

Commissioner Helena Dalli

CC: Commissioner Stella Kyriakides

28 September 2023

Rue de la Loi / Wetstraat 200

1049 Brussels

Subject: Open letter to the European Commission on promoting gender equality in cardiovascular health in the European Union.

Dear Commissioner Helena Dalli, Dear Commissioner Stella Kyriakides,

The EU Gender Equality Strategy¹ begins by saying: “Promoting equality between women and men is a task for the Union in all its activities under the Treaties.”

Despite this, there have been few specific actions taken to tackle the number 1 cause of death of women in the EU today – cardiovascular disease².

As Members of the European Parliament’s Gender Equality Committee, we are writing to encourage you both to tackle the cardiovascular health gender inequalities that exist in the EU today.

Cardiovascular diseases affect more women than men. Nevertheless, a meta-analysis of 86 randomised controlled trials conducted in Europe between 2010 and 2017 found that only 37.4 % of the 68 000 participants were women³. This has a major impact on the gender-appropriateness of the treatments available and how they are designed to function in women.

These gender inequalities also manifest themselves in public awareness of cardiovascular diseases. For example, the ESC study⁴, which enrolled 41,828 patients with chest pain, of which 42% were women, showed that women were significantly more likely to present late to the hospital (defined as waiting 12 hours or longer after symptom onset): this occurred in 41% of women compared to 37% of men⁵.

¹ COM(2020)0152.

² In Europe about 55 percent of all female deaths are caused by cardiovascular diseases, especially coronary artery disease and stroke. European Society of Cardiology, Cardiovascular diseases in women, <https://www.escardio.org/Journals/E-Journal-of-Cardiology-Practice/Volume-4/Cardiovascular-Diseases-in-Women-Title-Cardiovascular-Diseases-in-Women>

³ Xurui Jin, Chanchal Chandramouli, et al. (2020) Women’s Participation in Cardiovascular Clinical Trials From 2010 to 2017

⁴ Martinez-Nadal G, Heart attack diagnosis missed in women more often than in men. Presentation at ESC Acute CardioVascular Care 2021 congress, March 2021

⁵ This finding is supported by the VIRGO study (2013), which enrolled heart attack patients aged 18-55, found that 45 % of women wait longer than six hours before being admitted to hospital following the onset of

This delay frequently kills. Women are less likely to receive evidence-based treatments for cardiovascular conditions such as heart attacks, and when they do are more likely to experience delays. It is therefore unsurprising that the risk of mortality following a heart attack is 20% greater in women compared to men⁶.

Successfully combatting cardiovascular disease cannot be done without also tackling the gender inequalities responsible for so many avoidable deaths.

We the undersigned believe that:

- Cardiovascular health is our birth right regardless of where we were born, what economic conditions we were born into or what gender we express.
- The next EU Gender strategy must propose specific actions to tackle health inequalities between men and women starting with the number 1 cause of death of women today.
- Any EU Cardiovascular Health Plan must tackle gender inequalities and ensure greater representation of women in clinical trials so that treatments are catered for those most likely to need them.

“Although COVID is the most visible pandemic of our lifetime, it is neither the deadliest nor the most preventable. Cardiovascular disease has killed five times as many people. We have the public health tools to tackle it. The question is, can we muster the social and political will to use them?” -WHO Europe 2022.

While we appreciate that initiatives have emerged to address cardiovascular disease in the EU, in the absence of a solid European Cardiovascular Health Plan, these initiatives lack coordination with all concerned actors, hampering European efforts.

Thank you for your time and we look forward to your response.

Kind regards,

Robert Biedroń MEP	Eugenia Rodríguez Palop MEP	Sylwia Spurek MEP
Chair of Committee on Women’s Rights and Gender Equality	Vice-Chair of Committee on Women’s Rights and Gender Equality	Vice-Chair of Committee on Women’s Rights and Gender Equality
Radka Maxova MEP	Elissavet Vozemberg-Vrionidi MEP	Elżbieta Katarzyna Łukacijewska MEP
Vice-Chair of Committee on Women’s Rights and Gender Equality	Vice-Chair of Committee on Women’s Rights and Gender Equality	Member of Committee on Women’s Rights and Gender Equality

symptoms, compared to 36 % of men. Variation In Recovery: Role of Gender on Outcomes of Young AMI Patients (VIRGO)

⁶ Women face a 20% increased risk of developing heart failure or dying within five years after their first severe heart attack compared with men, Ezekowitz, J. A., et al. (2020) Is There a Sex Gap in Surviving an Acute Coronary Syndrome or Subsequent Development of Heart Failure?. Circulation: Journal of the American Heart Association. doi.org/10.1161/CIRCULATIONAHA.120.048015.

Members of Committee on Women's Rights and Gender Equality

Frances Fitzgerald

Isabella Adinolfi

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Lina Gálvez Muñoz

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Marco Zullo

Barry Andrews

Sylvie Brunet

Cindy Franssen

Helene Fritzon

Pernille Weiss