

NCDs prevention and health promotion through training, networking and awareness- raising across the EU

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List of acronyms

COPD	Chronic Pulmonary Disease
CVDs	Cardiovascular Diseases
EU	European Union
HFSS	High in Fat, Sugar, and Salt
NCDs	Non-Communicable Diseases
UPFs	Ultra-Processed Foods
WP	Work Package

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Executive summary

Non-communicable diseases (NCDs) remain the leading cause of preventable morbidity and mortality in the European Union (EU), driven largely by modifiable risk factors, such as unhealthy diets, tobacco use, harmful alcohol consumption and physical inactivity. As part of the Preventia project, this policy paper builds on the assessment of national policies in pilot countries, namely Croatia, Greece, Italy and Lithuania, to identify common challenges and opportunities for strengthening NCD prevention across Europe. While the analysis highlights promising practices in community engagement, integrated care and health promotion, it also reveals persistent gaps in sustainable funding, implementation, governance, workforce capacity and equity.

Based on these findings, the report proposes a comprehensive set of recommendations to support more effective public health policymaking. These include strengthening national NCD strategies, investing in prevention and primary care, improving governance and accountability, addressing health inequalities, expanding the prevention workforce, enhancing monitoring systems and promoting cross-sectoral collaboration.

A second set of policy recommendations places emphasis on tackling the key risk factor addressed by the Preventia project, namely unhealthy diets, through mandatory regulation, healthier and more sustainable public procurement, restrictions on the marketing of foods high in fat, sugar and salt (HFSS), fiscal measures, food reformulation, front-of-pack warning labelling and improved access to healthy diets.

The recommendations advocate for a shift from individual responsibility towards structural and policy-driven interventions that create healthier environments and reduce inequalities. By promoting coordinated action at both national and EU levels, the report aims to support more effective prevention strategies capable of reducing the burden of NCDs and improving population health across Europe.

1. Introduction

1.1 Project background

Non-communicable diseases are the result of unhealthy lifestyles, e.g. tobacco use, physical inactivity, unhealthy diets, and use of alcohol, leading to metabolic and physiological changes. In European countries, NCDs are responsible for an enormous part of the burden that public health systems in the Member States are facing. The increasing rates of deaths related to NCDs in Europe are concerning, but although running rampant, the complex health issues caused by NCDs can be tackled, if we improve prevention measures and promote health.

The Preventia project aims to contribute to the achievement of three general and transformational objectives: i) to reduce health inequalities across the EU, ii) to decrease the spreading of NCDs across the EU, iii) to foster cooperation and exchanges between the EU Member States.

Through a set of relevant Work Packages (WPs) and tasks, the project unfolds according to three main dimensions: i) capacity-building and training, ii) networking and cooperation and iii) campaigning and awareness-raising.

The project's specific objectives are to: i) enhance the cooperation and peer-learning of civil society across the EU in the fight against NCDs, with a special emphasis on stakeholders from Ukraine; ii) encourage the exchanges and best practices and mobility opportunities of health and nutrition workforce across the EU; iii) improve health literacy of younger generations on NCDs prevention through training on healthy eating habits and childhood obesity; iv) reduce health inequalities across the EU (and beyond) through inclusive activities for vulnerable groups; v) raise awareness of citizens at large through participatory and interactive campaigns; vi) empower consumers to make better informed and more nutritious food choices through innovative digital tools; vii) analyse and assess national policies related to NCDs prevention; viii) advocate for new EU policy approaches based on the Member States' needs; ix) widely and effectively communicate about the project and give visibility to its activities; x) promote and disseminate the project deliverables among targeted audience across the EU.

1.2 Overview of the Work Package

The present deliverable (D5.2) falls within Work Package 5 'Policy and advocacy'. The objectives of this WP are to analyse and assess national policies related to NCDs prevention, and to advocate for new EU policy approaches based on the Member States' needs.

A complete list of the project WPs is presented in the table below. The WP to which the present deliverable belongs is highlighted in green.

Work Package number	Work Package name	Lead beneficiary	Start month	End month
1	Project management	SAFE	1	36
2	Training and twinning	LCI	1	25
3	Tackling health inequalities through inclusion	CEIP	1	36
4	Campaigning and awareness raising	U.DI.CON	1	36
5	Policy and advocacy	SAFE	6	36
6	Communication and dissemination	SAFE	1	36

Table 1: List of Work Packages

This report is part of task 5.2 ‘New policy approaches and public health guidelines’, which involves the development of policy recommendations for the promotion and prevention of NCDs, with the overarching aim of reducing health inequalities across the EU.

The full list of the deliverables belonging to Work Package 5 is reported in the table below. The present deliverable is highlighted in green.

Deliverable number	Deliverable name	Lead beneficiary	Type	Dissemination level	Due month
D5.1	Assessment reports of national policies	SAFE	R — Document, report	PU - Public	18
D5.2	Policy paper on new policy approaches to policy making	SAFE	R — Document, report	PU - Public	30
D5.3	Public health guidelines	SAFE	R — Document, report	PU - Public	34
D5.4	Policy event	SAFE	R — Document, report	PU - Public	36

Table 2: List of deliverables of Work Package 5

1.3 Overview of the deliverable

This deliverable outlines recommendations for new policy approaches in the public health sector. The first section presents the findings from an analysis of NCDs policies in four project pilot countries, i.e., Croatia, Greece, Lithuania, and Italy, based on data collected in D5.1 ‘Assessment reports of national policies’. Building on the gaps and needs identified across these national contexts (T5.1), as well as insights from WP2 ‘Twinning programme between medical centres’, the second section presents a set of evidence-based policy recommendations to support more effective prevention and management of NCDs, with a focus on tackling unhealthy diets.

2. Findings of the national assessment reports

As part of the Preventia project, we assessed national policies and strategic initiatives related to the prevention of NCDs and the promotion of health across four pilot countries, namely Croatia, Greece, Italy, and Lithuania (T5.1). The analysis served to identify strengths and weaknesses within the current policy landscape, highlight best practices, and propose preliminary action for improvement. This section provides a brief overview of the state of NCDs in the EU and in the four pilot countries analysed as part of the Preventia project.

2.1 State of NCDs in the EU

Non-communicable diseases, including cardiovascular diseases (CVDs), diabetes, cancer and chronic respiratory diseases, remain the leading causes of preventable illness and mortality across the EU, placing a substantial burden on health systems and economies. In 2022 alone, more than 725 000 deaths in the EU - as shown in figure 1 - were considered preventable through effective public health and primary prevention measures. Within this distribution of preventable mortality, cancers such as lung (18%), liver (3%) and stomach (3%) represent a massive burden, while CVDs like ischaemic heart disease and stroke account for 11% and 5% of preventable deaths, respectively. Chronic respiratory diseases, notably chronic pulmonary disease (COPD), contribute to another 6% of these avoidable deaths. The potential for improvement is vast, as estimates suggest that up to 80% of CVD and type 2 diabetes cases, half of all cancers and most chronic lung diseases are preventable. Despite advances in healthcare, the persistent high burden of NCDs reflects among ongoing exposure to modifiable risk factors, including healthy diets, alcohol consumption, physical inactivity and tobacco use, highlighting the urgent need for strengthened prevention policies across Member States.¹

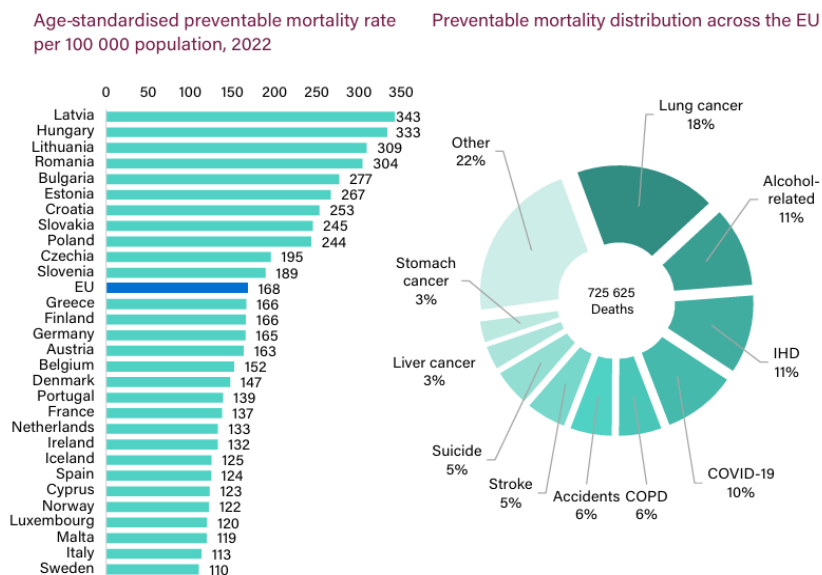


Figure 1: Preventable cancers, cardiovascular diseases and alcohol-related disorders cause over half of preventable deaths in Europe. (Source: Eurostat, 2022)

¹ European Commission, OECD, & European Observatory (2025). Synthesis Report 2025 - State of Health in the EU. Available at: [Link](#)

2.2 Croatia

The analysis of Croatia's NCD policies highlights several shortcomings in both policy design and implementation. The most pressing issue is the recurring delay in adopting strategic plans. While new initiatives are often announced publicly, essential details, such as budgets and implementation frameworks, are frequently missing, leaving citizens only partially informed and uncertain about actual progress. Another major weakness is the lack of centralised funding for preventive services. Prevention Counselling Centres are usually managed by non-governmental organisations or local authorities, which leads to uneven territorial coverage and weak long-term sustainability. Although contingency measures have been introduced, particularly in obesity prevention, they are often overly ambitious compared to the resources available. Limited collaboration between healthcare professionals and the wider public further undermines prevention, resulting in low public awareness and minimal community involvement. Despite these challenges, a positive example stands out: the "Volunteers in the Park" initiative, part of the "Healthy Living" programme, which has successfully created inclusive spaces where children can enjoy outdoor activities while promoting healthy lifestyles.

2.3 Greece

An assessment of Greece's NCD policies reveals persistent challenges in coordination and system-wide coherence. Two key issues are particularly evident: weak integration of implemented policies and the limited scope of public health beyond hospital settings. The former results in fragmented efforts and insufficient cross-sectoral collaboration, while the latter reflects chronic underinvestment and neglect of areas such as prevention, health promotion, and community outreach. Nevertheless, Greece offers promising opportunities through community-based initiatives that encourage healthy lifestyles from an early age. These are complemented by training programmes for healthcare providers, helping to strengthen long-term capacity and embed prevention more firmly within the health system.

2.4 Italy

Health policy in Italy is hindered by several systemic weaknesses. A primary concern is the limited financial resources allocated to policy implementation. This is compounded by stark regional disparities, with significant differences between urban and rural areas, and between the North and South of the country. Another pressing gap is the underdeveloped integration of digital technologies within the healthcare system, where Italy continues to lag behind. Workforce shortages, particularly the insufficient number of healthcare providers, further constrain effective implementation. At the same time, several best practices are worth noting. The holistic approach adopted under the National Recovery Plan, addressing both physical and mental health, along with the dedicated Obesity Fund, represents steps toward more patient-centred and targeted health policies.

2.5 Lithuania

Lithuania's national health strategies reflect persistent structural challenges alongside emerging opportunities. Unequal access to health services and preventive programmes remains the most urgent issue, with individuals in remote regions facing logistical and systemic barriers that limit their ability to benefit from existing interventions. Engagement is also uneven, with men and lower-income groups less likely to participate, suggesting that current policies are not sufficiently tailored to specific population needs. A shortage of

healthcare resources further undermines the scale and sustainability of prevention and treatment programmes. On a positive note, the growing emphasis on mental health and substance abuse prevention signals a more comprehensive and integrated approach to national health policy.

2.6 Summary of strengths and common gaps

The analysis of NCD policies in Preventia pilot countries demonstrated unique strengths in their national policies and initiatives which can serve as a foundation for policies and recommendations on national and EU level. Notably, Croatia demonstrated the use of a strong community initiative that successfully created inclusive spaces for children to engage in outdoor activities. Another community initiative offered by Greece encouraged healthy lifestyles from an early age and were complemented by training programmes for healthcare providers to embed prevention in the system. From a different angle, Italy's National Recovery Plan offered a holistic approach to addressing physical and mental health. Lithuania further illustrated mental health support, with their growing emphasis on mental health and substance abuse prevention.

On the other hand, acknowledging common gaps throughout national policies can allow for a robust development and guidance of policy. These gaps included a lack of sustainable funding for prevention, weak policy implementation frameworks, insufficient health system integration as well as persistent inequalities.

3. Policy recommendations

Based on the assessment of national NCD policies conducted under T5.1 and on the insights gained from WP2, a set of policy recommendations has been developed to strengthen the prevention of NCDs across Europe. 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. It is important to note, however, that comprehensive NCD prevention strategies should also address other major risk factors, including tobacco use, alcohol consumption and physical inactivity, alongside measures related to early detection, diagnosis, and treatment. These areas are not explored in detail in this report, as they fall outside the project's scope and have been excluded to maintain clarity and focus.

3.1 New policy approaches in the public health sector

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.

- **Develop comprehensive, evidence-based national action plans**
Member States should adopt or update national NCD action plans that include funded measures for prevention, early detection, treatment, rehabilitation and palliative care, aligned with EU initiatives² and the WHO recommended interventions.³ Integrated NCD action plans should include clear targets, timelines, milestones, defined responsibilities, dedicated resources, and robust monitoring and evaluation frameworks. These plans should be tailored to national contexts and developed in consultation with key stakeholders, while building on common frameworks and shared best practices.
- **Improve equitable access to early detection, diagnosis, and quality care**
Scale up evidence-based screening programmes and risk assessment, ensuring timely referral from screening to diagnosis and treatment. Remove systemic, geographic, digital, administrative, and financial barriers that hinder access to care, and promote integrated, multidisciplinary care models across the continuum of care. Member States should prioritise vulnerable populations, strengthen multidisciplinary primary and community care services, and ensure timely access to diagnosis, treatment, rehabilitation, and palliative care where appropriate. Progress should be monitored through disaggregated data, disease registries, and equity-sensitive indicators, including screening uptake, waiting times, treatment access, quality of care, and health outcomes.
- **Address health inequalities through a focus on social and commercial determinants of health**
Adopt targeted policies that reduce exposure to unhealthy products and make healthy choices easier, more affordable, and more accessible, particularly for vulnerable populations. Priority measures should include restrictions on the marketing of HFSS

² Key EU initiatives include: [Healthier together – EU non-communicable diseases initiative](#); [The Safe Hearts Plan](#); [Europe's Beating Cancer Plan](#).

³ WHO (2024). Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: [Link](#)

foods, especially to children, as well as fiscal policies such as taxes on HFSS products, which encourage product reformulation.⁴

Member States should complement these measures with broader structural actions to create healthier food environments, including healthier public procurement practices and improved access to prevention services through schools, primary care, and community settings. As part of this wider structural action, communication and outreach efforts should be tailored to the needs of different population groups, culturally appropriate, multilingual where necessary, and delivered through trusted community actors to maximise reach and effectiveness.⁵

- **Recognise obesity as a chronic disease and integrate it into NCD plans**

Officially recognise obesity as a chronic disease within national legislation and embed it within national NCD, diabetes and cardiovascular health plans.

Member States should establish funded care pathways for obesity prevention, early detection, treatment and long-term follow-up, supported by updated clinical guidelines, stigma-reduction training and multidisciplinary primary-care teams (including physicians, nurses, dietitians, psychologists, and other healthcare professionals). Integrated approaches should include joint obesity, diabetes, and cardiovascular risk assessment, clear referral pathways, equitable access to evidence-based treatments and health technologies, and systematic monitoring of access, quality of care, and health outcomes through registries and disaggregated data.^{6 7}

- **Expand and strengthen the prevention workforce**

Invest in the recruitment, retention, and continuous professional development of a multidisciplinary prevention workforce, with enhanced capacity in nutrition, obesity prevention, risk-factor counselling, early detection, and community-based health promotion. Workforce planning should prioritise primary care, schools, and community settings, particularly in underserved, rural, and socioeconomically disadvantaged areas. Member States should support innovative workforce models, including task-sharing, expanded roles for nurses, pharmacists, and community health workers, and the use of digital tools to improve equitable access to prevention services and early NCD detection and management. Financial and non-financial incentives should be used to attract, retain, and support health professionals in areas with the greatest needs.^{8 9 10}

- **Prioritise mandatory, enforceable public health measures over voluntary industry commitments**

Adopt binding, independently monitored regulations to create healthier food environments, including measures on nutrition labelling, food marketing, public procurement, and product composition. Such measures should establish clear legal obligations, effective enforcement mechanisms, penalties for non-compliance, and regular monitoring and evaluation.

⁴ WHO (2024). Fiscal policies to promote healthy diets: WHO guideline. Available at: [Link](#)

⁵ EUFIC (2024). Communicating about healthy & sustainable eating to consumers with low socioeconomic status: Evidence-based recommendations. Available at: [Link](#)

⁶ European Diabetes Forum (2025). Targeting the interplay between diabetes and obesity. Available at: [Link](#)

⁷ European Commission, OECD, & European Observatory (2025). Synthesis Report 2025 - State of Health in the EU. Available at: [Link](#)

⁸ Partnership for Health System Sustainability and Resilience (PHSSR) (2025). Key health system enablers for acting early on NCDs. Available at: [Link](#)

⁹ European Commission, OECD, & European Observatory (2025). Synthesis Report 2025 - State of Health in the EU. Available at: [Link](#)

¹⁰ WHO (2024). Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: [Link](#)

Voluntary industry codes should complement, not replace, regulation where public health risks are well established, particularly in relation to the marketing of HFSS foods, digital advertising, and commercial practices targeting children.^{11 12}

- **Strengthen governance, transparency, and accountability in policymaking**

Ensure NCD policies are developed through transparent, evidence-based and participatory decision-making processes, with mandatory conflict-of-interest declarations, lobbying transparency rules and safeguards against undue influence from health-harming industries.

Health professionals, independent researchers, civil society, patient organisations and people with lived experience should be meaningfully involved in agenda-setting, policy design, implementation and evaluation, while participation from commercial actors should be strictly managed, disclosed and excluded where conflicts of interest risk weakening public health objectives.^{13 14 15}

- **Invest sustainably in prevention and health systems strengthening**

Increase and sustain investment in health promotion, disease prevention, early detection, and integrated care, recognising the long-term health, economic, and societal benefits of early action and cost-effective interventions.

Member States should strengthen health systems to ensure universal health coverage, reduce financial barriers to care, and improve equitable access to high-quality services across the continuum of care. Investment priorities should include primary and community care, workforce capacity, digital health infrastructure, and data systems to support prevention, monitoring, and evaluation.

- **Establish robust monitoring, evaluation, and data systems**

Establish common, equity-sensitive NCD indicators and interoperable data systems to monitor risk factors, prevention coverage, diagnosis, treatment access, outcomes, costs and inequalities.

Member States should strengthen disease registries and routine surveillance, collect disaggregated data by age, sex, disability, income, region and other relevant factors, and regularly evaluate policy implementation and impact. Results should be publicly reported and used to update policies, benchmark progress across countries and support structured knowledge exchange on effective interventions.^{16 17 18}

- **Strengthen intersectoral collaboration and local implementation**

Embed NCD prevention into policies beyond health, including education, agriculture, food systems, transport, urban planning, social policy and environmental policy.

Governments should establish cross-sector governance structures with clear mandates, shared targets, joint funding and accountability mechanisms, while giving regional and local authorities the resources, data and flexibility to adapt interventions to local needs. Implementation should prioritise settings where prevention can be delivered effectively,

¹¹ WHO (2024). Commercial Determinants of Noncommunicable Diseases in the WHO European Region. Available at: [Link](#)

¹² PSLifestyle (2025). Policy Brief: Food systems. Available at: [Link](#)

¹³ WHO (2024). Commercial Determinants of Noncommunicable Diseases in the WHO European Region. Available at: [Link](#)

¹⁴ European Observatory on Health Systems and Policies (2024). A public debate on the future health priorities of the European Union: Outcomes, insights and ideas for action. Available at: [Link](#)

¹⁵ World Cancer Research Fund International (2025). The 4th UN High-level Meeting on the Prevention and Control of Non-Communicable Diseases: Activating prevention as a high-impact health intervention. Available at: [Link](#)

¹⁶ Partnership for Health System Sustainability and Resilience (PHSSR) (2025). Key health system enablers for acting early on NCDs. Available at: [Link](#)

¹⁷ WHO (2024). Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: [Link](#)

¹⁸ European Observatory on Health Systems and Policies (2024). A public debate on the future health priorities of the European Union: Outcomes, insights and ideas for action. Available at: [Link](#)

including schools, primary care, community services, workplaces and local food environments.^{19 20 21}

- **Enhance research, innovation, and equitable digital health integration**

Invest in research and innovation on NCD prevention, early diagnosis, treatment and long-term care, including improved diagnostics, risk-assessment tools, medicines, medical technologies and implementation research. Digital tools such as interoperable electronic health records, e-prescriptions, clinical decision-support systems, patient registries, mobile health applications and validated AI tools should be embedded into routine care pathways to support prevention, early detection, monitoring, personalised care and continuity of care.

Digital health integration should be guided by clear standards on interoperability, data protection, clinical safety, transparency and evaluation. Member States should also address digital inequalities by improving digital literacy, ensuring non-digital access routes, and prioritising vulnerable groups who may otherwise be excluded from digital services. Research and innovation funding should support tools that demonstrably improve health outcomes, reduce administrative burden, strengthen primary and community care, and support equitable access to NCD prevention and care.^{22 23 24}

- **Strengthen awareness, health literacy and public engagement on NCD prevention**

Scale up evidence-based health literacy and public engagement initiatives on NCD prevention across the life course, focusing on unhealthy diets, physical inactivity, tobacco use, alcohol consumption and obesity-related stigma. Campaigns should avoid moralising, blame-based or individual-responsibility language, and instead use clear, practical and non-judgemental messaging that recognises the social, economic and commercial barriers shaping people's choices.

Awareness-raising should not be treated as a substitute for structural prevention policies. Communication should be linked to concrete supports, such as affordable healthy food options, accessible prevention services, school- and workplace-based programmes, primary care personalised counselling, community outreach and healthier local environments. Messages should be co-designed with affected communities, tailored to groups with lower health literacy, low-income households, migrants, children and older people, and delivered through trusted messengers, including healthcare professionals, schools, civil society, community leaders and local media.

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

The EU should support Member States in accelerating NCD prevention by aligning funding, legislation, technical assistance, and knowledge-sharing mechanisms around common prevention priorities. This should include the coordinated use of EU instruments (including EU4Health, Horizon Europe, Digital Europe, the European Social Fund Plus, Cohesion Policy Funds, and the Technical Support Instrument) to support

¹⁹ Ibid.

²⁰ European Commission, OECD, & European Observatory (2025). Synthesis Report 2025 - State of Health in the EU. Available at: [Link](#)

²¹ WHO (2024). Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: [Link](#)

²² European Commission, OECD, & European Observatory (2025). Synthesis Report 2025 - State of Health in the EU. Available at: [Link](#)

²³ European Observatory on Health Systems and Policies (2024). A public debate on the future health priorities of the European Union: Outcomes, insights and ideas for action. Available at: [Link](#)

²⁴ Partnership for Health System Sustainability and Resilience (PHSSR) (2025). Key health system enablers for acting early on NCDs. Available at: [Link](#)

evidence-based interventions, implementation research, workforce development, digital health infrastructure, and action in underserved regions.

To reduce disparities across Member States, the EU should promote common indicators, shared benchmarks, and voluntary targets for NCD prevention, early detection, access to care, and the reduction of health inequalities. Progress should be monitored through existing EU monitoring and governance mechanisms, including the State of Health in the EU cycle, Country Health Profiles, the European Semester, and health system performance assessments.

Mutual learning should move beyond the exchange of good practices and support implementation at scale through joint actions, technical guidance, peer review, and the adaptation of proven interventions to national and local contexts.

3.2 Reduce unhealthy diets

Given Preventia's focus on preventing NCDs by addressing unhealthy diets as a key risk factor, the following recommendations aim to improve access to healthy diets across the population by creating healthier food environments for all, with particular attention to vulnerable groups.

- **Protect children from harmful food marketing across all media**
Adopt a comprehensive, binding EU regulatory framework to reduce children's exposure, up to age 18, to the marketing of HFSS foods and drinks. The framework should apply across all media, including broadcast, digital and social media, influencer marketing, apps, print, outdoor advertising, packaging, retail promotions, sponsorship, schools and other child-relevant settings.
Rules should prohibit child-appealing marketing techniques, including cartoons, licensed characters, celebrities, influencers, toys, games, competitions, child-directed claims and brand marketing that promotes HFSS product ranges. Digital rules should cover algorithmic targeting, paid influencer content, user-generated promotional campaigns and cross-border advertising. The framework should include independent monitoring, clear enforcement powers, meaningful sanctions and regular evaluation of children's actual exposure, not only company compliance reports.^{25 26 27}
- **Improve public food procurement and food environments in public institutions**
Strengthen public food procurement to ensure that food served in schools, hospitals, and other public institutions aligns with dietary guidelines. This should include clear minimum nutritional standards, implementation support, and monitoring mechanisms, with requirements for vegetables, fruits, legumes, pulses, nuts, and wholegrains, while restricting HFSS and ultra-processed foods (UPFs). Public procurement frameworks should build on and further strengthen existing EU guidance, including the Joint Research Centre's Criteria for Sustainable Public Procurement,²⁸ by fully integrating health, sustainability and social considerations into purchasing decisions.
Public procurement rules should be supported by adequate budgets, training and practical guidance for procurement officers, caterers and local authorities, including model tender clauses, supplier criteria, monitoring tools and support for smaller or

²⁵ Safe Food Advocacy Europe (2026). Why Voluntary Measures Are Not Enough: Regulating HFSS Marketing to Children. Available at: [Link](#)

²⁶ WHO (2024). Commercial Determinants of Noncommunicable Diseases in the WHO European Region. Available at: [Link](#)

²⁷ WHO (2024). Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: [Link](#)

²⁸ Joint Research Centre (2025). Criteria for Sustainable Public Procurement (SPP) for Food, Food services, and Vending machines. Available at: [Link](#)

local suppliers. Food environments in public institutions should also restrict unhealthy vending, promotions, sponsorship and child-targeted marketing.

The EU School Scheme should be maintained and reinforced to improve children's access to fruit, vegetables, and healthy diets, particularly in disadvantaged areas. Implementation should be monitored through indicators on nutritional quality, uptake, affordability, food waste, equity and compliance.^{29 30 31}

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

Introduce mandatory, harmonised EU Front-of-Pack warning labels for foods and drinks high in sugar, salt, saturated fat, trans fats or ultra-processed, drawing on the successful experiences of Latin American countries such as Argentina, Chile, Colombia, Mexico and Peru.³² Labels should be prominent, intuitive and standardised across Member States to help consumers quickly identify products that do not support healthy diets. The framework should include enforcement, monitoring and penalties, and should restrict health claims, child-appealing packaging and promotional placement for products carrying warnings.

- **Regulate product placement and promotions in retail environments**

Introduce clear EU guidelines to restrict the prominent placement and promotion of HFSS foods and drinks in physical and online retail environments. HFSS products should not be displayed in prominent places such as checkouts, store entrances, end-of-aisle displays, children's eye level or through price promotions, multi-buy offers, loyalty schemes and digital supermarket promotions. Rules should also require retailers to improve the visibility and availability of healthier options, with independent monitoring, penalties for non-compliance and evaluation of impacts on exposure and purchasing patterns.

- **Incentivise food reformulation to improve nutritional quality**

Introduce EU-wide reformulation targets for priority food and drink categories that contribute substantially to population intake of salt, free sugars, saturated fats and industrial trans-fatty acids. Targets should be aligned with WHO dietary guidance, with clear timelines, category-specific thresholds and mandatory limits where voluntary progress from companies is insufficient.

Reformulation should improve the overall nutritional quality of products, not simply replace one nutrient of concern with another ingredient that maintains unhealthy dietary patterns. This means eliminating industrial trans fats, progressively reducing sodium, free sugars and saturated fats, and avoiding substitution strategies that rely on non-sugar sweeteners, taste enhancers or additives to preserve the same level of hyper-palatable consumption. Progress should be independently monitored through product composition databases, public reporting, penalties for non-compliance where binding limits apply, and evaluation of population-level intake.

- **Use fiscal policies to promote healthy diets**

Introduce well-designed fiscal policies to reduce consumption of HFSS foods and drinks. Taxes should be designed to incentivise reformulation, for example through tiered rates based on sugar, salt or saturated fat content.³³

The European Commission should issue a guidance document outlining a comprehensive framework for HFSS food taxation. This framework should explicitly

²⁹ European Commission, OECD, & European Observatory (2025). Synthesis Report 2025 - State of Health in the EU. Available at: [Link](#)

³⁰ European Observatory on Health Systems and Policies (2024). A public debate on the future health priorities of the European Union: Outcomes, insights and ideas for action. Available at: [Link](#)

³¹ Partnership for Health System Sustainability and Resilience (PHSSR) (2025). Key health system enablers for acting early on NCDs. Available at: [Link](#)

³² PAHO (2026). New PAHO report highlights progress in front-of-package food labeling in the Americas. Available at: [Link](#)

³³ WHO (2024). Fiscal policies to promote healthy diets: WHO guideline. Available at: [Link](#)

prioritise reformulation-friendly designs recommending tiered rates for sugar, saturated fat and salt content. The EU should thus encourage Member States to broaden the tax base beyond sugar-sweetened beverages to include categories high in saturated fats, trans fats and salt, in line with WHO guidance. Member States should design HFSS taxes so that primary fiscal responsibility lies with manufacturers, thereby encouraging product reformulation and limiting pass-through to consumers, drawing on the example of the UK Soft Drinks Industry Levy.³⁴

Fiscal measures should be independently monitored for effects on prices, purchases, reformulation, health outcomes and equity, and should be implemented alongside labelling, marketing restrictions, procurement and food-environment policies.^{35 36}

- **Tackle food deserts and improve access to healthy foods**

Ensure that healthy, affordable and good-quality foods are accessible in urban, rural and underserved areas by identifying and addressing food deserts through local food-access mapping, targeted investment and binding food-environment policies. Priority should be given to increasing the availability and affordability of fruit, vegetables, legumes, wholegrains, nuts and other nutritious foods, including through healthy food subsidies, vouchers, support for local markets, healthier retail planning and improved access to healthy foods in schools, public institutions, food banks and community settings.

Policies should also reduce the dominance of HFSS and UPFs in underserved areas by regulating retail placement, promotions and marketing, while supporting retailers and food providers to stock affordable healthier options. Local and regional authorities should be given funding, data and flexibility to adapt interventions to local needs, including transport barriers, rural isolation, food-bank provision and low-income household budgets.³⁷

- **Increase accountability of large food producers for health and sustainability**

Introduce binding accountability requirements for large food producers to improve the health and sustainability of their product portfolios, rather than relying on voluntary commitments or isolated product changes. Companies should be required to report transparently on the nutritional profile of their products, the proportion of sales from HFSS and UPFs, reformulation progress, marketing expenditure, packaging, food waste and environmental impacts.

These requirements should be linked to clear targets, independent monitoring and enforcement measures, including penalties for misleading claims, non-compliance with reformulation or labelling rules, and marketing practices that undermine public health. Accountability should also be reflected in public procurement, fiscal policy and labelling frameworks, so that companies are incentivised to shift production, formulation and marketing towards healthier, more sustainable foods.³⁸

³⁴ GOV.UK (2024). Soft Drinks Industry Levy uprating. Available at: [Link](#)

³⁵ WHO (2024). Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: [Link](#)

³⁶ World Cancer Research Fund International (2025). The 4th UN High-level Meeting on the Prevention and Control of Non-Communicable Diseases: Activating prevention as a high-impact health intervention. Available at: [Link](#)

³⁷ PSLifestyle (2025). Policy Brief: Food systems. Available at: [Link](#)

³⁸ WHO (2024). Commercial Determinants of Noncommunicable Diseases in the WHO European Region. Available at: [Link](#)

4. Conclusions

The findings of the Preventia national policy assessment (D5.1) demonstrate that while Member States have developed a range of initiatives to address non-communicable diseases, significant challenges remain in translating policy ambitions into effective and equitable implementation. Across the pilot countries (Italy, Greece, Croatia and Lithuania), recurring barriers include insufficient investment in prevention, fragmented governance, regional inequalities, limited workforce capacity and inadequate monitoring systems. At the same time, examples of successful community-based programmes, integrated approaches and targeted funding initiatives show that effective prevention is achievable when supported by sustained political commitment and adequate resources.

Addressing the growing burden of NCDs requires a fundamental shift from policies centred primarily on individual behaviour change towards comprehensive structural interventions that shape healthier environments. Governments should prioritise evidence-based and mandatory regulation, strengthen public health infrastructure and ensure that prevention is embedded across sectors including education, agriculture, transport, urban planning and social policy. Particular attention should be given to creating food environments that make healthy choices the easy and affordable choice through stronger public procurement standards, restrictions on HFSS marketing, fiscal policies, product reformulation and improved access to nutritious foods.

Reducing health inequalities must remain a central objective of future policy development. Prevention strategies should be designed to reach underserved populations, address social and commercial determinants of health and ensure equitable access to early detection, quality care and healthy living conditions. Public engagement, health literacy and community participation should complement structural policy measures.

Finally, stronger EU coordination can accelerate progress by supporting Member States through common indicators, shared learning, technical assistance and aligned funding mechanisms. By combining robust governance, sustained investment and evidence-based policy action, Europe has the opportunity to substantially reduce the burden of NCDs and create healthier, more resilient societies. The recommendations presented in this report provide a practical roadmap for achieving these objectives and for placing prevention at the centre of future health policy.