EASO The European Association for the Study of Obesity

EASO Position on the EU Cardiovascular Health Plan

The need for action on obesity to improve cardiovascular health

Obesity is a pressing health and societal priority for Europe. By 2030, 30% of the European population is expected to be living with obesity.[1] Obesity is not only a chronic disease in itself, but it is also a gateway disease to other non-communicable diseases (NCDs) and drives over 200 complications, including diabetes, cancer and cardiovascular diseases (CVDs).

Obesity is often misunderstood as a matter of individual responsibility when, in reality, it shows a strong genetic predisposition and is driven by a complex interplay of biological, environmental and social determinants. At the same time, it is an issue of equity, as the burden of obesity is not shared equally. People facing socioeconomic disadvantages, limited access to health-promoting environments, or timely access to healthcare are disproportionately disadvantaged.

CVD remains the leading cause of mortality in Europe, causing 1 in every 3 deaths and consuming over 20% of all healthcare expenditure in the EU.[2] These figures are staggering and highlight the need for the development of an EU Cardiovascular Health Plan.

EASO strongly welcomes the European Commission's ambition to adopt such a plan. We emphasise that the Plan will only be successful if it adequately acknowledges and addresses obesity as a fundamental driver of CVD. Research shows that people living with obesity have a 67.5% increased risk of death from CVD.[3] Global modelling shows that almost 10% of all CVD related deaths are attributable to BMI-related risk categories[4] and the OECD has found that 23% of CVD related treatment costs are directly linked to obesity.[5]

Despite its scale and impact on the prevalence of CVD, obesity has not yet been systematically addressed across EU health frameworks. Existing initiatives such as "Healthier Together" and the European Health Union mention obesity, but they do not treat obesity with the same urgency and coherence as other non-communicable diseases.

As such, EASO calls on the Commission to ensure that the EU Cardiovascular Health Plan fully recognises obesity as a gateway condition and includes measures to address obesity as a primary prevention tool to reduce the prevalence of CVD. Without decisive and coordinated action, the dual burden of obesity and CVD will continue to strain our healthcare systems, reduce quality of life of people living with these diseases, and place enormous pressure on Europe's economy and workforce productivity.

We urge the inclusion of the following actions:

1. **Recognise obesity as a gateway for the development of CVD.** The Plan should explicitly recognise obesity not only as a risk factor, but as a primary cause and driver of CVD. Obesity

must be addressed in parallel with CVD through comprehensive, person-centred strategies that address prevention, early diagnosis, and comprehensive care for people living with obesity.

2. **Include actions to address obesity as a primary prevention tool for CVD.** Research shows that effective obesity treatment and management can both prevent the development of and help manage existing CVD by improving cardiovascular health systems. Without effective action to improve obesity management, the EU cannot effectively prevent or manage CVD. The Plan should provide a framework for acting on obesity as a primary prevention method to improve cardiovascular health, including the implementation of joint obesity, diabetes and cardiovascular health checks that go beyond the traditional disease-specific approach.

3. **Promote cross-sectoral collaboration and leverage national networks of practitioners and researchers.** Health cannot be improved by treating one organ or disease in isolation. Obesity and CVD must be addressed together, with joint frameworks that treat the whole person rather than a singular disease. The Plan should leverage networks of practitioners, researchers and people living with obesity to facilitate the sharing of knowledge, lived experience and best practices.

The EU Cardiovascular Health Plan presents a critical opportunity to change the trajectory of cardiovascular disease in Europe, but this will only be realised if obesity is fully embedded as a central pillar of action. EASO welcomes continued collaboration with the Commission to ensure this ambition is translated into meaningful action.

References

1. World Obesity Federation (2024). World Obesity Atlas 2024. https://www.worldobesity.org/news/world-obesity-atlas-2024.
2. European Society of Cardiology (2025). ESC Atlas of Cardiology – EU 27 cardiovascular realities 2025. https://www.escardio.org/Research/ESC-Atlas-of-cardiology.
3. Koskinas et al. (2024). *Obesity and cardiovascular disease: an ESC clinical consensus statement*. https://doi.org/10.1093/eurheartj/ehae508.
4. World Heart Federation (2025). *World Heart Report 2025 – Obesity & Cardiovascular Disease*. https://world-heart-federation.org/resource/world-heart-report-2025/.
5. OECD (2019). *The Heavy Burden of Obesity: The economics of prevention*. https://www.oecd.org/content/dam/oecd/en/publications/reports/2019/10/the-heavy-burden-of-obesity_0beeff1b/67450d67-en.pdf.