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EU Cardiovascular Health Plan: The Safe Hearts Plan

I. Preliminary remark

As part of the EU health package presented on 16 December 2025, the European Commission published its EU Cardiovascular Health Plan: the Safe Hearts Plan. It represents the first comprehensive approach of the European Union (EU) to addressing cardiovascular diseases and provides for targeted measures to improve prevention, early detection and treatment of these diseases. The European Commission intends to support the Member States through ambitious measures at EU level and continued financial support in reducing existing inequalities. At the same time, breakthroughs in research and innovation are to be accelerated and exchange and cooperation strengthened through cross-border research programmes and centres of excellence.

The Safe Hearts Plan aims to reduce premature mortality from cardiovascular diseases by 25 percent by 2035. At the same time, key risk factors are to be identified through regular medical screenings across a large share of the population, in particular blood pressure in 75 to 90 percent and cholesterol and blood glucose levels, depending on age, in 65 to 80 percent of the population. The plan is based on three central pillars along the entire care pathway for patients with cardiovascular diseases: prevention, early detection and screening, as well as treatment and care including rehabilitation.

The German Social Insurance (DSV) welcomes the initiative of the European Commission to establish an integrated and prevention-oriented framework for action through the Safe Hearts Plan. From the perspective of the DSV, the Commission should give priority to strengthening health-promoting living conditions, complemented by evidence-based and high-quality preventive services including rehabilitation and reintegration. Primary prevention is of central importance, as it is the most cost-efficient and has the greatest population-wide impact. In doing so, intersectional factors such as social, gender-specific and regional inequalities should be adequately taken into account. A Health in All Policies approach is essential to sustainably improve population health and reduce the burden of disease and mortality.

II. Opinion

1 _ Prevention

Prevention is one of the central priorities of the Safe Hearts Plan. The EU intends to support Member States in developing national cardiovascular strategies and to bundle these within the flagship initiative “EU cares for your heart”. Planned measures include strengthened tobacco control, including a revision of EU tobacco legislation announced for 2026 with the aim of reducing the share of people who consume tobacco to less than 5 percent of the total population. In addition, nutrition-related risk factors, in particular highly processed foods high in fat, sugar and salt, are to be addressed more strongly and possible financial instruments for primary prevention are to be examined. A particular focus is placed on children and adolescents, including through better protection against harmful advertising under the Audiovisual Media Services Directive.

In addition, the Commission plans to promote physical activity through a revision of the Council Recommendation on health-enhancing physical activity and through EU-wide campaigns. Vaccinations, particularly for high-risk and vulnerable groups, are also to be taken more strongly into account as a preventive measure.

The DSV points out that health promotion and prevention have considerable potential to sustainably improve population health but still do not receive the necessary level of attention in many Member States. Despite rising healthcare expenditure, significant differences remain across Europe in life expectancy, disease burden and access to preventive measures. At the same time, all Member States face comparable challenges, particularly demographic change, the increase in non-communicable diseases and growing financial pressure on health and social systems. Prevention is therefore not only a health policy concern but also a central social and economic policy issue at European level.

For example, the European Commission explicitly describes occupational safety and health as an economic necessity. Every euro invested in prevention generates a return of more than two euros (“return on prevention”). This demonstrates that investments in prevention not only improve individual health opportunities but also contribute to the stability of labour markets and social security systems.

The need for action in the field of prevention can also be illustrated using the example of Germany: despite very high health-related per-capita expenditure, life expectancy is now below the EU average. This imbalance makes clear that strong

curative care alone is not sufficient. Rather, a stronger focus on effective prevention and health promotion is required in order to reduce the burden of disease and ensure the long-term sustainability of solidarity-based systems.

From a public health perspective, the most effective approach to improving population health is the consistent creation of health-promoting framework conditions. Against this background, the DSV explicitly welcomes the fact that the Safe Hearts Plan emphasises the need for a cross-sectoral prevention approach and addresses key areas for action. These include, among others, the further development of tobacco control policy, measures to promote healthy nutrition, strengthening physical activity and taking environmental and climate factors into account as major health risk dimensions.

It is also positive that social inequalities in health are addressed as a cross-cutting issue and that children and adolescents are specifically identified as a key target group for preventive measures.

Prevention should also systematically include the world of work. The workplace is a central setting for prevention, as working conditions have a direct influence on cardiovascular health. Strains such as heat, physical workload, noise or psychological stress can increase the risk of cardiovascular diseases. Health-promoting work design, workplace health promotion, occupational health services and occupational safety and health measures make it possible to identify risks at an early stage and reduce them in a targeted manner.

From the perspective of the DSV, it will be decisive whether the content of the Safe Hearts Plan can be translated into concrete and effective measures. The EU should in particular assume its role where it can strengthen structural prevention approaches, create comparability and promote the exchange of best practices between Member States. In national implementation, priority should clearly be given to improving health-promoting framework conditions, as this offers the greatest leverage for sustainably improving population health.

Building broad health literacy at every age and across all stages of life is essential in this regard. The following sections on specific areas of prevention further specify this perspective.

On specific aspects:

1.1 _ Tobacco

The announced measures to strengthen European tobacco control policy are particularly welcome, especially the planned revision of EU tobacco legislation in 2026 with the aim of significantly reducing tobacco consumption in the EU in the long term. International evidence clearly shows that regulatory measures such as taxation, advertising restrictions and smoke-free policies are among the most effective instruments of prevention. The DSV therefore explicitly supports an ambitious further development of the European regulatory framework.

Against this background, the DSV has already advocated stricter regulation of novel tobacco and nicotine products in its statement in the context of the revision of the EU Tobacco Tax Directive. E-cigarettes and nicotine pouches are deliberately marketed to adolescents through social media and lifestyle-oriented campaigns.

An EU-wide ban on advertising and promotion, a ban on flavoured products and uniform neutral packaging (“plain packaging”), including for e-cigarettes, are therefore necessary to effectively prevent the initiation of nicotine consumption. The inclusion of these products in the EU Tobacco Tax Directive and the establishment of harmonised minimum rates are long overdue and represent important steps to protect young people.

1.2 _ Food and nutrition

The DSV criticises that the Safe Hearts Plan falls short of its ambitions in the area of nutrition policy. While the Commission recognises the link between highly processed foods rich in fat, sugar and salt and cardiovascular diseases, it largely limits itself to review clauses. There is also still a lack of concrete political action regarding the recognition of alcohol as a cardiovascular risk factor.

More binding instruments, in particular incentives through health-oriented taxes on such foods, would have significantly strengthened the preventive character of the plan. Evidence shows that such fiscal measures are among the most effective tools of nutrition policy and can positively influence consumption behaviour, product composition and long-term health risks. Such tax instruments are still lacking in some Member States, including Germany.¹

¹ AOK-Bundesverband, Deutsches Krebsforschungszentrum (DKFZ). Public Health Index. Gesundheitsschutz im europäischen Vergleich 2025. November 2025
https://www.dkfz.de/fileadmin/user_upload/Krebspraevention/Download/pdf/Buecher_und_Berichte/2025_Public-Health-Index.pdf

Particularly for the protection of children and adolescents, the revision of the Audiovisual Media Services Directive is also central. It has been demonstrated that advertising for unhealthy foods measurably influences children's consumption behaviour. A binding European legal framework to limit harmful food advertising is therefore necessary from a preventive perspective in order to reduce health risks at an early stage and promote healthy eating habits.

In addition, stronger integration of health education in schools appears to be an important building block for positively influencing the nutrition of children and adolescents. Early learning in particular can build safety and health literacy and thus have long-term preventive effects.

1.3 _ Climate and Health

The Safe Hearts Plan recognises environmental and climate factors as key risk factors for cardiovascular diseases and refers to a cross-sectoral "One Health" approach. From the perspective of the DSV, this is welcome, as environmental factors are responsible for around 18 percent of cardiovascular deaths in the EU. This also particularly affects the world of work. Employees are increasingly exposed to heat, UV exposure or extreme weather events that can place considerable strain on the cardiovascular system.

These developments affect not only individual health but also the prevention and rehabilitation structures of social security systems. Adjustments to working conditions, workplace prevention measures and stronger links between occupational safety and health and public health can help to effectively protect the cardiovascular health of workers.

However, in its concrete design the Safe Hearts Plan falls short of this ambition. Environmental and climate risks are mainly addressed in the context of data gaps and their improved use for risk prediction and AI-based models. Aspects such as climate adaptation in healthcare, climate-resilient care pathways or the systematic consideration of heat, extreme weather and air pollution remain largely unaddressed.

What is needed instead is research into the effects of climate change on care structures, performance and costs of healthcare systems and their systematic consideration in national prevention strategies. From the perspective of the DSV, more concrete strategies are therefore needed to develop climate-resilient and sustainable prevention and care structures that systematically include both general healthcare and the specific risks in the world of work.

2 _ Early detection and screening

In the area of early detection and screening, the European Commission proposes ambitious target rates for several preventive examinations, such as the annual measurement of blood pressure, cholesterol and blood glucose. In addition, the Commission plans to develop an EU-wide protocol for health checks related to cardiovascular diseases. The use of mobile screening programmes also planned to be supported in order to make preventive examinations and health services more easily accessible, particularly for hard-to-reach population groups.

From the perspective of the DSV, early detection can help to identify cardiovascular diseases at an early stage and prevent severe disease progression. However, this requires that screening measures are designed in an evidence-based, targeted and proportionate manner. Population-wide screening programmes without robust evidence of benefit carry risks such as overdiagnosis, unnecessary follow-up examinations and potential overmedicalisation – particularly where underlying lifestyle factors are not effectively addressed.

From the perspective of the DSV, the EU-wide target benchmarks proposed by the Commission are not yet supported by high-quality studies. Moreover, it remains unclear whether they refer to non-targeted examinations of the general population or to risk-based checks for individuals with already known risk factors. The currently available evidence tends to favour a targeted approach focusing on risk groups rather than population-wide screening strategies. In particular for children and adolescents, there is currently insufficient scientific evidence to justify population-wide screening programmes in key areas. For example, neither general lipid screening for the early detection of familial hypercholesterolaemia nor routine blood pressure screening in this age group has yet demonstrated a clear benefit.² International expert bodies also point to insufficient evidence base and recommend caution regarding population-wide screening approaches.³

Against this background, European recommendations on early detection measures should clearly distinguish between population-wide screening and risk-based checks and should transparently weigh benefits and risks. From the perspective of the DSV, the European added value lies in particular in closing research gaps, promoting high-

² Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Screening zur Früherkennung einer familiären Hypercholesterinämie bei Kindern und Jugendlichen; Rapid Report [online]. 2024 [Zugriff: 08.01.2026]. URL: <https://dx.doi.org/10.60584/S24-01>.; Gartlehner G, Vander Schaaf EB, Orr C, Kennedy SM, Clark R, Viswanathan M. Screening for Hypertension in Children and Adolescents: Systematic Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 193. AHRQ Publication No. 20-05261-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2020.

³ McEvoy JW, McCarthy CP, Bruno RM, Brouwers S, Canavan MD, Ceconi C, et al. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension. Eur Heart J 2024: ehae178.

quality studies and supporting the exchange of best practices between Member States.

At the same time, accompanying information and awareness measures should be strengthened so that individuals can realistically interpret screening results and unintended negative effects, including overdiagnosis, can be avoided.

Recommendations for screening at EU level should only be issued once their benefits have been scientifically demonstrated and their feasibility within national healthcare systems has been taken into account.

3 _ Patient treatment and care including rehabilitation

In the area of treatment and care, including rehabilitation, the Safe Hearts Plan envisages several interconnected measures. A Council Recommendation to improve the treatment of cardiovascular diseases is planned, which in particular foresees the use of digital tools to enable more personalised therapy and better integrated care along the care pathway. In addition, the Commission plans to establish a European network of centres for cardiovascular health, which is intended to pool existing expertise and support the implementation of diagnostics, treatment, rehabilitation and long-term care. Furthermore, the Commission intends to systematically capture and make visible health inequalities in the field of cardiovascular diseases through a dedicated dashboard. In addition, around €40 million is expected to be invested, particularly to improve research into gender-specific aspects of cardiovascular diseases.

From the perspective of the DSV, high-quality and widely accessible care is of central importance for people who already suffer from cardiovascular diseases. This includes guideline-based treatment, continuous follow-up care and needs-based access to rehabilitation programmes. Vocational and social reintegration is of particular importance. Cardiovascular diseases are among the most frequent causes of disability pensions; in 2023, around 15 percent of all new disability pensions were attributable to this group of diagnoses. The initiatives derived from the Safe Hearts Plan should therefore explicitly address reintegration into the labour market and the safeguarding of employability. In this respect, an effective intersectional approach can only be achieved if health policy measures are consistently linked with labour policy and embedded in the EU's social and inclusion policy frameworks.

It is also welcome that the European Commission places greater focus on research into gender-specific differences, as improved evidence in this area is essential to closing gaps in care and to further developing treatment in a more targeted manner. A corresponding extension of research to additional socio-economic determinants also appears appropriate.

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.