

STROKE ACTION PLAN FOR EUROPE 2018 - 2030

AN EXECUTIVE SUMMARY

Stroke is the leading cause of death and disability in Europe. To better understand the reasons behind this statistic, in 2017 the Stroke Alliance for Europe (SAFE) launched a comprehensive assessment of stroke care across European countries.

The results, published in 'The Burden of Stroke in Europe' report, revealed shocking disparities between, and within, countries along the entire stroke care pathway.

The report estimates that by 2035, the absolute number of strokes will increase by 34 percent, stroke deaths will increase by 45 percent, and the number of survivors living with long-lasting effects of stroke will increase by 25 percent.

But this can be largely prevented, and the burden of stroke can be minimised through the right interventions. There is compelling evidence to suggest that stroke is a highly preventable, treatable, and manageable condition.

With this in mind, the Stroke Action Plan for Europe 2018-2030 was crafted through a joint collaboration between SAFE and the European Stroke Organisation (ESO). This action plan provides a clear road map for governments to improve stroke care in Europe.

OVERARCHING TARGETS FOR 2030



Reduce the absolute number of strokes in Europe by 10%.



Treat 90% or more of all patients with stroke in Europe in a dedicated stroke unit as the first level of care.



Have national plans for stroke, encompassing the entire chain of care, from primary prevention through life after stroke.



Fully implement national strategies for multi-sector public health interventions promoting and facilitating a healthy lifestyle, and reducing environmental, socioeconomic, and educational factors that increase the risk of stroke.



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7 DOMAINS OF THE STROKE CARE PATHWAY

In addition to presenting the overarching targets for 2030, the Stroke Action Plan for Europe also identified seven key domains in the stroke care pathway and provides specific targets for each.

THESE 7 DOMAINS ARE

1. Primary Prevention.
2. Organisation of Stroke Services.
3. Management of Acute Stroke.
4. Secondary Prevention.
5. Rehabilitation.
6. Evaluation of Stroke Outcome and Quality Assessment.
7. Life After Stroke.



For each of these domains, the Stroke Action Plan for Europe also reviews the state of the art developments, the state of current services, as well as research and development priorities. Overall, 30 targets and 72 research priorities were identified for these seven domains.

Reducing the burden of stroke in Europe requires a collaborative effort from various decision-makers and stakeholders, including the National Ministries of Health and Social Care, scientific and stroke support organisations, health care professionals, clinical and preclinical researchers, and industry partners.

Now, more than ever, we need to work together to make the improvements that are needed across the whole stroke care pathway and to tackle the disparities and inequalities that are prevalent in stroke care within Europe.