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COVER NOTE

From:	Secretary-General of the European Commission, signed by Ms Martine DEPREZ, Director
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To:	Ms Thérèse BLANCHET, Secretary-General of the Council of the European Union
No. Cion doc.:	COM(2026) 481 final
Subject:	Proposal for a COUNCIL RECOMMENDATION on cardiovascular health checks: an EU approach to early detection and screening

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2026/0276 (NLE)

Proposal for a

COUNCIL RECOMMENDATION

on cardiovascular health checks: an EU approach to early detection and screening

EXPLANATORY MEMORANDUM

1. CONTEXT OF THE PROPOSAL

• Reasons for and objectives of the proposal

Cardiovascular diseases are the leading cause of death and disability in the EU. According to the OECD report on the State of Cardiovascular Health in the EU[1], cardiovascular diseases claim 1.7 million lives every year and impact 62 million people, with the economic burden exceeding EUR 282 billion per year equating to approximately 2% of GDP. Almost half of this is attributable to healthcare expenses. There are inequalities between countries, regions and population groups, with women and socioeconomically disadvantaged individuals facing higher risks and poorer health outcomes. These inequalities may be compounded by structural barriers and discrimination, which can affect access to preventive services, early diagnosis, treatment and continuity of care.

On 16 December 2025, the Commission adopted a Communication on an EU cardiovascular health plan - the Safe Hearts Plan[2]. This Plan sets an objective to decrease cardiovascular premature mortality by 25% by 2035. To support this goal, the Plan also announced a flagship initiative on early detection and screening for cardiovascular diseases.

The Council has called for improvement of cardiovascular health in the Union[3] and invited the Member States to scale up secondary prevention through evidence-based cardiovascular health checks. In addition, the European Parliament, in its report on an EU cardiovascular diseases strategy[4], stressed that EU guidance on health checks must be evidence-based, respect Member State competence, reduce inequalities and avoid low-value practices.

Early detection and screening of cardiovascular diseases through health checks are key for prevention, as over 75% of cardiovascular deaths are linked to modifiable risk factors such as hypertension, diabetes and obesity[5]. Referring to the European Health Interview Survey 2019 data[6] 34% of adults aged 25 to 64 reported not having had their blood pressure measured in the previous year, compared with 32% of adults aged 45 to 54 and 14% aged 65 and over.

Cardiovascular health checks can help to detect structural and rare heart diseases, and studies show that timely intervention reduces the likelihood of heart attacks and stroke in such cases[7]. However, the potential benefit of screening for risk factors has remained largely underestimated across the EU.

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1 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

2 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU cardiovascular health plan: the Safe Hearts Plan, COM(2025) 1024 final, 16.12.2025. Available on: EUR-Lex.

3 Conclusions on the improvement of cardiovascular health in the European Union, General Secretariat of the Council, 14 November 2024. Available at: Consilium.

4 European Parliament, *Report on an EU cardiovascular diseases strategy*, 2026. Available on: European Parliament.

5 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en..

6 Eurostat (online data code hlth_ehis_pa2u).

7 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

At present, less than half of the Member States have cardiovascular health checks in place that differ in their approaches[8]. In addition, the current fragmentation and insufficient interoperability of health data at the EU level limit the ability to monitor cardiovascular risk factors and health checks and hence the capacity to support research on prevention and treatment strategies.

As vaccination can play a role in the prevention of cardiovascular diseases and their associated risks and complications[9], relevant vaccines can be considered as part of cardiovascular health checks.

Coordinated action at EU level is therefore needed to support Member States in designing and implementing evidence-based, targeted and coherent cardiovascular health checks. Such action will contribute to a reduction in health inequalities between and within Member States, and between population groups, including gender differences.

Objectives of the proposal

This proposal for a Council Recommendation aims to **support Member States in developing and implementing cardiovascular health checks**. It provides recommendations on their preparation, implementation and evaluation.

The proposed Council Recommendation will support Member States in achieving the Sustainable Development Goal, in particular target 3.4, to reduce premature deaths from non-communicable diseases (NCDs) by one third and promote mental health and well-being by 2030, and to improve public health by providing a tool to identify people at a higher risk, to act in a timely manner and reduce the burden on health systems.

It will support Member States in reaching the objective[10] and specific targets of the Safe Hearts Plan to increase the percentage of adults who undergo regular monitoring of their blood pressure, cholesterol and sugar levels. The proposal also aims to support the use of digital solutions, including where appropriate artificial intelligence (AI)-based tools, to improve the implementation of health checks, as well as to leverage the secondary use of health data to strengthen evidence-based design, monitoring and evaluation of screening strategies.

- **Consistency with existing policy provisions in the policy area**

The proposal is consistent with other initiatives in the area of prevention and management of NCDs. It complements and builds on the 'Healthier Together' EU NCDs initiative[11], the strategic framework to support to Member States to prevent and manage NCDs, including cardiovascular diseases and diabetes. It also links with Europe's Beating Cancer Plan[12] and its objectives related to cancer screening, in particular through reinforcing organised screening programmes and improving early detection. Furthermore, it builds on the Communication on

8 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

9 A recent clinical consensus document from the European Society of Cardiology, Heidecker, B. et al., "Vaccination as a new form of cardiovascular prevention: a European Society of Cardiology clinical consensus statement", *European Heart Journal*, Vol. 46, Issue 36, 2025, pp. 3518–3531, https://doi.org/10.1093/eurheartj/ehaf384.

10 To decrease cardiovascular premature mortality by 25% by 2035.

11 European Commission: Directorate-General for Health and Food Safety, *Healthier Together – EU Non-Communicable Diseases Initiative*, Publications Office of the European Union, Luxembourg, 2021. Guidance document.

12 Communication from the Commission to the European Parliament and the Council – *Europe's Beating Cancer Plan*, COM(2021) 44 final, 3.2.2021. Available on: EUR-Lex.

a comprehensive approach to mental health[13] which promotes a mental health across all policies approach.

The proposal has close links with the European Health Data Space (EHDS)[14], which will enable patients to securely access and share their health data in an interoperable electronic format between healthcare providers and across EU borders, thereby supporting continuity of care. The EHDS will also facilitate the secondary use of health data for research, innovation and policy-making, by: a) establishing a common EU framework for the secure access and reuse of data, thereby contributing to strengthening the evidence base for cardiovascular risk prediction; b) improving the effectiveness of screening programmes: and c) supporting the development of innovative tools for prevention and early detection.

- **Consistency with other Union policies**

The initiative is consistent with the priorities set in this research area and the Horizon Europe[15] framework programme for research and innovation, which is a major component of the Union's investment in the prevention and management of cardiovascular diseases and other NCDs.

It is also consistent with the Apply AI Strategy[16] and the Union's broader efforts to support the uptake of artificial intelligence in healthcare, in particular to enhance risk stratification and support more targeted and effective screening approaches, where such tools are clinically validated and deployed under appropriate human oversight.

Furthermore, the proposal is consistent with the legislation on medicinal products[17] and medical devices[18], the proposed Critical Medicines Act[19] and the proposal for a European Biotech Act[20], as these legislative acts are linked to personalised prevention, diagnosis and

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13 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions "*A comprehensive approach to mental health"*, COM(2023) 298 final, 7.6.2023. Available on: EUR-Lex.

14 Regulation (EU) 2025/327 of the European Parliament and of the Council of 11 February 2025 on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847, OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj.

15 Regulation (EU) 2021/695 of the European Parliament and of the Council of 28 April 2021 establishing Horizon Europe – the Framework Programme for Research and Innovation, laying down its rules for participation and dissemination, and repealing Regulations (EU) No 1290/2013 and (EU) No 1291/2013, OJ L 170, 12.5.2021, p. 1, ELI: http://data.europa.eu/eli/reg/2021/695/oj.

16 Communication from the Commission to the European Parliament and the Council, *Apply AI Strategy*, COM(2025) 723 final, 8.10.2025. Available at: EUR-Lex.

17 Proposal for a Regulation of the European Parliament and of the Council laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing rules governing the European Medicines Agency, amending Regulation (EC) No 1394/2007 and Regulation (EU) No 536/2014 and repealing Regulation (EC) No 726/2004, Regulation (EC) No 141/2000 and Regulation (EC) No 1901/2006, COM(2023) 193 final, 26.4.2023. Available at: EUR-Lex.

18 European Commission, "Medical devices sector", Directorate-General for Health and Food Safety, accessed 10 July 2026, Medical devices sector.

19 Proposal for a Regulation of the European Parliament and of the Council laying a framework for strengthening the availability and security of supply of critical medicinal products as well as the availability of, and accessibility to, medicinal products of common interest, and amending Regulation (EU) 2024/795. Available at: EUR-Lex.

20 Proposal for a Regulation of the European Parliament and of the Council on establishing a framework of measures for strengthening the Union's biotechnology and biomanufacturing sectors particularly in the area of health and amending Regulations (EC) No 178/2002, (EC) No 1394/2007, (EU) No 536/2014, (EU) 2019/6, (EU) 2024/795 and (EU) 2024/1938 (European Biotech Act), COM(2025) 1022 final, 16.12.2025.

treatment of cardiovascular diseases. The proposal also aligns with the Life Sciences Strategy[21].

2. LEGAL BASIS, SUBSIDIARITY AND PROPORTIONALITY

• Legal basis

The proposal will support the Union's aims set out in Article 168 of the Treaty of the Functioning of the European Union (TFEU). Pursuant to Article 168(1), a high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities. Union action, which is to complement national policies, is to be directed towards improving public health, preventing physical and mental illnesses and diseases, and obviating sources of danger to physical and mental health, including cardiovascular diseases.

The proposed Council Recommendation is based on Article 168(6) TFEU which provides that the Council, on a proposal from the Commission, may adopt recommendations for the purposes set out in that Article. The proposal focuses on the early detection and screening of cardiovascular diseases and aims to complement the efforts of the Member States in reducing the burden of cardiovascular diseases, which are the leading cause of death and disability in the EU.

• Subsidiarity (for non-exclusive competence)

While Member States are responsible for the definition of their health policy and for the organisation and delivery of health services and medical care, the Union has the competence to support and complement their actions.

Cardiovascular diseases affect all Member States even if the burden varies from one country to another. As Member States face common challenges, action at EU level can provide a real added value through the identification of shared solutions and transfer of knowledge and information. Coordinated EU-level action on health checks is needed to support Member States in organising evidence-based, targeted cardiovascular health checks. This will help to reduce health inequalities between and within Member States, with the aim of reducing the key risk factors in the short term and the cardiovascular disease burden in the long term.

The proposed Council Recommendation provides recommendations to Member States to improve the early detection and diagnosis of cardiovascular diseases, while allowing for adaptation to national needs and context. Progress in this area will help to reduce the individual, societal and economic burden of these diseases and to address inequalities in access to preventive cardiovascular care.

• Proportionality

The proposal supports Member States' efforts in preventing cardiovascular diseases. It respects Member State practices and the diversity of national systems. It recognises that different national, regional or local situations could lead to differences in how the Recommendation is implemented. The proposal does not impose any binding commitments

[21] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, *Choose Europe for life sciences: A strategy to position the EU as the world's most attractive place for life sciences by 2030*, COM(2025) 525 final, 2.7.2025.

on Member States. Member States remain free to decide, having regard to their national circumstances, to which extent they implement the Council Recommendation.

- **Choice of the instrument**

The instrument is a proposal for a Council Recommendation, which abides by the principles of subsidiarity and proportionality. It builds on existing Union policies and conforms with the type of instruments available for EU actions in the area of health policy. The proposed instrument supports Member States in reducing the burden of cardiovascular diseases, while fully respecting their responsibilities for the definition of their health policy and for the organisation and delivery of health services and medical care.

3. RESULTS OF EX-POST EVALUATIONS, STAKEHOLDER CONSULTATIONS AND IMPACT ASSESSMENTS

- **Ex-post evaluations/fitness checks of existing legislation**

N/A

- **Stakeholder consultations**

Stakeholders were given the opportunity to provide feedback based on a call for evidence. Moreover, targeted consultations included webinars with stakeholders and meetings with Member State representatives in the Expert Group on Public Health's subgroup on prevention of non-communicable diseases[22] (11 February and 22 May 2026).

On 26 February 2026, a policy dialogue on health checks was organised in collaboration with the OECD to exchange views and best practices on national health check policies with Member States and stakeholders, including patient organisations.

During the 2026 European Youth Week[23], an event on 'Young hearts, healthy futures: engaging youth in shaping Europe's cardiovascular health priorities', was held in Brussels on 24 April to collect young people's views on cardiovascular health, including health checks and screening.

The call for evidence published on the Have your Say portal[24] from 21 April to 19 May 2026, received 237 contributions[25]. The largest share of submissions came from NGOs (32%), followed by academic and research organisations (16%), companies (10%), business associations (6%) and public authorities (5%). Stakeholders underlined the need for structured, protocol-based health checks as a cornerstone of prevention, systematically linked to follow-up care. A broad consensus emerged in favour of an age-based, life-course approach to cardiovascular health checks that allows Member States sufficient flexibility in their implementation. As a core minimum set of parameters, blood pressure, lipid profile, glucose/HbA1c, kidney function, body mass index, lifestyle information, and family history were identified. Primary care was identified as the principal setting for delivery,

22 European Commission, "Sub-group on non-communicable diseases", Expert Group on Public Health, Directorate-General for Health and Food Safety, accessed 10 July 2026.

23 European Commission, "European Youth Week", European Youth Portal, accessed 10 July 2026, European Youth Week.

24 European Commission, "Cardiovascular diseases – health checks", Have Your Say – Better Regulation Portal, accessed 10 July 2026, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17812-Cardiovascular-diseases-health-checks_en.

25 These are unique contributions, excluding coordinated campaigns.

complemented, where appropriate, with community-based settings such as pharmacies, workplaces and mobile units in order to extend outreach. A major theme was ensuring equal access to cardiovascular health checks, in particular for vulnerable groups such as migrants, people in rural or underserved areas and socio-economically disadvantaged groups. Respondents repeatedly stated that screening should be embedded within integrated care pathways, so as to ensure equal access and effective follow-up care.

The opinions, suggestions and recommendations of stakeholders were analysed and taken into account as much as possible. Some of the more technical issues raised will be taken into account in the implementation phase.

- **Collection and use of expertise**

The proposal for a Council Recommendation on cardiovascular health checks is underpinned by the evidence and recommendations gathered through the work of the Member States in the Joint Action JACARDI, which includes a work package specifically dedicated to early detection and screening. Under this Joint Action, the participating countries published a Short Guide[26] to Screening for Individuals at Increased Risk of Developing Cardiovascular Diseases and type 2 diabetes which provides evidence-based recommendations for organising and implementing cardiovascular health checks, focusing on high-risk populations and individuals.

Furthermore, consideration was given to the evidence compiled by the WHO on the effectiveness of systematic population-level screening programmes for reducing the burden of cardiovascular diseases[27], and the WHO HEARTS technical package for risk-based cardiovascular disease management in primary health care[28].

The OECD, through an EU-funded project, published a report on the State of Cardiovascular Health in the EU[29] which provides a comprehensive assessment of cardiovascular health across the EU to inform EU and national policy efforts. In the report, health checks and targeted prevention initiatives are highlighted as effective and cost-effective approaches for identifying and managing cardiovascular risk factors, particularly among disadvantaged populations. It also identifies persistent inequalities in cardiovascular outcomes, pointing to the importance of ensuring equitable and accessible prevention and care for all. In addition, an OECD policy brief[30] outlines the available evidence for the effective design and implementation of cardiovascular health checks.

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26 Leysen, W., Cardinale, A., Alexandra, C., Lampaert, A., Formenti, B., Armocida, B., et al., *Short Guide for Screening Individuals at Increased Risk of Developing Cardiovascular Diseases and Type 2 Diabetes*, Version 1.0.0, Zenodo, 2026, https://doi.org/10.5281/zenodo.18415472.

27 Jørgensen, T., Rotar, O., Juhl, C. B. and Linneberg, A., *What is the effectiveness of systematic population-level screening programmes for reducing the burden of cardiovascular diseases?* 2nd edition, WHO Health Evidence Network Synthesis Report No. 78, WHO Regional Office for Europe, Copenhagen, 2024, ISBN 978-92-890-6088-2, https://www.who.int/europe/publications/i/item/978-92-890-6088-2.

28 World Health Organization, *HEARTS: technical package for cardiovascular disease management in primary health care – Risk based CVD management*, World Health Organization, Geneva, 2020, ISBN 978-92-4-000136-7, https://www.who.int/publications/i/item/9789240001367.

29 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

30 OECD (2026), *Strengthening health checks for the prevention and management of cardiovascular disease*, OECD Publishing, Paris, https://doi.org/10.1787/95c9ccdb-en. It incorporates the key elements of the discussions during the policy dialogue, as well as written feedback from Member States, the

Finally, the recommendations for EU-wide cardiometabolic health checks developed by the European Society of Cardiology[31] provided a basis for the proposal.

- **Impact assessment**

No impact assessment is required. The proposed instrument only offers recommendations to Member States on how to improve the early detection and screening of cardiovascular diseases through cardiovascular health checks.

- **Regulatory fitness and simplification**

N/A

- **Fundamental rights**

This proposed Recommendation respects the fundamental rights and observes the principles recognised by the Charter of Fundamental Rights of the European Union. In particular, the proposed Recommendation respects the rights of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices (Article 35 of the Charter). It also respects the principle of non-discrimination (Article 21 of the Charter).

4. BUDGETARY IMPLICATIONS

This proposal has no financial implications for the Union budget.

5. OTHER ELEMENTS

- **Implementation plans and monitoring, evaluation and reporting arrangements**

A monitoring framework will track progress of the implementation of the Safe Hearts Plan.

- **Explanatory documents (for directives)**

Not applicable.

- **Detailed explanation of the specific provisions of the proposal**

Not applicable.

European Society of Cardiology , the Joint Action on cardiovascular diseases and diabetes (JACARDI), and the Global Heart Hub, which is the alliance of heart patient organisations.

[31] European Society of Cardiology, "Recommendations for EU-wide cardiometabolic health checks", ESC Newsroom, 15 January 2026, accessed 10 July 2026, https://www.escardio.org/news/news-room/recommendations-for-eu-wide-cardiometabolic-health-checks/.

2026/0276 (NLE)

Proposal for a

COUNCIL RECOMMENDATION

on cardiovascular health checks: an EU approach to early detection and screening

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 168(6) thereof,

Having regard to the proposal from the European Commission,

Whereas:

(1) Article 168(1) of the Treaty on the Functioning of the European Union, requires that a high level of human health protection be ensured in the definition and implementation of all Union policies and activities. It establishes the Union's role in complementing national policies, encouraging cooperation between Member States, and promoting the coordination of health-related initiatives, while respecting national responsibilities for the organisation and delivery of health services.

(2) Cardiovascular diseases are the leading cause of death and disability in the Union[1]. They claim 1.7 million lives every year and affect around 62 million people, and their economic costs exceed EUR 282 billion per year[2].

(3) The 2024 Council Conclusions on cardiovascular health[3] invited the Member States to scale up secondary prevention through evidence-based cardiovascular health checks.

(4) On 16 December 2025, the Commission adopted a Communication on an EU cardiovascular health plan: the Safe Hearts Plan[4], which aims to support Member States in reducing the burden of cardiovascular diseases.

(5) Cardiovascular health checks support the early detection of cardiovascular risk factors, such as high blood pressure, cholesterol, diabetes and obesity, which together with appropriate patient-centred follow-up care, including diagnosis and treatment, can reduce cardiovascular events, such as heart attacks and stroke.

(6) This Recommendation aims to support Member States in their progress towards achieving target 3.4 of the Sustainable Development Goals, to reduce premature mortality from non-communicable diseases by one-third and promote mental health and well-being by 2030, and in reaching the objective of the Safe Hearts Plan to decrease cardiovascular premature mortality by 25%, by 2035, and the specific targets

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1 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

2 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

3 Conclusions on the improvement of cardiovascular health in the European Union, General Secretariat of the Council, 14 November 2024. Available at: Consilium.

4 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU cardiovascular health plan: the Safe Hearts Plan, COM(2025) 1024 final, 16.12.2025. Available on: EUR-Lex.

on blood pressure, cholesterol and glucose measurements in people aged 25 to 34, 35 to 64 and those aged 65 and over.

(7) It aims to support Member States in setting up cardiovascular health checks to improve the early detection and diagnosis of cardiovascular diseases through timely detection and management of risk factors, while allowing adaptation to national and regional needs and context, and respecting the diversity of healthcare systems, including their financing.

(8) Cardiovascular health checks are available in fewer than half of the Member States and vary significantly in their approach[5], in that some offer dedicated national programmes, whereas others integrate cardiovascular risk assessment across the life course through primary care and community-based services.

(9) Cardiovascular health inequalities persist between and within Member States[6], and enhancing access to cardiovascular health checks can contribute to reducing inequalities across the patient pathway.

(10) Evidence shows the effectiveness of population-level interventions which focus on population groups at a higher risk, such as those with type 2 diabetes, in the early detection of cardiovascular diseases[7]. Targeting individuals at a higher risk can improve the effectiveness and efficiency of cardiovascular health checks by increasing the likelihood of preventing avoidable cardiovascular events[8].

(11) In line with guidance from the World Health Organization (WHO)[9], Member States should target those individuals who may be at a higher risk due to age or a risk factor as entry points for cardiovascular risk assessment.

(12) Cardiovascular diseases develop gradually over the life course. As an individual's risk for cardiovascular disease increases with age, cardiovascular health checks should be adapted according to age to ensure their effectiveness in the timely detection of risk factors. The Expert Task Force of the European Society of Cardiology[10] recommends specific cardiometabolic health checks to detect risk early in individuals under 35 years of age, in those aged 35 to 64 years and for older adults (over 65 years). Member States may consider offering personalised health checks for those under 35 years of age in the case of existing risk factors.

(13) The cost-effectiveness of cardiovascular health checks depends on several factors, such as the prevalence and incidence of cardiovascular diseases and their risk factors,

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5 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

6 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

7 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

8 Leysen, W., Cardinale, A., Alexandra, C., Lampaert, A., Formenti, B., Armocida, B., et al., *Short Guide for Screening Individuals at Increased Risk of Developing Cardiovascular Diseases and Type 2 Diabetes*, Version 1.0.0, Zenodo, 2026, https://doi.org/10.5281/zenodo.18415472.

9 Jørgensen, T., Rotar, O., Juhl, C. B. and Linneberg, A., *What is the effectiveness of systematic population-level screening programmes for reducing the burden of cardiovascular diseases?* 2nd edition, WHO Health Evidence Network Synthesis Report No. 78, WHO Regional Office for Europe, Copenhagen, 2024, ISBN 978-92-890-6088-2, https://www.who.int/europe/publications/i/item/978-92-890-6088-2.

10 European Society of Cardiology, "Recommendations for EU-wide cardiometabolic health checks", ESC Newsroom, 15 January 2026, accessed 10 July 2026, https://www.escardio.org/news/news-room/recommendations-for-eu-wide-cardiometabolic-health-checks.

healthcare system context and implementation approach for cardiovascular health checks. New evidence is emerging on the cost-effectiveness of cardiovascular health checks from implementation pilot projects in the Member States[11] and modelling estimates by the OECD[12]. While existing analyses[13],[14] indicate that targeted approaches focusing on individuals at a higher risk[15] tend to present more favourable cost-effectiveness profiles than systematic population-level health checks, further evidence from implementation projects and modelling exercises is expected to refine these estimates.

(14) Cardiovascular health check approaches are subject to ongoing scientific development, and the implementation of cardiovascular health checks should, therefore, be accompanied by continuous assessment of their quality, applicability and cost-effectiveness, where supported by available evidence and in line with national or regional priorities. Emerging scientific developments, including digitally enabled and artificial intelligence-based tools, where clinically validated and used under appropriate human oversight and avoiding gender and other bias, may contribute to the development of new approaches for cardiovascular health checks.

(15) Cardiovascular health checks should involve the systematic application of tests and assessments within a defined target population, with the aim of detecting risk factors in the target population to facilitate their management, before symptoms appear or are detected.

(16) There are various approaches for identifying the target population to be invited for cardiovascular health checks. Eligible population groups may be identified using relevant epidemiological and healthcare data sources, including health examination surveys, disease registries and, where appropriate, healthcare records. The Joint Action on cardiovascular diseases and diabetes (JACARDI) provides an overview of such approaches[16].

(17) Ensuring that cardiovascular health checks are acceptable to the target population is important to enable their safe, affordable, efficient and effective implementation. Higher acceptability for individuals, including through appropriate targeting, clear communication, and minimising the perceived burden, supports the uptake of a cardiovascular health check and strengthens its overall effectiveness.

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11 Joint Action on Cardiovascular Diseases and Diabetes (JACARDI), EU4Health Joint Action (Grant Agreement No 101126953), 1 November 2023–31 October 2027, European Health and Digital Executive Agency (HaDEA). Available at: https://jacardi.eu/.

12 EU4Health 2025 work programme: CR/CV&NCD-CA-25-89 Investing in health promotion and disease prevention across the lifespan.

13 OECD (2025), *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris, https://doi.org/10.1787/ea7a15f4-en.

14 Zanfina Ademi, Sheridan E. Rodda, Karl Vivoda, Susan Hennessy, Olive Fenton and James S. Ware on behalf of Global Heart Hub Manifesto, published in *PharmacoEconomics*, volume 43, issue 11, pages 1281–1292 (2025), https://link.springer.com/article/10.1007/s40273-025-01537-5.

15 Jørgensen, T., Rotar, O., Juhl, C. B. and Linneberg, A., *What is the effectiveness of systematic population-level screening programmes for reducing the burden of cardiovascular diseases?* 2nd edition, WHO Health Evidence Network Synthesis Report No. 78, WHO Regional Office for Europe, Copenhagen, 2024, ISBN 978-92-890-6088-2, https://www.who.int/europe/publications/i/item/978-92-890-6088-2.

16 Leysen, W., Cardinale, A., Alexandra, C., Lampaert, A., Formenti, B., Armocida, B., et al., *Short Guide for Screening Individuals at Increased Risk of Developing Cardiovascular Diseases and Type 2 Diabetes*, Version 1.0.0, Zenodo, 2026, https://doi.org/10.5281/zenodo.18415472.

(18) Health literacy and awareness among individuals of their risk for cardiovascular diseases should be improved, in particular among vulnerable groups and those at higher risk, with community engagement and culturally appropriate communication, because such literacy and awareness help to ensure participation and improve uptake of cardiovascular health checks.

(19) To effectively reduce the burden of cardiovascular diseases, cardiovascular health checks should be linked to appropriate and personalised diagnostic testing and follow-up care, through an integrated, patient-centred care pathway.

(20) Access to existing electronic health data in the context of an individual's cardiovascular health check can help improve its quality and continuity. The European Health Data Space[17] (EHDS) establishes a framework for the secure access and exchange of priority categories of electronic health data, including data on medication, problems, procedures and medical test results, which may contain information relevant for cardiovascular risk assessment and follow-up care.

(21) Sex- and gender-specific risk differences should be considered in the design and implementation of cardiovascular health checks, as men generally develop cardiovascular diseases earlier in life, but women's risk increases after menopause and is affected by other life events, such as pregnancy.

(22) To ensure the effectiveness of cardiovascular health checks and to reduce health inequalities, due account should be taken of the specific needs of vulnerable population groups, such as older people, socio-economically disadvantaged or marginalised groups and difficult-to-reach persons, as they are more likely to face barriers to participation and lower access to prevention and care.

(23) Primary care can be used for the delivery of cardiovascular health checks and to help individuals identified as being at higher risk to reduce their risk through personalised prevention and management of risk factors. Additionally, community-based cardiovascular health checks led by healthcare professionals, for example in pharmacies or using mobile delivery models, can help to identify previously undetected cardiovascular risk in populations who may not otherwise have access to preventive services and follow-up care.

(24) Broader campaigns, incorporating dedicated screening events, that bring cardiovascular health checks closer to people could improve early detection rates, in particular in remote, rural or underserved areas.

(25) Personalised prevention should include relevant vaccination, such as for influenza, which can contribute to reducing cardiovascular risks and complications.

(26) The effective implementation of cardiovascular health checks should ensure a sufficiently trained and adequately resourced health workforce, which should carry out the health checks and provide personalised support and care through a multidisciplinary and patient-centred approach.

(27) The effective implementation, monitoring and evaluation of cardiovascular health checks should be supported by appropriate and proportionate data arrangements and digital tools, including for the identification of eligible population groups, the recording of checks performed, and their outcomes. Where those arrangements involve

[17] Regulation (EU) 2025/327 of the European Parliament and of the Council of 11 February 2025 on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847, OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj.

electronic health data, Regulation (EU) 2025/327 on the EHDS provides the relevant Union framework for the secure and interoperable use of such data.

(28) The availability and use of data from relevant sources, including disease and mortality registries, data generated through cardiovascular health checks and, where appropriate, genomic and other relevant omics data, can contribute to more effective cardiovascular health checks. The secondary use of such data can support research, innovation and policy-making in cardiovascular care, in particular by improving the understanding of risk factors and higher-risk population groups, informing prevention priorities, and supporting the design and evaluation of prevention strategies. The EHDS facilitates such secondary use by establishing a common Union framework for the secure and trustworthy use of electronic health data for secondary purposes across the Union.

(29) Emerging data-driven and AI-supported risk assessment approaches may further improve the identification of individuals at a higher risk, provided that such approaches are clinically validated, deployed and are used under appropriate human oversight in accordance with applicable Union regulatory frameworks.

(30) Ethical, legal, social, medical, organisational, socio-economic, gender equality, and healthcare capacity and resource aspects should be considered before decisions can be made on the design and implementation of cardiovascular health checks.

(31) Effective design and implementation of cardiovascular health checks should entail appropriate governance, including multidisciplinary involvement, collaboration among relevant stakeholders at national and regional level, as appropriate, and the consideration of patient perspectives, to ensure quality and acceptability.

(32) A quality assurance framework should ensure the effective roll-out and monitoring of cardiovascular health checks.

(33) This Recommendation is without prejudice to Member States' competences to organise and finance their health systems and medical care.

HAS ADOPTED THIS RECOMMENDATION:

Objective

(1) This Recommendation aims to support Member States in reaching the following objective and specific targets of the Safe Hearts Plan, by 2035:

(a) to reduce premature cardiovascular mortality by 25%;

(b) at least 75% of people aged 25 to 64, and at least 90% of people aged 65 and older, have their blood pressure measured once a year by a health professional;

(c) at least 65% of people aged 25 to 64, and at least 80% of people aged 65 and older, have their cholesterol measured once a year by a health professional;

(d) at least 65% of people aged 25 to 64, and at least 80% of people aged 65 and older, have their blood sugar measured once a year by a health professional.

HEREBY RECOMMENDS MEMBER STATES:

Design and implementation of cardiovascular health checks

(2) to design and implement accessible cardiovascular health checks, taking into consideration the basic principles of safety, ethics, public engagement and equity;

(3) to base the cardiovascular health checks on available and emerging scientific evidence, while assessing and taking decisions on the national or regional level

depending on the disease burden and the healthcare resources available, including on the healthcare workforce, within national or regional priorities;

(4) to designate a governance structure for decision-making on the design and implementation of cardiovascular health checks, including assessing and adapting the health checks based on outcomes, ensuring a multi-disciplinary approach and including relevant stakeholders such as patient representatives;

(5) to integrate sex- and gender-specific considerations in the design and implementation of cardiovascular health checks;

(6) to recognise the needs of vulnerable groups in the design and implementation of cardiovascular health checks, such as migrants, socio-economically disadvantaged groups, those living in rural areas, and those living with disabilities or co-morbidities;

(7) to ensure equitable access to cardiovascular health checks through broader campaigns which support such checks in accessible primary and community settings, such as pharmacies, local community centres, and to consider mobile delivery models, such as in market places and shopping centres, to bring them directly to people and improve early detection rates, in particular in rural or underserved areas;

(8) to ensure acceptability of cardiovascular health checks to the target population, including through clear and culturally-appropriate communication, health literacy and awareness-raising activities, adaptation of delivery models to their needs and sex-and gender-sensitive approaches;

(9) to use innovative technological solutions, including data-driven and AI-based tools, to support risk assessment and cardiovascular health checks, provided that such tools are evidence-based, clinically validated and used under appropriate human oversight and implemented in accordance with applicable Union law;

(10) to ensure availability and accessibility of referral pathways for follow-up assessment and care of individuals at a higher risk through an integrated, patient-centred care pathway;

(11) to consider a personalised prevention approach in managing individuals at higher risk through evidence-based lifestyle interventions, treatment and regular follow-up health checks to adjust interventions through a patient-centred approach;

(12) to consider appropriate recommendations for vaccination within the personalised prevention approach;

(13) to consider the components of cardiovascular health checks provided in the Annex;

Registration and management of data from cardiovascular health checks

(14) to use appropriate arrangements and digital tools, in accordance with applicable Union and national law, including Regulation (EU) 2025/327 on the EHDS where relevant, to support the implementation and recording of cardiovascular health checks performed and the outcomes, including the identification of eligible population groups;

(15) to take appropriate and proportionate measures to ensure that persons eligible for cardiovascular health checks are informed about and invited to participate in the health checks;

(16) to ensure accessible and easy-to-read information about health checks for persons with disabilities;

(17) to collect, manage and evaluate relevant data relating to tests, assessments and diagnoses, where applicable, in the context of cardiovascular health checks;

(18) to take into account, where applicable and in accordance with Union law, including Regulation (EU) 2025/327 on the EHDS, the potential of relevant electronic health data generated through cardiovascular health checks to support research, innovation and policy-making purposes, including the development and evaluation of prevention and early detection strategies;

Monitoring and evaluation

(19) to regularly monitor the process and outcome of cardiovascular health checks;

(20) to evaluate the effectiveness, cost-efficiency, resource utilisation, population engagement and participant outcomes of cardiovascular health checks;

Training and capacity building

(21) to make use of existing and invest in further training programmes for healthcare professionals to enhance skills in conducting cardiovascular health checks and engaging patients effectively;

Participation

(22) to ensure a high level of participation in cardiovascular health checks and follow-up care, based on fully informed consent, when cardiovascular health checks are offered;

(23) to consider incentives to ensure participation of the target population in the cardiovascular health checks, including possibilities to take part in a personalised prevention programme;

Awareness: community engagement and collaboration

(24) to encourage collaboration and engagement among stakeholders, such as research institutions, patient organisations, civil society organisations, public health and professionals' organisations and clinical bodies, at national and international level to maximise resources and foster cross-border collaboration between relevant stakeholders;

(25) to improve public awareness and citizen engagement in cardiovascular health checks, including through awareness campaigns and improved lifelong health literacy;

Implementation report and follow-up

(26) to report to the Commission on the implementation of this Recommendation within three years of its adoption and, subsequently, every four years to help monitor the implementation of this Recommendation in the Union.

Done at Brussels,

For the Council
The President