



europaean
heart health
charter



Please visit www.heartcharter.eu



European heart health charter

Preamble

Mortality and morbidity

Cardiovascular disease is the number one cause of death among women and men in Europe⁽¹⁾. It accounts for almost half of all deaths in Europe causing over 4.35 million deaths each year in the 53 member states of the World Health Organization (WHO) European Region and more than 1.9 million deaths each year in the European Union⁽²⁾. Cardiovascular disease is also a major cause of disability and of reduced quality of life.

Yet cardiovascular disease is eminently preventable. WHO estimates that modest population-wide and simultaneous reductions in blood pressure, obesity, cholesterol and tobacco use would more than halve cardiovascular disease incidence.

While cardiovascular disease mortality, incidence and fatalities are falling in most Northern, Southern and Western European countries, they are either not falling as fast or are rising in Central and Eastern European countries.

Even though the European Union is experiencing declining rates of mortality from cardiovascular disease, an increasing number of men and women are now living with cardiovascular disease⁽¹⁾. This paradox relates to increasing longevity and improved survival of people suffering from cardiovascular disease.

Cardiovascular disease is killing more people than all cancers combined, with a higher percentage of women (55% of all deaths) than men (43% of all deaths)⁽³⁾, and a higher mortality among men and women with a lower socioeconomic position.

Risk Factors

The main, well known risk factors for cardiovascular disease are tobacco use and raised blood pressure and blood cholesterol, factors directly related to individual lifestyle and eating habits as well as physical activity levels. Other factors associated with cardiovascular disease include overweight and obesity, diabetes mellitus, excessive alcohol consumption and psychosocial stress.

Costs

Cardiovascular disease is estimated to cost the EU economy €169 billion/year. This represents a total annual cost per capita of €372. Per capita costs vary over tenfold between Member States - from less than €50 in Malta to over €600 per capita/year in Germany and the UK respectively⁽⁴⁾.

Moreover, countries with high rates of cardiovascular disease suffer from impaired economic development. Production losses due to cardiovascular disease mortality and morbidity cost the EU over €35 billion, representing 21% of total cost of those diseases, with around two thirds of this cost due to death (€24.4 billion) and one third due to illness (€10.8 billion) among people of working age.



Multisectoral Cooperation and Action

High-level EU documents, particularly the Council Conclusions⁽⁵⁾ from 2004 on promoting cardiovascular health, emphasise the importance of acting both at a population and an individual level, notably by identifying individuals at high-risk.

The European Union Council Conclusions, adopted under the Irish Presidency, called upon the European Commission as well as the Member States to ensure that appropriate action is taken to address cardiovascular disease. The Luxembourg Declaration⁽⁶⁾, adopted under the Luxembourg Presidency, established an agreement among representatives of National Ministries of Health, European and National representatives of Cardiac Societies and Heart Foundations, present at the Luxembourg meeting, to pursue vigorously the initiation or strengthening of comprehensive cardiovascular disease prevention plans and to ensure that effective measures, policies and interventions are in place in all European countries. Several WHO resolutions and charters⁽⁷⁾ have been adopted with a view to combat cardiovascular disease and other major non-communicable diseases.

Moreover, the purpose of protecting health and improving the quality of life in the European population by reducing the impact of cardiovascular disease is registered fully in the EU Treaty⁽⁸⁾ and in the objectives of the EU's

Lisbon Agenda and the prospects of the integration of health in all policies expressed by the conclusions of the European Council of the 30 November 2006 under the Finnish Presidency⁽⁹⁾.

With the support of the European Commission and the World Health Organization (WHO), the European Heart Network and the European Society of Cardiology invite concerned European and International Organisations to

Sign up to a European Charter on Heart Health,

Commit to combating early death and suffering from cardiovascular disease through prevention,

Act on the Valentine's Declaration from the Winning Heart Conference of 14 February 2000:

“ Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease ”



Part I: Aim

Article 1

The aim of the European Heart Health Charter is to substantially reduce the burden of cardiovascular disease in the European Union and the WHO European Region and to reduce inequities and inequalities in disease burden within and between countries.

In this document the term "Heart Health" covers heart diseases, stroke and other atherosclerotic vascular diseases.

Article 2

The Charter recommends signatories to promote and support measures giving priority to lifestyle oriented interventions that will help reduce the burden of cardiovascular disease considerably.

Part II: Signatories recognise that

Article 3

Cardiovascular disease is a multi-factorial condition and that it is essential that all risk factors and determinants are addressed at societal and individual levels.

Characteristics associated with cardiovascular health include:

- No use of tobacco,
- Adequate physical activity:
 - at least 30 minutes 5 times a week,
- Healthy eating habits,
- No overweight,
- Blood pressure below 140/90,
- Blood cholesterol below 5 mmol/L (190mg/dl)
- Normal glucose metabolism,
- Avoidance of excessive stress.

Article 4

Risk factors associated with risk of cardiovascular events can be divided into three categories:

Biological	Lifestyle determinants	Broader determinants	
		Fixed	Modifiable
Raised blood pressure Raised blood sugar Raised blood cholesterol Overweight/obesity	Tobacco use Unhealthy diet Alcohol abuse Physical inactivity	Age Sex Genetics Ethnicity	Income Education Living conditions Working Conditions

Article 5

Risk factors can be addressed:

- by policy makers through providing supportive environments whether through legislative, including on taxation and marketing, or other measures,
- by individuals through behaviours favouring healthy diets, being smoke-free and engaging in regular physical activity,
- and by health professionals through advocacy and identification and treatment of people at high risk.

Article 6

A life course approach to these risk factors is required starting in childhood.

Article 7

The burden of established cardiovascular disease may also be reduced by early diagnosis, appropriate disease management, rehabilitation and prevention, including structured lifestyle counselling.

Article 8

There is a need to be sensitive to gender-specific aspects of cardiovascular health and disease.

Part III: Signatories agree to

Article 9

Implement the policies and measures agreed upon in high-level European political documents

- Council Conclusions on Heart Health (June 2004)⁽⁶⁾
- Luxembourg Declaration (June 2005) on implementing cardiovascular health promotion⁽⁶⁾
- WHO resolution on the prevention and control of non-communicable diseases in the WHO European Region⁽¹⁰⁾

Implementation will take place at European, national and regional levels.

Article 10

Advocate for and support the development and implementation of comprehensive health strategies as well as measures and policies on European, national, regional and local level that promote cardiovascular health and prevent cardiovascular disease.

Article 11

Build and strengthen dedicated heart health alliances in order to achieve the strongest possible political support for policy developments and co-ordination of actions to reduce the burden from cardiovascular disease.

Article 12

Engage in education and empowerment of the public and patients by involving mass media and developing social marketing for raising awareness as appropriate and by securing community mobilisation and broad based coalition-building.

Article 13

Develop health promotion capacity through undergraduate and postgraduate training and education in order to meet the aim of this Charter.

Article 14

Support the establishment of national strategies for detection and management of those at high risk and prevention and care of those with established cardiovascular disease.

Article 15

Promote the adoption of the most recent European Guidelines on cardiovascular disease prevention produced by the Joint European Task Force. This promotion includes translation of the Guidelines into local language(s) and adaptation to national specifications, comprising domestic mortality and morbidity statistics, local practices and adjustment to local health care customs, and to support their dissemination among all medical professions and other allied partners involved in health preservation.

In collaboration with health authorities, ascertain that preventive work gets highly prioritised within the health care sector, is provided with well educated, sufficient manpower and is reasonably reimbursed within the framework of domestic insurance policies.

Article 16

Prioritise research on the effectiveness of policy and preventive interventions including aspects on health care expenditures.

Initiate research focused on epidemiology and behavioural factors including the impact of various programmes devoted to improved and preserved population health, including those directed towards the young and towards the understanding of the mechanisms of ageing in the cardiovascular system and the cardiovascular vulnerability of women.

Address fragmentation of research in the field of cardiovascular diseases in Europe by promoting and funding further cooperation, expansion and coordination of research projects.

Article 17

Assess the current status of cardiovascular health (including risk factor prevalence) to measure progress made at the population and individual levels to achieve targets set in Article 2.

Article 18

Review regularly the extent to which national plans and policies are adopted and implemented.

Organise in partnership with the European Commission and the World Health Organization meetings on the European Heart Health Charter which will be a platform for exchange of ideas and experiences and which will put forward the improvements done or to be done.

⁽¹⁾2733rd Employment, Social Policy, Health and Consumer Affairs Council Meeting - Luxembourg - 1 and 2 June 2006

⁽²⁾European Cardiovascular Disease Statistics - British Heart Foundation and European Heart Network - 2005

⁽³⁾Cardiovascular diseases in women: a statement from the policy conference of the European Society of Cardiology, *European Heart Journal*, March 2006

⁽⁴⁾Economic burden of cardiovascular diseases in the enlarged European Union, *European Heart Journal*, February 2006

⁽⁵⁾Council of the European Union - 9507/04 - 2586th Council Meeting - 1 and 2 June 2004

⁽⁶⁾Luxembourg Declaration - 29 June 2005

⁽⁷⁾EUR/RC56/R2; WHA53.17; EUR/RC52/R12; EUR/RC55/R1; EUR/RC54/R3; EUR/RC55/R6

⁽⁸⁾Article 152 of the EU Treaty

⁽⁹⁾2767th Employment, Social Policy, Health and Consumer Affairs Council Meeting - Brussels - 30 November and 1 December 2006

⁽¹⁰⁾Regional Committee resolution EUR/RC56/R2 on the prevention and control of non-communicable diseases in the WHO European Region





“For the hearts of our children
i adopt the **European Heart Health Charter**”



with the support of



EUROPE