), 2130-2140. doi:10.1016/j.jacc.2019.08.1038

⁹¹ Udell, J. A., et al. (2013). Association between Influenza Vaccination and Cardiovascular Outcomes in High-Risk Patients: A Meta-analysis. *JAMA*, 310(16), 1711-1720. doi:10.1001/jama.2013.279206.

⁹² Musher, D. M., et al. (2017). Pneumococcal Vaccination and Cardiovascular Outcomes. *Clinical Infectious Diseases*, 65(6), 1019-1025. doi:10.1093/cid/cix457.

⁹³ Xie, Y., Xu, E., Bowe, B., & Al-Aly, Z. (2022). Long-term Cardiovascular Outcomes of COVID-19. *Nature Medicine*, 28(3), 583-590.

⁹⁴ Shi, T., Vennard, S., Mahdy, S., Nair, H. (2023). Global, Regional, and National Disease Burden Estimates of Respiratory Syncytial Virus-Associated Acute Respiratory Infection in Older Adults in 2019: A Systematic Analysis. *The Lancet Global Health*, 11(1), e28-e39.

Presidency compromise	Drafting suggestions and Comments
	<p>should only emphasize the age factor in general (without mentioning an age cut-off), as this may vary depending on the vaccine or Member State. The importance of the aforementioned vaccinations for people with underlying cardiovascular diseases is in fact also reflected in the STIKO (national vaccination) recommendations - albeit with different age groups and target groups in some cases. Vaccination against RSV is for example recommended for people aged 60 and over with severe forms of underlying cardiovascular disease.</p> <p>ES (Drafting suggestions):</p> <p><u>21a. There is evidence suggesting that vaccination against infections (such as influenza⁹⁵, pneumococcal⁹⁷, SARS-CoV-2⁹⁸, and respiratory syncytial virus⁹⁹) is critically important for patients with increased cardiovascular risk or existing CVD particularly among the elderly population those over the age of 65. Strengthening awareness campaigns and emphasizing the cardiovascular protection that vaccines offer in these high-risk groups is important for improving vaccination rates and overall health outcomes.</u></p>

⁹⁵ Modin, D., et al. (2019). Influenza Vaccine and Risk of Cardiovascular Events in Patients With High-Risk Conditions: A Nationwide Cohort Study. *Journal of the American College of Cardiology*, 74(18), 2130-2140. doi:10.1016/j.jacc.2019.08.1038

⁹⁶ Udell, J. A., et al. (2013). Association between Influenza Vaccination and Cardiovascular Outcomes in High-Risk Patients: A Meta-analysis. *JAMA*, 310(16), 1711-1720. doi:10.1001/jama.2013.279206.

⁹⁷ Musher, D. M., et al. (2017). Pneumococcal Vaccination and Cardiovascular Outcomes. *Clinical Infectious Diseases*, 65(6), 1019-1025. doi:10.1093/cid/cix457.

⁹⁸ Xie, Y., Xu, E., Bowe, B., & Al-Aly, Z. (2022). Long-term Cardiovascular Outcomes of COVID-19. *Nature Medicine*, 28(3), 583-590.

⁹⁹ Shi, T., Vennard, S., Mahdy, S., Nair, H. (2023). Global, Regional, and National Disease Burden Estimates of Respiratory Syncytial Virus-Associated Acute Respiratory Infection in Older Adults in 2019: A Systematic Analysis. *The Lancet Global Health*, 11(1), e28-e39.

Presidency compromise	Drafting suggestions and Comments
	<p>ES (Comments):</p> <p>Better refer to elderly population instead to the concrete age.</p> <p>The cited studies are showing a protective effect in elderly population. Those studies are in many cases systematic reviews and meta-analysis of cohort studies like the study on pneumococcal vaccines (Association between pneumococcal vaccination and cardiovascular outcomes: a systematic review and meta-analysis of cohort studies, <i>European Journal of Preventive Cardiology</i>, Volume 22, Issue 9, 1 September 2015, Pages 1185–1199, https://doi.org/10.1177/2047487314549512)</p> <p>However, the different studies are not coinciding in the exact age (number of years). The conclusion of the study says:</p> <p><i>PV is associated with a decreased risk of CV events and CV mortality, while the protective value of PV for total CV events increases at older ages and in high CV risk subjects and decreases as time elapses from the PV. PV is associated with a decreased risk of MI and cerebrovascular events in the elderly.</i></p> <p>RO (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	Romania welcomes this paragraph, emphasizing the importance of vaccination in patients with CVDs.
	IE (Drafting suggestions): 21b non-modifiable risk factors such as age and genetics are also important to consider when assessing cardiovascular health. Healthcare professionals need to have an understanding of these contributory risk factors when assessing people for CVD. IE (Comments): IE suggest a paragraph relating to non-modifiable risk factors such as genetics and age may inform a healthcare professional as to an individual's risk for cardiovascular disease.
22. People with common CVDs, such as heart failure, <u>or inherited conditions such as familial hypercholesterolemia (FH) or elevated levels of lipoprotein(a)</u> , are often diagnosed late in the course of their disease, thereby missing an important opportunity to delay progression, and leading to an unnecessarily heavy burden of morbidity, hospitalisation and premature death. <u>Implementing early diagnosis programs could help identify these conditions sooner, potentially reducing the severity and improving the management of the disease.</u>	AT (Drafting suggestions): ... Implementing early diagnosis programs could help identify these conditions sooner, potentially reducing the severity and improving the management of the disease. Disease management programs are also recommendable. FI (Drafting suggestions):

Presidency compromise	Drafting suggestions and Comments
	<p><u>Implementing Increased focus on early detection diagnosis programs could help identify these conditions sooner, potentially reducing the severity and improving the management of the disease.</u></p> <p>FI (Comments): We support early detection but propose to have a broader emphasis as opposed to specific programs</p> <p>IE (Drafting suggestions): 22. People with common CVDs, such as heart failure, <u>or inherited conditions such as familial hypercholesterolemia (FH) or elevated levels of lipoprotein(a),</u> are often diagnosed late in the course of their disease, thereby missing an important opportunity to delay progression, and leading to an unnecessarily heavy burden of morbidity, hospitalisation and premature death. <u>Implementing public awareness campaigns around CVDs and their symptomology can lead to earlier diagnosis and management early diagnosis programs of these conditions sooner,</u> <u>potentially reducing the severity and improving the management of the disease</u></p> <p>IE (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>.IE would advocate for emphasizing the importance of public awareness programmes to help people identify the symptoms of CVD and motivate them to get checked by a healthcare provider to enable early diagnosis and management of the disease. We suggest removing reference to early diagnosis programmes which we understand to be ‘screening’ as covered by para 21.</p>
<p><u>22a. Rare diseases, mostly of genetic origin are frequently underdiagnosed and poorly managed and suffer from delays in diagnosis due to a lack of medical knowledge and poor awareness of these conditions, which contributes to a considerable social and financial burden for affected individuals as well as their families and caregivers. This particularly applies to rare CVD’s¹⁰⁰. If left unmanaged, these conditions can lead to life-threatening cardiovascular complications, such as heart attacks or sudden death at a young age, usually occurring in otherwise healthy people. Healthcare professionals need to be adequately trained and have</u></p>	<p>IE (Drafting suggestions): <u>22a. Rare diseases, mostly of genetic origin are frequently underdiagnosed and poorly managed and suffer from delays in diagnosis due to a lack of medical knowledge and poor awareness of these conditions, which contributes to a considerable social and financial burden for affected individuals as well as their families and caregivers. This particularly applies to rare CVD’s¹⁰². If left undiagnosed and unmanaged, these conditions can lead to life-threatening cardiovascular complications, such as heart attacks or sudden death at a young age, usually occurring in otherwise healthy</u></p>

¹⁰⁰ <https://www.orpha.net/en/disease/classification/group/156265?orphaCode=97929&firstParent=1&name=Rare-cardiac-disease&mode=name>

¹⁰² <https://www.orpha.net/en/disease/classification/group/156265?orphaCode=97929&firstParent=1&name=Rare-cardiac-disease&mode=name>

Presidency compromise	Drafting suggestions and Comments
<p><u>access to networks of expert centres like the European Reference Networks¹⁰¹.</u></p>	<p><u>people. Healthcare professionals need to be adequately trained and have access to networks of expert centres like the European Reference Networks¹⁰³.</u></p> <p>IE (Comments): IE suggest the inclusion of the word ‘undiagnosed’ given these conditions need to be diagnosed before they can be managed.</p>
<p>23. <u>Access and availability of New-effective treatments including existing and new evidence-based treatments that offer significant health benefit</u> are needed and, despite the enormous healthcare burden, the developmental pipeline of new CVD drugs is limited. Innovation <u>and research focused on the highest unmet needs are</u>is needed to develop new diagnostics and treatments, personalised for patient needs, which are integrated into care models and made widely accessible.</p>	<p>IE (Comments): .</p>
<p><u>23a. Article 108 of Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices requires the Commission and the Member States to take appropriate</u></p>	<p>NL (Drafting suggestions):</p>

¹⁰¹ https://health.ec.europa.eu/rare-diseases-and-european-reference-networks/european-reference-networks_en

¹⁰³ https://health.ec.europa.eu/rare-diseases-and-european-reference-networks/european-reference-networks_en

Presidency compromise	Drafting suggestions and Comments
<p><u>measures to encourage the establishment of registers and databanks for specific types of devices that contribute to the independent evaluation of the long-term safety and performance of devices setting common principles to collect comparable information. Such comparable and independent data on the long-term safety and performance of implantable cardiovascular devices is necessary to further enhance the quality of surgical treatment of CVD.</u></p>	<p><u>Article 108 of Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices requires the Commission and the Member States to take appropriate measures to encourage the establishment of registers and databanks for specific types of devices that contribute to the independent evaluation of the long-term safety and performance of devices setting common principles to collect comparable information. Such comparable and independent data on the long-term safety and performance of implantable cardiovascular devices is necessary to further enhance the quality of surgical treatment of CVD.</u></p> <p>NL (Comments): We suggest to delete the word ‘surgical’ so the paragraph encompasses treatment in general.</p>
<p>24. Patients with CVDs are often at high risk of another CV-related event or disease, <u>e.g. the cardio-renal-metabolic (CRM) syndrome which is defined as a health disorder attributable to connections among obesity, high blood sugar, chronic kidney disease (CKD), and CVDs</u>. To improve prognosis, it is crucial to implement effective</p>	<p>DE (Comments): Germany welcomes the mention of CKD in this document. Anyhow this seems to be a very specific addition. Perhaps it would be sufficient to make a general reference to the link between CKD and CVD.</p> <p>FR (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
<p>secondary prevention strategies focused on risk factor control, enhancing patient education, and boosting health literacy <u>Furthermore, patient involvement on an individual level, such as shared decision making, and on a collective level, such as consultation of patient organizations, is beneficial for measures for the improvement of CV health.</u> Additionally, p Providing robust patient support systems can significantly improve adherence to the treatment plan.</p>	<p>Patients with CVDs are often at high risk of another CV-related event or disease, e.g. the cardio-renal-metabolic (CRM) syndrome which is defined as a health disorder attributable to connections among obesity, high blood sugar, chronic kidney disease (CKD), and CVDs. To improve prognosis, it is crucial to implement effective secondary prevention strategies focused on risk factor control, enhancing patient education, and boosting health literacy. Furthermore, patient involvement on an individual level, such as shared decision making, and on a collective level, such as consultation of patient organizations, is beneficial for measures for the improvement of CV health. Providing robust patient support systems including in decision making can significantly improve adherence to the treatment plan.</p> <p>FR (Comments):</p> <p>La France suggèrera d'ajouter à la dernière phrase la mention "<i>robust patient decision and support systems</i>" pour souligner la nécessité d'une décision du patient comme garantie du respect des principes fondamentaux de droits humains dans le champ de la santé. De plus, la</p>

Presidency compromise	Drafting suggestions and Comments
	<p>participation et le consentement du patient aux décisions qui le concernent garantissent leur efficacité.</p> <p>France would suggest adding to the last sentence the phrase ‘<i>robust patient decision and support systems</i>’ to emphasise the need for a patient decision as a guarantee of respect for the fundamental principles of human rights in the field of health. Furthermore, the participation and consent of the patient in the decisions that concern him or her guarantees their effectiveness.</p>
<p>25. Patients with CVDs benefit significantly from timely access to rehabilitation services, which can improve functional outcomes and reduce the likelihood of recurrence. Ensuring the widespread availability and accessibility of cardiac and neuro rehabilitation programmes is essential for holistic patient recovery and ensuring health in the long-term. In order to maximise their effectiveness, these programmes should be tailored to individual patients’ needs and circumstances.</p>	<p>DE (Comments): Germany welcomes this addition.</p> <p>MT (Drafting suggestions): In order to maximise their effectiveness, these programmes should be tailored to individual patients’ needs and circumstances, including the use of telemedicine services.</p> <p>MT (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	Telemedicine services will ensure that patients facing limitations and challenging circumstances receive appropriate long-term follow-up care.
<p>26. It has been suggested that a^A meaningful reduction in the burden of CVDs across the Union cannot be reached without taking into account the needs of its citizens^{population} in the area of CVD prevention, diagnosis, treatment and rehabilitation, as well as environmental stressors and co-morbidities.</p>	<p>AT (Drafting suggestions): ... as well as environmental stressors and co-morbidities. In order to achieve health equity, specific attention should be given to the needs and conditions of vulnerable groups who are affected by a higher disease burden and lower life expectancy.</p>
<p>26a. Member States are working towards achieving the World Health Organization’s targets for NCDs and the United Nations Sustainable Development Goals, in particular goal 3.4, of reducing premature mortality from NCDs by one third. The 4th High-level Meeting of the UN General Assembly on the Prevention and Control of non-communicable diseases will be convened in 2025.</p>	
<p>INVITES THE MEMBER STATES TO</p>	

Presidency compromise	Drafting suggestions and Comments
<p>27. ADOPT comprehensive <u>actions</u> national cardiovascular health, in the framework of standalone or wider Non Communicable Diseases action plans, that also reflect the outcomes of JACARDI <u>Joint Actions</u> in the national context, involving regional <u>and local</u> authorities and <u>Cardiovascular Health (CVH) stakeholders, with a view to:</u></p>	<p>DE (Drafting suggestions): ADOPT <u>or update, if appropriate and where necessary,</u> comprehensive actions <u>CVH measures,</u> in the framework of <u>standalone or integrated in wider Non Communicable Diseases</u> <u>strategic agendas,</u> that also reflect the outcomes of Joint Actions in the national context, involving regional and local authorities and Cardiovascular Health (CVH) stakeholders <u>relevant stakeholders, with a view to:</u></p> <p>DE (Comments): Germany welcomes the broader consideration of NCD in this context (as implemented here and proposed by states like ES and FI). However, the current wording with specific mention of CVH stakeholders within NCD action plans is misleading. The current wording still refers to action plans, which may not be the right framework for every Member State. Existing actions and actors still need to be considered and recognised. We previously indicated that the para encroaches too much on national competences.</p> <p>FI (Drafting suggestions): 27. ADOPT comprehensive <u>actions</u> national cardiovascular health, in the framework of wider Non Communicable Diseases or standalone</p>

Presidency compromise	Drafting suggestions and Comments
	<p>or wider Non Communicable Diseases action plans, that also reflect the outcomes of JACARDI <u>Joint Actions</u> in the national context, involving regional <u>and local</u> authorities and <u>Cardiovascular Health (CVH)</u> stakeholders, <u>with a view to</u>:</p> <p>FI (Comments): Propose to put NCDs first as a wider approach.</p> <p>FR (Comments): Les autorités françaises soutiennent la proposition allemande : la programmation d'une stratégie nationale de santé n'impose pas une planification par maladie. L'invitation aux Etats peut être de définir leurs objectifs et d'identifier les mesures programmées. En revanche la déclinaison territoriale, aux niveaux régionaux et infra-régionaux, est prévue dans le code de la santé publique.</p> <p>The French authorities support the German proposal : the programming of a national health strategy does not require disease-specific planning. States may be asked to define their objectives and identify the measures planned.</p>

Presidency compromise	Drafting suggestions and Comments
	On the other hand, the public health code does provide for regional and sub-regional implementation.
<p>These national CVH action plans should:</p>	
<p>a) strengthen health promotion and primary prevention policies <u>throughout the life course</u> to reduce premature mortality and morbidity at population level by identifying the most effective policies and measures to reach and treat individuals at high risk of developing CVD <u>as part of an integrated approach to NCD's</u>;</p>	<p>IE (Comments): .</p>
<p>b) address social determinants such as socioeconomic status <u>that influence</u>, education levels and access to healthcare <u>as well as gender- and age-related aspects</u>; and introduce comprehensive educational programs in schools, workplaces, and communities to increase awareness and knowledge of the importance of cardiovascular health, focusing on the impact of lifestyle choices;</p>	
	<p>AT (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	c) take efforts to increase population health literacy
<p><u>ba) address hazards for cardiovascular health in their occupational safety and health (OSH) policies;</u></p>	
<p>c) scale up secondary prevention through cardiovascular health checks that incorporate timely screening, early detection and precision diagnostics tailored to diverse population needs, <u>including for conditions such as inherited lipid disorders or assessment of kidney functions (screening of CKD);</u></p>	<p>DE (Comments): Germany welcomes this addition.</p> <p>FI (Comments): We are not supportive of the inclusion of health checks and screening as we have stated earlier</p> <p>FR (Drafting suggestions): scale up secondary prevention through cardiovascular evidence-based health checks that incorporate timely screening, early detection and precision diagnostics for cardiovascular and NCD risk factor tailored and evaluated to diverse population needs, <u>including for conditions such as inherited lipid disorders or assessment of kidney functions</u> (screening of CKD);</p> <p>FR (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>La délégation française relève que les facteurs de risques cardiovasculaires concernent un champ élargi de maladies non transmissibles. Elle suggère par ailleurs d'ajouter la notion de « <i>evidence-based health checks</i> ».</p> <p>French authorities point out that cardiovascular risk factors concern a wider range of non-communicable diseases.</p> <p>France also suggests adding the notion of '<i>evidence-based health checks</i>'.</p> <p>MT (Drafting suggestions): <u>including for conditions such as inherited lipid disorders, assessment of kidney functions (screening of CKD), as well as cardiovascular risk scores (such as SCORE2 and SCORE-Diabetes).</u></p> <p>MT (Comments): Cardiovascular risk scores (such as SCORE2 and SCORE-Diabetes) are critical for early detection as they help assess cardiovascular risk.</p> <p>PT (Drafting suggestions): c) scale up secondary prevention through cardiovascular health checks of cardiometabolic risk factors, leading to comprehensive</p>

Presidency compromise	Drafting suggestions and Comments
	<p>disease management programmes, incorporating that incorporate timely screening, early detection and precision diagnostics tailored to diverse population needs, <u>including for conditions such as inherited lipid disorders or assessment of kidney functions (screening of CKD);</u></p>
<p>d) include actions intended to reduce nutritional risk factors, such as high salt, saturated fat, <u>LDL cholesterol, and sugar intake, and low intake of wholegrain¹⁰⁴, fruits and vegetables¹⁰⁵ for example through food reformulation;</u></p>	<p>DE (Drafting suggestions): include actions intended to reduce nutritional risk factors, such as high salt, saturated fat, LDL cholesterol, and sugar intake, and low intake of wholegrain¹⁰⁶, fruits and vegetables¹⁰⁷ for example through food reformulation;</p> <p>DE (Comments): LDL cholesterol is a metabolic/blood parameter, so the phrase “LDL cholesterol intake” makes no sense. We suggest deletion of “LDL cholesterol”.</p> <p>EE (Drafting suggestions):</p>

¹⁰⁴ Ross, A. B., & van der Kamp, J. W. (2022). Whole Grains and Health: Perspective for Future Research. *Journal of Cereal Science*, 103, 103377.

¹⁰⁵ Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., & Hu, F. B. (2021). Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and Women and a Meta-analysis of 26 Cohort Studies. *Circulation*, 143(17), 1642–1654.

¹⁰⁶ Ross, A. B., & van der Kamp, J. W. (2022). Whole Grains and Health: Perspective for Future Research. *Journal of Cereal Science*, 103, 103377.

¹⁰⁷ Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., & Hu, F. B. (2021). Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and Women and a Meta-analysis of 26 Cohort Studies. *Circulation*, 143(17), 1642–1654.

Presidency compromise	Drafting suggestions and Comments
	<p>EE</p> <p>d) include actions intended to reduce nutritional risk factors, such as high salt, saturated fat, LDL cholesterol, and <u>sugar intake, and low intake of wholegrain¹⁰⁸, fruits and vegetables¹⁰⁹ for example through food reformulation, as well as actions limiting marketing of such products targeted at children;</u></p> <p>EE (Comments):</p> <p>EE</p> <p>Propose to add limiting the marketing of such products targeted at children.</p> <p>ES (Drafting suggestions):</p> <p>Include actions aimed at reducing key nutritional risk factors, such as high salt, saturated fat, LDL cholesterol and added sugars, and promoting the increased intake of whole grains, fruits, and vegetables. These actions can be implemented through food</p>

¹⁰⁸ Ross, A. B., & van der Kamp, J. W. (2022). Whole Grains and Health: Perspective for Future Research. *Journal of Cereal Science*, 103, 103377.

¹⁰⁹ Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., & Hu, F. B. (2021). Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and Women and a Meta-analysis of 26 Cohort Studies. *Circulation*, 143(17), 1642–1654.

Presidency compromise	Drafting suggestions and Comments
	<p>reformulation and public health campaigns to encourage healthier dietary choices.</p> <p>ES (Comments):</p> <p>Avoid Misleading Information: Mentioning "LDL cholesterol" in dietary changes can confuse dietary cholesterol with blood cholesterol, which isn't significantly affected by foods like eggs. Removing it avoids this misconception.</p> <p>Redundancy: "Saturated fats" already covers major sources of dietary cholesterol, making "LDL cholesterol" unnecessary.</p> <p>Better Flow: The restructured version is clearer and more fluid, focusing on key risks like salt, fats, and sugar, while promoting healthier options.</p> <p>FI (Comments):</p> <p>LDL cholesterol should be included in the text, but propose to reconsider the placement as cholesterol levels are also affected by factors other than nutrition</p> <p>FR (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>include actions intended to reduce nutritional risk factors, such as high salt, saturated fat, LDL cholesterol, and sugar intake, and low intake of wholegrain¹¹⁰, fruits and vegetables¹¹¹ for example through food reformulation;</p> <p>FR (Comments): La délégation française indique que la mention de « LDL » et du cholestérol n'est pas pertinente et propose de les retirer.</p> <p>French authorities state that the mention of “LDL” and cholesterol is not relevant and propose to remove them.</p> <p>NL (Drafting suggestions): include actions intended to reduce nutritional risk factors, such as high salt, saturated fat, <u>LDL cholesterol</u>, and <u>sugar intake</u>, <u>and low intake of wholegrain¹¹², fruits and vegetables¹¹³ for example through food</u></p>

¹¹⁰ Ross, A. B., & van der Kamp, J. W. (2022). Whole Grains and Health: Perspective for Future Research. *Journal of Cereal Science*, 103, 103377.

¹¹¹ Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., & Hu, F. B. (2021). Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and Women and a Meta-analysis of 26 Cohort Studies. *Circulation*, 143(17), 1642–1654.

¹¹² Ross, A. B., & van der Kamp, J. W. (2022). Whole Grains and Health: Perspective for Future Research. *Journal of Cereal Science*, 103, 103377.

¹¹³ Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., & Hu, F. B. (2021). Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and Women and a Meta-analysis of 26 Cohort Studies. *Circulation*, 143(17), 1642–1654.

Presidency compromise	Drafting suggestions and Comments
	<p><u>reformulation and tackling commercial determinants, such as marketing;</u></p> <p>NL (Comments):</p> <p>We would like to include more examples and therefore suggest to include ‘and tackling commercial determinants such as marketing’</p>
	<p>PT (Drafting suggestions):</p> <p>27d new) recognise the interconnectedness of CVD with diabetes and obesity, and include comprehensive actions to tackle and manage these conditions.</p>
<p>e) implement comprehensive interventions to combat and prevent the use of alcohol, tobacco, and other nicotine-containing or nicotine-free tobacco-related products;</p>	<p>DE (Drafting suggestions):</p> <p>implement comprehensive interventions to combat and prevent the <u>harmful</u> use of alcohol <u>and the use of</u> tobacco, and other nicotine-containing or nicotine-free tobacco-related products</p> <p>DE (Comments):</p> <p>In contrast to paragraphs 16 and 18, which focus on existing evidence for specific risk factors and the health effects of alcohol consumption per se, this paragraph is aimed at policy implementation and refers to policy</p>

Presidency compromise	Drafting suggestions and Comments
	<p>measures such as information campaigns. In this sense, Germany proposes a broader wording for alcohol, but not for other substances.</p> <p>DK (Drafting suggestions): implement comprehensive interventions to combat and prevent the harmful use of alcohol, tobacco, and other nicotine-containing or nicotine-free tobacco-related products;</p> <p>DK (Comments): We strongly oppose to deleting “harmful” before “use of alcohol”. This also to ensure we do not water down language on use of tobacco and nicotine products by aligning any use of alcohol with any use of tobacco/nicotine as risk factor</p> <p>IT (Drafting suggestions): e) implement comprehensive interventions to combat and prevent the use of alcohol, tobacco, and other nicotine-containing or nicotine-free tobacco-related products;</p> <p>IT (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>It is better to standardize the terms used for tobacco with the following words: “<i>use of tobacco and other nicotine-containing products</i>”.</p> <p>SE (Drafting suggestions):</p> <p>implement comprehensive interventions to combat and prevent the harmful use of alcohol, tobacco, and other nicotine-containing or nicotine-free tobacco-related products;</p> <p>SE (Comments):</p> <p>All various tobacco and nicotine products are harmful to health, but SE believes it is important to clarify the differences in the degree of harm caused by various tobacco and nicotine products, that have been scientifically proven. SE suggest adding the word <i>harmful</i> before the word use to better reflect this.</p> <p>SE also suggest deleting nicotine-free tobacco-related products if the knowledge/evidence level on the correlation between nicotine-free tobacco-related products and cardiovascular diseases is not presented.</p>

Presidency compromise	Drafting suggestions and Comments
<p>f) enhance cardiovascular health by addressing environmental determinants through policies that reduce air and noise pollution; encourage sustainable environmental practices, develop and promote ‘heart-healthy’ urban environments through healthy urban planning and transport policies, ensuring that the impacts of climate change and other environmental stressors are fully integrated into CVD-related policy actions. <u>Additionally enhance preventive health protection against the effects of heat, i. e. through heat-health actions;</u></p>	<p>SE (Drafting suggestions): enhance cardiovascular health by addressing environmental determinants through, policies where appropriate, measures that reduce air and noise pollution; encourage sustainable environmental practices, develop and promote ‘heart-healthy’ urban environments through healthy urban planning and transport policies, ensuring that the impacts of climate change and other environmental stressors are fully integrated into CVD-related policy actions. Additionally enhance preventive health protection against the effects of heat, i. e. through heat-health actions;</p> <p>SE (Comments): SE suggest a softer wording and deleting too detailed descriptions in this paragraph since urban planning is mainly a national and local concern.</p>
<p>g) improve <u>equal</u> access to quality <u>CVD</u> healthcare by promoting, if appropriate, innovative and precision care solutions, including the adoption of advanced technologies such as AI-driven diagnostics and telemedicine;</p>	<p>FI (Drafting suggestions): g) improve <u>equal</u> access to quality <u>CVD</u> healthcare by promoting, if appropriate, innovative and precision care solutions, including the</p>

Presidency compromise	Drafting suggestions and Comments
	adoption of advanced technologies such as AI-driven diagnostics and telemedicine FI (Comments): Regarding g), h), and k): consider the deletion of “CVD” as it would better reflect the potentially wider approach to NCDs in different member states.
h) improve <u>equal</u> access to <u>CVD</u> rehabilitation by expanding the availability of tailored programmes across healthcare settings, ensuring that patients receive the continuous support necessary for optimal cardiovascular health recovery and management;-	FI (Drafting suggestions): h) improve <u>equal</u> access to <u>CVD</u> rehabilitation by expanding the availability of tailored programmes across healthcare settings, ensuring that patients receive the continuous support necessary for optimal cardiovascular health recovery and management;- FI (Comments): Regarding g), h), and k): consider the deletion of “CVD” as it would better reflect the potentially wider approach to NCDs in different member states.

Presidency compromise	Drafting suggestions and Comments
<p><u>i) strengthen training activities for healthcare workers, communication activities, including those between healthcare workers and patients, and interventions aimed at improving therapeutic adherence and promoting healthy lifestyles, for people affected by cardiovascular diseases and/or related risk factors;</u></p>	<p>FR (Drafting suggestions): strengthen training activities for healthcare workers, communication activities, including those between healthcare workers and patients, and interventions sustaining self-management with shared decision marking, active learning aimed at improving therapeutic adherence and promoting healthy lifestyles, for people affected by cardiovascular diseases and/or related risk factors;</p> <p>FR (Comments): La délégation française souhaite mentionner les principes de l'éducation thérapeutique du patient (guide OMS), qui visent à accroître ses capacités d'auto-gestion dans la prise de décisions partagée.</p> <p>French authorities would like to mention the principles of therapeutic patient education (WHO guide), which aim to increase patients' capacity for self-management in shared decision-making.</p> <p>RO (Comments): Romania welcomes this paragraph, emphasizing the importance of training and communication.</p>

Presidency compromise	Drafting suggestions and Comments
<p><u>j) encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD by developing a program to promote and prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease;</u></p>	<p>BG (Drafting suggestions): <u>encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD by promoting developing a program to promote and prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease</u></p> <p>DE (Drafting suggestions): encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD, <u>and to explore ways to promote physical activity, for example as part of the implementation of prescription or written recommendations for by developing a program to promote and prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease</u></p> <p>DE (Comments): Germany welcomes the mention of physical activity as a contributing factor to health, especially for patients with or at risk of CVD. Nevertheless, the mention of “prescribe adapted physical activity/health</p>

Presidency compromise	Drafting suggestions and Comments
	<p>sports” might be too specific. We therefore suggest a more general and flexible mention, that Member States could adapt to their health system.</p> <p>FI (Drafting suggestions):</p> <p><u>j) encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD and other NCDs by developing a program to promote and prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease;</u></p> <p>FI (Comments):</p> <p>Support the paragraph on physical activity. Propose the inclusion of “and other NCDs” as physical activity is also closely linked with other non-communicable diseases.</p> <p>FR (Drafting suggestions):</p> <p>encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD by developing a program to promote</p>

Presidency compromise	Drafting suggestions and Comments
	<p>and where appropriate prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease;</p> <p>FR (Comments): Suite à la proposition de la délégation bulgare de supprimer le terme « prescrire », la délégation française propose de nuancer avec « le cas échéant » pour garder un certain niveau d’ambition.</p> <p>Following the Bulgarian delegation's proposal to delete the term ‘prescribe’, French authorities propose to qualify it with ‘<i>where appropriate</i>’ in order to maintain a certain level of ambition.</p> <p>IE (Drafting suggestions): <u>j) encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD by developing a program to promote and prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease <u>that is inclusive of people of all levels of physical ability</u></u>;</p> <p>IE (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>IE suggest these programs should be inclusive and tailored to people of all levels of physical ability.</p> <p>MT (Drafting suggestions): <u>encourage closer links between the health and physical activity sectors to better integrate physical activity/adapted physical activity into the management of patients with CVD by developing a program to promote and prescribe adapted physical activity/health sports for people with/at risk of cardiovascular disease. This program should also include awareness and education on secondary prevention pertaining to life support training coupled with defibrillator availability in public places and exercise training facilities.</u></p> <p>MT (Comments): This is important as more people with a diagnosis are keen to engage in physical activity to help improve their cardiovascular function and well-being.</p> <p>Ensuring patients exercise in a safe and well-equipped environment will undoubtedly lead to more compliance and adherence with a physician's exercise prescription.</p>

Presidency compromise	Drafting suggestions and Comments
	RO (Comments): Romania welcomes the addition of physical activity.
<p><u>k) address sleep as a determinant of cardiovascular health, to provide better information on the importance of quality sleep, and better detection and management of sleep disorders;</u></p>	DE (Drafting suggestions): address sleep <u>and sleep-related disorders</u> as a determinant of cardiovascular health, to provide better information on the importance of quality sleep, and better detection and management of sleep disorders; DE (Comments): Germany welcomes the mention of sleep as a relevant factor in the case of CVD. Obstructive sleep apnoea drastically increases the risk of CVD, so the mention should be changed to „Sleep and sleep-related disorders “ FI (Comments): Regarding g), h), and k): consider the deletion of “cardiovascular” as it would better reflect the potentially wider approach to NCDs in different member states. IE (Drafting suggestions):

Presidency compromise	Drafting suggestions and Comments
	<p><u>k) address sleep as a determinant of cardiovascular health, to provide better information on the importance of quality sleep, and better detection, and management and treatment of sleep disorders;</u></p> <p>IE (Comments): IE suggest including ‘treatment’ here as a distinct concept.</p>
<p><u>l) facilitate information flows to and from people living with mental health difficulties regarding potential impacts on their cardiovascular health, and promote regular checks to prevent cardiovascular problems;</u></p>	<p>BG (Drafting suggestions): <u>consider the possibilities to facilitate information flows to and from people living with mental health difficulties regarding potential impacts on their cardiovascular health, and promote regular checks to prevent cardiovascular problems</u></p> <p>FR (Comments): La délégation française soutient les propositions de l’Allemagne et de la Finlande. L’approche globale des maladies non transmissibles renforce l’enjeu des leviers d’action de l’Union sur leurs déterminants. Et par ailleurs, comme indiqué plus haut, la promotion du repérage de facteurs de risques cardiovasculaires a un impact sur les principales maladies non transmissibles.</p>

Presidency compromise	Drafting suggestions and Comments
	<p>French authorities support the proposals made by Germany and Finland. The global approach to non-communicable diseases reinforces the issue of the EU's levers for action on their determinants.</p> <p>Furthermore, as indicated above, promoting the identification of cardiovascular risk factors has an impact on the main non-communicable diseases.</p> <p>IE (Drafting suggestions):</p> <p><u>l) facilitate information flows to and from people living with mental health difficulties and physical disabilities regarding potential impacts on their cardiovascular health, and promote regular checks to prevent-maintain cardiovascular health-problems;</u></p> <p>IE (Comments):</p> <p>IE suggest including people with physical disabilities to emphasize the significant impact CVDs can have on people's physical abilities. We also suggest a more positive framing of cardiovascular health rather than disease in the final sentence.</p>
<p><u>m) facilitate the use of automated external defibrillators installation in communities and physical activity centres.</u></p>	<p>BG (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>make efforts to facilitate the use of automated external defibrillators installation in communities and physical activity centres</u></p> <p>DE (Drafting suggestions): facilitate the use of automated external defibrillators installation in public places</p> <p>DE (Comments): Germany suggests to adopt a more general and clear formulation instead of “communities and physical activity centres”, as these devices can be placed in a variety of public settings.</p> <p>ES (Drafting suggestions): <u>m) facilitate the installation and use of automated external defibrillators (AEDs), installation both in and out of hospital settings including in communities and physical activity centres and implement or reinforce initiatives for urgent high-quality emergency cardiac care, specifically addressing cardiac arrest. These initiatives should include public education and awareness campaigns, training of emergency services, regular maintenance of AEDs, and coordination between emergency services.</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p>ES (Comments): Urgent care for cardiac arrest, both in hospital and out-of-hospital settings, is essential to improving survival rates. Having AEDs is not enough without a strategy that includes public education, regular maintenance, and coordination between emergency services. Including these elements reinforces the importance of a quick and coordinated response, ensuring that Member States are better equipped to handle cardiac emergencies effectively.</p> <p>FR (Comments): La délégation française soutient la proposition de modifications rédactionnelles de l'Espagne. Il convient en effet de lutter contre l'arrêt cardiaque en informant la population (campagne d'information grand public) et en formant tous les citoyens aux gestes de premiers secours à l'école mais aussi tout au long de la vie. Il convient aussi de favoriser l'accès aux défibrillateurs automatisés externes (DAE) par leur installation dans les lieux publics, par leur géolocalisation en accès facilité via des applications tout en assurant leur maintenance conformément à la réglementation européenne.</p>

Presidency compromise	Drafting suggestions and Comments
	<p>French authorities support Spain's proposal to amend the wording. Cardiac arrest should be combated by informing the public (public information campaign) and by training all citizens in first aid at school and throughout their lives. It is also needed to promote access to automated external defibrillators (AEDs) by installing them in public places, geolocating them for easy access via applications, and ensuring that they are maintained in accordance with European regulations.</p> <p>IE (Drafting suggestions): <u>m) Promote and facilitate the use of automated external defibrillators installation in communities and all physical activity facilities.</u></p> <p>IE (Comments): IE suggests including the word promote here to highlight that awareness of their use is also important. Support ES colleague comments also.</p> <p>MT (Drafting suggestions): <u>facilitate the use of automated external defibrillators installation in communities and physical activity centres, through relevant legislation or by implementing minimum standards.</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p>MT (Comments): Implementing minimum standards or legislative measures will ensure that physical activity centres address these health and safety issues (e.g. Defibrillator availability, having staff trained in delivering basic life support)</p> <p>RO (Drafting suggestions): facilitate the use of automated external defibrillators installation in public places</p> <p>RO (Comments): The defibrillators could be needed in other public places than physical activity centers.</p> <p>SI (Comments): SI can fully supports ES proposal regarding defibrillators.</p>
INVITES THE EUROPEAN COMMISSION TO	

Presidency compromise	Drafting suggestions and Comments
<p>28. ESTABLISH a European Union Cardiovascular Health (CVH) Action Plan, focusing on an integrated approach encompassing preventive health measures (primary, secondary and tertiary) and health promotion, while promoting reflection on better ways to promote systematic screening, vaccination, comprehensive treatment options and robust rehabilitation programs in national health systems. These actions should specifically target the reduction of key identified modifiable risk factors which are prevalent across EU member states. <u>The risk factors, should includeing mental health risks regardless of age, and risks connected with the work-life balance and continuous preservation of working and social capacity.</u></p>	<p>AT (Drafting suggestions): <u>... and continuous preservation of working and social capacity and low health literacy</u></p> <p>BE (Comments): Ok. Alternative acceptable wording could be: ‘common approach’, ‘strategy’, ‘strategic action’, ‘concrete actions’, but action plan is of course also fine for us..</p> <p>DE (Drafting suggestions): The risk factors, should includeing mental health risks regardless of age, and risks connected with the work-life balance and <u>further risks factors that impede</u> the continuous preservation of working and social capacity.</p> <p>An add: <u>The actions shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care.</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p>DE (Comments):</p> <p>In line with our last comment as well as the input from AT, BE and NL, Germany remains sceptical of a EU-Level Action Plan on CVD. Duplications to existing measures at national levels or EU level (like Europes Beating Cancer Plan) must be avoided. Measures should target NCD in general.</p> <p>The supposed amendments refer to Art. 168 para. 7 AEUV. They clarify the distribution of powers between the EU and members states regarding health policies. The adoption of the amendments therefore ensures the maintenance of powers relating to policies and (possible) regulations in the field of cardiovascular diseases.</p> <p>With regard to the risk factors: Amendment were made to clarify the meaning of the sentence.</p> <p>FI (Drafting suggestions):</p> <p>28. ESTABLISH a comprehensive European Union Cardiovascular Health (CVH) Action Plan, <u>in the framework of wider Non Communicable Diseases</u> focusing on an integrated approach encompassing preventive health measures (primary, secondary and tertiary) and health promotion, while promoting reflection on better ways</p>

Presidency compromise	Drafting suggestions and Comments
	<p>to promote systematic screening, <u>vaccination</u>, comprehensive treatment options and robust rehabilitation programs in national health systems. These actions should specifically target the reduction of key identified modifiable risk factors which are prevalent across EU member states. <u>The risk factors throughout the life course</u>, <u>should</u> including mental health <u>risks regardless of age, and risks connected with the work-life balance and continuous preservation of working and social capacity</u></p> <p>FI (Comments): Propose to put NCDs first to reflect the wider context.</p> <p>In addition, propose to replace “regardless of age” with “throughout the life course” as a more positive approach.</p> <p>NL (Drafting suggestions): ESTABLISH a European Union Cardiovascular Health (CVH) <i>Action Plan learning community</i>, focusing on an integrated approach encompassing preventive health measures (primary, secondary and tertiary) and health promotion, while promoting reflection on better ways to promote systematic screening, <u>vaccination</u>, comprehensive treatment options and robust rehabilitation programs in national health systems.</p>

Presidency compromise	Drafting suggestions and Comments
	<p><i>The community</i> These actions should specifically target the reduction of key identified modifiable risk factors which are prevalent across EU member states. <u>The risk factors</u> should includeing mental health <u>risks regardless of age, and risks connected with the work-life balance and continuous preservation of working and social capacity.</u></p> <p>NL (Comments): We should be careful that the autonomy of Member States when it comes to for example secondary prevention is protected. We prefer a more general approach concerning prevention and. Therefore, we made this written proposal.</p> <p>PT (Drafting suggestions): 28. ESTABLISH a European Union Cardiovascular Health (CVH) Action Plan, focusing on an integrated approach encompassing preventive health measures (primary, secondary and tertiary) and health promotion, while promoting reflection on better ways to promote systematic screening, <u>vaccination</u>, comprehensive treatment options and robust rehabilitation programs in national health systems. These actions should specifically target the reduction of key identified modifiable risk factors which are prevalent across EU member states. <u>The risk factors</u>, <u>should</u> includeing</p>

Presidency compromise	Drafting suggestions and Comments
	<p>diabetes, obesity and mental health risks regardless of age, and risks connected with the work-life balance and continuous preservation of working and social capacity</p>
<p>29. IDENTIFY effective public health interventions for the prevention of NCD's, with particular regard to cardiovascular diseases through the EU Best Practice Portal and a comprehensive review of existing studies and successful programmes across the EU.</p>	<p>FI (Comments): Support this wording: “NCDs with particular regard to cardiovascular diseases”.</p>
<p><u>29a. PROMOTE investments in research and development initiatives to better understand the structural mechanisms through which risk factors affect NCD's and in particular cardiovascular health and to develop innovative and effective public health responses to these structural challenges. This includes the development of competency and training frameworks for therapeutic patient education, adapted to the cardiovascular field, in order to improve the level of empowerment and autonomy of patients.</u></p>	<p>MT (Drafting suggestions): <u>PROMOTE investments in research and development initiatives to better understand the structural mechanisms through which risk factors affect NCD's and in particular cardiovascular health and to develop innovative and effective public health responses to these structural challenges. This includes the development of competency and training frameworks for therapeutic patient education, adapted to the cardiovascular field, in order to improve the level of empowerment and autonomy of patients. Research should also be aimed at expanding CVD registries and data integration across the</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>EU as well as creating a unified platform for academic collaborations.</u></p> <p>MT (Comments):</p> <p>Actions under the EU4Health Programme would help expand CVD registries across the European Union. Data integration and international collaborations will lead the way for a more personalized approach.</p> <p>Research is fundamental and different actions can be taken to achieve different CVD goals. A dedicated CVD Research Mission should be considered to be part of the next EU Framework Programme for Research and Innovation (the next Horizon Europe – FP10);</p> <p>A unified platform for further academic collaborations similar to the European Reference Network and EUROASPIRE will shape the future of cardiovascular disease.</p>
<p>30. <u>ENSURE that available EU</u>ALLOCATE <u>adequate funding is used</u> and resources to implement these interventions widely, while also ensuring that they are adaptable to national needs.</p>	

Presidency compromise	Drafting suggestions and Comments
<p>31. — INVEST in research and development initiatives to better understand the mechanisms through which risk factors affect cardiovascular health and to develop innovative and effective public health responses to these challenges.</p>	
<p>32. — SUPPORT comprehensive EU level coordinated actions to address and mitigate nutritional risk factors contributing to cardiovascular diseases.</p>	<p>DE (Comments): DEU regrets that the proposal of a paragraph 32. A, in which the EU Commission is to be asked once again to present a uniform and mandatory EU-wide extended nutrition labelling (front-of-pack nutrition labelling), was not adopted and asks for an explanation in this regard. Scientific studies show that, in particular colour-coded, front-of-pack nutrition labels (FOPNL) can contribute to a healthier diet and thus also to a reduction in the risk of cardiovascular disease.</p>
	<p>FR (Comments): -</p>
<p>33. INITIATE TAKE ACTIONS new joint actions such as an EU salt reduction program as well as joint initiatives to enhance food reformulation activities and tackle commercial determinants of health by supporting a paradigm shift and changes in the attitude of consumers already at an early age. Such actions should be based on robust evidence</p>	<p>FI (Comments): .</p> <p>SE (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
<p>and give preference to population-wide and system-wide measures <u>addressing</u> linking high salt, sugar, saturated fat, and trans fatty acid intake, as well as <u>obesity, overweight, sedentary lifestyle</u>, smoking and <u>use of</u> nicotine products and alcohol, to cardiovascular diseases, emphasising early interventions starting from childhood to establish healthy dietary habits and increase <u>both</u> nutrition <u>and health</u> literacy.</p>	<p>INITIATE <u>TAKE ACTIONS</u> new joint actions such as an EU salt reduction program as well as joint initiatives to enhance food reformulation activities and tackle commercial determinants of health by supporting a paradigm shift and changes in the attitude of consumers already at an early age. Such actions should be based on robust evidence and give preference to population-wide and system-wide measures addressing linking high salt, sugar, saturated fat, and trans fatty acid intake, as well as obesity, overweight, sedentary lifestyle, alcohol use, smoking and harmful use of nicotine products and alcohol, to cardiovascular diseases, emphasising early interventions starting from childhood to establish healthy dietary habits and increase both nutrition and health literacy.</p> <p>SE (Comments): All various tobacco and nicotine products are harmful to health, but SE believes it is important to clarify the differences in the degree of harm caused by various tobacco and nicotine products, that have been scientifically proven. SE suggest <i>alcohol use</i>, to be placed after sedentary lifestyle, and adding the word <i>harmful</i> before the word use of nicotine products to better reflect this.</p>

Presidency compromise	Drafting suggestions and Comments
<p><u>33a. ADOPT legislative proposals and continue to work on non-legislative measures announced under the Europe’s Beating Cancer plan, with special focus on the initiatives related to determinants of health including socioeconomic and commercial determinants such as legislative and non-legislative measures announced for achieving a tobacco-free Europe, reducing harmful alcohol consumption and improving health promotion through access to healthy diets and physical activity¹¹⁴.</u></p>	<p>BE (Comments): Same proposals as in § 16 and § 18 on “use of alcohol” (but no red line).</p> <p>BG (Drafting suggestions): <u>ADOPT legislative and non-legislative proposals and continue to work on non-legislative measures announced under the Europe’s Beating Cancer plan, with special focus on the initiatives related to determinants of health including socioeconomic and commercial determinants such as legislative and non-legislative measures announced for achieving a tobacco-free Europe, reducing harmful alcohol consumption and improving health promotion through access to healthy diets and physical activity</u></p> <p>DE (Comments): DEU welcomes the reference to specific legislation.</p> <p>DK (Comments):</p>

¹¹⁴ see Council conclusions on the Future of the European Health Union para 41.

Presidency compromise	Drafting suggestions and Comments
	<p>We support the comment made by DE position in regards to specific regulation such as TPD</p> <p>EE (Drafting suggestions):</p> <p>EE</p> <p><u>33a. ADOPT legislative proposals and continue to work on non-legislative measures announced under the Europe’s Beating Cancer plan, with special focus on the initiatives related to determinants of health including socioeconomic and commercial determinants such as legislative and non-legislative measures announced for achieving a tobacco-free Europe, such as the review of the Tobacco Products Directive, reducing harmful alcohol consumption and improving health promotion through access to healthy diets and physical activity, for example by introducing front of packaging labelling systems</u>¹¹⁵.</p> <p>EE (Comments):</p> <p>EE</p>

¹¹⁵ see Council conclusions on the Future of the European Health Union para 41.

Presidency compromise	Drafting suggestions and Comments
	<p>The same comment as in p 16 and 18, we should not refer to harmful consumption as there is no safe level according to scientific evidence. We propose to add the review of Tobacco Products Directive and front of packaging labelling systems for food as concrete examples of legislative actions that are needed.</p> <p>FR (Comments): La délégation française insiste sur le maintien de la notion de consommation d'alcool nocive. La position française de santé publique vis-à-vis de l'alcool est basée sur les « repères à moindre risque » (2 verres par jours et pas tous les jours).</p> <p>French authorities insist on maintaining the notion of harmful alcohol consumption. The French public health position on alcohol is based on 'lower risk guidelines' (2 glasses a day, not every day).</p> <p>LV (Drafting suggestions): <u>33a. ADOPT legislative proposals and continue to work on non-legislative measures announced under the Europe's Beating Cancer plan, propose new legislation with special focus on the initiatives related to determinants of health including socioeconomic and</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>commercial determinants such as legislative and non-legislative measures announced for achieving a tobacco-free Europe by revision of the TPD and related legislative acts, reducing harmful alcohol consumption and improving health promotion through access to healthy diets by food reformulation, front-of-pack labelling and reduction of unhealthy food marketing, and improving access to physical activity.</u></p> <p>LV (Comments):</p> <p>According to the latest recommendations by the WHO, there is no safe level of alcohol. If we add here that we only need to tackle harmful use, then we accept that there a is level of alcohol that could be safe and not dangerous to health. Therefore, we would suggest to exclude the word “harmful” in this sentence. Please see the information from the WHO: contecthttps://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health</p> <p>We would like to add here that regarding “<u>legislative and non-legislative measures are written with a reference to achieve a tobacco-free</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p>Europe”, the Commission needs to revise the TPD and other related legislative measures (Tobacco taxation directive, Tobacco advertising directive) as soon as possible.</p> <p>We support a harmonised and voluntary food labelling system in the EU, but recommend not mentioning a specific system at this stage, e.g., Nutri-Score.</p> <p>MT (Drafting suggestions): Delete ‘harmful’.</p> <p>MT (Comments): There is no safe level of alcohol consumption.</p> <p>NL (Drafting suggestions): <u>33a. ADOPT legislative proposals and continue to work on non-legislative measures announced under the Europe’s Beating Cancer plan, with special focus on the initiatives related to determinants of health including socioeconomic and commercial determinants such as legislative and non-legislative measures announced for achieving a tobacco-free Europe, including the revision of the Tobacco Products</u></p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>Directive and the Tobacco Tax Directive, reducing <i>harmful</i> alcohol consumption and improving health promotion through access to healthy diets and physical activity¹¹⁶.</u></p> <p>NL (Comments):</p> <p>We would like to recall the important steps set out in Europe’s Beating Cancer Plan and would like to call upon the European Commission to prioritize revisions of the Tobacco Products Directive and Tobacco Taxation Directive. The Netherlands is in favor of making this explicit in the Council Conclusions.</p> <p>Conform our suggestion for paragraph 16 we urge to delete the word ‘harmful’ when it concerns alcohol consumption.</p>
<p>34. EXAMINE the feasibility of and, if appropriate, propose the following:</p>	
<p>a) <u>in compliance with the national and European data protection rules</u> leverage the existing and future digital health infrastructures to</p>	<p>BG (Drafting suggestions):</p>

¹¹⁶ see Council conclusions on the Future of the European Health Union para 41.

Presidency compromise	Drafting suggestions and Comments
<p>enhance the primary use of standardised electronic health records data for patient care and clinical decision-making in cardiovascular health while also advancing secondary uses for research and innovation. This includes and consolidating fragmented data to enhance facilitate both direct patient care and research activity across all circulatory diseases, as well as advancing the standardization of this data in the electronic healthcare records (EHRs) and healthcare registry datasets. Where appropriate These is efforts should contribute to support more comprehensive data collection, inform policy development, improve clinical outcomes and drive forward public health initiatives aligned with, driving forward the EU's agenda on cardiovascular health;</p>	<p><u>in compliance with the national and European data protection rules</u> leverage the existing and future digital health infrastructures to enhance the primary use of standardised electronic health records data for patient care and clinical decision-making in cardiovascular health while- and, where appropriate, also advancing secondary uses for research and innovation</p> <p>NL (Drafting suggestions):</p> <p><u>in compliance with the national and European data protection rules</u> leverage the existing and future digital health infrastructures <u>under the European Health Data Space Regulation</u> to enhance the primary use of standardised electronic health records data for patient care and clinical decision-making in cardiovascular health while also advancing secondary uses for research and innovation. This includes and consolidating fragmented data to enhance facilitate both direct patient care and research activity across all circulatory diseases, as well as advancing the standardization of this data in the electronic healthcare records (EHRs) and healthcare registry datasets. Where appropriate These is efforts should contribute to support more comprehensive data collection, inform policy development, improve</p>

Presidency compromise	Drafting suggestions and Comments
	<p><u>clinical outcomes</u> and <u>drive forward</u> public health initiatives <u>aligned with</u>, driving forward the EU’s agenda on cardiovascular health;</p> <p>NL (Comments): We suggest to add ‘under the European Health Data Space Regulation’ in this paragraph.</p>
<p>b) build on the work of the WHO, the OECD, Eurostat and the ECDC to monitor, document and disseminate information on cardiovascular health developments. These efforts should focus on promoting and adapting successful health initiatives across and within Member States <u>including, where appropriate, by using the existing patient-relevant instruments to measure quality of life and patient-reported outcomes in cardiovascular health at the European level;</u></p>	
<p>c) establish <u>or use an existing</u>a network of rehabilitation-experts in the Health Policy Platform to discuss cardiac and stroke rehabilitation processes in the EU, <u>and where appropriate</u> integrating digital health solutions to enhance the reach and effectiveness of rehabilitation services;</p>	

Presidency compromise	Drafting suggestions and Comments
<p>d) — develop a standardised, patient-relevant instrument to measure quality of life and patient-reported outcomes in cardiovascular health at the European level. This instrument should be designed to capture data uniformly across all Member States, facilitating better comparative analysis and the development of health policy;</p>	<p>PUBLIC</p>
<p>e) provide EU-support to advance basic and translational, <u>including public health-based (epidemiological) research in cardiovascular health and the underlying risk factors and their respective impact</u>. This will deepen the understanding of the causes and mechanisms of cardiovascular diseases, including the effects of <u>pollution, nuisance</u>, climate change and mental health issues, and facilitate the development of more efficient diagnostics and treatments, <u>focused on the highest unmet needs, that offer significant health benefits</u>, maximising the potential in the field of digital health;</p>	<p>FI (Drafting suggestions): e) provide EU-support to advance basic and translational, <u>including public health-based and epidemiological (epidemiological) research in cardiovascular health and the underlying risk factors and their respective impact</u>. This will deepen the understanding of the causes and mechanisms of cardiovascular diseases, including the effects of <u>pollution, nuisance</u>, climate change and mental health issues, and facilitate the development of more efficient diagnostics and treatments, <u>focused on the highest unmet needs, that offer significant health benefits</u>, maximising the potential in the field of digital health;</p> <p>FI (Comments): Propose clarification to encompass non-epidemiological public health research as well</p>

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	<p>FR (Drafting suggestions): provide EU support to advance basic and translational, including public health-based (epidemiological) research in cardiovascular health and the underlying risk factors and their respective impact. This will deepen the understanding of the causes and mechanisms of cardiovascular diseases, including the effects of pollution, nuisance, lifestyle, climate change and mental health issues, and facilitate the development of more efficient diagnostics and treatments, focused on the highest unmet needs, that offer significant health benefits, maximising the potential in the field of digital health;</p> <p>FR (Comments): La délégation française souhaite s’assurer que les facteurs liés au mode de vie sont compris dans le champ d’application de la recherche en analyse des risques. French authorities wish to ensure that lifestyle factors are included in the scope of risk analysis research.</p>

Presidency compromise	Drafting suggestions and Comments
<p>f) propose, <u>as appropriate</u>, a Council recommendation for a joint cardiovascular diabetes health check to unify and standardised health checks across the EU, in order to promote secondary <u>NCD</u> prevention, <u>having particular regard to</u> and establish a common framework for national cardiovascular diseases prevention programmes.</p>	<p>BE (Drafting suggestions): EXAMINE the feasibility of and, if appropriate, propose the following</p> <p>propose, <u>as appropriate</u>, a Council recommendation</p> <p>BE (Comments): Why 2 X ‘as appropriate’?</p> <p>A recommendation (as we have approved on Cancer prevention) seems to us very appropriate. One appropriate, we can accept, 2 is too much and in any case we need to keep this appropriate invitation !</p> <p>BG (Drafting suggestions): <u>work towards reducing the burden on health systems by promoting secondary NCD prevention, having particular regard to cardiovascular diseases</u></p> <p>BG (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>We consider that the proposal for a CR is not appropriate, as Member States face different challenges and have different approaches to health policies, determined by country-specific dynamics of health and demographic indicators related to morbidity and mortality from socially important diseases. In this sense, the creation of a common framework would be restrictive in certain aspects and would create risks for the implementation of effective and efficient health policies, including through duplication of activities provided under health insurance, which are also financed and implemented through national programmes. On the other hand, secondary prevention is of high importance and should find its place in the CCs. Please see our proposal regarding 34 f.</p> <p>DE (Drafting suggestions): Deletion of Para 34 f)</p> <p>DE (Comments): De rejects para 34f. As previously mentioned, the proposal for a recommendation by the EU Commission for standardized health examinations infringes national competence. This para must be deleted. This is a very important point for DE.</p> <p>EE (Drafting suggestions):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>EE</p> <p>f) propose, as appropriate, a Council recommendation for a joint cardiovascular diabetes health check to unify and standardised health checks across the EU, in order to promote secondary NCD prevention, having particular regard to and establish a common framework for national cardiovascular diseases and evidence-based preventative health checks prevention programmes.</p> <p>EE (Comments):</p> <p>EE</p> <p>Propose a more general wording for the COM to consider the feasibility of a Council recommendation on secondary NCD prevention, including evidence-based preventative health checks.</p> <p>ES (Drafting suggestions):</p> <p>Include in the (CVH) Action Plan, as appropriate, evidence based examples and Council recommendations for a joint cardiovascular diabetes health check to unify and standardised of health checks across the EU in order to promote secondary NCD prevention, having particular regard to and establish a common framework for national cardiovascular diseases prevention programmes. -</p>

Presidency compromise	Drafting suggestions and Comments
	<p>ES (Comments): CLEAN VERSION Include in the (CVH) Action Plan evidence based examples and recommendations of health checks, in order to promote secondary NCD prevention, having particular regard to cardiovascular diseases</p> <p>FI (Comments): Finland cannot support this paragraph and proposes its deletion.</p> <p>FR (Drafting suggestions): propose, as appropriate, a Council recommendation for a joint cardiovascular-diabetes health check to unify and standardised and evaluated health checks across the EU, in order to promote secondary NCD prevention, having particular regard to and establish a common framework for national cardiovascular diseases prevention programmes.</p> <p>FR (Comments):</p>

Presidency compromise	Drafting suggestions and Comments
	<p>La délégation française remercie la présidence hongroise pour la prise en compte de l'amendement sur les bilans de prévention et soulignera l'importance d'avoir des bilans de prévention adaptés aux besoins des populations et demande l'ajout d'une précision sur l'évaluation des bilans de prévention.</p> <p>French authorities thank the Presidency for taking account of the amendment on health checks and stresses the importance of having health checks that are adapted to the needs of the populations and asks for the addition of a clarification on the evaluation. .</p> <p>IE (Comments): General comment: IE welcome the holistic NCD approach to health checks but would question the value in having a separate council recommendation.</p> <p>MT (Drafting suggestions): propose, as appropriate, a Council recommendation for a joint cardiovascular diabetes health check to unify and standardised health checks, including a joint CVD and diabetes health check, across the EU, in order to promote secondary NCD prevention.</p> <p>MT</p>

Presidency compromise	Drafting suggestions and Comments
	<p>(Comments):</p> <p>The emphasis of a standardized joint CVD and Diabetes health check is critical to ensure secondary prevention.</p> <p>NL</p> <p>(Drafting suggestions):</p> <p>propose, as appropriate, a Council recommendation for a joint cardiovascular-diabetes health check to unify and standardised health checks across the EU, in order to promote secondary NCD prevention, having particular regard to and establish a common framework for national cardiovascular diseases prevention programmes.</p> <p>NL</p> <p>(Comments):</p> <p>Standardized health checks in order to promote secondary (NCD) prevention are a national competency and therefore not suitable for EU legislation. We propose to delete this paragraph.</p> <p>SE</p> <p>(Drafting suggestions):</p> <p>proposefacilitate, as appropriate, a Council recommendation exchange of good practices between Member states, Commission, and other relevant stakeholders on for a joint cardiovascular-diabetes health check to unify and standardised health checks across the EU, in order to</p>

Presidency compromise	Drafting suggestions and Comments
	<p>promote secondary NCD prevention, having particular regard to <u>and</u> establish a common framework for national cardiovascular diseases <u>prevention programmes</u>.</p> <p>SE (Comments): SE is hesitant to the proposal of a council recommendation as the organization of health checks is a national competence and would suggest softer wording in this paragraph. SE can also support to delete this paragraph if suggested by other MS.</p> <p>SI (Drafting suggestions): SI can fully support text proposed by ES:</p> <p>Include in the <u>(CVH) Action Plan, as appropriate, evidence based examples and Council recommendations for</u> a joint cardiovascular diabetes health check to unify and <u>standardised</u> of health checks across the EU in order to promote secondary <u>NCD</u> prevention, <u>having particular regard to</u> and establish a common framework for national cardiovascular diseases <u>prevention programmes</u>.</p>

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	<p>SI (Comments):</p> <p>SI would like to keep the wording regarding "joint cardiovascular – diabetes health check" in the text. SI strongly supports the joint action on CVD and diabetes, which have interlinked risk factors, and the joint action addressing health determinants and common risk factors. These collaborative projects should be a good basis for a future actions.</p> <p>SI supports integrated chronic disease health checks and recognises that some Member States have health checks already in place. Overall support the suggestion for the Council Recommendation.</p> <p>Having said that, SI can not accept the deletion of the para f) point 34, but can agree to reformulating the text a bit to make it acceptable to all MS.</p> <p>SI very much appreciates the efforts made by ES and can fully support their text in the point 34/f.</p> <p>ES PROPOSAL:</p>

Council conclusions on the improvement of CVH in the EU (13142/24)
From: AT, BE, BG, DE, DK, EE, ES, FI, FR, IE, IT, LV, MT, NL, PT, RO, SE, SI

Deadline: *30 September 2024*
Updated: 03/10/2024 09:28

Presidency compromise	Drafting suggestions and Comments
	Include in the (CVH) Action Plan evidence based examples and recommendations of health checks, in order to promote secondary NCD prevention, having particular regard to cardiovascular diseases