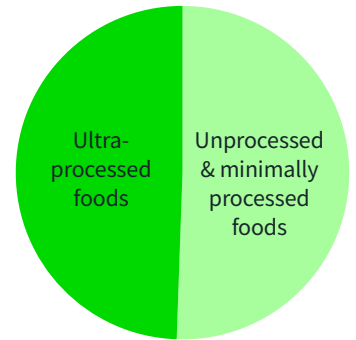


# Transforming food systems for digestive health: Nutrition as a cornerstone of primary prevention

Unhealthy diets are a leading but preventable driver of digestive diseases and cancers across Europe.<sup>1</sup> Food environments increasingly dominated by ultra-processed foods (UPFs), alongside declining consumption of fibre-rich, plant-based and minimally processed foods, are reshaping population health.<sup>2</sup> In several European countries, UPFs now contribute to almost half of total daily energy intake.<sup>3</sup>

High in added sugars, salt, unhealthy fats, industrial additives and calories, UPFs are associated with a wide range of conditions, including obesity, cardiovascular disease, diabetes, inflammatory bowel disease (IBD), metabolic dysfunction-associated steatotic liver disease (MASLD), immune disorders, colorectal cancer and other chronic digestive diseases.<sup>4,5</sup>

Reducing this growing burden requires a shift from an overreliance on individual responsibility towards systemic, policy-driven reform that transforms food environments, improves access to healthy and affordable food choices and addresses food insecurity.



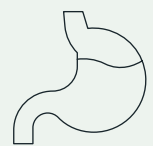
UPFs contribute to almost **half** of total **daily energy intake**

## The impact of modern diets on digestive health

Unhealthy dietary patterns increase digestive disease and cancer risk in several ways:

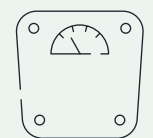
### Gut health and inflammation:

High UPF consumption alters the gut microbiome, promoting dysbiosis, intestinal inflammation and impaired barrier function. These changes increase susceptibility to a range of chronic gastrointestinal disorders, including IBD, colorectal cancer and irritable bowel syndrome (IBS).<sup>6</sup> IBS is the most prevalent gastrointestinal disorder globally. Higher UPF intake is associated with a dose-response increase in IBS risk, rising by 8% for every 10% increase in consumption.<sup>7</sup>



### Obesity and metabolic dysfunction:

UPFs are a major driver of excess energy intake and obesity due to their calorie-dense and hyper-palatable nature, making them a key modifiable risk factor for digestive diseases and cancers.<sup>8,9</sup> Excess body fat exacerbates metabolic dysfunction and systemic inflammation, compounding disease risk.<sup>4</sup>



### Inequality, food insecurity and concentrated exposure:

Lower-income households are disproportionately exposed to UPFs due to affordability, availability, shelf-life and targeted marketing.<sup>10</sup> At the same time, food insecurity limits access to fresh, minimally processed foods, reinforcing health inequalities and concentrating digestive disease and cancer risk among vulnerable populations.



# Aligning digestive health with the WHO ‘Best Buys’ and NCD prevention

Diet is central to the prevention of noncommunicable diseases (NCDs), with unhealthy dietary patterns contributing to a range of conditions including digestive diseases, digestive cancers and cardiometabolic diseases. Meeting Sustainable Development Goal 3.4 – to reduce premature NCD mortality by one third by 2030 – will require structural reform of food systems and dietary environments.<sup>11</sup>

The WHO Global Action Plan on NCDs identifies reformulation, front-of-pack labelling (FOPL) and sugar-sweetened beverage (SSB) taxation as cost-effective interventions. Evidence from *The Lancet* demonstrates that well-designed fiscal and regulatory interventions can produce measurable population-level improvements within short timeframes.<sup>12</sup>

Importantly, these measures are most effective when implemented as a coherent policy framework, in which FOPL supports consumer understanding, fiscal measures shift purchasing incentives and reformulation improves the nutritional quality of the food supply. Ensuring that such policies are informed by public health evidence and safeguarded from competing commercial interests is essential for their effectiveness and sustainability.

## Case study 1: SSB taxation



Israel introduced a tiered tax on SSBs. Within one year, purchases of high-sugar beverages declined significantly. When the SSB tax was repealed, consumption rapidly rebounded towards pre-tax levels, underscoring both the effectiveness of fiscal policy and the importance of sustained political commitment.<sup>13</sup>

## Case study 2: UK soft drinks industry levy

Announced in 2016 and implemented in 2018, the UK’s tiered levy applied differential rates based on sugar content, incentivising reformulation before the tax took effect. Household purchasing data showed significant reductions in sugar from soft drinks, driven in part by industry reformulation. The approach has since influenced tax design across Europe, including tiered structures adopted in France and Norway.<sup>14</sup>



## UEG recommendations

In line with WHO guidance and international NCD frameworks, UEG calls on EU institutions and Member States to:

**Implement mandatory, harmonised EU-wide front-of-pack labelling.** Effective systems combine warning labels for products high in sugar, sodium or saturated fat with positive endorsement labels for foods that meet dietary guidelines.<sup>15</sup>



**Introduce fiscal measures,** including taxation of sugar-sweetened beverages and high-sugar or high-salt ultra-processed foods, an approach associated with co-benefits for public health, government revenue and health equity.<sup>16</sup>



**Establish reformulation targets** to reduce added sugars, salt and unhealthy fats.



**Enforce marketing and advertising restrictions,** particularly to protect children and other vulnerable groups. Portugal became the first country to introduce legislation restricting the digital marketing of unhealthy foods to children, following evidence that industry self-regulation had been ineffective.<sup>17</sup>



**Adopt fiscal and subsidy policies** to ensure equitable access to affordable, minimally processed foods, including improving the affordability of healthy food baskets and monitoring prices of healthy staple foods.



**Integrate nutrition-based prevention** into digestive health, cancer and obesity strategies.



**Co-ordinated action across EU institutions and Member States is essential to transform Europe’s food systems and, in doing so, reduce the growing burden of digestive diseases and cancers.**

# Contributing Member Societies



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