



Meeting minutes

Meeting of the Expert Group on Public Health: subgroup on non-communicable diseases 18 October 2023

On 18 October 2023, the sub-group on the prevention of non-communicable diseases (NCDs) under the Expert Group on Public Health (PHEG) held an online meeting chaired by DG SANTE. 41 representatives from Member States, Commission services, and agencies (HaDEA) attended the meeting. The Chair welcomed participants and outlined that the subgroup "Healthier Together: EU Non-communicable diseases initiatives" was set up to co-create that initiative and to contribute to lessen the burden of NCDs while reducing health inequalities. DG SANTE proposed to extend the mandate of the subgroup until the end of next year.

Welcome message from DG SANTE

DG SANTE presented the key areas to be addressed in the meeting:

- the 'Healthier Together'¹ initiative, with reference to the key actions implemented and the next steps.
- the priority setting exercise that has been carried out under the Public Health Expert Group and the areas of interest for the specific subgroup on NCDs.
- The two joint actions in the field of NCDs, with updates provided by the respective joint actions' leaders.
- Future work areas of the Subgroup that have been identified through a tour de table session, thanks to which DG SANTE collected valuable input from participants concerning the 'Healthier Together' initiative and other areas of interest for the subgroup.

Update on the implementation of Commission initiative 'Healthier Together'

DG SANTE presented the state of play of implementation of the Commission's initiative 'Healthier Together – EU NCDs initiative'. NCDs are responsible for 80% of the disease burden in the EU countries and are the leading cause of avoidable premature deaths. The 'Healthier Together' initiative supports action to support the Member States and stakeholders in reducing the burden of these NCDs and ultimately to improve citizens' health and well-being. The initiative is intended to cover the period between 2022 and 2027, providing guidance for countries to reach the Sustainable Development Goals together with the WHO targets on NCDs.

The Subgroup on NCDs is supporting the development of actions under the five strands. Consequently, the Commission has started working on several projects and actions to take forward the identified priorities under the Healthier Together initiative. In addition, the Commission also organises calls for best practices. In this context, best practices are

¹ https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

implemented e.g. the 'Reverse Diabetes2 Now'² programme - an evidence-based lifestyle programme for treating diabetes type 2 - and Let's Talk About Children - an intervention to promote well-being and to prevent problems for vulnerable children and families.

DG SANTE introduced the financial support measures promoted by the Commission under the 'EU for Health' programme for the implementation of actions under all five strands, under open calls for proposals, joint actions, procurement, and contribution agreements with international organisations (e.g., WHO, OECD). The OCED will support Member States in the transfer of practices. At the same time, the Commission has signed a contribution agreement of €11,000,000 with WHO for providing support to Member States on building capacity for mental health system reforms.

In addition, DG SANTE informed on the implementation of the Commission Communication on a comprehensive approach to mental health - adopted on 7 June 2023 – which presents 20 flagship initiatives and identified €1.23 billion in funding. The Communication includes actions to support Member States in several fields, including mental health system reforms, multidisciplinary training of health and other professionals working in the community, support to children and young people.

Finally, DG SANTE stressed how close collaboration between the Commission, Member States, and stakeholders is required to implement the flagship initiatives. Therefore, the Commission will work closely with stakeholders under the 'Health Policy platform' and with the Member States through the PHEG Subgroup on Mental Health.

HaDEA presented the state of implementation of projects, grants, and actions related to 'Healthier Together':

- AWP 2021: overall funding of €11,600,000
 - Diabetes: joint action coordinated by Spain – CARE4DIABETES – with a total EU contribution of €4,000,000. This joint action kicked off in February 2023 and is involving 12 Member States.
 - Mental health: open call underlining the importance of supporting mental health in post COVID-19 Europe.
 - HealthyLifestyle4All: one joint action called Health4Eukids, coordinated by Greece, with an overall EU contribution of €3,000,000, looking at how to promote the well-being of children in different contexts with a focus on school settings; three other actions, notably IHLGiS, Schools4Health, and RYHEALTH for a total amount corresponding to €3,600,000.
- AWP 2022: overall funding of €10,400,000.
 - Improving children and young people's mental health: it includes two action grants, notably IceHeartsEurope and LetsTalk. Total EU contribution amounts to €7,000,000.
 - Promoting mental health of displaced people and refugees from Ukraine: 4 action grants (MESUR, Peace of Mind, U-RISE and Well-U) that together amount to €3,000,000.
 - Other NCDs with the Prevent CKD project on chronic kidney diseases. This is a small grant but is jointly governed by the EU and AstraZeneca.
- AWP 2022: Grants under agreement procedure
 - JA-PreventNCD
 - JACARDI

² https://health.ec.europa.eu/system/files/2021-07/ev_20210630_co05_en_0.pdf

- Open Call for Action Grants on Cancer and other NCDs prevention – action on health determinants: total available budget of €11,000,000
- Open Call for Action Grants on Prevention of NCDs – cardiovascular diseases, diabetes and other NCDs: total available budget of €5,000,000.
- AWP 2023: NCDs calls
 - Joint action on Mental Health – deadline: 31/10/2023
 - Joint action on Dementia and other neurological disorders – deadline: 31/01/2024
 - Joint Action on Chronic Respiratory Diseases (CRDs) – deadline: 31/01/2024
 - Action Grants on Mental Health (including focus on vulnerable groups) - deadline: 17/10/2023
 - Action Grants on Mental health challenges for cancer patients and survivors - deadline: 17/10/2023
 - Action Grants on Dementia and other neurological disorders – deadline: 17/10/2023
 - Action Grants on Chronic Respiratory Diseases (CRDs) – deadline: 17/10/2023.

Priorities on NCDs under PHEG

DG SANTE updated on the NCDs work areas under the Public Health Expert Group, on the basis of the priority setting exercise carried out throughout a survey filled in by 18 Member States, Norway, and Iceland. The survey allowed the Commission to have a clear understanding of the Member States' priorities and a draft report was shared with the Public Health Expert Group. In parallel, the Commission is holding a series of bilateral meetings with interested Member States for understanding the Member States' specific needs based on their political priorities and challenges. DG SANTE also announced that the Public Health Expert Group will meet online on December 6th with the aim of confirming the priority areas for the Public Health Expert Group for the coming years.

DG SANTE presented the priority areas gathered from the survey and bilateral discussions, namely: (i) Health promotion and socioeconomic determinants, (ii) Mental health and well-being, (iii) Cancer, (iv) Prevention of NCDs (and others not directly related to the Subgroup on NCDs like vaccination).

DG SANTE also introduced the tools to be deployed to address the challenges presented by these priority areas. This set of tools includes the Best Practises Portal³, where the Commission publishes the calls for best and promising practises, with the latest call for best practises in the area of mental health having just been closed; collaboration through joint actions; information exchange between clusters of Member States; capacity building for Member States.

Then, DG SANTE offered a quick overview on the prioritisation of NCDs resulting from the survey. Likewise, DG SANTE also presented the key solutions identified in the survey by the Member States:

- Prevention of disease through focused actions, with the identification of the most beneficial and impactful actions to be implemented by the Member States
- Better management and treatment of NCDs through the exchange of best and promising practises

³ <https://webgate.ec.europa.eu/dyna/bp-portal/>

- Promotion of evidence-based, scientific-proven, population level interventions and screening.

The tools identified by the PHEG to support the Member States include: raising public and political awareness; promoting legislative initiatives; developing reports, synthesising evidence, researching information and making it valuable for the Member States; preparing joint applications to Technical Support Instrument; and finally facilitating exchanges between stakeholders.

Updates on current and future Joint Actions on NCDs

The coordinators of the Joint Actions on NCDs presented updates on their projects, JACARDI and JA-PreventNCD.

Starting from JACARDI, this joint action focuses on cardiovascular diseases and diabetes. Led by the Italian National Institute of Health, the joint action covers 21 European countries, including Ukraine. It comprises 11 work packages, 52 tasks, 86 subtasks, and 142 pilots in 18 European countries over the four-year project. With that in mind, JACARDI aims at reducing the burden on non-communicable diseases and related risk factors, both at the personal and societal level, targeting or addressing the specifics of cardiovascular disease and diabetes and their health determinants. To do so, this joint action received an overall funding of €53,000,000, then raised to €66,000,000.

JACARDI focus areas span from health literacy and awareness to primary prevention and screening, care pathways, self-management, labour participation with a specific focus on health equity, data availability and quality, and availability of registries. Individual technical work packages have been established for each one of the above tasks, with another work package - defined as a transversal working package - through which developing and implementing a methodological framework for pilot design, preparation, implementation, monitoring, reporting, and assessment.

JACARDI is based on:

- Build on what already exists by working on existing programmes, projects, and joint actions.
- Implement on unmet needs and priorities of Member States through the adoption of a flexible and adaptable approach.
- Cover the entire 'patient journey' by developing a methodological framework for the context analysis and consequent assessments. This methodological approach would represent the joint action's added value as it would help Member States adopting change considering local needs.
- Focus on transversal and intersectional aspects and adopt equity, cultural and active diversity lenses in planned activities.
- Develop a roadmap for scaling up local in pilots at a nation level.

Then, JACARDI coordinators highlighted the complementarity with other actions, namely CHRODIS-PLUS, JAHEE, JADECARE, BestReMap, and EU STOP Project. JACARDI will also follow the orientation of the 'Healthier Together' – Non-Communicable Diseases initiative, collaborating with the other joint action, JA-PreventNCD. Finally, JACARDI next steps include the finalisation of the grant agreement preparation, with the starting date of the joint action set for November 1st, 2023.

The second joint action, JA-PreventNCD, is still in the planning phase, and it follows the objectives stemming from Europe's Beating Cancer Plan⁴ and the 'Healthier Together' document. By Involving 25 European countries, JA-Prevent NCDs' main goal is to reduce the burden of cancer and other NCDs, addressing common risk factors at the personal and societal levels by adopting a comprehensive approach to preventing such diseases. In this context, the joint action focuses on the health determinants common to cancer and other NCDs, and underlying risk factors.

JA-PreventNCD work programme has been split into 10 different work packages which include 56 tasks and 105 sub tasks, with almost 100 pilot actions being implemented. The work packages cover different dimensions, going from societal level where policy measures address the impact of NCDs on the population, to personal level interventions that focus more on strengthening the individual to make healthier choices.

Overall, JA-PreventNCD represents an ambitious effort to scale up NCDs' primary prevention measures, building on best and promising practises focusing on the impact of intervention at the individual and the societal levels. The action also acknowledges the need for a system approach which shall foresee the development of coordinated interventions. At the same time, the action employs an equity lens to all planned measures, ensuring broad, secure user involvement in all activities.

Lastly, JA-PreventNCD is currently finalising both the Consortium Agreement and the Grant Agreement (by November 17), with work starting on January 1st, 2024. A first in-person meeting has been scheduled in early January 2024, as well as the action's kick-off meeting, which will be held in Oslo in mid-February 2024. In the meantime, regular online meetings with beneficiaries, partners, and work package leaders are being held to keep them updated.

Tour de table on ongoing and possible future work areas

Introducing the tour de table session, DG SANTE asked for the contribution of the Member States to identify the next steps concerning the 'Healthier Together' initiative. In these regards, the PHEG Subgroup on NCDs was asked to share its vision on the priority areas mentioned before.

Austria stressed that subgroups are needed for opinion forming, agenda setting, and innovation in Europe and not for merely disseminating information or collecting best practices. Austria was concerned that the new broader focus of the PHEG might lead to neglecting important health determinants. Therefore, Austria proposed that the NCDs subgroup should move towards a more determinants-based approach to health, including the economic and commercial determinants. Consequently, Austria suggested renaming the group into 'Subgroup on Health Determinants.' Moreover, Austria stressed the importance of moving towards people-centred, integrated health systems based on prevention and health promotion in general, and focusing on all NCDs at once, in analogy with other EU-led initiatives. The focus should be on quality of life as well as on equity.

DG SANTE replied that health determinants continue to be a key focus of work in a broader approach on prevention.

Belgium reflected on a more comprehensive approach to prevention of NCDs and stressed that a wider approach should be adopted, rather than a narrow focus on single diseases.

⁴ https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-of-life/european-health-union/cancer-plan-europe_en

Additionally, Belgium suggested that legislative acts – like legislations or taxation measures - would be also needed to operations go forward.

Croatia underlined its appreciation for the EU NCDs initiatives, remarking the country's participation in drafting the documents by sending comments and actively participating to the Subgroup meetings. Croatia also expressed high interest in taking part in the joint actions presented during the meeting – JACARDI and JA-PreventNCD -, with Croatia also preparing the joint action on cancer screening. In addition, Croatia agreed on the priority areas identified via the survey, as well as on the need for adopting a comprehensive approach focusing on the main risk factors and socio-economic determinants. Finally, Croatia commented on the crucial relevance of transferring best practices, which has already been done by this country in many different occasions within the joint actions.

Germany described the national approach used to tackle common risk factors. Germany prioritises those risk contributing to or reducing overweight, diabetes, and heart diseases. Then, Germany stated that the country is highly interested in taking part in JA-PreventNCD as the country would need to adopt a specific focus on social inequalities and healthy environments. Finally, Germany announced that the country will be encouraging vulnerable and/or immigrant young people and families to participate in physical activity promotion. Another area that would be important for Germany is early detection of diseases, especially cancer and other NCDs. Lastly, Germany announced that it is going to tackle dementia and neurological disorders, as well as cancer (for which the country already participates to related joint actions).

Finland suggested holding at least one face to face meeting to discuss strategic and comprehensive topics for the subgroup as meetings in presence would facilitate the exchange of best practices. Finland also stressed the need to have a common framework to learn from the other subgroup's members, involving also local institutions and ministries. In this way, a wider approach should focus on health promotion, health determinants, and socioeconomic inequalities.

Italy started by affirming the pivotal relevance to have a specific Subgroup on NCDs, also creating synergies and joint meetings with other Subgroups in case there are common topics to be addressed. Then, concerning priorities, Italy mentioned that incurring in the risk of fragmentation might become a possibility if the overall approach also indicated by the other Member States is not adopted. Additionally, Italy affirmed that one of the priorities for this subgroup should be following the two joint actions presented during the meeting, as the Subgroup would function as a "policymaker body" for such joint actions. Finally, Italy remarked the relevance of having continuous feedback on the Subgroup's work, as well as on the status of the joint actions. This would also entail developing a yearly work plan and defining a clear budget for the Subgroup, as it already concerns other PHEG Subgroups.

DG SANTE thanked Italy and stated that, although the earlier idea was to close the Subgroup on NCDs given the end of the 'Healthier Together' initiative, the Commission is considering redefining the Subgroup mandate to support a comprehensive approach related to prevention. DG SANTE also agreed on coordinating the Subgroup activities with the work carried out in the context of the different joint actions presented, foreseeing the organisation of a meeting where synergies and feedback to policymaking can be collected.

Latvia was then given the floor, remarking that the topics introduced by the other Member States have been integrated in the country's public health guidelines. In fact, Latvia is

working on a new Europe social fund planning period which covers different topics in public health, including the ones previously mentioned.

DG SANTE acknowledged Latvia initiative and asked the country to share these health guidelines with the rest of the Subgroup.

Luxembourg then affirmed that, when analysing on which priority areas to focus, it is essential to make sure that the Subgroup is not replicating work from other international organisations. Then, Luxembourg also stated that it would be necessary to prioritise the healthy life years expectancy indicator as it encompasses most risk factors and social determinants considered by the Subgroup. Reducing inequalities shall also be prioritised, together with assuming a focus on childhood overweight and obesity, as there is no real comprehensive approach to this issue.

Norway, which is coordinating the joint action JA-PreventNCDs, adopted a wider focus on the effects of climate change in the context of the Subgroup activities, affirming that climate change is linked to NCDs and would require cross sectoral collaboration. In this context, the adoption of well-designed climate mitigation measures can both prevent increases in NCDs and reduce existing NCDs risk factors.

DG SANTE replied saying that these topics have been considered by the European Commission as they are currently being integrated in its policies.

Poland introduced the need to work on behavioural and cultural insights, as well as on health and digital literacy. These the topics shall be addressed at Health Ministry level for achieving significant improvements across Europe.

Portugal highlighted that one of crucial issues the Subgroup faces is related to gathering information on the socio-economic determinants of health, with related difficulties stemming from data protection laws. Other topics mentioned by Portugal were commercial determinants of health, sustainability and climate change, the crisis in the health workforce that is currently affecting Portugal, Spain, and France, and longevity of the of the population.

DG SANTE thanked Portugal and clarified how such information should be collected from scientific studies and reports, as well as clinical collaboration at the EU level.

Romania agreed with the priority areas proposed by DG SANTE, but the country believes that social and health conversion should be considered as well. In these regards, EU countries should acquire the necessary knowledge to promote health, with eventual legislation needed to establish a common framework for these health determinants.

Spain agreed with several points introduced by Austria, Belgium, and Romania. Spain reinforced the need to focus on the adoption of legislative measures to tackle structural determinants. To this purpose, a broader analysis shall be conducted to promote a healthy settings approach in schools, cities, and local settings. Moreover, Spain introduced the possibility of running health impact assessment with focus on equity, to improve health and environmental policies.

Next steps

DG SANTE thanked all participants and proceeded with indicating the Subgroup next activities, starting from extending its mandate for the next 18 months. Then, DG SANTE mentioned that the PHEG will have an online meeting on December 6, 2023. During the

meeting, the PHEG will also reflect on the role of the Subgroup on NCDs. Finally, DG SANTE indicated that synergies between different projects, joint actions and the Subgroup shall be ensured, as well as a regular contacts among members, making sure that there are no overlaps and all entities involved can work towards the same objectives.