

Formal Submission: EU Cardiovascular Health Plan

Urgent Need for STROKE RESEARCH FUNDING.

Stroke is Europe's 2nd biggest killer and the greatest cause of acquired long-term disability, responsible annually for 440,000 deaths and €60 billion in total costs. Around 10 million EU citizens currently live with the consequences of stroke, many facing long-term physical, cognitive, and psychological impairments. Despite these impacts, RESEARCH FUNDING FOR STROKE AND CVD IS GROSSLY INSUFFICIENT.

From 2021–2025, only €45m (0.9% of the Horizon Europe budget) was allocated to randomised controlled trials (RCTs) for all major NCDs combined. This allocation does not match the magnitude of the challenge. Without increased EU support for stroke research, Europe risks failing both to reduce premature mortality and to improve the lives of millions already living with disability.

2. EU-Added Value: Stroke research requires large-scale, multi-country collaboration to achieve robust results. Many clinical questions demand enrolment across diverse patient populations, which no single MS can deliver. EU-level coordination offers:

- Economies of scale in funding and infrastructure.
- Reduction of health inequalities across MS and population groups.
- Strengthened EU competitiveness in biomedical innovation, where Europe currently lags (accounting for only 19.3% of global clinical trial activity in 2020, down from 25.6% over the previous decade).

By prioritising stroke research, the EU can consolidate expertise, leverage digital innovation (e.g., AI and the European Health Data Space), and set global standards for equitable, high-quality care.

3. Objectives: The EU CVH Plan should explicitly include the following objectives on stroke:

1. Reduce stroke incidence and mortality through prevention, early detection, and improved acute care.
2. Improve quality of life after stroke by advancing treatments for recovery and secondary prevention.
3. Close the research and innovation gap by funding investigator-led, multi-country RCTs.
4. Promote equity in research and outcomes, ensuring gender, age, and minority representation.

4. Proposed Actions: To meet these objectives, the Plan should use priorities set out in the STROKE ACTION PLAN for EUROPE:

- Ring-fence funding in Horizon Europe (and its successor FP10) specifically for stroke and cardiovascular RCTs.

- Balance prevention and treatment investments, ensuring that resources also address the needs of millions already living with disability.
- Support translational research across the continuum-from acute intervention to long-term rehabilitation incorporating digital health, personalised medicine, and AI-driven approaches.
- Mandate diversity in trial design, requiring gender and minority representation and disaggregation of results by sex and age.
- Strengthen clinical trial capacity in Europe, addressing regulatory and cost barriers while fostering collaboration across MS.

5. Expected Impacts: Embedding stroke research funding in the CVH Plan will:

- Save lives by reducing premature deaths from stroke.
- Reduce disability, helping millions of survivors regain independence and quality of life.
- Lower healthcare and societal costs, by reducing long-term disability and dependence on care.
- Promote health equity, ensuring women, older adults, and minorities benefit equally from innovations.
- Boost EU competitiveness, by re-establishing Europe as a global leader in non-commercial, multi-country clinical research.

6. Conclusion: The CVH Plan presents a unique opportunity to close the critical research funding gap for stroke. By allocating funding for investigator-led trials, ensuring diversity and equity in research, and supporting translational innovation, the Commission can deliver on its promise to reduce the burden of CVDs, improve lives, and build a more resilient and competitive European health system.

We therefore urge the Commission to make stroke research funding a central, explicit priority in the upcoming plan.