

Placing Healthy, Affordable Diets at the Core of EU Cardiovascular Health Policy

Brussels, 26 September 2025

Dear Commissioner Várhelyi,

*Cc: Christophe Hansen, Commissioner for Agriculture and Food;
Sandra Gallina, Director-General, DG SANTE; Lorena Boix Alonso, Deputy Director-General for Health,
DG SANTE; Claire Bury, Deputy Director-General for Food Sustainability, DG SANTE*

We are writing to you ahead of World Heart Day on 29 September as a group of 20 organisations representing civil society, health associations, and medical professionals about the **EU Cardiovascular Health Plan** which you are currently developing.

We wish to request a meeting with you to discuss the importance of including measures to reverse the dangerous trend of increasingly unhealthy diets. **Addressing unhealthy diets is amongst the most impactful and cost-effective ways to reduce cardiovascular disease** across the EU — as well as other major problems like diabetes, cancer, and widening health inequalities.

Policymakers have a responsibility to ensure that Europeans can access and afford healthy and sustainable food. We therefore urge you to ensure that the EU Plan for Cardiovascular Health contains commitments for the EU and/or Member States to:

- **Develop sustainable, equity-proof food systems** to enable a shift to more plant-rich diets, high in fruits, vegetables, whole grains, nuts, and legumes grown in a clean soil and environment, and low in animal products.
- **Incentivise companies to reformulate** processed foods to reduce salt, sugar (particularly free and added sugar) and fat (particularly saturated fat) levels, and increase the content of fruits, vegetables, nuts, legumes and berries. As a priority, reformulation should target unhealthy food categories such as sugar-sweetened beverages, processed snacks and ready-made meals. Reformulating recipes should not lead to an increased use of food additives.
- **Establish nutrient profiles** to restrict the promotion of foods high in salt, sugar and/or fat (particularly saturated fat).
- **Roll out harmonised, mandatory, and easy-to-interpret (colour-coded) front-of-pack labelling**, based on scientific criteria and proven effectiveness, to guide consumers towards healthier food patterns.
- **Introduce mandatory criteria for sustainable food procurement** to promote healthy and sustainable diets, including organic products, in schools and public institutions.

- **Revise the EU and national school schemes** to make sure all children, in particular children from vulnerable backgrounds, have access to free/subsidised healthy and sustainable foods in schools.
- **Ban or restrict all currently used techniques to market and advertise** food high in fat, sugar and/or salt (HFSS) to minors, both offline and online.
- **Review the EU agrifood promotion policy** to use public funds to promote foods and drinks that benefit public health and stop funding the promotion of unhealthy products (e.g., wine).
- **Use fiscal policies** (subsidies and/or taxes) to provide better access (including affordability) to healthy and sustainable foods and discourage access to unhealthy foods.

The annex to this letter elaborates in more detail on the need to prioritise improving access to healthy diets as part of the EU Plan for Cardiovascular Health.

We would be pleased to discuss the above further with you and to learn more about the measures the European Commission intends to take to respond to these serious concerns.

Yours Sincerely,

Signatories:

1. Academia Española de Nutrición y Dietética	11. Fern
2. Animal Advocacy & Food Transition	12. Foodrise EU
3. Asociación Madrileña de Salud Pública	13. Jesuit European Social Centre (JESC)
4. Association of European Cancer Leagues	14. Madre Brava
5. BirdLife Europe & Central Asia	14. Pesticide Action Network Europe
6. Environmental Coalition on Standards (ECOS)	16. Physicians Association for Nutrition International (PAN Int)
7. EuroHealthNet	17. Physicians for the Future
8. European Environmental Bureau (EEB)	18. The European Institute for Animal Law & Policy
9. European Heart Network (EHN)	19. The European Public Health Alliance (EPHA)
10. European Public Health Association (EUPHA)	20. The Standing Committee of European Doctors (CPME)

ANNEX

Cardiovascular disease (CVD) remains the leading cause of death in the European Union, responsible for over one in three deaths, and affecting more than [60 million](#) Europeans annually. Many of these deaths are premature, with the burden of disease disproportionately affecting vulnerable and marginalised groups, across the social gradient and the life-course. Moreover, the inequalities in death rates from CVD are striking: they are higher in Central and Eastern Europe than in Northern, Southern and Western Europe, and they disproportionately affect women. For example, the death rate for heart disease is 13-fold higher in women in Lithuania than in France. CVD is a leading cause of disability in the EU, with [millions of people](#) living with **long-term disability** and reduced quality of life due to stroke, ischemic heart disease, heart failure and related conditions.

The economic impact is equally staggering, with CVD **costing the EU economy [€282 billion](#)** each year in direct healthcare expenses, lost productivity, and informal care. This amounts to **nearly 2% of the EU's whole GDP**. Central and eastern European countries carry the heaviest socioeconomic burden of preventable CVD as a proportionate % of their GDP.

Yet, **[the vast majority](#) (80%) of premature CVD deaths are preventable**. As the EU is developing a Plan for Cardiovascular Health, it is imperative to address one of the most preventable yet pervasive risk factors: **unhealthy diets**.

Unhealthy diets [contribute significantly to cardiovascular disease \(CVD\) in Europe](#), being responsible for almost half of the years lost to early death and disability from the condition. Low intake of fruits, vegetables, whole grains, legumes and nuts, coupled with excessive consumption of salt, saturated fats, and animal products, directly increase the risk of heart disease, stroke, and related conditions.

Preventing CVD where possible, by tackling its main drivers (unhealthy diets, alcohol, smoking, air pollution and physical inactivity) through community and system interventions (fiscal policies, marketing restrictions) is by far the most cost-effective strategy for reducing the burden of cardiovascular disease. By contrast, *treating* established CVD may require expensive long-term medication, emergency surgeries, hospital stays and management of complications, which consume a significant share of national health expenditures. In addition to prevention, it is also important to recognise the *therapeutic* role of dietary change in cardiovascular care. Evidence shows that plant-rich diets, particularly when predominantly based on whole, minimally processed foods, can not only reduce risk but also improve outcomes for those already living with CVD.

Healthier diets not only reduce the risk of CVD but also significantly lower the risk of obesity, type 2 diabetes, certain types of cancer and other non-communicable diseases (NCDs), providing multiple health benefits from a single intervention. Addressing problems like obesity is of great urgency: according to the WHO, [around a third of European children are now living with overweight or obesity](#), and [more than half of all adults](#) are predicted to be overweight or obese by 2050. Increasingly, it is children and adults from vulnerable backgrounds who are affected the most by obesity and overweight, targeted by unhealthy foods marketing and advertising, including in digital spaces.

What Europeans eat has become markedly less healthy in recent decades — especially among low- and middle-income groups facing rising cost-of-living pressures. This shift is not solely a matter of individual preference but the predictable outcome of **profoundly changed food environments**.

Currently, the foods that are most available, accessible, and affordable tend to be energy-dense but nutrient-poor, containing high levels of inexpensive yet unhealthy ingredients that supply dietary energy at minimal cost. Multinational food companies invest billions each year deploying increasingly sophisticated marketing strategies, product placement, and pricing tactics designed to promote unhealthy products. These tactics deeply penetrate daily life, especially targeting vulnerable populations and children through digital platforms and aggressive advertising.

The scale and systemic nature of these influences mean that personal choice operates within a skewed environment that favours unhealthy diets. Experience from European countries shows that **voluntary measures alone have limited impact** unless underpinned by proactive policy frameworks that reshape market realities, supporting healthier choices through regulation, reformulation, pricing, and public information. In other words, enabling healthier diets requires more than personal responsibility — it demands structural interventions that rebalance how food choices are presented and made throughout society.

The way food is grown matters too. [Soil and water pollution, including heavy metals, pesticides, dioxins, through direct and indirect exposure](#), are associated with increased risk of CVD. Also, [the availability of healthy foods essential to prevent CVD](#), such as fruit, vegetables, and nuts, directly depends on pollinators, which are facing a dramatic decline, mostly caused by the heavy use of pesticides. Therefore, **significantly reducing, and wherever possible phasing out, pesticides** should be included in the effort to boost Europeans' heart health.

Policymakers have a responsibility to ensure that Europeans can access and afford healthy and sustainable food. Interventions such as restricting unhealthy food advertising, product reformulation, [taxes](#) and front-of-pack labelling have been successful in reducing sugar, salt and fat consumption in countries like Finland, Denmark, Hungary, Portugal and the UK. For example, taxes on sugar-sweetened beverages (SSBs) are now used in 11 EU countries and show an impact on obesity.¹

¹ 11 EU Member States and Catalonia have introduced some form of HFSS taxation. Of these, nine countries and the Spanish region of Catalonia tax solely SSBs (Belgium, Croatia, Finland, France, Ireland, Latvia, Netherlands, Poland, Portugal and Catalonia). One country taxes HFSS food products (Denmark: ice cream; chocolate and other confectionery) and one country taxes both SSBs and HFSS food products (Hungary). See [DG TAXUD study](#) on health taxes from an EU perspective.