

The EU Cardiovascular Health Plan: The Importance of Nutrition for Safe Hearts

Executive Summary

We strongly support the main ideas of the Cardiovascular Health Plan¹, and we agree that balanced diets should be encouraged. But it is primarily the composition of a product that matters when assessing its role in a healthy diet, not the level of processing.

Therefore:

- Policy approaches should avoid being based on the level of food processing and 'one size fits all' approaches.
- The Cardiovascular Health Plan should explicitly recognize the role of specialised nutrition in treatments for heart-related pathologies, and in prevention.

Please read below our arguments and alternative proposals regarding the proposed food assessment system and the ideas for potential fiscal measures. SNE stands ready to support EU policymakers in ensuring evidence-based and proportionate measures.

1. Introduction

The specialised nutrition industry strongly supports the main ideas of the EU Cardiovascular Health Plan, as cardiovascular diseases remain the biggest public health challenge in the EU. Healthier lifestyles and diets are key to preventing cardiovascular diseases. The Cardiovascular Health Plan, published by the Commission on 16 December 2025², includes inter alia a 'comprehensive food processing assessment system', as well as some ideas for potential fiscal measures.

2. Nutrition, food environments and manufacturers matter

Healthy nutrition is a key part of a healthy lifestyle. Lifestyles are personal, but food environments do matter. For example, children should be taught more about healthy diets and physical activity.

The basic evidence-based recommendations for a balanced diet are very clear. They revolve around consuming no more calories than one expends, privileging one's consumption of fruit, vegetables and (wholemeal) fibre, and limiting the intake of saturated fats, sugar and salt.

Food manufacturers also have an important role to play and are part of the food environment. Accordingly, the food industry has partnered in various initiatives at national and EU level, which have already led to significant reformulations of foods³. Some of these initiatives are also mentioned in the Cardiovascular Health Plan.

We fully support the promotion of balanced diets and healthy lifestyles, and we remain committed to building on progress already made and to driving further innovation, transparency, and responsible practices across the food industry.

¹ Commission [Communication on an EU cardiovascular health plan: the Safe Hearts Plan](#): COM (2025) 1024 final of 16.12.2025

² Commission [Communication on an EU cardiovascular health plan: the Safe Hearts Plan](#): COM (2025) 1024 final of 16.12.2025

³ For a selective listing of initiatives by and with the European food industry, please see [FoodDrinkEurope's contribution to the call for evidence for the Cardiovascular Health Plan](#)

3. For evidence-based approaches to encourage healthier diets

We all agree that balanced diets should be encouraged: Existing approaches and policies to do so include inter alia educational and awareness-raising programmes, food reformulation and school food programmes. In many cases the food industry is involved as a partner⁴.

Regarding the Plan's paragraph about 'levies, taxes and duties':

In addition to impacting affordability, such levies and taxes tend to raise several important systemic questions:

- If the intention is to introduce such levies, taxes or duties at the EU level: The EU's competences on taxation are very limited.
- If the intention is that such levies, taxes or duties would be triggered by a certain degree of processing, or by a classification system of so-called 'ultra-processed' foods: There is currently no robust legal definition of which foods qualify as 'highly processed', and the much-referenced NOVA classification system is vague and partly contradicts the established evaluation of foods based on nutrient composition.
- While the evidence regarding nutritional value of food is well established, the evidence around alleged risks of food processing continues to be intensely debated by scientists.

Alternative suggestion: If fiscal measures are considered, then there is a lot of scope to make healthy products more affordable. Under the VAT Directive, Member States are allowed to apply reduced VAT (normally down to 5%) to "foodstuffs / basic foods," Some EU countries choose to apply this to fruits and vegetables⁵, while others apply the full VAT rate. This approach would align incentives while respecting Member States' competences on taxation.

4. Processing is not a good indicator of nutritional value

We agree that unbalanced diets should be discouraged. But it does not follow that food processing should be demonized.

Many foods are processed for very good reasons. Processing is essential to guarantee microbiological safety, nutrient adequacy, accessibility and shelf stability. This is especially the case for many specialised nutrition products. For examples for food processing steps in the production of specialised nutrition, please see the box below.

We urge policy makers to recognize that **it is primarily the nutritional composition of a product that matters** when assessing its role in a healthy diet, alongside with factors such portion size and frequency of consumption – but not the level of processing. Processing and nutritional value do not have a linear relationship, despite the fact that some processed foods can be high in calories, fat, salt or sugar, or low in dietary fibre, protein, vitamins and minerals.

Therefore, we would not support elements of a new food assessment system which would be based on degree of food processing or on classification systems regarding so-called 'ultra-processed' foods.

Alternative suggestion: The development, as suggested by FoodDrinkEurope, of a robust EU-wide system for food consumption and composition data, ensuring that policy decisions are based on harmonised, real-world information, in line with the European Commission's Vision for Agriculture and Food, which emphasises dialogue on issues such as dietary intake data collection⁶.

⁴ Ibid

⁵ For example, 0% in Ireland and Malta, 4% in Spain and Italy for 'basic foodstuffs (incl. fruit and vegetables), and 5% in Poland (on certain fresh fruit & vegetables: https://europa.eu/youreurope/business/taxation/vat/vat-rules-rates/index_en.htm

⁶ FoodDrinkEurope's contribution to the call for evidence for the Cardiovascular Health Plan: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/14755-EU-cardiovascular-health-plan/F32844762_en

The benefits of food processing

People have processed their foods for millennia, for good reasons including food safety (for example, cooking or pasteurizing), good keeping (for example, curing or drying) or better taste (for example, marinating). For more information about how and why foods are processed, please consult [EUFIC's website section on food processing](#). For specific examples from the specialised nutrition sector, please consult [SNE factsheets on food processing](#), [ISDI resources on food processing](#).

The Food Industry's take

For the food industry's detailed take on the debate about so-called 'ultra-processed' foods; please refer to the following FoodDrinkEurope publications, which SNE supports:

- [Food Processing Q&A, Position: Ultra-Processed Foods](#),
- [Scientific critique of 'ultra-processed foods' classifications](#),
- [SNE podcast 'Nutritalks', episode 4, with Bo Dohmen from FoodDrinkEurope](#)

5. Specialised nutrition does not fit into 'one size fits all' approaches!

Even if policy approaches based on degree of processing are discarded and policy approaches are based on the nutritional composition of a product, policy makers are encouraged to be particularly careful about 'one size fits all' approaches.

A potential '**one size' approach to healthy nutrition across the EU would not be feasible**. Europeans' diets differ for cultural reasons, and our nutritional needs differ from person to person. For example, a toddler has very different nutritional needs from a grown-up athlete – not just in terms of the amount of required energy. Furthermore, aspects such as affordability, accessibility, convenience and environmental sustainability need to also be prominently considered.

When it comes to potential measures based on nutritional composition, existing approaches have usually been developed on the basis of the nutritional needs of a healthy adult population. However, specialised nutrition food products are intended for specific populations with specific nutritional needs (babies, sportspeople, patients, overweight & obese people) and most of them are governed by distinct EU rules framing their nutritional composition and/or the use of nutrition and health claims.

Applying 'general population criteria' on specialised nutrition foods would present significant risks:	
Risks	Examples
Unjustifiable discrimination against specialised nutrition products	Babies and young children need to eat proportionally more fat than adults, as fat helps develop their immune systems and absorb vitamins. A general classification, assessment or labelling scheme based on adults' nutritional needs could give the misleading perception that infant nutrition products are high in fat. Patients: Foods for special medical purposes (FSMPs) are designed to meet the specific nutritional or dietary needs arising from a wide range of medical conditions that affect patients of all ages. Consequently, their composition may differ substantially from general food. They are used under the supervision of a healthcare professional. Sportspeople: Fortifying sports foods with sodium is key to maintaining electrolyte balance and preventing dehydration during prolonged or intense activity. Consequently, certain types of sport food contain more sodium than would be beneficial in a product for the general population.
Misled consumers from specific populations, preventing them from making informed choices adapted to their nutritional needs	Parents might be misled and as a result choose inappropriate or unhealthy alternatives. Patients: If a 'general population scheme' was applicable to FSMPs, it could mislead healthcare professionals and patients, resulting in a potential deterioration of care through suboptimal nutritional support. Overweight & Obese consumers: A general scheme applicable to slimming foods would mislead consumers on the specific nutrition requirements that are linked to a restricted calorie intake diet.
Legislative contradictions	Babies and young children: The composition of nutrition products for infants and young children is strictly regulated at EU level on the basis of the latest scientific developments. If products with a mandatory composition were lumped into an 'unhealthy' category, then this would likely result in contradicting legislative requirements, which a given product could not fulfil.

6. Recognise the role of medical nutrition for patients

We hope that the EU Cardiovascular Health Plan will prominently **recognise the important role of foods for special medical purposes (FSMP) in the treatment of various cardiovascular diseases**. Recognition is important, because patients' access to medical nutrition remains difficult in many European countries, for reasons including inter alia low awareness and training of healthcare professionals, sometimes overly complex administrative requirements to bring medical nutrition to the market, and a total or partial lack of reimbursement of medical nutrition in various European countries. In addition to proven clinical benefits, medical nutrition therapies also have significant proven health economic benefits.

Disease-related malnutrition - Information from WHO Europe and ESPEN
(leading European medical society in this field)⁷:

- Disease-related malnutrition is an underdiagnosed, undertreated condition.
- Nutrition therapy (...) is a cost-effective intervention with both clinical and financial benefits.
- Patients with disease-related malnutrition are 3.4 times more likely to die
- Malnutrition results in a 30.13% increase in the average cost of hospitalization.

The policy recommendations for consideration by countries are to:

- recognize disease related malnutrition as an important topic (...);
- implement nutritional care (...)

strengthen the education in nutrition of health-care professionals.

Examples for the use of medical nutrition for patients with cardiovascular diseases		
Cardiovascular Disease	Reasons for use of medical nutrition	Types of FSMP used
Heart Failure	Patients with moderate to severe heart failure often experience: <ul style="list-style-type: none"> • Loss of appetite • Fatigue and difficulty eating • Cardiac cachexia (unintentional weight and muscle loss) 	<ul style="list-style-type: none"> • High-calorie, high-protein oral nutritional supplements • Sodium-restricted formulas • Omega-3 enriched formulas to reduce inflammation
Stroke with dysphagia	<ul style="list-style-type: none"> • Patient unable to swallow 	<ul style="list-style-type: none"> • Texture-modified formulas (for swallowing disorders)
Severe Hyperlipidemia (when diet alone is insufficient)	<ul style="list-style-type: none"> • Hyperlipidemia is abnormally high levels of any or all lipids (e.g. fats, cholesterol, etc.) in the blood 	<ul style="list-style-type: none"> • Special lipid-modified formulas (low saturated fat, low cholesterol) • MCT-based FSMPs for very high triglycerides • Plant sterol-enriched formulations (in specific medical contexts)
Hypertension requiring strict sodium restriction	<ul style="list-style-type: none"> • Some patients need therapeutic low-sodium diets beyond what normal foods can provide. 	<ul style="list-style-type: none"> • Very low-sodium liquid meals

Specialised Nutrition Europe (SNE) is the voice of the specialised nutrition industry across Europe. SNE members are the national associations of 18 European countries, including a majority of EU states, and their members are the companies producing tailor-made dietary solutions for populations with very specific nutritional needs. These include infants and young children, patients under medical supervision, sportspeople, overweight and obese consumers, and those suffering from coeliac disease. Medical nutrition plays an important role in the treatment of various cardiovascular diseases, and while sport foods can support active lifestyles, slimming foods can help overweight and obese people lose weight. More information is available at www.specialisednutritioneurope.eu. Transparency Register Number: 33498019160-40

⁷ World Health Organization. Regional Office for Europe. (2023). [Disease-related malnutrition: a time for action](#)