

Statement from JA PreventNCD on the Call for Evidence to the EU cardiovascular health plan

Introduction

This statement and recommendations from the [The Joint Action Prevent Non-Communicable Diseases \(JA PreventNCD\)](#) respond to the *Call for Evidence—Ares(2025)6517618 for the Initiative EU Cardiovascular Health Plan (CVH Plan)*.

JA PreventNCD is funded under the EU4Health programme and brings together 25 European countries with the common goal of reducing the burden of cancer and other non-communicable diseases (NCDs), focusing on both personal and societal risk factors.

The project addresses health determinants through approaches ranging from policy interventions requiring cross-country and intersectoral collaboration to be effective, through national and local interventions promoting healthy living environments, to preventive care and risk detection, including personalized prevention.

Reducing gender-related, socio-economic and geographical inequalities in health is a key priority. All measures aim to protect health equity of European citizens. Furthermore, to strengthen Member States' abilities to respond to public health challenges, it is essential to have improved data and comprehensive monitoring systems, which include monitoring health inequalities such as those found in the European Cancer Inequalities Registry.

To ensure population-level impact, JA PreventNCD was designed to address structural drivers at the population level in addition to targeting high-risk individuals. While interventions across the prevention spectrum are needed, interventions targeting individuals at risk tend to require more personal buy-in, with demands on cognitive and social resources. They therefore run the risk of widening inequalities. To improve health at a population level, it is vital that activities reduce, and with certainty do not increase, health inequalities. A health equity tool is therefore applied across interventions in JA PreventNCD to support the planning, implementation and evaluation of the project's activities.

JA PreventNCD is a unique EU investment in health promotion, NCD prevention and better equity outcomes across Europe, generating deliverables directly relevant for the CVD Plan: monitoring tools, tested best practices, policy recommendations and governance mechanisms.

JA PreventNCD recommends that the interventions and initiatives below be included in the EU CVH Plan. These will contribute to lifelong prevention of CVDs and, in many cases, they will also reduce the risk of diabetes and obesity. The activities are evidence-based and supported by the Member States in the Consortium. This statement and recommendations build on inputs received from all work packages in JA PreventNCD. The recommended interventions are structured under three main areas:

- Early years health promotion and CVD prevention
- Reaching all by implementing population-level interventions
- Reaching individuals at risk and supporting personalized prevention

Early years health promotion and CVD prevention

Childhood obesity is a major public health challenge across Europe and the most important risk factor for adolescent diabetes type 2. Diabetes at a young age poses a high risk of comorbidities, reduced quality of life and adverse health outcomes. The prevalence of early onset diabetes type 2 is projected to continue to increase globally.¹ The health behaviours linked with increased risk of NCDs are often shaped early in life and are strongly influenced by the environments in which children and adolescents live, play and engage. These physical and digital environments include a range of commercial influences.

In addition to a high return on investment for promoting children's health, member states have an obligation to protect and promote children's health. The targeted actions outlined below are positioned to significantly contribute to the realisation of children's right to health. It is highlighted that a key priority for stakeholders is to protect children and adolescents from negative commercial determinants of health, such as the marketing and sponsoring of breast-milk substitutes, unhealthy foods, alcohol, and novel tobacco and nicotine products. Many of the actions below will contribute to the implementation of EU policy commitments, such as the European Child Guarantee and the European Pillar of Social Rights, actions that demonstrate long-term investment in healthier, more resilient future generations.

- **Ensure wide implementation of baby-friendly community & health services** in order to improve breastfeeding rates and reduce social inequalities in breastfeeding and health. This includes the effective implementation of the International Code of Marketing of Breastmilk Substitutes (WHO, 1981), including regulating digital marketing of substitutes.
- **Raise awareness on the harms of alcohol use before and during pregnancy**, reaching women of childbearing age, their partners and family members, as well as health-care professionals.
- **Support interventions to promote smoke-free households with children and public spaces that children frequent** (playgrounds, beaches, restaurants), protecting children's right to health in early life and reducing their cardiovascular risks linked with second-hand smoke. Smoking must not be normalized as a habit in teenage years.
- **Regulate the marketing of unhealthy foods to children** across all media and settings, to avoid the normalization of unhealthy eating habits from an early age and to reduce the risks of children and adolescents to obesity, early-onset diabetes.
- **Promote mandatory standards for healthy food procurement** in public institutions such as kindergartens and schools, ensuring equitable access to healthy eating and shaping norms around food early in life.
- **Promote car-free areas** around schools and kindergartens, making active travel safer and more convenient for children and parents. Evaluation tools to support action are available.
- **Promote equitable access to physical activity in and around schools** through physical education, active travel and appropriate facilities. To support action, utilize available digital audit tools for playgrounds and schoolyards.
- **Empower youth for health-promoting behaviours** through supportive community environments and engaging digital solutions.
- **Raise awareness and knowledge of the harms associated with the use of e-cigarettes and vaping products** among youth and parents.

Reaching all by implementing population-level interventions

To promote health and reduce the risk of CVDs across the lifespan, the physical and digital environments in which people live, work and engage must be supportive and enabling. The case for preventing CVDs and other NCDs is compelling both in economic terms, including for employment, productivity and competitiveness, and for health and wellbeing of the population, including for resilience to crises. The economic savings to society of population-based preventive interventions have been widely demonstrated.² In general, population-based public health interventions have a larger impact on health and health equity as compared to more targeted interventions addressing only those with elevated health risks.³ Therefore we recommend to:

- **Explore and promote policies restricting the marketing** of unhealthy foods, alcohol, tobacco, and nicotine products, including online marketing, mystery shopping (evaluating enforcement of age restrictions)
- **Protect public health policy from industry interference**, including by applying mandatory Health Equity Impact Assessments (HEIAs) across cardiovascular health-related measures to ensure coherence with EU Cohesion Policy, Semester reforms, and other investment frameworks.
- **Explore policies regulating online sales of unhealthy products**, including tobacco, novel nicotine products and alcohol, to reduce their accessibility and availability.
- **Explore and promote fiscal measures**, including health/food taxes, on unhealthy products to reduce demand (e.g. sugar-sweetened beverage taxes to reduce the intake of added sugar, for which consumption is generally much higher than recommended in both children and adults)
- **Institute comprehensive bans on advertising and promotion of tobacco products**, including heated tobacco products and e-cigarettes, to avoid categorization of such products as ordinary commodities. This should extend to sponsorships of sports events by tobacco manufacturers.
- **Promote mandatory standards for healthy food procurement** in public institutions such as nursing homes and hospitals, ensuring equitable access to healthy eating, ensuring also that public money is spent sensibly.
- **Promote retail environments and a service sector conducive to healthy choices**, including initiatives for food reformulation, portion size reductions, nutrient profile models and front-of-pack nutrition labelling.
- **Use communication campaigns to promote physical activity** and increase awareness of the benefits to cardiovascular and mental health, as well as its preventive effect on CVDs, diabetes and obesity.
- **Expand the knowledge base on alcohol warning labels** and synthesize regulatory options for warning labels in Europe.
- **Prevent the harm stemming from alcohol consumption** through various primary prevention efforts including communication campaigns.
- **Promote healthy living environments by increasing the capacity of local and regional authorities and community action groups to act for health** (e.g. ensuring healthy food environments, urban green space, smoke-free environments), including through a repository of tools and methods such as the Community Action for health framework developed by JA PreventNCD and the associated capacity building platform.

- **Support stakeholder analysis of different actors' involvement in tobacco and alcohol-related policy processes** and assess catalysts and obstacles in the implementation of evidence-based tobacco and alcohol-related policies.

Reaching individuals at risk and supporting personalized prevention

Preventive care and risk reduction are important for the prevention of CVDs, particularly for high-risk and vulnerable groups, and should complement population-based approaches. Due to individual differences in genetic backgrounds, habits and environmental and occupational exposures, tailored approaches are necessary to provide the most effective prevention. In this area, JA PreventNCD aligns with recommendations from JACARDI. Below are selected examples of ongoing JA PreventNCD interventions.

Implementing scalable models of equitable cessation support

- Promote broad and equitable access to tobacco & nicotine cessation services to support the implementation of the revised [Council Recommendation on Smoke-free environments](#) (e.g. free medicines for smoking cessation, holistic intervention model, in-person, telehealth and hybrid approaches)
- Promote high and equitable access to alcohol cessation services (brief interventions). Digital tools and telehealth services can expand reach and overcome barriers such as stigma or limited service-availability in rural areas.

Integrating personalized risk stratification in CVD and NCD prevention

- Explore the feasibility of personalized risk stratification for disease prediction, including multiple cancers, CVDs and other NCDs in elderly populations, supporting improved prevention and management strategies.
- Promote healthy ageing by monitoring six essential functions among seniors through screening of those with some function abnormality, and make personalized recommendations (healthy eating, physical activity, boosting memory etc.)
- Promote healthy habits in primary health-care settings (including physical activity and healthy eating), through assessment, interdisciplinary counselling and support.

Improving health literacy throughout the lifespan

- Empower low-literacy and migrant populations, increasing the ability to engage in medical decisions related to CVD prevention.
- Improve health literacy capacities of professionals.
- Empower people for more physical activity through digital solutions.
- Employ effective communication strategies for individuals at risk of CVDs and other NCDs to support them in a dialogue-oriented way and strengthen their capacity to engage in sustained behavioural change.
- Promote healthy habits in vulnerable populations (e.g. those in psychiatric care), who are often at higher risk of obesity and diabetes because of lack of structured healthy habits.

Investing in prevention generates social and economic returns

Being a joint commitment by 25 countries and more than 100 national organizations across Europe, JA PreventNCD is uniquely placed to generate new knowledge and synthesise valuable experiences in implementation, enforcement strategies and the scale-up of effective interventions

along the path to improve public health in Europe. More than 1000 Consortium participants are involved in the implementation of over 200 activities, structured in pilots and tasks.

The substantial and generous investment in public health, channelled through JA PreventNCD, is a reflection of high ambitions to make Europe healthier. Future investments in public health should be seen as a strategic investment in Europe's resilience, competitiveness and cohesion, reducing the enormous social and economic costs of preventable CVDs and other NCDs. The benefits to other societal sectors of a healthier population must be more broadly communicated.

Our efforts are underpinned by the crucial recognition that achieving health and social outcomes requires action beyond the health sector. Social determinants of health and wellbeing, such as access to education, employment and liveable income, as well as commercial determinants, such as undue influence by industry actors in policy decisions, must be comprehensively addressed to achieve healthier populations.

Building on and advancing existing knowledge, tools and methodologies, JA PreventNCD will deliver several assets to the CVD Plan, including health and equity monitoring tools, tested best practices, policy recommendations and governance mechanisms.

To deliberate on the latter, JA PreventNCD is establishing a long-term institutional mechanism to ensure sustainability of public health actions for NCD prevention at a European level – the EU Consortium on NCD Prevention. This body should be supported by dedicated, flexible and long-term EU financing streams. Another sustainability mechanism is the establishment of a youth advisory group to ensure that the project takes youth perspectives into account. This aligns with the EU principle of inclusive governance, ensuring that young people and marginalized communities are meaningfully engaged in shaping CVD prevention policies and funding decisions.

Conclusion

Preventing CVDs and other NCDs is a cornerstone for securing a strong Europe with a healthy and resilient population and a sustainable health-care system. Preventive public health actions must comprise health promotion and population-based prevention policies, in addition to targeted approaches to reach those at highest risk and vulnerable groups. Working across sectors and addressing the commercial drivers of ill health are key to successfully reduce the CVD burden and the existing inequities in health.

JA PreventNCD stands ready to work with the European Commission and relevant DGs and organizations for the common goals of a healthy and thriving population, a productive workforce and an innovative and competitive Europe. JA PreventNCD provides ready-to-use deliverables, tested across Member States, which can be embedded in the EU CVH Plan to achieve measurable reductions in CVD and health inequalities.

¹ Chen X, Zhang L, Chen W. Global, regional, and national burdens of type 1 and type 2 diabetes mellitus in adolescents from 1990 to 2021, with forecasts to 2030: a systematic analysis of the global burden of disease study 2021. *BMC Med.* 2025 Jan 29;23(1):48. doi: 10.1186/s12916-025-03890-w.

² OECD (2024), *Tackling the Impact of Cancer on Health, the Economy and Society*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/85e7c3ba-en>; OECD (2025), *Cities for All Ages*, OECD Urban Studies, OECD Publishing, Paris, <https://doi.org/10.1787/f0c8fefafa-en>; Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024; Vandenberghe D, Albrecht J: The financial burden of non-communicable diseases in the European Union: a systematic review. *The European Journal of Public Health*, Vol. 479 30, No. 4, 833–839. doi:10.1093/eurpub/ckz073 480 .

³ Klepp K-I, Helleve A, Høstrup E, et al. Scaling up non-communicable disease prevention and health promotion across Europe: The Joint Action PreventNCD. *Scandinavian Journal of Public Health.* 2025;0(0). doi:10.1177/14034948251352040

About JA PreventNCD

A major goal of this Joint Action is to further the prevention of NCDs and cancer by minimizing fragmentation and duplication of efforts as well as by engaging national authorities at various levels to enhance the impact of actions taken.

Specific objectives are to:

- Improve joint capacities of Member States to plan and implement NCDs prevention policies and activities at national, regional, and local levels;
- Improve the monitoring system for NCDs and their common risk factors;
- Contribute to reduced inequalities in NCDs;
- Engage with key actors in the field of NCD prevention, including decision makers, civil society organizations, professionals, the general population, and patients' groups, to facilitate cooperation and joint efforts.

The project is a direct response to the European Commission's Europe's Beating Cancer Plan's call for prevention and the Healthier Together – EU NCD Initiative outlining the priorities of the Members States. A conceptual paper describing the aim, design, overall strategy and expected results of the project is available here: [Scaling up non-communicable disease prevention and health promotion across Europe: The Joint Action PreventNCD](#)

Project website: <https://www.preventncd.eu/>

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