

*Brussels, 27 November 2025*

Ms. Roxana Mînzatu  
Executive Vice-President, DG EAC  
European Commission

Mr. Glenn Micallef  
Commissioner, Intergenerational Fairness, Youth, Culture and Sport  
European Commission

Ms. Ekaterina Zaharieva  
Commissioner, Startups, Research and Innovation  
European Commission

Ms. Pia Ahrenkilde Hansen.  
Director-General, DG EAC  
European Commission

**Subject: Placing Education and Empowerment at the Core of Europe's Response to Cardiovascular Diseases**

*Dear Ms. Roxana Mînzatu,  
Dear Commissioner Micallef,  
Dear Commissioner Zaharieva,  
Dear Director-General Hansen,*

We are writing to bring to your attention an issue of strategic importance for Europe's future workforce, productivity, and social well-being. Cardiovascular diseases (CVDs) are not only a health challenge; they also undermine labour participation, reduce economic resilience, and widen socio-economic inequalities.

Considering the Commission's forthcoming Cardiovascular Health Plan, and while recognising and appreciating the ambition and commitment shown so far, we are nevertheless concerned by indications that the emerging strategy may prioritise fiscal measures while dedicating only limited space to education, physical activity, health literacy, and citizen empowerment. Given the mandate of your Directorate-General for Education, Youth, Sport and Culture, and the fundamental principles on which the European Union is built, we believe this imbalance merits particular attention.

**Education and empowerment must be at the core of prevention**

If Europe aims to reduce CVD risk, especially among children, adolescents, and workers, prevention cannot be built predominantly on taxes or restrictions. A balanced lifestyle emerges only when people have the **knowledge, motivation, and tools** to make informed decisions about nutrition, movement, sleep, stress, pollution exposure, digital habits, and all factors that influence physical and mental health.



From the information available to us, education appears confined to a brief reference to “new tools” and a future “European Health Literacy Arena”, while far more prominence seems given to fiscal levers and food categorisation models. We fear this would be a significant missed opportunity.

### **A brief clarification on scientific and regulatory issues**

Beyond the methodological weaknesses of the initiative – for instance, the scientific uncertainty surrounding the categorisation of so-called “ultra-processed foods” and the limited, inconsistent evidence on the long-term behavioural impact of fiscal measures, which we will address with the competent Directorate – we wish to highlight two aspects that fall squarely within your mandate.

- First, **crucial lifestyle determinants** such as the sharp decline in daily physical activity, the reduction of free play among children and adolescents, and the decrease in overall energy expenditure in modern life appear to receive only marginal consideration, despite their well-established link to rising CVDs, obesity, and other NCDs.
- Second, the information we received suggests no meaningful reference to the extraordinary potential of **precision nutrition, personalised diets and the associated technologies**, such as wearable devices, lifestyle apps and AI-based tools, as instruments of empowerment, self-monitoring and personalised prevention for all citizens, not only for patients.

These omissions matter. Without addressing behaviour, movement, motivation, and knowledge, Europe risks adopting administratively heavy measures that fail to shift daily habits.

### **Why DG EAC plays a decisive role**

Your DG is uniquely positioned to ensure that prevention enhance citizens’ autonomy rather than relying on top-down behavioural constraints.

Education, capability-building, and digital inclusion are not “add-ons” to prevention; they are its *pillars*.

A strong leadership stance from your DG would help rebalance the approach and anchor the strategy in empowerment rather than compliance.

### **Proposals to reinforce prevention through education and empowerment**

We would respectfully suggest that the Commission consider integrating the following elements in the EU Cardiovascular Health Plan:

- 1. A robust and well-detailed EU programme on lifestyle education:** Covering nutrition literacy, physical activity, free play and sport for children, sleep and stress management, digital well-being and social determinants of health.
- 2. Integration of AI-based and wearable technologies into prevention pathways:** Millions already use smartwatches, fitness trackers, and AI tools for personalized diets. These technologies are among the most powerful and scalable enablers of daily behaviour change and personalised prevention.
- 3. A Europe-wide, well-detailed initiative on healthy workplaces:** Linking prevention to productivity, job quality, and workers’ well-being, areas directly aligned with your mission.
- 4. Earlier and stronger health-literacy education in schools:** A structured educational framework enabling children and adolescents to build lifelong knowledge and confidence around balanced living.
- 5. Recognition and scaling of local best practices:** Many Member States already run effective education-based initiatives that can be replicated without unnecessary centralisation.

### **A call for leadership and coordination.**

We encourage your Directorate-General to play an active coordinating role with DG SANTE to ensure that **education and empowerment – not predominantly fiscal levers – are at the core of the**



**final strategy.** This shift would reflect Europe's core values of autonomy, responsibility, inclusion, and human development.

We remain at your disposal to share evidence, proposals, and best practices, and to contribute to strengthening the empowerment dimension of the EU's response to cardiovascular diseases.

Best regards,  
*Pietro Paganini*