



# OPTIMISING THE EU CARDIOVASCULAR HEALTH PLAN

Embedding joined-up thinking on diabetes and other NCDs for better CVD health

This document summarises [IDF Europe's Position Paper](#) submitted in response to the European Commission's Call for Evidence supporting the development of an EU Cardiovascular Health (CVH) Plan. Recognising the strong bidirectional link between cardiovascular diseases (CVD) and diabetes, it outlines key recommendations to inform and strengthen the EU CVH Plan and highlights targeted, diabetes-related policy actions essential to improving CVD health outcomes across the EU.

## A COMPLEX INTERPLAY

CVD, diabetes, obesity and other NCDs are strongly interconnected. They share risk factors and pathophysiological mechanisms, which drive disease prevalence and exacerbate each other's severity.

Diabetes alone can affect every organ system in the human body and can lead to complications such as CVD, chronic kidney disease (CKD), retinopathy, neuropathy and more.

As a result, many people live with multiple long-term conditions (MLTCs) - reducing quality of life, driving up healthcare costs and placing pressure on societies and economies, ultimately weakening EU competitiveness.

**Better CVD outcomes can only be achieved through improved prevention and management of diabetes, obesity and other NCDs.**

## A HEAVY BURDEN

**34m people**

live with diabetes in the EU. A number projected to rise

**1/3** of people living with diabetes (PwD):

- develop CVD
- are at increased risk of heart attack
- have a 2x higher risk of heart failure

**1/3** of people with coronary artery disease live with Type 2 diabetes (T2D)

T2D & intermediate hyperglycaemia (IH) increase CVD risk by **2-4x**

**Obesity** drives insulin resistance which can lead to IH & T2D

**Gestational diabetes**

is a risk factor for T2D in the person giving birth & the baby

**Early-onset T2D** cases continue to increase

**1/3 of PwD & of PwCVD** also develop CKD

CVD & renal diseases are the **leading causes of death** for people living with T1D

**€120bn** diabetes-related expenditure.

PwT1D face **3-18x** higher mortality risk

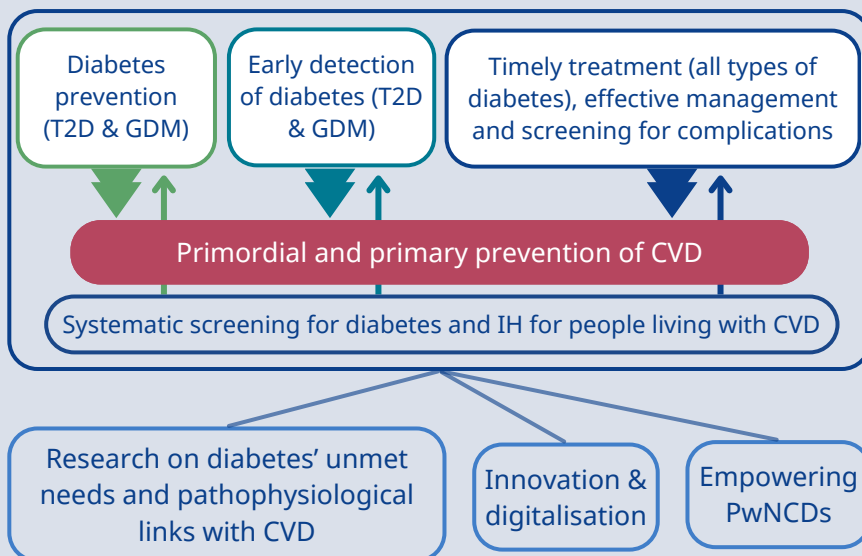
**75%** resulting from complications

**This burden is not evenly distributed:** vulnerable groups are affected disproportionately.



## A SHARED NCD APPROACH & DISEASE-SPECIFIC STRATEGIES

This close interplay between CVD, diabetes and obesity means that achieving better CVD outcomes requires a dedicated focus not only on their prevention but also on their robust management. This necessitates the implementation of shared approaches on common risk factors complemented by disease-specific action.



### SHARED NCD APPROACH

Identification of risk factors; screening for people at risk; screening for people living with CVD, diabetes and/or obesity for other conditions

### DISEASE-SPECIFIC STRATEGIES

Policies addressing the unique prevention & management needs of each disease

Access to adequate medicines, technologies, self-management education and care that consider the interplay of NCDs, helping prevent or manage MLTCs.



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IDF Europe agrees with the Commission's proposed approach which calls for comprehensive action on three pillars from prevention through to early detection and screening and management.

## HEALTHY FOUNDATIONS: primordial and primary prevention



Goal: reduce incidence and address disparities in health outcomes linked to socio-economic factors.

As most risk factors are shared across NCDs, **primordial and primary prevention actions** should follow an **integrated approach** rather than focusing on single diseases. Any policy action must also be framed in the broader context of "action on NCDs" rather than narrowly focusing on CVD alone to avoid fragmented messaging and stakeholder confusion.



**Healthy environments** could prevent almost 1/4 of the global disease burden



Preventing diabetes-related complications would reduce the health sector's share of **global carbon emissions** (5%) and its impact on climate change



**Social determinants of health** account for 30-55% of health outcomes

### ADDRESSING PRIMORDIAL DRIVERS OF POPULATION HEALTH

Healthier environments, sustainable food systems, green healthcare, social & commercial determinants of health.

### STRENGTHENING PRIMARY PREVENTION

Public awareness and education on NCDs, their complexity and the impact of social inequalities.

### IDENTIFYING PEOPLE AT RISK EARLY & REVERSING/SLOWING DISEASE PROGRESSION

Stronger primary & community care with investments in infrastructure, staffing levels and upskilling of primary care professionals (PCPs).

#### RECOMMENDATIONS

- Create health enabling environments
- Transform food systems
- Promote active living
- Address social determinants of health
- Green healthcare by design
- Start health education early in school settings, including non-stigmatising health education
- Equip primary and community care for risk reduction
- Set measurable targets and track equity
- Enable implementation and accountability

## STRONG STARTS: early detection and screening

Diabetes and CVD often progress silently for years before being detected, with symptoms emerging once complications have developed. **Delayed diagnosis and treatment drive up healthcare costs, worsen health outcomes and amplify the long-term social and economic burden.**



About **1/3 of PwD is undiagnosed**, with delay in diagnosis ranging 2 to 12 years



By the time of diagnosis, **50% of PwD show signs of CVD**



Some **20-40% of heart attacks** occur in people previously undiagnosed with CVD



Increasingly prevalent **early onset T2D** is associated with higher CVD risk



Early/tight **glycaemic management** (requiring early diagnosis) can reduce mortality

### SCREENING FOR UNDIAGNOSED PEOPLE

Shared NCD screening across all diabetes & CVD factors (weight, blood glucose & pressure, cholesterol levels, tobacco use), complemented by disease-specific considerations (e.g., addressing diabetes stigma).

### JOINED-UP EARLY ACTION

Early action on shared risk factors & management/further prevention of each condition, including through use of new therapeutic options & technologies, as required.

### SCREENING FOR CO-MORBIDITIES

Systematic screening for people living with diabetes, obesity or CVD to detect co-morbidities by means of strong primary care sectors with multidisciplinary teams.

#### RECOMMENDATIONS

- Adopt Council Recommendations for targeted, integrated health checks including screening for all types of diabetes, defining effective EU screening criteria, approaches and targets, and promoting use of a common tool, data harmonisation, exchange of best practices, life-course priority cohorts and times to referral/targets standards.
- Support national level implementation with national NCD plans in all EU Member States (MS), including support in strengthening primary and community care.
- Address condition-specific barriers with tailored policies and initiatives (e.g., development of a European Diabetes Code and destigmatising communication on diabetes).
- Promote further research in the benefits of screening and early interventions.



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## NO-ONE LEFT BEHIND: holistic care & disease-specific solutions

For the 11 million PwD developing CVD, **improved cardiovascular health outcomes are predicated on timely, robust and comprehensive diabetes management**, rather than on CVD interventions alone.



A **1-year** delay in achieving tight glycaemic management leads to an increase risk of cardiovascular events



**1/3** of PwD develop CVD as a result of not having the support they need to meet blood glucose targets



**50%** of PwD do not meet their treatment targets and develop complications

Managing a complex, life-long condition like diabetes effectively requires:

### UNINTERRUPTED ACCESS TO MEDICINES AND CARE

Access to the right treatment at the right time and place, including regular assessments and screening for complications.

### ACCESS TO SUPPLIES, TOOLS & TECHNOLOGIES

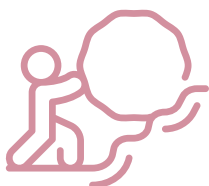
Access to devices and supplies that can adequately support insulin administration and glucose monitoring.

### SELF-MANAGEMENT EDUCATION

Structured education for optimal self-management at the time of diagnosis and on an ongoing basis.

### INTEGRATED, PERSON-CENTRED, PERSONALISED CARE

Access to all required HCPs and services, and tailored treatment.



## Challenges

**Shortage of HCPs and lack of knowledge, delay** in undertaking treatment, delayed availability of **innovations**, unequal access to **technologies, fragmented health systems** operating in silos.

## RECOMMENDATIONS

### Better disease management

- Define CVD outcomes KPIs integrating diabetes treatment & outcomes KPIs and equity measures
- Adopt latest scientific guidelines
- Enhance PCPs' education and upskilling
- Address HCPs' shortages and competing priorities, tackle regulatory barriers and ensure access to decision making tools
- Develop EU-wide diabetes health literacy programmes to reduce stigma
- Improve uptake of technologies & medicines
- Ensure mental health support within standard care
- Implement equity KPIs & dashboard

### Health system organisation

- Overhaul national models of care with a focus on investment in primary care and healthcare system digitalisation
- Adopt task-sharing and multidisciplinary team models
- Develop and adopt person-centred, integrated care pathways

### Access to medicines, technologies, education & care

- Foster transparency and common EU approaches to medicines development & procurement
- Assess options relating to medicines pricing policies
- Encourage competition and product substitution
- Support broader engagement among stakeholders for better access to innovation
- Assist MS implement effective financing schemes
- Support EU-level joint procurement

### Disease-specific action for diabetes

- Guarantee early, affordable and continued access to all required diabetes medicines, supplies, technologies and care
- Assess cost-effectiveness of new medicines and technologies
- Integrate real-world evidence and patient-reported outcomes in reimbursement decisions
- Foster best-practice sharing across MS on HCPs' self-management training
- Ensure access to self-management education
- Integrate peer-to-peer support programmes in diabetes education



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## POWERING CHANGE

Action areas required to advance **prevention, early detection** and **effective management** of diabetes and CVD.



EU CVD & Diabetes Research Mission

Addressing unmet needs for both conditions through basic research, translational science & behavioural insights and development of integrated care models.

**Boosting competitiveness and economic prosperity, and fostering scientific and industrial leadership.**

Funding

Allocating dedicated funding for diabetes and CVD research through EU instruments.

CVD-Diabetes Pathways

Creating EU-backed testbeds / sandboxes in primary & community care for integrated CVD-Diabetes pathways.

ACCELERATING RESEARCH

Creating repository best practices and approaches. Assessing interventions. Identifying indicators and outcome measures.

**Empowering EU citizens to make informed choices through access to their own data.**

EU CVD & Diabetes Health Observatory

Mandating inclusive, diverse & representative research, and co-designing with people with lived experience.

Inclusion

Boosting research to accelerate the development of novel treatments and technologies.

Research

Accelerator Programme

Development of an EU-wide Accelerator Programme on diabetes & co-morbidities to deploy innovative prevention, treatment and care practices.

Funding

Investment into the digitalisation of health systems.

Monitoring

Use of data from across EU countries to foster the adoption of innovative therapies.

DIGITALISATING & INNOVATING

Collection of data across the EU around shared indicators (including PROMs & PREMs).

Data collection

Human-in-the-loop AI with bias/performance audits and post-market monitoring.

AI use

European & national coverage targets for improving diabetes-related outcomes.

Targets

Ensuring accessibility, ease of use & alternatives.

Digital inclusion

Guiding research & policy

Establishing a common EU framework for outcome measures that matter most to people living with diabetes/CVD.

Co-creation

Paid and formal participation of people with lived experience in EU and MS committees.

EMPOWERING PEOPLE

Structured & accessible funding for NGOs and community groups under the EU4Health programme and the next MMF.

Support

Ensure meaningful engagement of people with lived experience in all EU consultation processes.

Participation



IDF Europe is the European chapter of the International Diabetes Federation (IDF). We are an umbrella organization representing 73 national diabetes organisations in 45 countries across Europe. We are a diverse and inclusive multicultural network of national diabetes associations, representing both people living with diabetes and healthcare professionals.

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[idfeurope@idf-europe.org](mailto:idfeurope@idf-europe.org)

[www.idf-europe.org](http://www.idf-europe.org)



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