

## STATEMENT

### **ERA welcomes the EU Cardiovascular Health Plan and calls for a stronger cardiovascular-renal-metabolic approach**

The European Renal Association (ERA) welcomes the adoption of the [EU Cardiovascular Health Plan](#) (the Safe Hearts Plan) as a timely and important step to strengthen cardiovascular health across the EU, including related conditions such as kidney disease and diabetes.

ERA supports the clear shift from treatment towards prevention and early detection, and welcomes the EU's continued efforts to tackle key risk factors such as unhealthy nutrition, physical inactivity and tobacco use.

However, while we fully endorse an approach based on shared risk factors and comorbidities, the Safe Hearts Plan underestimates the strong and well-established links between cardiovascular disease (CVD) and chronic kidney disease (CKD) within the broader cardiovascular-renal-metabolic (CRM) framework, which increasingly guides scientific research and clinical practice and reflects the close interaction between cardiovascular, kidney and metabolic conditions.

Despite the close and bidirectional link between CVD and CKD, the Plan does not adequately reflect the rapid growth of CKD (as recently recognised in the WHO Resolution on kidney health and in the UN Political Declaration on NCD), or its significant impact on the future CVD burden and the strategies needed to address it.

- At least 30% of people with CVD also have kidney disease, and vice versa.
- Around 80% of people living with CKD are unaware of their condition, which significantly reduces the chances of timely diagnosis and prevention of both kidney and cardiovascular complications.
- CKD has increased by 44% between 1990 and 2023, currently affects more than 10% of the population, and is projected to become the third leading cause of death in Western Europe by 2050.

While the Safe Hearts Plan acknowledges the need to include CKD screening within the scope of risk-factor check-ups, there is currently no clarity on whether and how this will be reflected in the announced EU protocol on health checks.

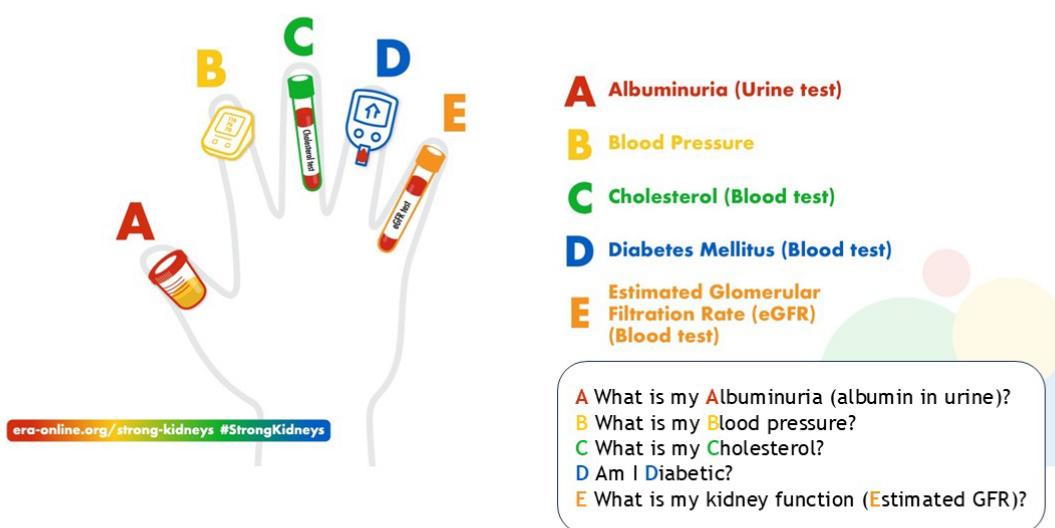
Based on ERA's **ABCDE** holistic approach to CRM health and taking into account the most recent recommendations from scientific societies in cardiology, nephrology, diabetes and other metabolic conditions, the EU Council Recommendations planned for 2026 should explicitly include CRM health checks. Alongside other relevant tests (Blood pressure, Cholesterol, Diabetes screening), this should include screening for albuminuria and the estimated glomerular filtration rate (eGFR), the **A** and **E** in **ABCDE**, which are reliable, simple

and cost-effective tests to assess kidney function and identify individuals at high risk of major cardiovascular events that may benefit from initiating therapy that decreases this risk and improves healthy survival.

Furthermore, CKD should be fully integrated into the EU's efforts to improve the collection, integration and harmonisation of data related to CVD and its risk factors. This would mean ensuring that kidney health indicators are systematically included in registries, surveillance systems and data platforms, and that data can be linked across cardiovascular, renal and metabolic domains. Such an approach would support better risk stratification, more effective prevention strategies, improved research and innovation, more efficient use of healthcare resources and improved health outcomes across Member States.

ERA therefore calls on the Council of the European Union and the European Parliament to address these gaps and ensure that the EU response to the burden of CVD is firmly grounded in scientific evidence and health system efficiency. We also urge the European Commission to ensure that a broad CRM perspective is fully taken into account in the upcoming steps of the implementation of the Safe Hearts Plan.

Finally, the European Renal Association reaffirms its commitment to continue working closely with medical societies and patient organisations active in the fields of cardiovascular and kidney diseases, diabetes, obesity and other metabolic conditions, as well as with policymakers at EU and national levels. ERA stands ready to contribute its expertise to the development of sound, practical and evidence-based recommendations to support the effective implementation of the EU Safe Hearts Plan for the benefit of patients and citizens across Europe.



## Additional references:

- Visseren FLJ, Mach F, Smulders YM, et al. 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice. *Eur Heart J.* 2021;42(34):3227-3337. doi:10.1093/eurheartj/ehab484 (<https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/CVD-Prevention-Guidelines> )
- Ortiz A, Wanner C, Gansevoort R; ERA Council. Chronic kidney disease as cardiovascular risk factor in routine clinical practice: a position statement by the Council of the European Renal Association. *Nephrol Dial Transplant.* 2023;38(3):527-531. Doi:10.1093/ndt/gfac257

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