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Deutsche Sozialversicherung
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Feedback from German Social Insurance issued 15 September 2025

European Commission call for evidence on an EU
Cardiovascular Health Plan



I. Preliminary remark

The German Social Insurance (DSV) welcomes the initiative of the European Commission to establish an EU Cardiovascular Health Plan as an integrated, prevention-oriented framework for action. From the DSV's perspective, the Commission should prioritise strengthening health-promoting living conditions, complemented by evidence-based preventive services and high-quality care including rehabilitation and reintegration. Only a Health in All Policies-approach can sustainably reduce the disease burden and mortality, thereby improving population health.

The DSV supports the Commission's intention to create an integrated framework for prevention, early detection and rehabilitation programmes that primarily targets modifiable risk factors such as smoking, unhealthy diet, physical inactivity, alcohol consumption and psychosocial stress. Member States have already taken numerous initiatives. However, their concrete design varies, as responsibility for organisation and financing lies at national level. From the DSV's point of view, an EU Plan should therefore promote common objectives, evidence-based priorities, as well as transparency and comparability standards, thereby creating incentives for effective measures. Europe's Beating Cancer Plan can serve as a model. It is crucial that a European framework offers clear added value to all Member States through comparability, data transparency and the exchange of best practices.

II. Opinion

1 _ Prevention

Cardiovascular diseases are the leading cause of death in the EU and to a large extent preventable: around 80% of cardiovascular events could be avoided through effective prevention. Nevertheless, prevention and health promotion still receive too little attention compared with curative care.

The effective approach is not further medicalisation through additional screening programmes or expanded use of pharmaceuticals, but a consistent focus on strengthening structural and behavioural prevention as well as health literacy. Expenditure on prevention and health promotion not only reduces the disease burden but also safeguards employability and social participation. The priority must be to



create health-promoting living, learning and working environments. This includes effective tobacco and alcohol policy, measures to reduce salt, sugar and fat in foods, the promotion of active mobility, as well as a systematic strengthening of nutrition and physical activity offers throughout all stages of life. Promoting health literacy is of particular importance and should begin in educational institutions in order to effectively reach socially disadvantaged population groups.

Cardiovascular prevention must not be confined to the health sector. In line with a “Health in All Policies” approach, environmental, transport, labour market and education policies must also be involved. Climate change and environmental factors such as heat waves, air pollution and extreme weather events constitute key risk factors. An EU Plan should therefore include ecological indicators (e.g. air quality, number of heat days, carbon footprint of treatments) alongside health indicators. Noise, unhealthy learning and working conditions, lack of exercise, poor diet and substance abuse can also impair cardiovascular health, reduce work capacity and contribute to musculoskeletal disorders, loss of performance, higher accident risk and absenteeism.

2 _ Early Detection and Screening

Early detection can play a key role in diagnosing cardiovascular diseases in time and preventing severe courses. A prerequisite is that preventive measures are evidence-based and used in a targeted manner. Nationwide screening programmes without proven benefit risk over-diagnosis. Over-medicalisation should be avoided. Instead, preventive measures with structured and risk-based concepts are needed, addressing individuals with known risk factors – such as hypertension, obesity or family history – and providing risk-factor-oriented follow-up. Moreover, gender-specific differences must be systematically taken into account. Cardiovascular diseases in women are still often diagnosed too late; research and clinical guidelines should address this gap.

3 _ Management, Care and Rehabilitation

For those already affected, high-quality care that is accessible nationwide is essential. This includes guideline-based treatment, continuous follow-up and needs-oriented access to rehabilitation programmes. Professional and social reintegration is of particular importance. Cardiovascular diseases are among the most frequent causes of reduced earning capacity pensions; in 2023, about 15% of all new disability pensions were due to this group of diagnoses. An EU Plan should therefore

explicitly focus on reintegration into the labour market and on safeguarding employability.

About us

The German Federal Pension Insurance (DRV Bund), the German Social Accident Insurance (DGUV), the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband), the national associations for statutory health and long-term care insurance funds at the federal level and the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) have joined forces to form the "German Social Insurance - Working Group Europe" (Deutsche Sozialversicherung Arbeitsgemeinschaft Europa e. V.) with a view to their common European policy interests. The association represents the interests of its members vis-à-vis the bodies of the European Union (EU) as well as other European institutions and advises the relevant stakeholders in the context of current legislative projects and initiatives. As part of the statutory insurance system in Germany, health and long-term care insurance with 75 million insured persons, pension insurance with 57 million insured persons and accident insurance with more than 70 million insured persons in 5.2 million member companies offer effective protection against the consequences of major risks of life.