COMPETERE
Policies for Sustainable Development

COMPETERE'S CONTRIBUTION TO THE EU CARDIOVASCULAR HEALTH PLAN CONSULTATION

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The chronic pandemic of our century

Non-communicable diseases (NCDs), and cardiovascular diseases (CVDs) in particular, are the chronic pandemic of the 21st century. They account for more than 70% of global deaths and about 4 million in Europe each year, including 1.7 million linked to the heart and vascular system. Cardiovascular diseases alone cost the EU around €280 billion annually, with severe impacts on productivity, the economy, and mental well-being. The most dramatic consequence is that, for the first time in human history, life expectancy risks declining.

Why we are regressing

This regression is driven by unbalanced lifestyles: excessive caloric intake combined with a drastic reduction in energy expenditure, the collapse of spontaneous play among children, pollution, chronic stress, smoking, alcohol and substance abuse, sleep disorders, and adverse socio-economic and urban conditions. These are also the main drivers of overweight and obesity, which in turn fuel many NCDs.

Prevention has failed

Prevention policies adopted so far have failed. Screening, while useful and life-saving, is not genuine prevention: it detects disease when it is already present. Measures such as sugar taxes, front-of-pack labels (like Nutri-Score), or partial reformulations have proven ideological and ineffective: they have not reduced NCDs or obesity and have often generated unintended consequences for consumers and the economy.

A radical paradigm shift

NCDs are multifactorial and cannot be addressed with "one size fits all" approaches. The priority must be to empower citizens to find and maintain their personal balance through knowledge, critical education, and personalized health tools.

Precision health as a solution

Technology makes precision health possible: wearable devices, artificial intelligence, genomics, and digital health can monitor individual parameters, guide daily choices, and motivate balanced behaviors. Physical activity, understood as daily energy expenditure and not just competitive sport, must return to the core of prevention strategies, alongside nutrition.

Medical innovation and a cultural shift in cardiology

Medical innovation is reshaping cardiovascular care. GLP-1 receptor agonists and SGLT2 inhibitors, effective in both obesity and cardiovascular disease, are transforming clinical practice. Their optimal use, however, requires a cultural shift: obesity must be recognized as a chronic systemic disease rather than a mere risk factor.

Our recommendations

We propose that the EU Cardiovascular Health Plan:

- Recognize NCDs and CVDs as a chronic emergency threatening health, productivity, and the sustainability of healthcare systems.
- Adopt policies grounded in scientific evidence, assessed for their real impact on obesity and CVDs, while avoiding unintended economic and social consequences.
- Ensure equity of access and combat stigma by including obesity care in cardiovascular pathways and promoting EU-wide awareness campaigns.
- Abandon ideological, standardized approaches in favor of adaptable, individual-based solutions.
- Place citizen empowerment at the center through education and digital tools for precision health, encouraging moderation in consumption and the pursuit of a balanced lifestyle..
- Make physical activity a cornerstone of prevention, alongside balanced nutrition.
- Promote healthier, less polluted, and movement-friendly urban environments.

The 3Es framework

At Competere we promote the 3Es framework: Exercise (movement and energy expenditure as the starting point, burn first, then eat, reflecting human evolution), Enjoyment (mental health and mindfulness), and Eating (balanced nutrition by portion, frequency, and caloric quality).

For decades, prevention has been framed as eat right, then move. Yet human evolution followed the opposite order: our ancestors had to burn calories first, hunting, gathering, surviving, before they could eat. Today's abundance has inverted this natural balance: food comes before movement, or without it at all. No diet, however balanced, can compensate for inactivity. The new paradigm must be burn first, then eat: caloric expenditure guiding caloric intake in an equilibrium that mirrors human evolution.

Europe's leadership in prevention

Only with a balanced, personalized, and multidimensional approach can Europe reverse the trajectory of obesity and cardiovascular disease, while strengthening public health, competitiveness, and global leadership in prevention.

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