



**COUNCIL OF  
THE EUROPEAN UNION**

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from : Permanent Representatives Committee

to : Council

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Subject : Draft Council Conclusions on promoting heart health

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1. The above-mentioned draft Council Conclusions have been proposed by the Presidency. At its meeting on 14 May 2004, the Permanent Representatives Committee agreed on the text as set out in the Annex <sup>1</sup>.
2. The Council is invited to adopt the draft Conclusions.

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<sup>1</sup> Denmark maintains at this stage a parliamentary scrutiny reservation.

**Proposal for  
DRAFT COUNCIL CONCLUSIONS  
On promoting heart health**

The Council of the European Union:

1. NOTES that the citizens of the European Union attach great importance to the highest possible levels of human health and consider it to be an essential prerequisite to a high quality of life;
  
2. RECALLS
  - Article 152 of the Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. Community action in the field of public health shall respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
  - On 3 December 1990 the Council and the Ministers for Health of the Member States, meeting within the Council, adopted Conclusions concerning cardiovascular diseases in the Community <sup>1</sup>;
  - On 2 June 1994 the Council adopted a Resolution on cardiovascular diseases <sup>2</sup>;
  - On 29 June 2000 the Council adopted a Resolution on action on health determinants <sup>3</sup>;
  - On 14 December 2000 the Council adopted a Resolution on Health and Nutrition <sup>4</sup>;
  - On 5 June 2001 the Council adopted Conclusions on a Community Strategy to reduce alcohol related harm <sup>5</sup>;

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<sup>1</sup> OJ C 329 of 31.12.1990, p 19.

<sup>2</sup> OJ C 165 of 17.06.1994, p. 03.

<sup>3</sup> OJ C 218 of 31.07.2000, p 8.

<sup>4</sup> OJ C 20 of 23.01.2001, p. 1.

<sup>5</sup> OJ C 175 of 20.06.2001, p. 1.

- On 26 June 2002, the Council took note of an information by the Spanish Presidency on Cardiovascular Health <sup>6</sup>;
- On 2 December 2002 the Council adopted Conclusions on Obesity <sup>7</sup>;
- On 2 December 2003 the Council adopted Conclusions on Healthy Lifestyles <sup>8</sup>;

3. NOTES that the "Promoting Heart Health, *A European Consensus*" conference in Cork, Ireland on 24 to 26 February 2004, with representatives from the 25 Member and Accession States at a senior health policy level, as well as national and European and world experts in cardiology, health promotion and public health concluded that:

- cardiovascular disease – heart diseases, stroke and other atherosclerotic vascular diseases – is the largest cause of death of men and women in the European Union,
- the European Union is experiencing declining rates of mortality from cardiovascular disease but increasing numbers of men and women are living with cardiovascular disease,
- the majority of cardiovascular disease is preventable, predominantly through lifestyle changes as well as through appropriate use of medicines,
- strategies to promote cardiovascular health need to address the whole population and those at high risk of or living with cardiovascular disease,
- population strategies need to address health determinants including lifestyles, risk factors, and social and physical environments to support health,
- unhealthy lifestyles, particularly tobacco consumption, as well as unhealthy diet and physical inactivity amongst European citizens are risk factors to be addressed in the development of national and European Union policy,
- heart health promotion and preventive strategies are cost-effective investments with measurable health, social and economic benefits,
- Member States should consider the development and implementation of guidelines for those at high risk or living with cardiovascular disease,

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<sup>6</sup> doc. 9752/02 SAN 78.

<sup>7</sup> OJ C 11 of 17.01.2003, p. 3.

<sup>8</sup> OJ C 22 of 27.01.2004, p. 1.

- comparable data is needed across the European Union to monitor cardiovascular disease mortality, morbidity and relevant health behaviours and risk factors,
  - evidence-based information on the promotion of cardiovascular health is already very strong, but more research is needed in Europe.
4. NOTES that the Programme of Community Action in the Field of Public Health 2003 to 2008 <sup>9</sup> has, inter alia, the general objective to promote health and prevent diseases through addressing health determinants across all policies and activities.
  5. EMPHASISES that cardiovascular disease is the largest cause of sickness and morbidity, is a major cause of death and premature death, and a major cause of reduced quality of life for the citizens of the European Union.
  6. STATES that although significant reductions in mortality from cardiovascular disease have been achieved in some countries, rapid targeted action is required in view of demographic trends and consequential increasing prevalence of cardiovascular disease.
  7. STATES that preventive measures, effective treatments as well as other measures are resulting in consequential reduced mortality from cardiovascular disease and increasing the life expectancy of European populations.
  8. ACKNOWLEDGES that older citizens of the European Union have a high prevalence of risk factors for cardiovascular disease, including raised blood pressure and raised blood cholesterol; the population of the European Union suffers from a high prevalence of coronary heart disease, stroke-related disability and increasing prevalence of obesity, diabetes mellitus and chronic heart failure.

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<sup>9</sup> OJ L 271 of 09.10.2002, p. 1.

9. NOTES that the highest rates of cardiovascular disease occur in the lowest socio-economic groups in society, with resultant health inequalities amongst the citizens of the European Union and high social and health costs for Member States and citizens.
10. RECOGNISES that the main risk factors associated with cardiovascular disease are tobacco use, raised blood pressure and raised blood cholesterol levels, factors that are strongly and directly related to an individual's lifestyle and diet, as well as to his or her physical activity levels.
11. RECOGNISES that other contributory risk factors associated with cardiovascular disease include obesity, diabetes mellitus, excessive alcohol consumption and psychosocial stress.
12. IS CONCERNED by the negative consequences for cardiovascular health of the increase in obesity and overweight among all ages in the European Union, particularly among children and young people.
13. RECOGNISES that there are social, cultural and economic differences within and between Member States, and that many Community social and economic policies influence public health and can influence the supportive environments necessary to promote good cardiovascular health, including environmental, agricultural, fisheries, consumer protection, the internal market, transport and education policies.
14. RECOGNISES that it is possible to prevent or delay the onset of cardiovascular disease, to reduce recurrence and to improve the quality of life of people with cardiovascular disease, by addressing the underlying health determinants, particularly tobacco use, poor diet and physical inactivity, as well as excessive alcohol consumption levels of the population.
15. AGREES that promoting cardiovascular health has a direct positive benefit on other non-communicable diseases that are also major health burdens for the citizens of the European Union.

16. ACKNOWLEDGES the need for cardiovascular disease monitoring and surveillance, including comparable cardiovascular mortality, morbidity and risk factor data; and data on lifestyles, knowledge, attitudes and behaviours in populations across the European Union.
17. ACKNOWLEDGES that further research in Europe on combating the risk factors for cardiovascular disease could make a substantial positive contribution to addressing these diseases in the future.
18. RECOGNISES that to effectively address and reduce the incidence and suffering from cardiovascular disease, a long-term approach is necessary through public health strategies incorporating actions or programmes aimed at the healthy population and at individuals and groups at high risk or with cardiovascular disease.
19. ACKNOWLEDGES that a framework for a health promotion strategy requires an integrated approach and needs to be comprehensive, transparent, multisectoral, multidisciplinary, participatory and based on best available research and evidence. The framework needs to target people throughout the life cycle, all groups in society especially those who are most at risk of cardiovascular disease, taking account of social, cultural, gender and age differences, and must include resources to address appropriate evaluation, including monitoring and surveillance of actions and programmes.
20. ACKNOWLEDGES that a framework for a strategy directed at high risk groups or individuals needs to include an evidence-based tool to measure risk of cardiovascular disease and to support lifestyle advice, as well as addressing risk factor interventions and risk factor targets to reduce risk.
21. ACKNOWLEDGES that a high risk strategy needs to identify the education and training resources necessary to ensure that this tool is appropriately disseminated, implemented, monitored and evaluated, through building capacity amongst physicians, with emphasis on primary care general practitioners, other health professions and professions relevant for public health.

22. ACKNOWLEDGES the need for strong links and relationships between health promotion and high-risk strategies, to comprehensively address underlying health determinants associated with cardiovascular disease.
23. ACKNOWLEDGES the advances made in the European Union on tobacco control legislation and programmes.
24. WELCOMES the establishment by the European Commission of the Nutrition and Physical Activity Network.
25. FURTHER WELCOMES the European Commission's initiatives in relation to the preparation of an Environment and Health Action Plan for Europe.
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.

27. INVITES the European Commission to support, as appropriate in the framework of the Public Health Action Programme <sup>10</sup>, 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 European Union; 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,

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<sup>10</sup> OJ L 271 of 09.10.2002, p. 1.



- 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
  - actively encouraging further advances in tobacco control policies;
  - supporting and promoting regular exchange of experience in the area of health determinants and cardiovascular health;
  - 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;
  - 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.

28. INVITES the Commission to continue to co-operate with the relevant international and inter-governmental organisations, in particular the World Health Organisation, to ensure effective co-ordination of activities.

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