

## Safe Hearts Plan: Empowering Europeans to Be Healthier Again

We welcome the publication of the **European Commission's Safe Hearts Plan** as a step forward in addressing one of Europe's most pressing public health and socio-economic challenges. Compared to earlier drafts, the **final version reflects a more balanced and less paternalistic approach**, placing greater **emphasis on prevention across the life course, early detection, and patient-centred care**.

This improvement matters. Yet **important structural weaknesses remain** and must be addressed if the plan is to deliver meaningful and sustainable results.

More broadly, the document still suffers from conceptual confusion. Cardiovascular diseases are often implicitly framed as a predominantly nutritional problem, despite clear evidence that **they result from the interaction of multiple factors**: genetics, age, physical inactivity, socio-economic conditions, environmental exposure, mental health, sleep patterns, and access to care. In several sections, heterogeneous arguments and policy tools are bundled together to justify far-reaching interventions, without a clear hierarchy of causes, a robust theory of change, or transparent assumptions on how each measure contributes to outcomes.

This confusion has concrete policy consequences. **Physical activity, energy expenditure, education, and lifestyle remain peripheral when they should form the backbone of any credible cardiovascular prevention strategy.**

**Nutrition matters, but it represents only a limited share of cardiovascular risk (25%).** Europe's challenge today is not only caloric intake or calorie quality, but also widespread sedentary behaviour and insufficient physical activity. Any strategy that does not place movement, balance, and lifestyle education at its core is structurally incomplete.

**We acknowledge the intention to provide consumers with more transparent, accessible, and science-based information**, considering portion sizes, frequency of intake, and the role of foods within the overall diet (as per the Mediterranean Diet). However, translating this ambition into effective policy requires **careful consideration when it comes to food and ingredient classifications**. Poorly defined or overly simplistic frameworks risk demonising products without a solid scientific grounding, while generating regulatory complexity and administrative burdens. Recent EU regulatory experiences have already shown how such approaches can lead to regulatory fatigue, high compliance costs, and subsequent calls for urgent simplification or delays. Repeating this pattern in the cardiovascular domain would waste time, resources, and public trust.

**The growing fixation on so-called ultra-processed foods exemplifies this risk.** This concept remains ill-defined and scientifically contested. Elevating it to a central policy anchor risks substituting complexity with symbolism and diverting attention from the real determinants of cardiovascular health. **It remains unclear whether a single Commission-led study can resolve ambiguities that decades of scientific debate have not yet settled**, and whether such uncertainty can credibly support far-reaching policy measures.

Similar **concerns arise from the recurring reliance on fiscal measures as a policy tool**. While frequently mentioned, **their effectiveness in improving cardiovascular outcomes is not substantiated by robust scientific evidence** in the document. European experience to date, based on a limited number of cases, suggests that **such measures have produced insignificant results, while contributing to higher consumer prices** and inflationary pressures. Relying on fiscal levers as a



primary response, therefore, **risks functioning as a political shortcut** rather than addressing the structural drivers of cardiovascular risk.

**We strongly support the plan's ambition for digital health, data, and innovation.** However, the focus remains largely institutional and clinical. **What is missing is a clear recognition of the role that digital tools, wearables, AI-driven solutions, and personalised approaches already play in citizens' daily lives.** Precision nutrition, personalised lifestyle guidance, and real-time monitoring of physical activity and metabolic indicators enable genuine self-management and empowerment, yet remain underdeveloped in the plan.

Finally, implementation must be guided by rigorous and transparent assessment. **Policies of this scope must be evaluated not only for intended health outcomes, but also for unintended social and economic consequences.** Failing to do so risks undermining both well-being and trust in public health policy.

As demonstrated during the HLM4 process on Non-Communicable Diseases, **a science-based, critical, and collaborative approach improves outcomes.** We stand ready, together with our scientific board and international network of experts, to **work with the European Commission and the European Parliament,** provided that implementation remains evidence-based, proportionate, and genuinely citizen-centred.

**A successful cardiovascular strategy for Europe must empower people, not manage them; support innovation, not constrain it; and address complexity with evidence, not shortcuts.**