

Summary of EHN's proposed population goals

| FOODS AND OTHER RELATED GOALS | |
|--------------------------------|--|
| Fruit and vegetables | Intermediate: More than 400 g/day Long-term: More than 600 g/day |
| Sugar-sweetened drinks | Intermediate: Decrease as much as possible Long-term: Virtually zero |
| Body mass index (BMI) | Intermediate: Average BMI of less than 23 for adults Long-term: Average BMI of 21 for adults |
| NUTRIENTS AND OTHER COMPONENTS | |
| Saturated fat | Intermediate goal: Less than 10% of calories for the general population and less than 7% of calories for a population at a high risk for heart disease, less than one-third of total fat. Long-term goal: 7% of calories, and less than one-third of total fat. Replaced with unsaturated fats, particularly polyunsaturated fats, and fibre-rich complex carbohydrates. |
| Trans fats | Not more than 0.5% of calories from TFA, of which 0% should be from industrially-produced TFA |
| Total fat | About 25% of calories |
| Total carbohydrate | Intermediate: More than 55% of calories Long-term: Up to 65% of calories |
| Free sugars | Intermediate: Less than 10% of calories Long-term: Not more than 5% of calories |
| Fibre | At least 12.6 g dietary fibre per 1000 kcal (3 g per MJ energy) |
| Salt | Less than 5 g of salt (2 g of sodium) per day |

Notes to table:

Population goals: These goals represent a recommended average intake or level for the population as a whole; they are not dietary guidelines for individuals. The goals refer to a desirable everyday diet and should not be taken to mean that individuals should *never* deviate from them. These goals do not take account of genetic variations in how individuals respond to dietary risk factors or individual susceptibility to disease.

Intermediate and long-term goals

In some cases, two different sets of population goals are proposed:

Intermediate targets based on an assessment of current dietary patterns in Europe and including pragmatic considerations of what might realistically be aimed for in the next five to 10 years.

Ambitious longer-term goals which highlight the levels we should ultimately be aiming for, if the pragmatic constraints that feed into the intermediate targets can be overcome.

In other cases, it is considered so important to start working towards the long-term goal immediately that no intermediate target is proposed.

Percentage of calories (energy): When the goals are expressed as a percentage of calories (food energy), this represents the proportion of the total calorie intake from all food and drink consumed excluding alcohol.

Other points:

Protein: Although no goal is strictly necessary for CVD prevention, from 10% up to 20% of calories should come from protein of reasonable quality.

Total calories: Intake should be adequate to support growth and development, as well as physical activities, and to reach and maintain desirable body weight and micronutrient intakes should be adequate to ensure health, according to existing recommendations for people of different age, gender, etc.

Saturated fat: There is considerable media interest in whether some types of saturated fat – such as dairy fat or coconut oil – are less 'unhealthy' than others, but there is not currently enough evidence to justify goals for individual fatty acids.

Breastfeeding: No population goal for breastmilk or breastfeeding is included in the table. WHO recommends exclusive breastfeeding for six

months followed by complementary feeding and continued breastfeeding for up to two years or beyond, and countries in the European region have signed up to WHO's global target to increase rates of exclusive breastfeeding for six months up to at least 50% by 2025. Some national authorities in Europe advise that complementary feeding can sometimes be introduced at four months, while acknowledging the importance of ideally complying with the WHO guideline.

Water: Adequate total water intakes (from food and drinks) should be 2 litres for women and 2.5 litres for men. Requirements will be higher in hotter climates or for people involved in vigorous physical activity, and are more critical for children and older people. It is important that supportive policies are in place to ensure easy access to drinking water.

Folate: No population goal is proposed for folate from food. Inclusion of any recommendations for particular foods specifically because of their folate content or for folic supplements is not warranted for CVD prevention and optimal vitamin B status can be achieved with a cardiovascular health-promoting diet.

Antioxidants and polyphenols: No population goal is proposed for antioxidants and polyphenols. A cardiovascular health-promoting diet provides abundant antioxidants and that there is not enough evidence to justify specific recommendations and EHN does not recommend taking supplements.

Phytosterols (plant sterols and stanols): No population goal is proposed for phytosterols (plant sterols and stanols), because these are only meant for people with high blood cholesterol levels.

Alcohol: Moderate alcohol consumption (one or two drinks per day) has been associated with a lower risk of CVD than in people who drink no alcohol at all, but the possibility that this is due to other factors cannot be excluded and recent research has shed doubt on this association. We cannot recommend that people consume alcohol for cardiovascular benefit.

Pulses: Regular consumption of dietary pulses (the dried seeds from the legume family such as beans, chickpeas, lentils and peas) is recommended by some authorities. There is some emerging evidence that daily consumption of a 130 g serving of pulses can reduce LDL cholesterol levels and that higher pulse intakes are associated with lower risk of heart disease, reduced blood pressure and obesity.

Colonic flora: While there is a lot of interest in microorganisms in the gut and the possible implications for nutrition, there is not enough evidence to make any firm recommendations.

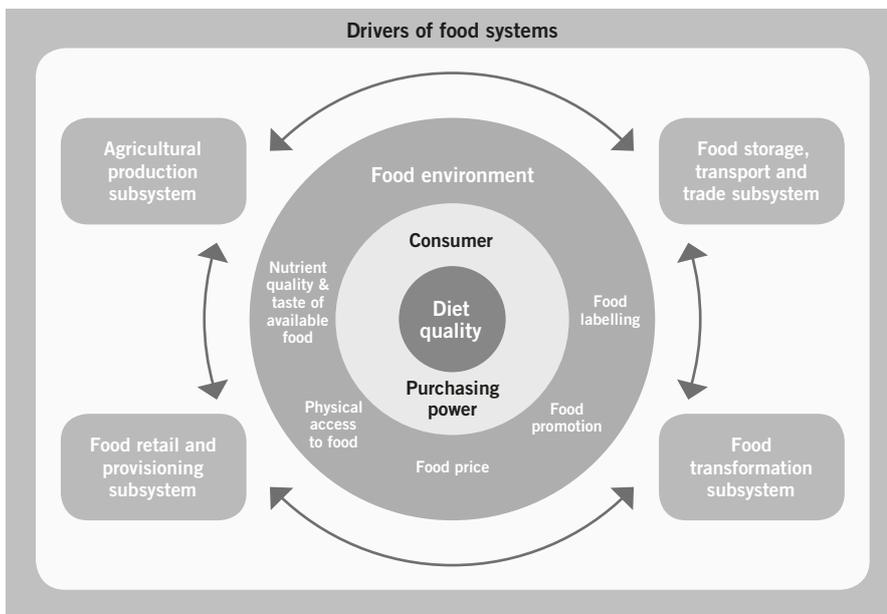
Sustainable food systems for cardiovascular health

In a perfect world people would, on the basis of this evidence, buy and eat different foods to reflect the latest advice and markets would respond to the changes in demand. In today's complex food systems, however, the 'market' does not function perfectly and there are many other forces driving the food supply in addition to consumer demand.

- Today's food systems are intricate – with long food chains that involve many different actors – and powerful external factors influence what is produced, how it is sold and at what price (the 'food environment').
- This complexity presents both challenges and opportunities for policymakers. While many of the external drivers are beyond the control of national or regional authorities, there are many entry points along the food chain where policymakers can take action.
- The EU's Common Agricultural Policy (CAP) has helped shape current dietary patterns, and radical rethinking of the CAP could enable positive dietary changes.
- Trade and investment agreements can impact on the food environment and there is a need to take nutrition into account in trade negotiations.

- Current approaches to restricting marketing of unhealthy foods to children are inadequate, particularly given the shift towards online marketing, and decisive policy action is needed.
- Food system activities have considerable environmental impact, including on climate change, land use and water use. Climate change is likely to have a negative impact on diet-related health overall.
- There is considerable overlap between consuming healthier diets and achieving higher levels of sustainability, and an integrated health and environment approach to food systems is needed.
- Health-environment win-wins need to be promoted through dietary guidelines and broader policy approaches are also required.

Major economic and policy drivers determine what food is produced, what is imported and how foods are marketed (see figure below). Many of these global and external factors are well beyond the reach of individual governments – let alone individuals.

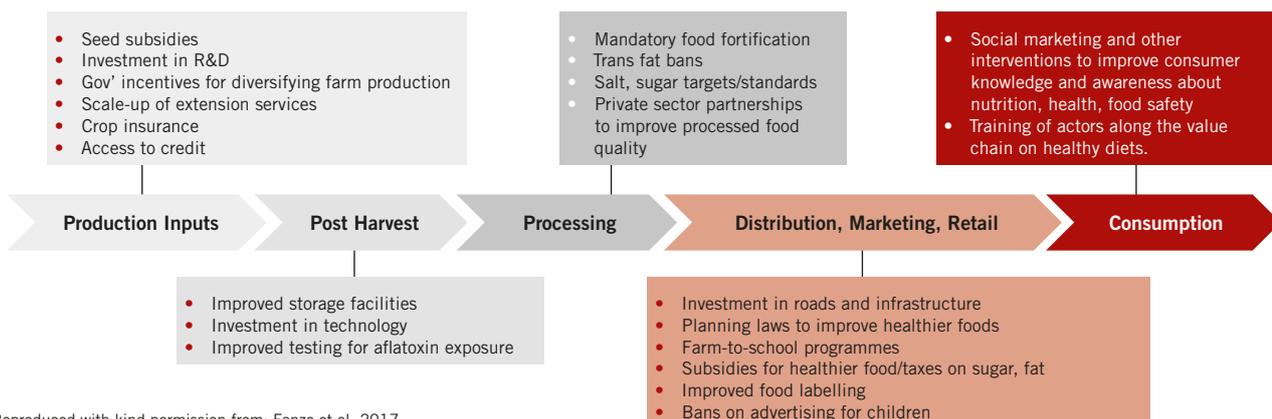


Links between the quality of food and food systems.

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Effective policies for promoting healthy dietary patterns

On the other hand, the complex situation also means that there are many different points along the food chain where policy makers can take action to improve diets (see figure below).



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Indeed, recent years have seen significant global commitments on diet and nutrition, reflecting greater awareness of the need to tackle diet-related NCDs.

- Progress on policy to improve European diets, however, has been patchy and inadequate over the last six years.
- At the EU level, the lack of progress on nutrient profiles (for regulating use of health and nutrition claims) and food marketing to children is disappointing. There have been some promising initiatives at EU-level in relation to trans fats, reformulation and healthy procurement of food served in schools.

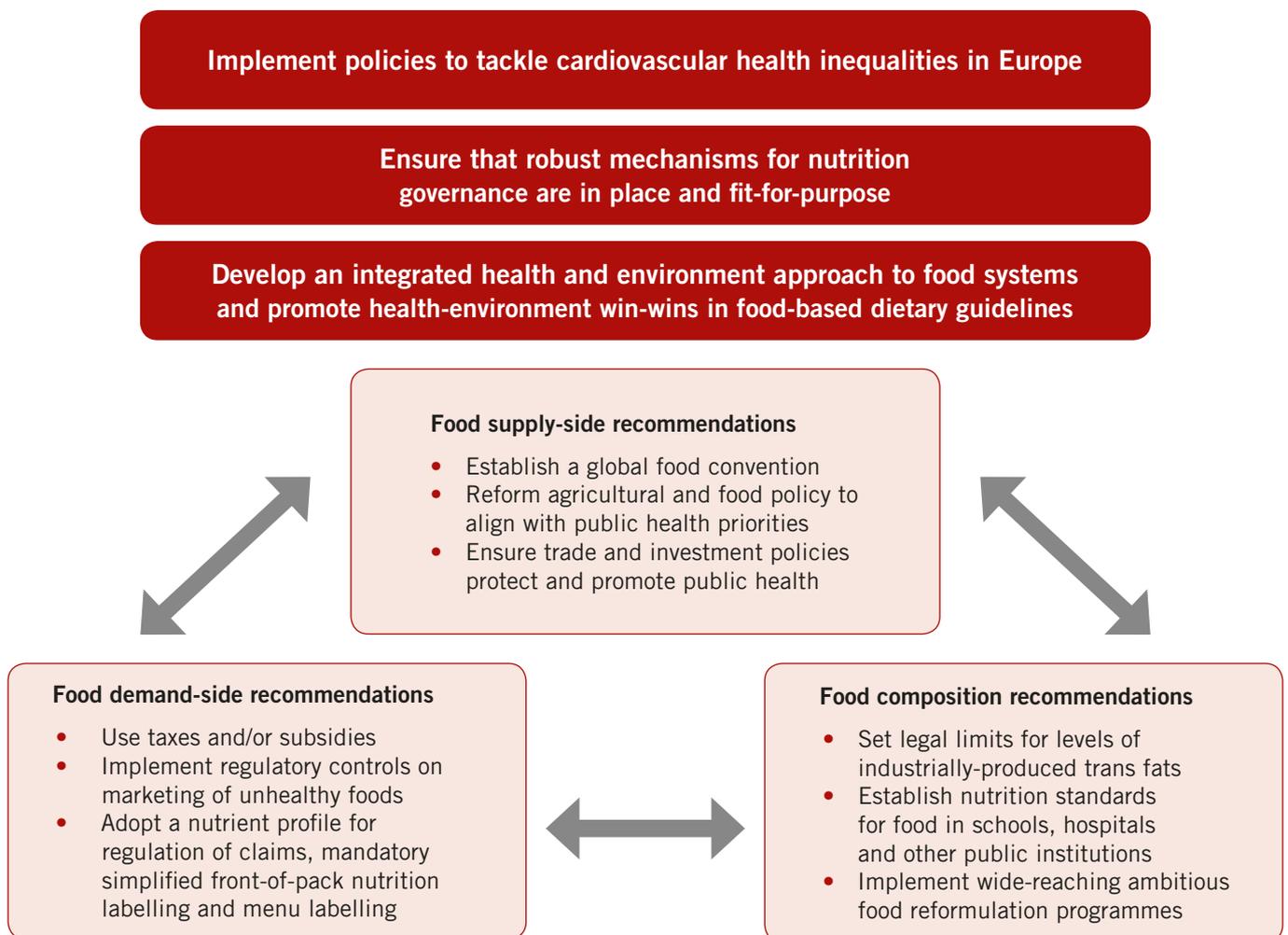
- Some European countries have made progress – food taxes, reformulation, trans fats, labelling, food in schools and marketing to children – but much more government-led action is needed.

A population-based approach that aims to reduce the whole population's exposure to dietary risk factors offers the greatest promise.⁷ Most interventions to improve diets are good value for money and some actually result in net cost savings.⁸

EHN recommendations for food and drink policies for cardiovascular health

In order to realise the vision of every European being able to live free from avoidable diet-related CVD, EHN calls for rapid and full implementation of a comprehensive package of recommendations. The package is underpinned by three

overarching recommendations. It also includes three clusters of specific recommendations relating to policies to influence what food is supplied, to impact on consumer demand for foods and to alter the composition of foods.



1. The full paper and the summary are available from <http://www.ehnheart.org/publications-and-papers/publications.html>

2. Global Burden of Disease database (2015) <https://vizhub.healthdata.org/gbd-compare/>

3. Wilkins, E. *et al.* *European Cardiovascular Disease Statistics 2017*. European Heart Network. (2017)

4. OECD. *Pensions at a glance 2015. OECD and G20 indicators*. (2015)

5. Healthy life expectancy data, 2015, from Eurostat. (<http://ec.europa.eu/eurostat>)

6. Energy density is the amount of energy (calories) per gram of food.

7. Rose, G. *Strategy of Preventive Medicine*. 171 (2008). doi:10.1093/acprof:oso/9780192630971.001.0001

8. Cobiac, L. J., Veerman, L. & Vos, T. The role of cost-effectiveness analysis in developing nutrition policy. *Annu. Rev. Nutr.* 33, 373–393 (2013); Cecchini, M. *et al.* Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *Lancet (London, England)* 376, 1775–1784