IDF Europe Response to the 'EU Safe Hearts Plan'

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On December 16, 2025, the European Commission published its 'EU Safe Hearts Plan', a comprehensive initiative aimed at tackling cardiovascular diseases (CVD) across the European Union (EU). Structured around three pillars — prevention; early detection and screening; treatment and care, including rehabilitation — and supported by cross-cutting actions on digital Innovation, research and innovation, and tackling health inequalities, the Plan represents an important step towards a more integrated EU response to non-communicable diseases (NCD).

IDF Europe strongly welcomes the Plan's recognition of the interconnectedness between CVD, diabetes and other non-communicable diseases (NCD) such as obesity **and the profound impact that their frequent co-occurrence has on citizens' quality of life.** This acknowledgement is crucial as it reflects the lived reality of millions of people across Europe and sends a powerful signal that NCD prevention and care can no longer be effectively pursued through fragmented, disease-specific approaches. Once this interdependence is recognised, it follows that the Plan's ambition can only be realised through genuinely integrated and comprehensive action. **Improving cardiovascular outcomes at population level is inseparable from addressing diabetes, given its role as both a major risk factor and a driver of CVD.** Integrated, person-centred strategies are therefore essential to deliver improved long-term public health outcomes, reduce pressure on healthcare systems and support a healthy, resilient population as a foundation of a competitive Europe.

The Plan's success will consequently depend on whether diabetes (and, as relevant, other NCDs) **is fully and consistently integrated throughout all relevant actions**. Without systematic integration of diabetes prevention, management and research, the Plan risks falling short of its intended impact. **Diabetes integration is not complementary to the Plan — it is a prerequisite for its delivery.** Ensuring that diabetes is placed alongside CVD at the core of the Plan will help unlock its maximum impact, accelerate progress and deliver tangible benefits for citizens and healthcare systems alike.

This paper assesses the Safe Heats Plan's actions and initiatives with the greatest potential for meaningful impact and puts forward specific recommendations to strengthen areas where further ambition is needed. It also identifies key gaps which, if addressed, would help ensure the Plan's objectives are fully realised.

What are the Plan's strong Points?

Prevention, Early Detection and Screening

- **The Plan sets prevention targets** by 2035 including '*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*'. Implemented effectively, this measure alone could substantially reduce **the number of people living with undiagnosed diabetes** *(currently estimated at more than 10 million in the EU)*, thereby lowering the risk of preventable diabetes-related complications such as CVD *(by the time of diabetes diagnosis, half of people diagnosed with complications show signs of CVD complications)*.
- **It advances a coherent and coordinated approach to prevention and early detection, addressing** lifestyle risk factors such as unhealthy diets and physical inactivity, while calling for a Council Recommendation for an EU protocol on health checks addressing indicators common to many NCDs – blood glucose, obesity, blood pressure and cholesterol. This broader NCD approach has the potential to improve standardisation and data collection and help reduce health inequalities, while fully respecting national competences.
- **Supporting Member States (MS) in reviewing and/or developing national CVD plans** is an effective mechanism to strengthen prevention and management and reduce health inequalities.
- **The Plan's focus on mental well-being,** notably through initiatives targeting children and adolescents, **addresses an often-underestimated burden –** both in its own right and as a significant driver of health outcomes across NCDs. This is reinforced by the recognition of the interdependence between physical and mental health.
- By acknowledging the needs of **vulnerable populations, women and socio-economically disadvantaged groups**—who account for a significant proportion of people living with NCDs *(social determinants are known to account for an estimated 30-55% of health outcomes)*—the Plan creates a meaningful opportunity to reduce persistent health inequalities.
- The promotion of **personalised risk prediction tools**, combined with efforts to improve access and coverage through **mobile and community-based screening programmes** reflects best practice**. Evidence from Ireland's** chronic diabetes management and enhanced community care programmes demonstrates that **systematically addressing NCDs and bringing prevention and management closer to communities can play a decisive role in closing existing gaps in detection and care for all NCDs**.

Living with cardiovascular diseases

- **Safe Hearts acknowledges the need for high-quality, coordinated and person-centred approaches**, including the proposal for a Council Recommendation. This is particularly relevant for people living NCDs such as CVD and diabetes, who frequently experience multiple comorbidities.

Integrating data and digitalisation

- **The Plan highlights the transformative potential of digital technologies and artificial intelligence** to improve disease prediction, personalised prevention and integrated care. Supported by a €20 million flagship initiative including the launch of an incubator, this represents a significant step forward in accelerating the deployment and application of AI- and data-driven tools that could fundamentally reshape current prevention and care models while shoring up healthcare system resilience.

Addressing the research and innovation gap

- **A flagship initiative will address the research and innovation gaps**, with the aim of improving understanding of cardiovascular disease mechanisms and support the uptake of innovative tools for personalised risk prediction and the optimisation of treatment. Crucially, it will aim to conduct research on innovative healthcare interventions for cardiovascular diseases and diabetes and research on cardiovascular, metabolic and renal diseases, under the European Partnership for Personalised Medicine. This is critical as many unmet needs remain, notably in developing agents offering cardio-renal protection for people living with type 1 diabetes (T1D). New classes of therapeutic agents for T2D, with organ-protection properties, also require further investigation to determine optimal usage and identify specific populations that would benefit the most from these treatments. Similarly, CVD is the leading cause of death in people living with T1D. Yet too little is known about the mechanisms behind the CVD risk.

Working together: a framework for collaboration and monitoring

- **Multi-stakeholder and cross-sectoral approach**. The Plan's strong emphasis on this recognises that meaningful progress depends on the active involvement of patients and civil society alongside policy-makers, HCPs and researchers.

How can the Plan's Impact be optimised?

As the Plan rightly acknowledges, diabetes and CVD are deeply interconnected. Effective CVD prevention and management cannot be achieved without systematically integrating diabetes in all relevant initiatives. A joined-up approach combining cross-cutting action with diabetes-specific measures where required is essential to improve cardiovascular and diabetes outcomes.

Key areas where such a joined-up approach is not explicitly set out in the Plan, include:

- ***'EU Cares for Your Heart'*.** National **cardiovascular health plans should consider how to integrate a diabetes component** or, where national diabetes strategies already exist, define how the two frameworks can mutually strengthen and complement each other. Personalised approaches should consider both conditions, with digital tools used across all at-risk groups.
- ***'Integrated Care' flagship initiative.*** The establishment of an **EU network of cardiovascular health centres** and the planned **Council Recommendation on personalised treatment and monitoring of CVD** represent a major opportunity to embed diabetes and other comorbidities systematically within integrated care pathways and to provide education and best practices contributing to upskilling HCPs across conditions including mental health. About one third of people living with diabetes (PwD) will develop CVD in their lifetime and one in three people with coronary artery disease live with type 2 diabetes (T2D) or intermediate hyperglycaemia. This makes this integration essential to effectively address multimorbidity for people living with diabetes and/or CVD, ensure continuity of care and deliver holistic, diabetes/CVD-inclusive models of care across MS. The networks should work to identify best practices and approaches. They should also seek to understand which specific interventions (medicines, tools, approaches) lead to best possible health outcomes.
- **Data, AI and the European Health Data Space (EHDS).** The current data gaps hinder the analysis of what is really effective in diabetes/CVD prevention, diagnosis, management and care both at individual and community levels. Larger, comparable data sets might help more precisely and rapidly identify effective and impactful policies across systems, accounting for differing health structures and approaches. The proposed **incubator for innovation and integration of AI** and digital technologies can help overcome persistent challenges related to data fragmentation, interoperability, and the deployment and application of AI and data-driven tools for CVD, diabetes and obesity. To realise its potential, diabetes and obesity-related datasets and indicators must be embedded within the EHDS and AI tools clinically validated for all three conditions. Data needs to include real-world evidence from all types of digital health technologies – consumer trackers, for example, as well as data generated by continuous glucose monitors in the case of diabetes.
- **Integrated research, cross-country clinical trials and innovation procurement. This provides an opportunity to advance patient-centred solutions** that reflect the realities of people living not only with CVD but also of those living with diabetes. The explicit inclusion of diabetes in initiatives on risk prediction, personalised and digital approaches, and research across cardiovascular, metabolic and renal diseases is a key strength that should be fully leveraged.
- **Network of cardiovascular and diabetes experts**, increased support for **targeted actions addressing diabetes and CVD risk among vulnerable populations, and sustained stakeholder dialogue** — including a focus on **young people** will be critical in ensuring that implementation remains person-centred, equitable and aligned with the lived experience of people with diabetes and/or CVD, both in Europe and globally.

What critical gaps need to be addressed to deliver in the Plan's ambition and support better prevention and health outcomes for people at risk of, or living with, diabetes (and CVD)?

The Safe Hearts Plan clearly acknowledges the close interplay between diabetes and cardiovascular disease (CVD). Many of its proposed initiatives support action that spans both conditions. However, important unmet needs in diabetes prevention and management remain. Addressing these gaps is essential to optimise outcomes.

Adopting complementary targets

The proposed targets support prevention and early action for people at risk of T2D, or living with the condition undiagnosed, but fail to acknowledge the need for better screening for people living with the autoimmune form of the disease, T1D, and the management of both T1D and T2D. People living with T1D are at heightened risk of CVD, but T1D cannot be prevented through lifestyle measures. Action should therefore be taken to reduce the risk of CVD in people living with T1D, through improved diabetes management alongside regular screening for CVD. As T2D is a key driver of CVD, in addition to sharing modifiable risk factors, greater focus needs to be placed on its management.

Such targets would drive earlier action and lower the risk of CVD. Proposed targets are as follows:

- 80% of people living with T2D—and 100% of those with T1D—will be diagnosed and controlled (achieving Time in Range above 70% of the time)

Ensuring that screening results lead to preventative action across conditions

The proposed Plan highlights the support that the Commission will provide following effective early detection and screening to the development and piloting of EU guidance on personalised treatment and monitoring of cardiovascular diseases, to ensure appropriate follow-up care**. Where the screening identifies people at risk of diabetes via elevated blood glucose levels, specific care needs to be provided not just in relation to the CVD risk, but also in the prevention of diabetes.**

Optimising diabetes prevention and management for better CVD outcomes

The need for targeted research

1. **T2D prevention and remission**. This has traditionally focused on lifestyle modifications, which can be effective but are difficult to achieve. Some pharmacological interventions, potentially associated with lifestyle modifications, can delay the onset of T2D and potentially promote its remission, thereby lowering the risk of CVD. More research is required in the most effective approaches and ensuring remission sustainability. Gestational diabetes (GDM) is also a key risk factor for T2D, but effective prevention of GDM and optimal follow-up screening strategies still need to be better explored as does the evaluation of social interventions.
2. **T1D and T2D cure.** A cure remains the ultimate unmet need, which could restore the body's ability to produce insulin naturally, or address insulin resistance and the progressive decline in insulin-producing cells and beta-cell function and mass.

Ensuring access to medicines, technologies and education

Many solutions exist that have a direct impact on glycaemic management, but they need to be made available more systematically and equitably within and across MS.

1. M**ore transparency, greater collaboration and common EU approaches** to medicines development and procurement beyond critical medicines is needed.
2. Options should also be explored relating to the **pricing of medicines across EU countries**.
3. **Cost-effectiveness assessments** should be conducted to build evidence on the long-term health and economic benefits of reimbursing innovative treatments and technologies.

Fostering the adoption at national level of the latest scientific guidelines

This should be done both on the management of CVD and on that of diabetes and, as relevant, integrate them.

Guaranteeing sustained funding

Dedicated funding for health should be provided within the next Multiannual Financial Framework, or if the health budget is integrated within the Competitiveness Fund, then a new "Health and Resilience" stream should be developed with a ring-fenced budget. Within this, a dedicated research and innovation budget for CVD, diabetes and other NCDs should be earmarked, anchored in FP10 as Horizon Europe's successor, to close critical knowledge gaps and speed innovation in diseases that account for about 80% of the EU health burden. This should be structured as a moonshot-style programme, with the incubator for innovation and integration of AI and digital technologies; strong implementation-research streams to scale proven care models in real settings; robust research into diseases trajectories; and EHDS-ready registries/real-world data to accelerate translation into patient benefit. Investment in primary care and healthcare system digitalisation should also be guided by the European Semester, to reduce inequalities across EU MS and improve the resilience of EU health systems.

IDF Europe has also published an in-depth analysis of the best way to optimise CVD and diabetes prevention, management and research, which is available here.