

SAFE and ESO statement on the publication of the European Commission's EU Cardiovascular Health Plan

- Stroke must not be left behind –

The Stroke Alliance for Europe (SAFE) and the European Stroke Organisation (ESO) welcome the 16 December publication of the European Commission's [EU Cardiovascular Health \(CVH\) Plan](#). For the first time, the EU has recognised and is addressing the urgent need for coordinated action on Europe's leading cause of mortality and disability.

It is essential that the Plan, called the 'Safe Hearts Plan', addresses all cardiovascular (CVD)s and that the EU and national countries do not leave stroke behind. As reported in the recent 2025 [OECD report 'The State of Cardiovascular Health in the European Union'](#), stroke is the second leading cause of death from cardiovascular disease after ischaemic heart disease and a major contributor of acquired long-term disability. We have the potential to make a real difference for millions of citizens by using the proposed measures to improve stroke outcomes across prevention, early detection, treatment, care and innovation. In addition, the emphasis on a comprehensive approach to rehabilitation addressing physical, psychological and social needs is of crucial importance to stroke survivors and their caregivers.

SAFE and ESO welcome the Plan's strong emphasis on prevention, its commitment to developing national CVH plans by 2027 and the recognition that multidisciplinary rehabilitation and continuity of care must be integral to national strategies. The proposals to introduce a European network of CVH centres, expand community-based screening, strengthen early detection of inherited and high-risk conditions and deploy digital tools and AI to improve personalised prevention and care are also significant steps forward. We strongly support the Plan's renewed focus on tackling inequalities, including through an EU CVH Inequalities Dashboard and the investment foreseen under Horizon Europe to advance understanding of gender-specific mechanisms of CVD.

SAFE and ESO emphasise that, within a plan framed as 'Safe Hearts' further ambition is required to ensure stroke receives the level of prioritisation proportionate to its burden on patients, families, health systems and society.

"We welcome the EU CVH Plan's commitment to prevention and its recognition of the importance of rehabilitation. To truly support patients and families, stroke must be prioritised explicitly within national cardiovascular strategies, with coordinated care at every stage", says Professor Hariklia Proios, President of SAFE.

"The Commission's Plan is a strong step forward but stroke must not be left behind. Stroke must be fully reflected across all actions if we are to reduce its enormous impact. Clear standards for prevention, acute care, rehabilitation and research are essential." says Professor Simona Sacco, President of ESO".

"A stroke changes your life instantly, but recovery depends on the support you receive afterwards. It is my hope that this Plan helps to ensure that everyone in Europe can access timely treatment, rehabilitation and long-term follow up", says Associate Professor Melinda B Roaldsen, medical doctor and stroke scientist with lived experience.

Our response in full

Ensuring stroke is fully addressed across the EU CVH Plan

Stroke is the second leading cause of death from cardiovascular disease in Europe and a major contributor to acquired long-term disability. It is responsible for 440,000 deaths and €60 billion in annual costs. Yet the 2025 [OECD report](#) highlights that stroke prevention, acute care, rehabilitation, long-term support and research remain fragmented and unequally available across the EU. For the EU CVH Plan to achieve its objectives, stroke must be explicitly integrated across all pillars of action.

The Plan acknowledges several critical issues, such as the importance of early detection of high blood pressure (one of the main risk factors for stroke), the need to expand community-based screening and the vital role of rehabilitation throughout the patient's journey. These are major steps forward.

However, SAFE and ESO believe that further ambition is required to ensure stroke receives the level of prioritisation proportionate to its burden on patients, families, health systems and society.

Key areas where further ambition is needed

1. Acute stroke care and specialised stroke units

Timely access to dedicated, accredited stroke units save lives and reduces disability, yet availability remains highly unequal across Europe.

- We urge the Commission and Member States to include EU-wide benchmarks on stroke unit access and quality of care, building on best practices from the [Stroke Action Plan for Europe \(SAP-E\)](#).

2. Emergency pathways and life-saving interventions

Access to thrombolysis and thrombectomy remains inconsistent across regions.

- We call for EU-level guidance encouraging Member States to set time-bound targets, strengthen emergency coordination, expand imaging capacity and connect smaller hospitals with specialist centres.

3. Structured secondary prevention and follow-up

Secondary prevention is essential to reduce recurrence and long-term disability.

- We encourage the Commission to explicitly support secondary prevention services, ensuring systematic follow-up, rapid access to preventative medicines and interventions and strong integration with primary care.

4. Rehabilitation and life after stroke

We welcome the Plan's explicit recognition that rehabilitation must be multidisciplinary, continuous, include non-medical social support and be integrated into national CVH strategies.

- To ensure meaningful impact, minimum standards for early, intensive and community-based rehabilitation should be promoted across Member States, supported by EU level and cohesion funding. Furthermore, long-term support, including mental health, social reintegration and return-to-work, should be clearly reflected in implementation guidance.

5. Research, innovation and registries

The research priorities included in the Plan are a positive step forward.

- We now urge the Commission to embed stroke explicitly within all future CVD research agendas, including prevention, acute care, rehabilitation and survivorship and support EU-wide stroke registries and performance indicators, enabling systematic evaluation and quality improvement across the full stroke pathway.

Working together to deliver impact for citizens

SAFE and ESO will support the implementation of the EU CVH Plan and help ensure that no patient, stroke survivor or caregiver is left behind. We will work with the European Commission, Member States and our network of partners at EU and national levels, to translate the Plan into tangible improvements for stroke prevention, acute care and life after stroke.

With the right ambition and collaboration, the EU CVH Plan can help Europe make decisive progress in reducing the enormous health, social and economic burden of stroke.

References:

- [EU Cardiovascular health plan](#)
- [OECD The State of Cardiovascular Health in the European Union report](#)
- [Stroke Action Plan for Europe](#)
- [Stroke Alliance for Europe](#)
- [European Stroke Organisation](#)