



# EU4Health & 2022 Work Programme Stakeholders' Targeted Consultation - Outcome

DISEASE PREVENTION – Break out session

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# Breakout session – Disease Prevention

Moderator: Marianne Takki, Unit C1, Health promotion, disease prevention, financial instruments

Rapporteur: Yvette Azzopardi, EU4Health Task Force



## Purpose of the session:

Gather input from stakeholders on:

- Orientations, priorities and needs for the 2022 work programme
- Possible solutions that could fall under the objectives of EU4Health Programme – with an *EU added value*.

## Structure of the session:

- Presentation of the most elaborated proposals
- Discussion on these proposals
- *Coffee break*
- Open discussion and additional proposals

# Breakout session – Disease Prevention

## Speakers:

- **Marius Geantă**, Centre for Innovation in Medicine ([ino-med.ro](http://ino-med.ro))
- **William Wijns**, We CARE ([wecareabouthearts.org](http://wecareabouthearts.org))
- **Luis Mendão**, ACHIEVE Coalition ([achievehepatitiselimination.eu](http://achievehepatitiselimination.eu))
- **David Río González**, SALMA fundación ([fundacionsalma.org](http://fundacionsalma.org))
- **Richard Price**, European Cancer Organisation ([europeancancer.org](http://europeancancer.org))

# Webinar “EU4Health Work Programme 2022: targeted stakeholder consultation outcome”

Disease prevention & health promotion

[FH Paediatric Screening Across the European Union](#)

10 September 2021

**Marius Geantă, MD**

*Trustee and Co-Chair of the Scientific and Public Health Advisory Committee, FH Europe  
Co-Founder and President Centre for Innovation in Medicine*



# State of CVDs in the EU. The imperative for action and innovation.



- CVDs impact the lives of some 60 million people living with CVD in the EU.
- Cardiovascular diseases (CVD) account for 36% of all deaths across the EU.
- Cardiovascular disease is not limited to older people.
- Around 20% of all premature deaths (below the age of 65) in the EU are caused by CVD.
- CVDs are caused by so called modifiable or non-modifiable (inherited, genetic) risk factors
- The world's most common and non-modifiable CVD risk factor is Familial Hypercholesterolemia (FH).

## Key facts on Familial Hypercholesterolemia

- Genetically determined, dangerously high level of LDL cholesterol in the blood.
- It is undetected and untreated in 9 out of 10 people born with it, leading to heart attacks, strokes, heart disease and deaths, early in life, even as early as 4 years of age.
- FH has 2 forms, heterozygous (more common) and homozygous (very rare and very severe, occurring when the same faulty gene is inherited from both parents with FH)
- Key numbers:
  - 1 in 300 – is the number of people born with FH
  - every 1 minute – a child with FH is born
  - 50% – is the risk of inheriting FH from a parent with FH
  - 1 in 17 – is the number of heart attacks due to FH
  - less than 10% of those born with FH, are diagnosed and adequately treated
  - over 30 million people worldwide have FH

Therefore, a combination of screening methods - universal paediatric screening, cascade screening – family screening members (parents, siblings, children) of index cases is essential.

# Our proposal: to implement evidence-based paediatric screening and early detection programs for FH at EU level

## Context:

Prioritisation of the cardiovascular diseases with a focus on prevention, early detection and screening, using innovative tools and approaches. One example could be Familial Hypercholesterolemia (FH), one of the CVDs who already benefit from genetics/genomics advances. Some MS implement paediatric screening programs for FH (Slovenia, the Netherlands, Czech Republic partially Germany, Austria) and could become models for other MS.

## Solution:

To extend evidence-based paediatric screening and early detection programs to all EU MS

## Objective:

To identify as early as possible in the life course the FH and to implement preventive measures in children in a personalised way

## Outcome:

Decrease of the number of premature myocardial infarctions in all countries through paediatric screening, early detection programs for FH and effective treatment as well as healthy lifestyle habits implementation

## EU added value:

At the EU level, we experience significant inequalities in the area of CVDs, in terms of the access to prevention and screening programs, access to medical services and innovative treatments etc. A “combination”, “localized”, approach to paediatric screening and early detection for FH, based on the existing paediatric FH screening best practices, can and will catalyse implementation in all MS through twinning and teaming projects for the benefit of all European citizens. (European Commission Public Health Best Practice Portal)

## References:

<https://world-heart-federation.org/resource/white-paper/>

<https://fheurope.org/latest-news/paediatric-screening-and-technical-meeting>





WE CARE

# Addressing cardiac care challenges raised by the COVID-19 pandemic

Dr William Wijns

EU4Health Webinar - 10 September 2021



PCR

## The initiative

- **Network of international volunteering experts in cardiology, general practice, epidemiology and infectious diseases**
- **A joint initiative between PCR and Stent-Save a Life!**
  - PCR – Helping the CV community share knowledge, experience and practice to serve patient's needs*
  - Stent-Save a Life! – Improving STEMI patient access to care reducing mortality and morbidity*
- **Seeking partnerships and inclusivity: [www.wecareabouthearts.org](http://www.wecareabouthearts.org)**
- **Launch supported by an unrestricted grant from industry**

## Context and objectives

- Appropriate care for CV patients was challenging during the COVID-19 pandemic
  - Limited capacity for patient treatment**
  - + **Significant reduction of presentations** for elective and emergency care

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= **Severe delay** of necessary treatment leading to serious **consequences** for patients and healthcare systems
- **Prevent/mitigate ‘collateral impact’ of pandemic and help ALL stakeholders**
  - **ensure continuous, appropriate and timely patient care** during the pandemic
  - **adapt to the new normal and prepare for the future**
- **Rebuild patients’ trust** in the healthcare system

## Proposed solutions

### Protocol to help HC facilities adapt to new 'normal' and prepare for health crises:

- Identify best practice solutions
- Extract general principles applicable across Europe
- Collect data on impact on patient outcomes
- Stratify solutions based on needs, resources and pandemic stages

### Guidance on use of digital solutions:

- Identify existing tools
- Collect experiences
- Assess barriers for use
- Develop recommendations: how digital tools can support continuation of care

### Patient awareness on importance of medical care:

- Campaign through We CARE network
- Partnerships with patient organisations (e.g. Global Heart Hub)

**Ensure continuum of cardiac care, avoid negative impact on patient outcomes and reduce care access inequalities**

## Added-value for EU4Health programme

- Although there are differences, many challenges in cardiac care (raised by COVID-19) are **similar across Europe**
- We CARE brings together experts from a broad range of countries to address **common challenges through actions that reflect the needs of different stakeholders and HC systems**
- EU initiatives and partnerships are key to ensure we use the **lessons learned so far to limit ‘the collateral damage’** of the pandemic and **prepare for future (cross-border) health crises**



WE CARE

Thank you!

# How can EU4Health help Europe eliminate hepatitis by 2030?

**Luís Mendão, ACHIEVE Co-Chair**

[www.achievehepatitiselimination.eu](http://www.achievehepatitiselimination.eu)

# ACHIEVE

ASSOCIATIONS COLLABORATING ON HEPATITIS TO  
IMMUNIZE AND ELIMINATE THE VIRUSES IN EUROPE

**Objective: Eliminate Hepatitis by 2030** in line with the WHO Targets and UN SDGs  
(*EU4Health Specific Objective 1: Disease Prevention & Health Promotion*)

**Challenge:** Europe is **not on track to eliminate hepatitis B and C** by 2030 due to:






- Lack of political will & funding for hepatitis initiatives.
- COVID-related disruptions put the elimination target further in jeopardy.

**ACHIEVE suggestions for EU4Health (2022-2027):**

- Fund a **transnational network/s** to share good practices across countries and generate cross-country, cross-functional momentum to eliminate hepatitis by:
  1. Informing about hepatitis B/C transmission risks and **how to prevent them**.
  2. Scaling up **diagnoses & linkage to care**.
  3. Generating **better national data** to monitor elimination progress.
  4. Applying **lessons learned from COVID** pandemic (ie. on testing & surveillance).
  5. Integrating services for **vulnerable groups** & exploit primary care opportunities.



## EU4Health Objectives Ticked:

EU4Health Objectives	ACHIEVE SUGGESTION
Improve patient rights by reducing health inequalities and expanding health literacy (4.5)	YES 
Improve disease prevention, diagnosis and treatment (4.6)	YES 
Strengthen Europe's health systems (4.1)	YES  
Generate high-quality, reliable data (4.8)	YES 
Support EU international commitments (i.e. WHO, UN SDGs) (4.10)	YES

**Hepatitis elimination by 2030 is still within reach BUT only if we act NOW!  
 Thank you on behalf of ACHIEVE**

# COVID-19 crisis | challenged civil society's response capacity

A poor mental health **before** and **during** the crisis, (specially through lockdowns, facing loneliness, sickness, fear, loss, or anxiety...) lead to **NEW**, potentially **CHRONIC** cases of mental illnesses, and **AGGRAVATED** existing ones, due to lack of operative services, contributing to rapidly accelerate the **WORSENING** of pre-existing conditions in **all kinds of diseases**.  
*(as we all might have noticed)*

but it also...



## increased public awareness

as public debate raised on this matter, opening a window of **opportunity** to **BUILD UP SOCIAL RESILIENCE** through **MENTAL HEALTH** and also to put in place a better, more **COORDINATED** and more **CONNECTED** **long term care system**

After COVID-19 our mindset is (unavoidably) focused on **HEALTH RELATED threats**, and on health related responses to those threats. But there are also environmental and economic crisis to respond to, and they all involve a threat to **MENTAL HEALTH**.  
*(of catastrophe attendants, victims, patients and caregivers)*

so it should be a **priority** to

integrate **MENTAL HEALTH** in all **RESILIENCE** discourses

as it's a critical factor to **STRENGTHEN** countries' response capabilities to a broad range of challenges >>> including, but **not limited to health related threats**.

*thus making it compatible with other policies, and connecting it with diverse EU programmes and funds*

we are here to **MAKE A CASE** on how **investing in MENTAL HEALTH** for building up social resilience

can be a

**RESOURCE**

for **crisis management, disease prevention,** AND long-term population well being as well as **economic growth**



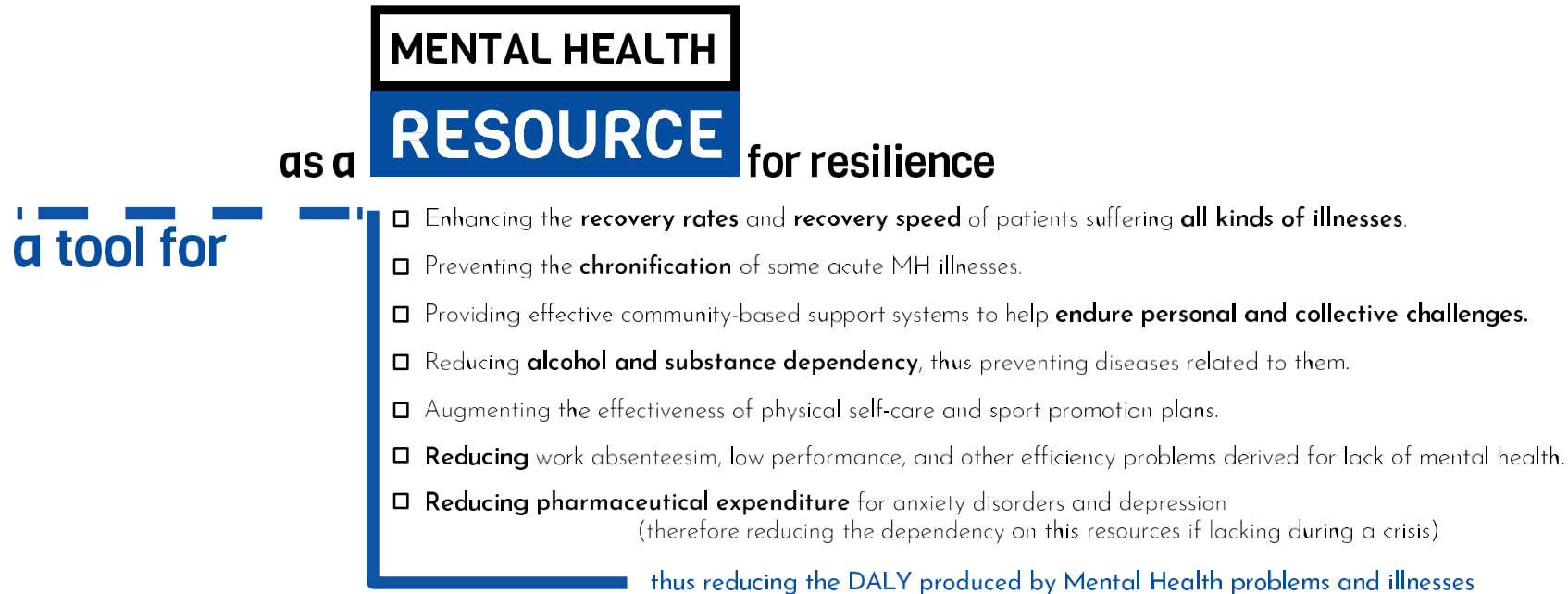
[www.fundacionsalma.org](http://www.fundacionsalma.org)



European Commission

EU4Health Work Programme 2022: targeted stakeholder consultation outcome

breakout session on **disease prevention**



and for this we propose the creation of a

## EU Mental Health Observatory

building a better collective psico-social resilience in overcoming risks and catastrophes

- by
- **Assessing mental health policies**, technical improvement and legislative developments of member countries.
  - Augmenting preparedness by **strengthening collaborative networks** for overcoming future healthcare (or non-health related) risks.
  - Helping local and regional governments to mitigate risks with **a more coordinated response strategy**.
  - Rising **awareness of M.H. importance among government agents** involved in threat response
    - >>> including but not limited to healthcare threats
  - Establishing **knowledge and experience flows >>**
    - >>> Identifying and divulgating succesful crisis response programmes based on mental health
    - >>> inteconnecting scholars of different disciplines involved in mental health
  - Providing caregivers with **useful guidelines and appropriate tools** to safely participate in mental health preservation
  - Contributing to **reduce the chronification** of mental helath illnesses.
    - >>> by promoting early detection, specially during youth and childhood stages



European  
Commission

EU4Health Work Programme 2022:  
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www.fundacionsalma.org

# Fostering and promoting health in the Union *(EU4Health)*

## Achieving patient-centred cancer care *(Europe's Beating Cancer Plan)*

The case for a cancer patient empowerment project  
within the EU4Health programme



# Promoting the rights of cancer patients in all countries

## The need

- Health literacy relates not only to matters of disease prevention. It relates as well to the need to ensure patients have a greater understanding of their rights when it comes to their treatment and care
- Healthcare professionals and patient organisations have identified a sense in which many cancer patients are underinformed about their rights as a patient and what they should reasonably expect from their healthcare providers after a cancer diagnosis. This is not conducive to receiving high quality cancer care
- In response, a **'European Code of Cancer Practice'** has been developed, translated into 25 languages. 10 simple and accessible points convey, in simple terms, what every patient has a reasonable right to expect...and demand.

## What could be supported

- Similar to the EU Health Programme support for **the European Code Against Cancer**, potential supporting actions might include:
  - **Awareness activities** (e.g. supply of the Code of Cancer Practice to doctors surgeries in poster, leaflet form)
  - **An 'App' for newly diagnosed cancer patients**, similar to the intended App for Prevention e.g. linking to key information sources, organisations, information etc.
  - A wider **multi-partner and multi-stakeholder promotion approach**, drawing wide contributions

# European Code of Cancer Practice

## YOU HAVE A RIGHT TO:



1. EQUAL ACCESS



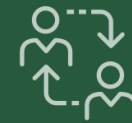
2. INFORMATION



3. QUALITY,  
EXPERTISE &  
OUTCOMES



4. SPECIALISED  
MULTIDISCIPLINARY  
CARE



5. SHARED  
DECISION-MAKING



6. RESEARCH &  
INNOVATION



7. QUALITY OF LIFE



8. INTEGRATED  
SUPPORTIVE &  
PALLIATIVE CARE



9. SURVIVORSHIP &  
REHABILITATION



10. REINTEGRATION



#cancerpatientrights #codeofcancerpractice

[europeancancer.org/code](http://europeancancer.org/code)

# 1. Equal Access

You have a right to:

Equal access to affordable and optimal cancer care, including the right to a second opinion.

**Three key questions** that every cancer patient may choose to ask:

1. Will my care be the best available and comparable to other high quality cancer care and good clinical cancer practice in my country and elsewhere in Europe?
2. Are patient outcomes in our cancer care service as good in general as in other centres in my country and elsewhere in Europe?
3. Do I have the right to ask for a second opinion if I so wish?

## Explanation

**European cancer patients should** receive affordable, best available cancer care in their own country which is comparable to other high quality cancer services in Europe. The cornerstone of the European Code of Cancer Practice (The Code) is the right of Europe's cancer patients to have equal access to such cancer care. This means that you have the

PROUD SUPPORTER OF THE

**European  
Code of Cancer  
Practice**

## Related resources

European Code of Cancer Practice

[VISIT](#)

Medical Literature and Evidence

[VISIT](#)

Translations & Resources

[VISIT](#)

Endorsements

[VISIT](#)

References

[VISIT](#)

# ***Breakout session – Disease Prevention***

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**Discussion on the topics  
introduced by the speakers**





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## COFFEE BREAK



# Breakout session – Disease Prevention

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## Open discussion and additional proposals – EU4Health 2022 work programme

You are invited to give a short and targeted intervention on needs / challenges and proposed solutions

*Please use the **chat** to ask for the floor or to present your proposal*

**Please return to the  
plenary session**

*...we will start at 13:00*