



European Committee  
of the Regions

## CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

6 MAY 2026, 09h00-10h30

“Shaping the EU Safe Hearts Plan: regional perspectives for cardiovascular health”

### Minutes

#### 9:00 – 9:05 Welcome and introduction by the Chair

##### **Birgitta Sacrédeus, Member of the European Committee of the Regions and Chair of the CoR’s IRGHW**

Ms Birgitta Sacrédeus, opened the meeting by welcoming participants attending both in person and online. She introduced the topic of the meeting, dedicated to the EU Safe Hearts Plan and regional perspectives for cardiovascular health, recalling the importance of addressing cardiovascular diseases as one of the main causes of death in Europe.

She welcomed the growing EU attention to major health challenges and underlined the importance of involving all levels of governance in the discussion. She then gave the floor to Carmine Pacente, Member of the European Committee of the Regions and Rapporteur for the CoR opinion on the Safe Hearts Plan.

#### 9:05 – 9:15 Shaping the CoR opinion on the Safe Hearts Plan: regional perspectives

##### **Carmine Pacente, Member of the European Committee of the Regions, CoR Rapporteur of the Safe Hearts Plan**

Mr Carmine Pacente, presented the ongoing work on the draft CoR opinion on the EU Safe Hearts Plan. He explained that the first draft had been submitted on 23 April, following exchanges with stakeholders and shadow rapporteurs. The opinion is expected to be discussed by the NAT Commission on 1 June and later presented during the CoR plenary session in October.

He stressed that the opinion aims to shift the focus from individual prevention, often based on digital and data-driven tools, towards collective-level interventions. He emphasized the role of local and regional authorities in shaping healthier environments through urban planning, food policies, healthier school surroundings and support for healthy diets.

Mr Pacente also underlined the importance of prevention and education, especially in schools, and the need to map and promote local good practices supported by EU programmes. He referred to Milan’s food policy experience as an example of local action linked to healthier lifestyles and cardiovascular prevention.

Finally, Mr Pacente mentioned the stakeholder engagement carried out with local institutions, universities, research centres, hospitals, medical associations and the Joint Research Centre. He



concluded that the CoR opinion should support concrete recommendations for regional and local action to reduce cardiovascular risk factors and inequalities.

#### **9:15 – 9:25 The European Parliament perspective on cardiovascular health**

##### **MEP Romana Jerković, Vice-Chair of the SANT Committee on Public Health (video message)**

**Ms Romana Jerković**, contributed to the meeting with a video message focusing on the European Parliament's perspective on cardiovascular health and the Safe Hearts Plan.

She welcomed the Plan and stressed that cardiovascular diseases remain the leading cause of death and disability in the EU. She underlined that prevention should not be framed only as individual responsibility, but should also address commercial and environmental determinants such as tobacco, alcohol, unhealthy food, air pollution, noise and heat.

Ms Jerković also pointed out the need to tackle the gender gap in cardiovascular health, as cardiovascular diseases remain underdiagnosed and undertreated in women. She called for sex- and gender-disaggregated data, stronger attention to women in research, and clinical training reflecting gender-specific symptoms and risk profiles.

She also further stressed the importance of addressing multimorbidity and inequalities between and within Member States and regions. She concluded that the success of the Safe Hearts Plan will depend on effective implementation across territories, stronger prevention and better support for lower-resource regions.

#### **9:25 – 9:35 The EU Safe Hearts Plan: priorities and next steps**

##### **Marianne Takki, Head of Unit – Disease Prevention and health Promotion, European Commission**

**Ms Marianne Takki**, presented the main priorities and next steps of the EU Safe Hearts Plan. She explained that the Plan is structured around three pillars: prevention, early detection and screening, and treatment, care management and rehabilitation.

She underlined that prevention is the central pillar, while early detection will be supported through common approaches to cardiovascular health checks. She noted that the Safe Hearts Plan is inspired by the EU Beating Cancer Plan but has a more limited budget, making synergies with existing local, regional and national initiatives particularly important.

Ms Takki presented the flagship initiative EU Cares for Your Heart, aimed at supporting Member States in developing cardiovascular health plans or programmes. She also referred to planned actions on healthier diets, physical activity, tobacco legislation, vaccination coverage and food policy.



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On early detection, she emphasized the forthcoming Council Recommendation on cardiovascular health checks and encouraged stakeholders to contribute to the Commission's call for evidence, open until 19 May 2026. She also mentioned the planned "Know Your Numbers" awareness campaign on key cardiovascular indicators such as blood pressure, cholesterol and sugar levels.

She concluded by referring to cross-cutting priorities, including digital health, artificial intelligence, the European Health Data Space, inequalities, women's health and innovation, and invited participants to share views on how implementation can better support regional and local actors.

9:35 – 09:55 Coordinating action and stakeholder perspectives on cardiovascular health

Commented [MP1]: @Martina Pipoli

**Benedetta Armocida, Senior Researcher, Istituto Superiore di Sanità, Coordinator of JACARDI**

**Ms Benedetta Armocida** presented the Joint Action on Cardiovascular Diseases and Diabetes, JACARDI, coordinated by the Italian National Institute of Health. She explained that JACARDI brings cardiovascular diseases and diabetes into a single European framework, involving 21 countries, 81 partners and 143 pilot projects, with a total budget of €66 million and a duration from November 2023 to October 2027.

She underlined that JACARDI aims to reduce the burden of cardiovascular diseases and diabetes at both individual and societal level, while supporting health system sustainability and equity. She presented the patient journey as the shared framework of the Joint Action, covering health promotion, prevention, early detection, screening and integrated care. Particular attention was given to data quality, the Common Indicator Model, equity tools and sustainability, with pilots expected to become drivers of change rather than isolated examples of good practice.

**Ms Armocida** concluded by stressing JACARDI's added value for the EU Safe Hearts Plan, particularly its role in bridging research, innovation and policy implementation, strengthening national and regional capacities, and supporting cooperation and peer learning across Member States. She also highlighted synergies with other European initiatives, including JAPreventNCD, the Expert Task Force on cardiometabolic health checks, OECD, WHO Europe and the European Observatory.

**Prof. Cristina Gavina, President of the Portuguese Society of Cardiology, Representative of the European Society of Cardiology**

**Prof. Cristina Gavina** presented the Strategic Plan for Cardiovascular Health in Portugal, developed by the Portuguese Society of Cardiology with the support of the European Society of Cardiology. She explained that the plan, launched in 2025, is aligned with the objectives of the EU Safe Hearts Plan



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and is structured around five pillars: healthy communities, prevention of risk factors, early disease detection, better treatment and follow-up, and rehabilitation and quality of life.

She illustrated how the plan is being translated into concrete actions, including public awareness campaigns, school activities, media engagement, workplace and football-stadium screenings, and screening initiatives in Parliament. She stressed that many of these activities were implemented without a dedicated large budget, showing that organised and mission-driven action can already produce impact.

**Prof. Gavina** also highlighted the importance of access to treatment and evidence-based planning. She referred to the national petition on access to GLP-1 receptor agonists, the creation of a Portuguese Cardiovascular Alliance, and data initiatives such as PORTHOS, PULSAR and ATLAS Portugal. She noted that the PORTHOS study found that one in six Portuguese adults over 50 lives with heart failure, with most cases previously undiagnosed, confirming the need for screening, early referral and stronger political action.

#### **09:55 – 10:25 Open debate and Q&A**

The Chair opened the floor for the open debate, inviting participants to share comments and questions on the implementation of the EU Safe Hearts Plan and on the role of regional and local actors in cardiovascular health.

Responding to the discussion, **Ms Marianne Takki** clarified that the Safe Hearts Plan should be understood as a high-level strategic framework and a first step towards action. She recalled that, in preparing the framework, the European Commission had consulted patient organisations, the European Heart Network, the European Society of Cardiology and wider public health stakeholders. She stressed that the current political momentum around cardiovascular diseases should be used to mobilise actors across Europe and translate shared priorities into concrete action.

**Ms Takki** also underlined that implementation will require different levels of funding and governance. While EU-level instruments and EU4Health projects, such as JACARDI, can support implementation, she encouraged stakeholders to also look at regional funding opportunities. She further emphasised that screening must be considered as part of a full care pathway, including cost-effectiveness, identification of target groups, follow-up, treatment, and primary and secondary prevention.

**Mr Carmine Pacente** intervened on the importance of cross-border cooperation and urban planning, noting that these dimensions could be further explored, including through possible exchanges with



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territories such as Nova Gorica, Ljubljana and Trieste. He also welcomed further evidence on the role of hospital pharmacists in reducing cardiovascular disease and suggested that relevant proposals could be considered in the context of the forthcoming CoR opinion.

**A representative of Cardiomyopathies Matter** raised the issue of inherited conditions, asking how cardiomyopathies, genetic screening and cascade family screening could be reflected in the Safe Hearts Plan and in future Council recommendations on cardiovascular health checks. **Ms Takki** replied that the detailed indicators for health checks had not yet been defined and recalled that the call for evidence was still open. She stressed that recommendations would need to remain feasible, concrete and adaptable to national settings, focusing on cost-effective tools able to help as many people and communities as possible.

#### **10:25 – 10:30 Meeting closure**

Chair **Birgitta Sacrédeus** closed the meeting by thanking the speakers, participants and organisers for their contributions to the discussion. She welcomed the dialogue between the European Commission, the European Parliament, the Committee of the Regions and stakeholders, and encouraged participants to continue working in a practical way on the implementation of the ideas and priorities discussed during the meeting.

She concluded by stressing the importance of moving from policy discussions to concrete action, so that the opportunities offered by the Safe Hearts Plan can be translated into meaningful improvements for cardiovascular health across Europe. The meeting was closed at 10:30.