



Joint action
cardiovascular diseases
and diabetes

Cardiovascular prevention strategies in Italy and Europe-JACARDI

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Screening cardio-nefro-metabolico: conoscere il rischio per agire tempestivamente

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Sala «Caduti di Nassirya», Piazza Madama, Roma



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JACARDI: Project overview

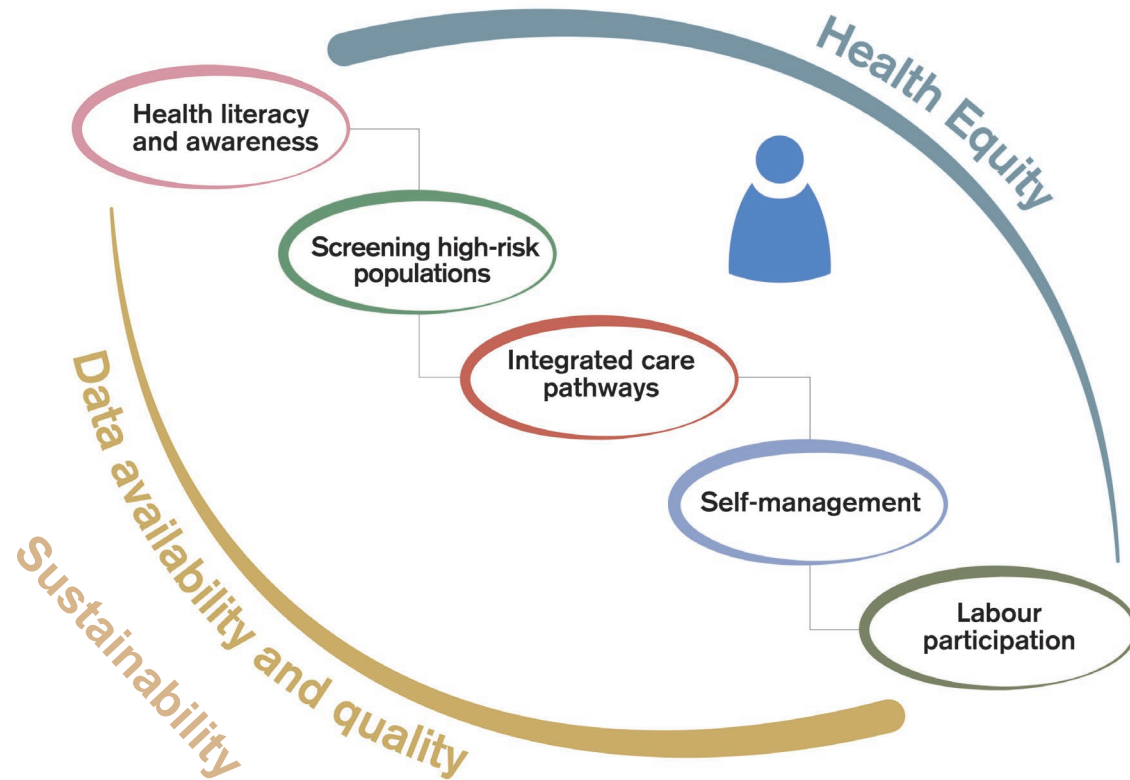
- Total budget: **€66 Million**
- Duration: **01 November 2023 – 31 October 2027**
- Coordinator: **Istituto Superiore di Sanità (Italy)**
- Number of European Countries: **21**
- Number of Partners: **76**
- Pilots to be implemented: **143**

- To **reduce the burden of CVD and DM**, both at individual and societal level, while assuring health systems **sustainability and equity**
- Enhance the **implementation of best practices**, and **pilot testing** of innovative practices

JACARDI's comprehensive approach involves **143 pilots projects across 18 European countries**, aiming to **implement best practices and innovative strategies** to reduce the burden of CVD and DM



JACARDI framework: the Patient Journey



- Health promotion and prevention
- Early detection and screening
- Integrated and continuity of care, including labour participation



Critical reflection

- Context and Data
- Co-design
- Communications

Sustainability in JACARDI is defined as the ability of JACARDI to **provide structured and evidence-based support for the pilots and other JACARDI partners**, to support the continued utilization of pilots' results after the EU funding ends within their countries, and/or **within the key topics of JACARDI, and/or at high policy level.**

CVD and diabetes within a single framework



WP8

Screening high-risk population and individuals



Screening high-risk
population
and individuals

Main Objectives

To improve screening for CVD and DM of high-risk populations and individuals, and to support the definition of standardized strategies for early identification of CVD and DM at the European level.

Expected Results & Impact

General screening guidelines and capacity building on screening methods to support countries in organizing screening activities. These screening guidelines also support the preparation of the European Cardiovascular Health Plan. **The WP lay the foundation for sustainable screening models that reduce the burden of CVD and DM across the EU.** This is achieved by working together across countries within our pilot projects, and through guidelines, capacity building, and training.



WP8

Screening high-risk population and individuals



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COUNTRIES OF IMPLEMENTATION

Belgium, Finland, France,
Hungary, Ireland, Italy, Latvia,
Romania, Slovenia, Spain,
Ukraine

19 Pilots projects

- 19 pilot projects, which test the feasibility of different screening approaches in diverse local situations and infrastructures and generate real-world evidence to support development of the European level screening guidelines
- Pilots implement population- or individual-based population, systematic, or opportunistic screening and operate in clinical or non-clinical settings

Protocols have been developed aiming to harmonize screening strategies, assisting EU countries in organization of screening programmes, and supporting the design and sustainability of effective pilot projects within JACARDI



WP8 Pilot 77: Italian HES-Health Examination Survey

- **7 Regions in the framework of JACARDI (North, Centre, South)** will be added to the other 13 Regions previously analysed with the same standardised methods
- **From HES 2008-12 to the HES 2018-19:**
 - Blood pressure (BP) and salt consumption (from 24-hour urine collection) decreased
 - Obesity did not increase
- **From HES 2008-12 to the HES 2023-26**
 - significant reductions in raised BP (140/90 mmHg and over) prevalence occurred compared to 25 years ago and 15 years ago HES data;
 - decrease of glycemia, total cholesterol and triglycerides mean values resulted, as well as of DM and High Cholesterol prevalence compared to 2008;
 - CVD risk mean level did not increase
- **These results, if confirmed, are going in the direction of the objectives stated by the WHO Global Action Plan for the Prevention and Control of NCDs**





WP8 Pilot 77: Italian HES-Health Examination Survey



- **CUORE Project (epidemiology and prevention of CVDs) web site**
www.cuore.iss.it
- **CUORE Project health surveys (1983-2025)**
<https://www.cuore.iss.it/indagini/cuore-data-coorti>
- **Italian HES-Health Examination Survey – CUORE Project 2023-2025**
<https://www.cuore.iss.it/indagini/ita-hes-2023>
- **CuoreData – health data platform**
<https://www.cuore.iss.it/indagini/CuoreData>



The EU Safe Hearts Plan

The Safe Hearts Plan: A Unified EU Strategy for Cardiovascular Health

A coordinated response to the urgent cardiovascular crisis, built on prevention, early detection, and advanced care to reverse trends by 2035.

The Growing Cardiovascular Crisis



1.7 Million
Lives Lost Annually

Cardiovascular disease remains the leading cause of death and disability across the EU.

€282 Billion
Annual Economic Burden

This total includes healthcare costs and **647 billion** lost in productivity.



90%
Projected Rise in Prevalence

Without intervention, CVD prevalence is expected to skyrocket between 2025 and 2050.

The Safe Hearts Roadmap

Three Pillars of Intervention



Prevention

Early Detection & Screening

Integrated Treatment & Care



25%

Reduction in Premature Mortality

The EU aims to reach this primary health target by 2035.



3%

3%

Cost-Effective Prevention

Closing the Prevention Gap

Currently, only 3% of healthcare spending is dedicated to cost-effective prevention measures.

2035 Annual Monitoring Targets (Ages 65+)

Blood Pressure Measurement



90%
of Population

Cholesterol Measurement



80%
of Population

Blood Sugar Measurement



80%
of Population

NotebookLM

Source: Communication from the Commission to the European Parliament, the council, the European Economic and Social Committee and the Committee of the Regions on an EU Cardiovascular Health Plan: the Safe Hearts Plan https://health.ec.europa.eu/document/download/dfb60cde-21a5-426d-8616-e394a326abc2_en?filename=ncd_com-2025-1024_act_en.pdf



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Thank you

