

POLICY APPROACHES TO PROMOTE HEALTHIER DIETS AND IMPROVE PUBLIC HEALTH

The Preventia project aims to reduce health inequalities and prevent non-communicable diseases (NCDs), with a particular focus on cardiovascular diseases and diabetes, across the European Union. It promotes cooperation and knowledge exchange across Member States through training, networking and awareness-raising activities, with the aim of improving health literacy, supporting vulnerable groups and advancing effective prevention policies.

Policy Problem

Non-communicable diseases remain the leading causes of preventable illness and death in the EU. Many of these conditions could be avoided through stronger prevention measures targeting key risk factors such as unhealthy diets, alcohol use, physical inactivity and tobacco consumption. Despite progress in healthcare, the continued burden of NCDs highlights the need for more effective prevention policies across Member States.

Evidence from the Project

The analysis of Preventia pilot countries (i.e., Croatia, Greece, Italy and Lithuania) highlighted several strong national initiatives that could inform future NCD policies at both national and EU level. Examples included community-based prevention programmes, efforts to promote healthy lifestyles, and initiatives supporting physical and mental health.

At the same time, common challenges such as limited prevention funding, weak implementation, poor health system integration and persistent inequalities underline the need for stronger policy action.



Policy Recommendations

The following recommendations seek to support more effective public health policies at both EU and Member State levels by strengthening NCD prevention and reducing health inequalities. In line with the scope of the Preventia project, these recommendations are designed to strengthen policy approaches to the public health sector overall, while placing a specific focus on the key risk factor addressed by the project: unhealthy diets.

Recommendations on Public Health Policies

1. Develop comprehensive, evidence-based national action plans

Member States should implement or update funded national NCD plans covering prevention, early detection, treatment, rehabilitation and palliative care. These plans should include clear targets, responsibilities, resources and monitoring mechanisms. They should be tailored to national needs while aligning with EU initiatives and WHO-recommended interventions.^{1 2}

2. Improve equitable access to early detection, diagnosis, and quality care

Member States should expand screening programmes, improve timely access to diagnosis and treatment, and remove systemic, geographic, digital, administrative, and financial barriers to care. They should prioritise vulnerable populations, strengthen primary and community care, and promote integrated care. Progress should be monitored through data on screening uptake, access to treatment, quality of care and health outcomes.

3. Address health inequalities through a focus on social and commercial determinants of health

Member States should adopt policies that reduce exposure to unhealthy products and make healthy food choices more accessible and affordable, particularly for vulnerable groups. Priority measures include restricting the marketing of foods and beverages high in fat, salt, and sugar (HFSS), especially to children, and using fiscal policies to incentivise product reformulation.³ At EU level, the revision of the Audiovisual Media Services Directive (AVMSD) should establish binding, harmonised rules to protect children up to the age of 18 from HFSS marketing across traditional and digital media, including influencer and targeted advertising. These measures should be supported by healthier food environments and effective monitoring and enforcement.⁴



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4. Recognise obesity as a chronic disease and integrate it into NCD plans

Member States should recognise obesity as a chronic disease within national legislation and include it within national strategies on NCDs, diabetes and cardiovascular health. They should establish funded care pathways for prevention, early detection, treatment and long-term management, supported by multidisciplinary care teams and equitable access to evidence-based treatments. Progress should be monitored through registries and disaggregated data on access, quality of care and health outcomes.^{5 6}

5. Expand and strengthen the prevention workforce

Member States should invest in a skilled prevention workforce, particularly in primary care, schools and community settings, with a focus on underserved areas. They should strengthen expertise in nutrition, obesity prevention, risk-factor counselling and early detection, while supporting innovative workforce models and digital tools to improve access to prevention and care. Incentives should be used to attract and retain health professionals where needs are greatest.^{7 8 9}

6. Prioritise mandatory, enforceable public health measures over voluntary industry commitments

Member States should introduce and enforce regulations that promote healthier food environments, including measures on marketing, public procurement and product reformulation. Voluntary industry initiatives should support, not replace, regulation, particularly where there are clear public health risks, such as the marketing of unhealthy foods to children.^{10 11}



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7.Strengthen governance, transparency, and accountability in policymaking

Member States should develop NCD policies through transparent, evidence-based decision-making, with strong safeguards against conflicts of interest and undue influence from health-harming industries. Health professionals, researchers, civil society, patient organisations and people with lived experience should be actively involved in policy development and evaluation, while the role of commercial actors should be strictly managed to protect public health objectives.^{12 13 14}

8.Invest sustainably in prevention and health systems strengthening

Member States should increase investment in health promotion, prevention, early detection and integrated care to improve long-term health outcomes and sustainability. They should strengthen health systems to ensure universal access to high-quality care and reduce financial barriers. Priority investments should focus on primary and community care, workforce capacity, digital health and data systems.

9.Establish robust monitoring, evaluation, and data systems

Member States should establish common indicators and interoperable data systems to monitor NCDs, risk factors, outcomes and health inequalities. They should strengthen registries and collect disaggregated data to improve understanding of population needs and track progress. Regular evaluation and public reporting should inform policy updates, support benchmarking and promote the sharing of effective practices.^{15 16 17}

10.Strengthen intersectoral collaboration and local implementation

Member States should integrate NCD prevention across all relevant policy areas, including education, food systems, transport, urban planning and social policy. Effective implementation requires cross-sector coordination, shared goals, funding and accountability. Prevention efforts should be prioritised in key settings such as schools, primary care, workplaces and local communities.^{18 19 20}





11. Enhance research, innovation, and equitable digital health integration

The EU should invest in research and innovation for the prevention, early diagnosis, treatment and long-term management of NCDs, including the integration of effective digital health tools into routine care. Digital solutions should be supported by strong standards on interoperability, safety and data protection, while ensuring equitable access and addressing digital inequalities.^{21 22 23}

12. Strengthen awareness, health literacy and public engagement on NCD prevention

The EU should scale up evidence-based health literacy and public engagement initiatives on NCD prevention, focusing on healthy diets, physical activity, tobacco, alcohol and obesity stigma. Communications should use clear, non-judgemental messaging and be linked to practical support measures, while being tailored to the needs of different population groups and delivered through trusted community channels.

13. Foster EU-level support, policy coherence and shared progress across Member States

The EU should support Member States in strengthening NCD prevention through coordinated funding, legislation, technical assistance and knowledge-sharing. This should include the use of EU funding and policy instruments to support evidence-based interventions, workforce development and digital health infrastructure, while promoting common indicators and monitoring progress to reduce health inequalities. Mutual learning should focus on scaling up proven interventions and adapting them to national and local contexts.



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Reducing Unhealthy Diets

1. Protect children from harmful food marketing across all media

The EU should adopt a binding framework to protect children up to the age of 18 from the marketing of foods and beverages high in fat, salt, and sugar (HFSS) across all media and settings. As part of this, the revision of the Audiovisual Media Services Directive (AVMSD) should convert existing soft-law provisions on HFSS food marketing into binding, harmonised rules, explicitly requiring Member States to implement mandatory restrictions across both traditional and digital media. The framework should prohibit marketing techniques that appeal to children, including influencer marketing and targeted digital advertising, and be supported by robust monitoring, enforcement, and regular evaluation to effectively reduce children's exposure to HFSS food marketing.^{24 25 26}

2. Improve public food procurement and food environments in public institutions

The EU should harmonise public food procurement criteria across Member States and ensure they are clear, simple, and practical to implement. Harmonised nutritional standards, supported by effective implementation guidance and monitoring, should promote healthier food options while limiting HFSS and ultra-processed products.²⁷ These measures should be backed by adequate resources, reinforced through the EU School Scheme, and regularly evaluated to improve access, equity, and compliance.^{28 29 30}

3. Mandate EU-wide Front-of-Pack warning labelling for HFSS products and UPFs

The EU should introduce mandatory, harmonised Front-of-Pack warning labels for foods and drinks high in sugar, salt, saturated fat, trans fats or classified as ultra-processed, building on successful approaches in countries such as Argentina, Chile, Colombia, Mexico and Peru.³¹ Labels should be clear, prominent and consistent across Member States, supported by enforcement and monitoring measures, while restricting health claims, child-targeted packaging and promotional placement for products carrying warnings.





4.Regulate product placement and promotions in retail environments

The EU should introduce guidelines to limit the prominent placement and promotion of HFSS foods and drinks in physical and online retail environments. Restrictions should cover high-visibility locations and promotional techniques that encourage purchases of unhealthy products. Retailers should also be required to promote healthier options, supported by monitoring, enforcement and regular evaluation.

5.Incentivise food reformulation to improve nutritional quality

The EU should introduce reformulation targets for foods and drinks that contribute most to intakes of salt, free sugars, saturated fats and industrial trans fats, aligned with WHO guidance. Reformulation should improve nutritional quality by eliminating industrial trans fats and reducing sodium, free sugars and saturated fats, without relying on non-sugar sweeteners or other additives to maintain unhealthy consumption patterns. Progress should be independently monitored and mandatory limits applied where voluntary industry action is insufficient.

6.Use fiscal policies to promote healthy diets

The EU should introduce fiscal measures to reduce the consumption of HFSS foods and beverages, with tax designs that incentivise product reformulation and place fiscal responsibility on manufacturers.³² The EC should issue a guidance document outlining a comprehensive framework for HFSS food taxation. These measures should be monitored for their impact on purchasing, reformulation, health outcomes and equity, and complemented by wider food policy actions.^{33 34 35}



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7.Tackle food deserts and improve access to healthy foods

The EU should improve access to healthy, affordable and good-quality food in urban, rural and underserved areas by addressing food deserts through targeted investment and food-environment policies. Measures should prioritise the availability and affordability of nutritious foods, while reducing the dominance of HFSS and ultra-processed foods through retail and marketing regulations. Local authorities should be supported with funding, data and flexibility to tailor interventions to local needs.³⁶

8.Increase accountability of large food producers for health and sustainability

The EU should introduce binding accountability requirements for large food companies to improve the health and sustainability of their product portfolios. Companies should be required to report transparently on product nutrition, reformulation progress, marketing practices and environmental impacts. Clear targets, independent monitoring and enforcement should ensure accountability and encourage the production and promotion of healthier, more sustainable foods.³⁷

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