

Healthy hearts, healthy guts: Why prevention is a policy choice

Key takeaways – UEG Policy Webinar (May 7, 2026)

This UEG Policy webinar ‘Healthy hearts, healthy guts: Can the EU Safe Hearts Plan improve digestive health?’ brought together clinicians, policymakers and civil society to ask a deceptively simple question: why do non-communicable diseases (NCDs) – cardiovascular disease, cancer, diabetes, digestive disorders – still dominate Europe’s mortality and disability burden when so much of that burden is preventable? Moderated by UEG Public Affairs Group Chair Alexander Hann, the session featured MEP Romana Jerković, rapporteur for the EU’s Cardiovascular Health Strategy, and Liz Aranz of the NCD Alliance.

The EU Cardiovascular Health Plan: a starting point, not a finish line

Presenting the European Commission’s Cardiovascular Health Plan (adopted December 2025), MEP Jerković welcomed the plan’s ten flagship initiatives but warned that its impact will depend on enforceability, measurable targets and political accountability. As Parliament’s rapporteur, she has pushed for greater ambition in six areas: stronger prevention through regulation of tobacco, alcohol and unhealthy food marketing; explicit recognition of environmental determinants such as air pollution and extreme heat; closing the gender gap in cardiovascular research and diagnosis; defining the role of digital tools without weakening the doctor–patient relationship; tackling inequalities between and within Member States; and recognising that cardiovascular disease rarely exists in isolation from diabetes, obesity, GI cancers and inflammatory bowel disorders – conditions linked through shared risk factors and the gut–heart axis.

‘Cardiovascular risk is not only a matter of individual choice. It is strongly shaped by commercial determinants. We cannot realistically expect individuals alone to carry the burden of prevention.’

MEP Romana Jerković, Chair of the MEP Digestive Health Group

Jerković also flagged a concern for the wider health community: health is being marginalised in the next EU budget, and is likely to receive significantly less funding than in the previous Multiannual Financial Framework (MFF). She called on scientific societies and clinicians to speak loudly to national governments to keep both cardiovascular and digestive health central to EU policy.

The NCD Alliance: shared risk factors, shared solutions

Liz Aranz reinforced the structural argument. NCDs are the world’s leading cause of death, yet financing – both domestically and at EU/global levels – remains misaligned with the scale of the challenge. The NCD Alliance challenges the framing of NCDs as a ‘lifestyle choice’: when soft drinks cost less than water and ultra-processed food is the default, individual responsibility is a poor explanation for population-level harm.

Her presentation focused on three policy levers across NCD risk factors backed by WHO's NCD 'Best Buys':

- **Marketing:** restrictions must go beyond traditional advertising to cover product design, placement, sponsorship and digital channels, with particular attention to children's exposure through sport and social media.
- **Labelling:** mandatory front-of-pack warning labels (as pioneered in Chile and now spreading across Latin America) outperform voluntary schemes such as Nutri-Score. Ireland is set to become the first country to have comprehensive alcohol labelling, including cancer warnings, though implementation has been delayed to 2028 following industry pressure.
- **Fiscal policy:** health taxes are among the most cost-effective NCD interventions and can fund health and social programmes; but they are undermined when governments simultaneously subsidise the production of harmful products, as still happens with alcohol in the EU.

Arnanz also highlighted a shift in language: 'harmful use of alcohol' is misleading – evidence shows no safe level of consumption, and alcohol use, even at low levels, is causally linked to at least seven cancers, many of them digestive.

Discussion: political will is the bottleneck

Asked what it would take to apply the tobacco-control playbook to ultra-processed food, Jerković was direct: political majority and political will. Industry lobbying in the European Parliament is powerful, and prevention measures face strong resistance – including ongoing conservative pushback against acknowledging that there is no safe level of alcohol. Audience questions on regional health inequalities and sedentary workplaces drew responses on the Commission's planned cardiovascular health inequality dashboard (modelled on the European Cancer Inequality Registry) and on the multi-sector nature of prevention: urban planning, green space, school physical activity and workplace policy all matter.

UEG's position

Two recently published UEG position papers were referenced throughout the discussion and are recommended reading alongside this summary:

- [Transforming food systems for digestive health](#) – on ultra-processed foods and the policy levers needed to shift unhealthy diets.
- [Digestive cancer screening across Europe](#) – on risk-based screening to detect digestive cancers earlier in high-risk populations.

Watch the full webinar recording on [Youtube](#) and [Gutflix](#).



About UEG

Founded in 1992, United European Gastroenterology (UEG) is the leading non-profit organisation for excellence in digestive health in Europe and beyond with its headquarters in Vienna. We improve the prevention and care of digestive diseases in Europe through providing top-tier education, supporting research and advancing clinical standards.

As Europe's home for multidisciplinary gastroenterology, we unite over 50,000 engaged professionals from national and specialist societies, individual digestive health experts and related scientists from all fields and career stages.

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