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Framework for resilient and sustainable health systems in the WHO European Region 2025–2030

Statement by:

European Independent Foundation in Angiology/Vascular Medicine (VAS)

[VAS - European Independent Foundation in Angiology/Vascular Medicine](#) welcomes the proposed Framework as a comprehensive commitment that effectively captures essential aspects of achieving equitable health and well-being. It identifies the necessary changes required to realize these goals.

To ensure that critical realities are acknowledged and leveraged for the improvement of health systems, it is sometimes vital to concentrate on specific health conditions, even within a broader context. For instance, diabetes and hypertension exemplify areas where targeted interventions can significantly impact the management of non-communicable diseases (NCDs).

Action on vascular diseases is urgently required, as these non-communicable diseases (NCDs) are escalating with aging populations. They represent a significant burden both in Europe and globally. The majority of these conditions are high-risk factors for major acute events, leading to reduced self-sufficiency and significantly diminished quality of life. Key examples include Peripheral Arterial Disease (PAD), aortic aneurism, Buerger's Disease, Deep Vein Thrombosis (DVT), venous ulcers, lymphedema, some microcirculatory disorder. Other diseases, despite having better prognoses for patients, still exert a negative influence on social costs, such as chronic venous insufficiency and vasospastic disease.

VAS focuses attention on three main priorities: PAD (often associated with aortic aneurisms), DVT which can lead to venous ulcers; lymphedema. These conditions exemplify the significant gap between the potential for achieving positive health outcomes and the current state of public health organization.

Vascular diseases significantly influence all-cause mortality, non-fatal acute events, quality of life, and social costs, all of which deteriorate with disease progression. For instance, in the advanced stages of PAD, the five-year mortality rate reaches 60% to over 80% in patients who have previously undergone amputation. Additionally, the amputation rate exceeds 60% in the most severe stages of the disease, with the quality of life for these patients comparable to or worse than of some cancer patients.

However, the issue lies more in the organization of health systems than in the aggressiveness of the diseases themselves. Public health systems often only engage with patients during advanced stages, when hospitalization is required, resulting in high costs and suboptimal outcomes. The primary goal must be to prevent the disease and, through robust programs, to mitigate its progression.

For PAD, initial diagnosis is easy and can be accomplished through a variety of methods that contribute to broader prevention strategies. The condition responds positively to preventive measures. By prioritizing early intervention, it is entirely possible to save lives, preserve limbs, and reduce social impacts, healthcare costs, and hospitalizations.

Equity is also a significant concern. Vascular patients often face barriers to receiving timely and accurate diagnosis and treatment. The vision underpinning the Framework—that everyone can trust

they will receive the right care, including preventive and promotive services, at the right time, in the right place, from the right person, without experiencing financial hardship—remains a distant reality for these patients in all its aspects.

VAS is based on large, stable collaborations of qualified Centres, in Europe (with a relevant international extension), and dedicated Networks that address various risk factor, health workers active in different fields, and Medical Students Organizations. Education, awareness and developing proposals for improving prevention and shaping health-promoting health systems in the vascular area, also using digital innovation, are the main activities. Patients' engagement is a core component of these initiatives.

To support the implementation of the Framework, VAS would be honoured to contribute its expertise to initiatives in Priority Action Areas 1 to 6. Simultaneously, a focused effort on vascular disease will be prioritized and monitored over time. The values and objectives of WHO/Europe will be integrated into education, clinical practice, and awareness-raising activities in everyday settings.