

Promoting Heart Health: conclusions from Ireland's presidency of the EU

Dr Emer Shelley

An article in the summer edition of *HeartWise* reported on the conference 'Promoting Heart Health: A European Consensus', which was held in Cork from 24-26 February 2004. Working in partnership with the European Society of Cardiology (ESC) and the European Heart Network (EHN), the Irish presidency of the EU (January-June 2004) reached consensus among European Member States on strategies for the prevention of cardiovascular disease (CVD). Discussions and consultations were held both before and after the conference, in order to agree a brief consensus document on promoting heart health in Europe.

The 'Proposal for Draft Council Conclusions on Promoting Heart Health' which emerged from Cork was further discussed by Member States via their permanent representatives to the EU based in Brussels. The draft was tabled during an informal meeting of the Council of Health Ministers in Cork in May. The document was then presented at the Health Ministers' meeting in Dublin in June for adoption as EU Council Conclusions on Promoting Heart Health.

Council Conclusions

There have been important developments in treatments and interventions for those with symptomatic coronary heart disease (CHD). The combination of greater numbers of patients alive with chronic cardiovascular conditions and the demand to provide access to evidence-based treatments presents many challenges for health services. The continuing high burden of CVD in many European populations highlights the importance of prevention to reduce mortality, delay disease onset and reduce risk of recurrent events.

The 25 Member States reached agreement in Cork on strategies to prevent heart disease in the general population and to reduce the risk of recurrence in those who have already suffered an event.^{1,2} The Conclusions, as agreed by the Council of the EU (Employment, Social Policy, Health and Consumer Affairs), are available at: http://ue.eu.int/ueDocs/cms_Data/docs/pressData/en/lsa/80729.pdf

The Council Conclusions may be summarised as follows:

- CVDs are important causes of mortality, morbidity and reduced quality of life in EU citizens.
- There is substantial knowledge about the risk factors for CVD and sufficient evidence to warrant intervention to reduce risk and promote cardiovascular health.
- Population and high risk strategies are important and

complementary, aimed respectively at the total population and at those who already have CVD.

- Priority components of such strategies were identified, including health impact assessment of public policies, risk estimation using evidence-based guidelines and tools, lifestyle advice and risk factor intervention for those identified as being at high risk and education and training for healthcare professionals.
- Actions which may be taken by Member States or by the European Commission to support such strategies were agreed (see Tables 1 and 2 on page 22).

The Council Conclusions were published in June 2004. Those who advocate for cardiovascular health should now consider the implications of the Cork Conclusions for the health of Europeans. What can professional societies and non-governmental organisations (NGOs) do to maximise the benefits which may arise from the Conclusions? How can those interested in cardiac prevention and rehabilitation utilise the agreement so as to make a difference in their own country or local area?

Evolution of health policies in the EU

The process by which the Conclusions were developed and agreed is of itself likely to have a positive impact on the development of health-promoting policies in Europe.³

The EU has a remit for health promotion but healthcare and health systems are the responsibility of Member States. Some countries, such as Germany and Sweden, devolve responsibility for the provision of health services to regional authorities. Consequently, it was unclear to what extent the Member States would be willing to address issues that could be construed as relating to health services, such as prevention in those at high risk.

The national policies of many of the Member States who joined in May 2004 place strong emphasis on prevention. The recognition by many Member States of the increased burden of disease coinciding with the expansion of the EU meant that the overall thrust of the discussions was very positive, encouraging even potentially reluctant Member States to support the Conclusions.

A paper entitled 'Enabling Good Health for all – a Reflection Process for a New EU Health Strategy', published by David Byrne, European Commissioner for Health and Consumer Protection, sets out the case for stronger policies for health in Europe.⁴ Its sentiments can be strongly supported by those with

Table 1. Proposed actions by EU Member States

'The Council of the European Union ...

26. Invites the Member States to consider within the context of the adoption or review of national public health strategies, the:

- inclusion of health promotion, population and high risk strategies to promote cardiovascular health and improved quality of life with the long-term aim of reducing the incidence and burden of cardiovascular disease;
- further development and introduction of health impact assessment to measure the health impact of all national public policies;
- adoption of a societal and multisectoral approach to promoting public health, including cardiovascular health, by involving, through a comprehensive and inclusive partnership, all relevant governmental and non-governmental organisations, at both national and local levels;
- further development and implementation of national action plans on tobacco use, including smoke-free environments, diet and physical activity to promote public health, including cardiovascular health;
- implementation of evidence-based, sustainable and cost-effective community prevention programmes that are accessible and affordable to meet the needs of those most at risk of developing cardiovascular disease;
- possibility of establishing national guidelines for the prevention of cardiovascular disease and of considering the use of risk charts for the assessment of individual risk, having regard to Member States' organisation and delivery of their respective health services, ethical, legal, cultural and other relevant issues and available resources;
- integration with existing national cardiovascular health plans on a multisectoral basis, including the collection and publication of relevant comparable data on programme implementation; and
- implementation of standardised surveillance systems for cardiovascular mortality, morbidity, health behaviours and risk factors.'

Table 2. Proposed actions by the European Commission

'The Council of the European Union ...

27. Invites the European Commission to support, as appropriate in the framework of the Public Health Action Programme,¹ Member States in their efforts to promote cardiovascular health, and to:

- take into account the results of national and international research, and existing national cardiovascular health strategies;
- encourage networking and the exchange of information between stakeholders, including professional, non-governmental and consumer organisations;
- consider the identification of best practice guidelines, in consultation with Member States, to enhance the co-ordination of population and individual high risk groups' health and prevention policies and programmes;
- strengthen the comparability of data on healthy lifestyles and behaviours data across Member States, as well as to study the possibility of using standardised procedures and methods for monitoring and surveillance of cardiovascular disease mortality, morbidity and risk factor data across Member States;
- take a multisectoral approach to promoting cardiovascular health and preventing cardiovascular disease and assessing the health impact of other public policies of the EU;
- to include examining the economic cost of cardiovascular disease against the improved health status arising from a comprehensive public health strategy by Member States to reduce the burden of these diseases;
- continue to work towards the development of a comprehensive and integrated European food and nutrition policy, to include, among others, physical activity programmes, population dietary guidelines and address the impact on public health of promotion, marketing and presentation of foodstuffs;
- study ways of promoting better cardiovascular health, including:
 - i. actively encouraging further advances in tobacco control policies;
 - ii. supporting and promoting regular exchange of experience in the area of health determinants and cardiovascular health;
 - iii. facilitating the collation and appraisal of scientific evidence in the area of cardiovascular health promotion provided by experts in the field, in particular to provide support to national guidelines and information for high risk groups;
 - iv. facilitating the exchange of information about cardiovascular health professions and training courses; and
- consider bringing forward further proposals on health determinants of major importance for the promotion of cardiovascular health.'

an interest in heart health, e.g. 'If the EU is to help its citizens achieve good health, it must address the behavioural, social and environmental factors that determine health.'

EU policies and actions to promote health have been greatly strengthened in recent years, for example in relation to tobacco control. The positive thrust of discussions in Cork, as well as the actual Conclusions, will encourage the further development and implementation of policies which place greater emphasis on health and less on narrow sectoral interests.

The EHN partnered the Irish Government at the Cork Consensus Conference. The Conclusions provide a basis for organisations such as the EHN to advocate and lobby in support of stronger policies to support health in Europe.

Support for advocacy at national level

The Cork Conclusions mark an important stage in the history of CVD prevention in Europe. The task forces on prevention in clinical practice of the ESC, in collaboration with a range of scientific societies, emphasised that there was consensus among cardiologists and other experts as to the main causes of CVD and on prevention in clinical practice.⁵ The Cork Conclusions now clearly indicate that the governments and health ministries of the 25 EU Member States are in agreement about the evidence on causality and risk reduction, and on the implications for health promotion and disease prevention.

This provides a very clear message for the public. Vested interests may be less likely to attempt to provide misleading information about their products. Those advocating for heart health can more easily provide counter arguments, drawing on documents such as the Cork Conclusions and the Report of the Third Joint Task Force.⁵

The ESC was a key player at all stages of the process leading to the Cork Conclusions and the process was strongly influenced by the Report of the Third Joint Task Force.⁵ Professional organisations at a national level can quote the Conclusions to strengthen support for the prevention of CVD and the development of high quality preventive cardiology services.

At a national level, cardiac societies and professional organisations can advocate for the implementation of the actions proposed in the Conclusions (see Table 1). Focussing

on what health and related sectors can deliver, priority could be given to advocacy for health impact assessment and the establishment of CVD surveillance systems — 'Standardised surveillance systems for cardiovascular mortality, morbidity, health behaviours and risk factors.'

Future action at European level

The ESC can advocate that the EU Commission acts on the proposals in the Conclusions (see Table 2). The ESC can make important contributions in several of the action areas, such as the identification of best practice guidelines and the development of standardised procedures for surveillance of CVD.

The constituency of the ESC goes far beyond the EU. The ESC has a key role in disseminating information on prevention strategies and in supporting monitoring and surveillance, so that countries which are not EU members can benefit from the ongoing EU developments.

The highest priority at this time is to disseminate the Conclusions as widely as possible. Through persistent advocacy, European and national societies can build on the Cork Conclusions, working with national governments and the European Commission to promote heart health and the prevention of CVD.

References

1. Shelley E on behalf of the Conference Expert Committee. Promoting Heart Health – A European Consensus. Background paper prepared by the Irish Presidency for a meeting in Cork, Ireland, February 2004. *Eur J Cardiovasc Prevention Rehab* 2004; 11: 87-100.
2. Shelley E, Ryden L. Promoting Heart Health – A European Consensus. Editorial. *Eur J Cardiovasc Prevention Rehab* 2004; 11: 85-6.
3. <http://eupresidencyhearthealth.doh.ie>
4. Byrne D. Enabling good health for all. A reflection process for a new EU health strategy. http://europa.eu.int/comm/health/ph_overview/strategy/health_strategy_en.htm
5. de Backer G, Ambrosioni E, Borch-Johnsen K et al. Third Joint Task Force of European and Societies on Cardiovascular Disease Prevention in Clinical Practice. European guidelines on cardiovascular disease prevention in clinical practice. *Eur J Cardiovasc Prevention Rehab* 2003; 10 (suppl 1): S1-S78.