Minutes

Formal Meeting
Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

5 October 2022

The Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) held a hybrid meeting on 5 October 2022, chaired by DG SANTE. The representatives of 24 Member States attended the meeting either in person or virtually, together with a number of Commission services, and agencies[1].

Revision of the mandate of the SGPP

DG SANTE recalled that besides non-communicable diseases, other important and persistent public health concerns exist in the EU, such as those related to HIV/AIDS, tuberculosis and hepatitis, as well as challenges including vaccination strategies and antimicrobial resistance. Due to these challenges, it is now necessary to set up a new expert group to address promotion and prevention in a broader context, including those additional areas of public health. The new expert group will replace the SGPP. The main elements of the new expert group on public health were then presented, including composition and tasks as well as rules of procedure.

The European Investment Bank then updated participants about the **Proton Therapy Sub-group** within the SGPP, which was set up in 2018 in order to consider aspects like accessibility, affordability, distribution and evidence, plus consistency between investments and research and development grants. A new study on mapping of the centers, R&D activities and the impact of the COVID-19 pandemic on patients' treatments is to be launched in 2022 / early 2023. Contacts and exchanges with DG SANTE, DG RTD and EPTN (the EU Particle Therapy Network, part of the EU Radiotherapy Society, ESTRO) are regular. A graphical representation of possible stakeholders' interaction for the EIB Proton Therapy Sector lending policy review was shown.

Mapping of existing resources is being undertaken by the EIB to better assess the need for additional investments; this will be covered by the study. In conclusion, the EIB referred also to the aspect of energy, which is highly important due to the energy-hungry nature of these centers; this aspect might be added to the mapping study.

On the basis of these two presentations, participants were invited to reflect on: (1) how the functioning of the new expert group could be improved, based on experience from these years with the SGPP; (2) the current model for sub-groups on specific topics like on proton therapy centres works; and (3) whether a priority setting exercise should be run in 2023 for the future work plan of the new expert group on public health, and whether there are already topics that participants would wish the new expert group to focus on in 2023.

DISCUSSION

The Netherlands commented on the need for discussion on who should be represented as there are so many topics at different levels; it is thus important not only to discuss the

[1] Directorates-General represented included Communications Networks, Content and Technology (CNECT), Employment, Social Affairs & Inclusion (EMPL), Research and Innovation (RTD) Health and Food Safety (SANTE), the European Investment Bank (EIB), as well as representatives from a number of EU decentralised and executive agencies such as the Health and Food Executive Agency and the Joint Research Centre.

mandate, but also the methodology. They added that for good cooperation in the field of health, it is preferable to exchange information in both formal and informal settings. The Netherlands proposed considering the advice function of the group and widening the scope so that the new group can give expert advice linked to national policy on initiatives before the Commission publishes such initiatives. Cancer can be seen to be a good example, with collaboration with DG RTD. The creation of sub-groups is important. then commented on the timeline, as the work plans for both 2022 and 2023 need to be addressed. Finally, the Netherlands proposed physical meetings twice a year, with the rest of the topics discussed in sub-groups. DG SANTE responded that the right balance needs to be struck, for example, sometimes the expert group is the best place to discuss, whilst more technical topics are often better in a sub-group.

Malta welcomed the new mandate but commented on the challenge of identifying representatives with the necessary broad expertise. Malta added that the priority setting exercise is positive and that priority areas for Member States need to be identified. They then commented on the opportunity to learn from the past in terms of best practices; Malta would like to see more support for sustainability to improve effectiveness, for example, after any joint action or support is finished. Malta concluded by stressing the importance of face-to-face meetings, where discussions could take place, then the individual returns to the Member State for further discussions before a formal response is made. To this Malta added that both formal and informal communication between experts is important; DG SANTE enables such mutual exchange of information through circulating participant lists. DG SANTE stated that within joint actions, there is always a work package on sustainability.

Belgium stressed the importance of NCDs, which are both a huge burden and a priority, then asked about connections with existing health groups who are discussing similar issues, given that there is no stated overlap with existing groups. Belgium said that there is still European added value in keeping the cancer and NCD sub-groups. Documents need to be received in time to be shared nationally before the meeting for efficiency. Belgium concluded by commenting on the importance of priority settings as well as the mandate and rules of procedure. DG SANTE explained that the new expert group on public health should be seen as an improved version of the SGPP, but it is up to Member States to decide priorities as the Commission just provides the menu. DG SANTE agreed that there needed to be genuine strategic discussion at the EU level, thus priority setting is very important. Regarding overlaps, it has been included in Commission Decision not to have overlaps; this group is about policy development. **Belgium** then asked about the nomination process for the new group, to which DG SANTE responded that if Member States wish to discuss the mandate, please reach out bilaterally. Once the Commission decision has been adopted, nominations will open at the end of the year.

Finland commented on how much they value the importance of face-to-face meetings. Additionally, they supported the comments from Belgium on NCDs; the range of determinants is so broad that it is difficult to identify the right expert, coupled with the expansion of the mandate of the SGPP. To address public health problems in the EU, priority setting is very important. There needs to be clarity regarding the lack of overlap with the Health Security Committee, due to governance issues. Finland also agreed with the Netherlands and Malta that best practices are useful, and that in the new group, they need to be discussed at the strategic level, also addressing sustainability. Regarding sub-groups, if the scope of the expert group is so wide, then sub-groups are needed; to leverage national expertise, more networking is needed.

Sweden, recognising the current challenges, welcomed the broader scope for the new expert group. Sweden commented that lifestyle and living conditions are decisive for NCDs. Many synergies can be achieved. They said that strategic discussions could be had

regarding priority setting, supporting comments from the Netherlands and Malta; the sub-groups should support the expert group.

France welcomed both the broader scope and new policy areas, supporting transversal vision and integration yet avoiding overlap. They suggested working closer, for example with the Steering Group of the EU4Health Programme. There could be better integration, for example with joint actions.

Slovenia stressed the importance of in-person meetings and echoed the worries of both Belgium and Finland regarding preventing overlaps with NCDs, especially with the size of the budget. They agreed that new expert group should be an advisory group, with the frequency of meeting similar to that of the SGPP. Given the broad topic, where experts could merely scratch the surface, Slovenia advocated establishing sub-groups, with priorities to be checked with Member States.

Italy stated their support for the recent statement from the Commissioner, including the reorganisation of DG SANTE. Italy proposed a shorter name for the new expert group. Regarding the extension of the mandate, the pandemic reinforced the importance of public health. Looking at lessons learnt, Italy stated that this group produced most relevant outputs in sub-groups, e.g. the NCD Initiative, setting the next steps for the future, and the new recommendations on cancer screening. Italy proposed 1-3 meetings of such sub-groups with clear objectives. Larger groups are more for information than undertaking real action, yet still need a long-term agenda of practical actions, to cover the broad mandate. Italy proposed that they meet once per year for 1-2 days, with a delegation from each Member State. The focus would be on the planning for the next year, with dossiers, then sub-groups would be tasked to focus on technical aspects to reach objectives. Virtual meetings could be used to have continuous contact, but they are less good for discussion.

Luxembourg was positive about having a networking event, which supports the creation of the new group. They were also pleased about the prioritisation, which needs to be those with the biggest impact on the population in short, medium and long term with concrete results. Luxembourg opined on the importance of a clear vision of public health and direction for this group, including a statement on concrete results, as well as clarity about its limitations.

Portugal welcomed the new expert group and commented on the need to have lessons learnt in order to be decisive. Regarding sub-groups, Portugal recommended limiting the number due to the lack of resources at national level, supporting Italy's comment. Experts within the new and old group will overlap, ensuring continuity in joint actions. Supporting Luxembourg, Portugal supported the definition of real actions and challenges – they used the analogy of glue to touch every point and make everything stick together.

Germany supported the concerns raised by Belgium, Finland and Slovenia. Germany stated that it is important to avoid overlap and duplication of work; for this, they requested more information on the new group. **Slovakia** also supported the comments from Belgium, Finland and Slovenia.

DG SANTE concluded that the right balance between expert group and sub-groups needs to be found, with not too many and at the right time. Sub-groups can be considered as time-limited time task forces that deliver on a certain topic, with clear deliverables and objectives.

Update on the Healthier Together – EU NCDs Initiative

The Healthier Together Initiative[2], covering 2022-2027, is implemented with support from the EU4Health Programme; under the 2022 Work Programme, two Joint Actions and calls

[2] Healthier together – EU non-communicable diseases initiative (europa.eu)

for proposals will be funded. Actions on chronic respiratory diseases, mental health and neurological disorders will open for funding over the next years. One Joint Action, JA-02, focusses on cancer and other NCDs prevention – action on health determinants (call identifier: CR-g-22-08.01), with EUR 75 000 000 EU co-funding. The second Joint Action, JA-03, covers prevention of NCDs – cardiovascular diseases and diabetes (call identifier: DP-g-22-06.03), with EUR 53 000 000 of EU co-funding. The deadlines for submission are 17 January 2023. The complementarity and synergies between the Joint Actions were identified. An information session will be held on 19 October. Discussion on the future direction of the Healthier Together Initiative then took place.

DISCUSSION

Italy commented that beside the issue to decide the ranking of the best practices, the time for implementation is now, while the two Joint Actions are being put together. Italy proposed that for those best practices relevant to the two Joint Actions should be fast tracked with the competent authorities, in order to be able to include them in the projects. DG SANTE responded that in the marketplace for both cardiovascular diseases and NCDs, the co-ordinator was there, looking for relevant best practices. It would be ideal for available practices to be taken onboard by the Joint Actions that are being prepared.

France reiterated their support for the upcoming Joint Actions, and in particular, for the cancer perspective. France asked for clarification of the Commission position on the Council Recommendations on Screening and its link to the new Joint Action on screening. DG SANTE will respond bilaterally.

The Netherlands will supply feedback on the best practices. Secondly, they supported the French question, as experts have different views on screening, and often wait for political actions. There needs to be coordination between joint actions and the Recommendations on Screening. Thirdly, the Netherlands asked for a better political steer, and not just a catalogue of ideas, for example regarding mental health, when Member States will be expected to take actions. Finally, they commented on the methodology regarding joint actions and Member States; perhaps if Member States have an idea for a strategy or an action, it can be discussed in the expert group.

Belgium asked about the Joint Action on health determinants, specifically about the co-ordination. Belgium urged the Commission to take action and to meet directly with competent authorities. HaDEA then explained that they are in touch with Norway, who could potentially take the role of co-ordinator. Once the final decision has been taken, then it is possible to move fast. Member States will all be informed of the decision and on next steps.

<u>Best Practices</u>

The initial ranking of best practices was shown, based on feedback from Member States. It was explained that this represents a snapshot, so the Commission will continue annual check-ups of priorities and actions using the new expert group and sub-group as a platform for discussion with Member States. Participants who wished to review the one pagers and presentations of all 15 best practices presented were directed to a closed webpage[3]. Votes on the top five best practices per Member State were invited[4]. The highest-ranking practices can then be considered for implementation, with possible EU support, e.g. via the two Joint Actions currently being prepared on CVD and diabetes or on health determinants.

[3] https://surfdrive.surf.nl/files/index.php/s/l6ogKKuy2bIpy4a
[4] SANTE-HEALTH-BEST-PRACTICES@ec.europa.eu, with copy to bestpractices@euhealthsupport.eu

The Commission then explained the review of the best practice process with the aim of both simplifying and shortening the assessment process and to incorporate promising practices. In addition, the revised criteria resulting from Member State consultation were presented. Promising practices are those that have not yet been implemented on a large scale and/or have not yet been fully evaluated in the selection of new practices and approaches.

The results of a study[5] aimed at producing a toolkit for identifying systematically policy-relevant research results (i.e. relevant for addressing major public health challenges) were presented. The study shows that there is clear potential in expanding the EU Best Practice Portal[6], for example, in establishing synergies with existing initiatives, such as CORDIS. The methodology was explained, then a suite of outcomes and suggested areas for improvement, both in relation to CORDIS and to the Best Practice Portal. Two main routes were identified for a machine learning tool and dashboard, being to make use of existing tools developed by DG RTD, in particular the Tracking of Research Results (TRR)[7], or else a new AI-based tool to search for relevant projects to make them accessible through the Best Practice Portal.

EUHealthSupport then informed participants of the recent review of the best practice process and EU Best Practice Portal. For the best practice criteria, the recommendations were to condense the number and to reformulate the criteria (including adding footnotes) to include clearer definitions and simplifications. For the promising criteria, proposed changes were outlined. Outcomes related to the best practice process highlighted the priority setting and optimising the submission process. Outcomes regarding the best practice portal and networks related to improving the use and user-friendliness of the portal and improving linkages and exchange with national best practice portals. An overview was given of the changed criteria.

DISCUSSION

Poland and **Sweden** stated that their votes for the five best practices would be forthcoming.

Croatia commented that they participated in the marketplace of best practices for NCD prevention and had already sent their top five best practices.

Malta supported the change in best practice criteria, which should make it easier to identify and submit such practices. Malta also supported the changes to the promising practices. **Croatia**, **Finland** and **Slovenia** also supported the proposed changes.

DG SANTE reiterated that the revision on best practice criteria was undertaken by the experts nominated by SGPP to result in a shorter list of criteria.

Luxembourg supported the proposal, especially regarding promising practices; ideas can get 'shot down' too early.

Portugal supported Malta and Luxembourg. They opined that changes were needed as there were previously too many criteria.

Sweden welcomed the proposed recommendations regarding the best practice process and accepted the revised criteria, including for the suggested promising practices.

Following discussions, the SGPP agreed with the proposed revision of the criteria for best practices and the proposed criteria for promising practices. DG SANTE then concluded that

[5] EUHealthSupport (2022) Implementation of research results. Study on how to improve the use of research results for health policymaking. Available at https://surfdrive.surf.nl/files/index.php/s/B3hsKWpYMc6KV3X
[6] pb-portal (europa.eu)
[7] Services - 206879-2017 - TED Tenders Electronic Daily (europa.eu)

as there was no major objection to revision and simplified of the best practice criteria, the criteria are now endorsed and adopted.

Targeted call for vaccination

Earlier in 2022, HaDEA published a call for tenders for a service contract to identify promising practices in terms of overcoming physical obstacles to vaccination. The SGPP was informed that under this tender, a call for practices to overcome physical obstacles to vaccination will be launched via the EU Best Practice Portal. Member States are encouraged to suggest national, regional or local input; the call is expected in the first quarter of 2023 and will use criteria as agreed by the SGPP.

DISCUSSION

France requested to work with the contractor as they are currently preparing a proposal for a good practice from the French side.

The Netherlands asked about the consideration of vaccination hesitance and disinformation. The Netherlands also asked if new initiatives were planned after the roadmap finishes in 2022. DG SANTE responded that once the roadmap finishes, there is no similar sized initiative in the pipeline. Regarding mis- and dis- information, the communications colleagues in DG SANTE are working on this topic. The confidence report will be published in a new edition in 2022. The Commission has multifarious strategies for dealing with mis- and dis- information as well as strategies with various platforms to stop its spread.

Sweden concurred with the Netherlands on the disinformation issue and commented that it is of foremost importance in order not to have a negative effect on the child vaccination programme due to the lack of trust in the work with COVID-19 vaccines.

Malta supported the comments from the Netherlands. If a sub-group is set up, there needs to be close collaboration with the various communication networks, for example, in the training of public health professionals not only on social media, but also in live debate. DG SANTE responded that they have been working closely with the Coalition for Health Professionals, and additionally under the Czech Presidency, an expert group on vaccine hesitancy was proposed. Until now, the Commission has not yet supported it due to duplication, but perhaps there could be a sub-group in the new expert group.

Joint Research Centre

The SGPP was informed about the discontinuation of JRC support to the **Surveillance Network of Cerebral Palsy in Europe (SCPE) and its Central Registry**, presently located and operated at the JRC, as part of the European Platform on Rare Disease Registration. The SCPE network has undisputable value to research on clinical features and classifications systems of cerebral palsy. However, there is no evident policy EU added-value in the use of the SCPE Common Database, neither at EU or Member State levels. Hence, the JRC whose mandate is to provide evidence and support to EU policies needs to discontinue the Collaboration Agreement with the SCPE network. The JRC will support the network in this transition period and will prepare the complete SCPE Central Database for transfer. The SGPP was invited to take note of this discontinuation and put forward any thoughts and suggestions they may have for a different operational setting for SCPE. DG SANTE stressed that it had funded the registry for twenty years and now wants the possibility for Member States to take it into an institute or organisation. The JRC said the registry should be transferred to a setting where it better belongs, i.e. for its clinical research and classification work; the JRC reiterated its help to ensure continuity smooth transition.

The JRC then updated the SGPP about activities to identify pragmatic solutions to agree indicators and identify relevant data sources, then undertake a **pilot indicator exercise** in several Member States. Diabetes will be the first disease domain for this work, given its disease burden and the existence of a European network of registries (EUBIROD)[8]; the JRC will set up a working group of diabetes experts, who will consult widely with previous and ongoing EU actions on health indicators and also with registries in other domains.

There followed a general update on activities of the Joint Research Centre. The JRC informed participants that on 2 February 2022, the new **European Cancer Inequalities Registry**[9] was launched by President Von der Leyen to collect, analyse/check and disseminate indicators showing the unacceptable inequalities that persist in cancer prevention, screening, diagnosis and care. Within the **Knowledge Centre on Cancer**[10], another pillar is the **European Cancer Information System**[11], which is THE reference point for monitoring and projecting the burden of cancer in Europe. This activity is managed by the JRC in collaboration with the **European Network of Cancer Registries** (ENCR)[12]. A new call for data was launched in June 2022, which includes staging and treatment variables; this system also feeds into the European Cancer Inequalities Registry.

The JRC also provides European Guidelines and Quality Assurance Schemes, (with reference to the **Council Recommendations on Screening**) for cancer screening, diagnosis and care. This work has been delivered for breast cancer and the work on colorectal cancer[13] has started this year. The JRC is now piloting the breast cancer guidelines in 21 cancer settings in 10 countries; once it has been demonstrated that they work, then more uptake is to be expected.

The JRC has also been active in the **Health Promotion and Disease Prevention Knowledge Gateway**[14], for example front-of-pack labelling reports have been delivered for the Farm to Fork Strategy, which is currently undergoing an impact assessment.

Finally, the **European Platform on Rare Disease Registration** (EU RD Platform)[15] works to foster interoperability between hundreds of RD registries, which are currently fragmented. The platform works on semantics, ontologies and interoperability, as well as collaborating with the registries in the European Reference Networks. At present, almost 100 registries have been encoded in the platform.

DISCUSSION

Finland commented that to tackle NCDs, we need to address the risk factors and whether information on that would be collected, e.g. on obesity for diabetes. The JRC accepted the importance of this, as identification of risk factors allow decisions to be made. Within the European Cancer Inequalities Registry, the prevalence of obesity throughout EU and links to physical activity can be identified. In a geospatial manner, links can be made, for example, exposure to radon linked to lung cancer, which show peaks and troughs, but not causality.

Belgium asked which Member States will be involved in the new project on indicators (pilot phase). The JRC responded that this has not yet been decided. First, there must be an understanding of which indicators to collect, then data sources need to be looked at,

[8] The EUBIROD Network
[9] https://cancer-inequalities.jrc.ec.europa.eu/
[10] https://knowledge4policy.ec.europa.eu/cancer_
[11] https://ecis.jrc.ec.europa.eu/
[12] https://www.encr.eu/
[13] https://healthcare-quality.jrc.ec.europa.eu/
[14] https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway_en
[15] https://eu-rd-platform.jrc.ec.europa.eu/_en

then the range of Member States and under which context they fall, after which Member States will be invited to participate.

The JRC asked how much the SGPP would like to be kept informed on the new feasibility study, as the indicators that the group come up with will makes sense in the national context, so the JRC is looking for experts they can liaise with when this initiative comes out.

Cross-border healthcare directive: evaluation and action plan

The SGPP was informed by DG SANTE of the general objective of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, which is to facilitate access to safe and high-quality healthcare in another Member State and to ensure patient mobility. In May 2022, the Commission adopted its third report on the operation of the Directive, which considers assessments of the Directive by the European Parliament, the Council, the European Committee of the Regions and the European Court of Auditors, and Court of Justice case law in interpreting certain provisions of the Directive. This report includes a summary of the evaluation findings and a table of follow-up actions and a technical analysis in the form of a staff working document.

DISCUSSION

France asked if the evaluation of the operation of the Directive also included an assessment of effective acceptation rates of the EU healthcare card (EHIC) by health professionals in Member States. DG SANTE responded that this was not included in the evaluation process as the EHIC falls under European Union social security legislation.

The Netherlands commented on the tension between the two systems resulting from the Regulation and the Directive; they are pleased to know that bilateral solutions are being sought. DG SANTE added that social security is a necessary part of the internal market and Member States have competencies to shape the healthcare systems within their national borders; this competence stays with Member States. Patient rights and jurisprudence codified by the Directive closed a gap that existed, and the Directive is the result of consensus that exists in our union. DG SANTE concluded by stating that the Regulation only applies to public healthcare systems, but the Cross-border Healthcare Directive also applies to private healthcare, so the Regulation mechanism cannot be applied to private healthcare.

DG EMPL gave a short update to participants. Regarding the **implementation of the EU Strategic Framework of Health and Safety at Work**, which was adopted in 2021, there are three main axes: (1) anticipating and managing change in the new world of work; (2) improving prevention of accidents and work-related diseases; and (3) increasing preparedness for any potential health crisis. This framework takes into account lessons learnt from pandemic, and duly strengthens co-ordination between occupational health and safety and public health; protecting health and safety of workers fits into public health.

On 28 September, the Commission presented a comprehensive approach[16] to better protecting people and the environment from asbestos and ensure an asbestos-free future. A Communication on **Working Towards an Asbestos-free Future** was published, tackling asbestos in a comprehensive way, from improving diagnoses and treatment of diseases caused by asbestos, to identification and safe removal and waste treatment of asbestos. In addition, a proposal to amend the Asbestos at Work Directive was published, to improve workers' protection by significantly lowering the occupational exposure limit to asbestos. DG EMPL explained that the Commission has adopted a holistic approach as 80% of all occupational cancer cases are due to exposure to asbestos, and over 200 million

[16] Commission acts to better protect people from asbestos and ensure an asbestos-free future - Employment, Social Affairs & Inclusion - European Commission (europa.eu)

buildings in Europe contain asbestos. Similarly, the Commission is supporting victims of asbestos-related diseases, launching a European cancer imaging initiative, preparing guidelines, as well as orchestrating an awareness-raising campaign for removal of asbestos. Regarding the safe disposal of asbestos waste, guidelines have been published and a study is being launched to determine best practice for waste management and disposal; DG RTD, DG SANTE and the JRC are all involved. The ambition is to position the EU as a leader in the fight against asbestos.

DG EMPL then turned to an aspect of the State of the Union speech, which referred to **mental health**. Mental health is receiving significant attention, not just that of the overall population but at the workplace. DG EMPL is also working with other DGs related to the effects of the pandemic, coupled with cooperation with Member States at the national level. DG EMPL and DG SANTE are working on a care strategy and council recommendations on long-term care.

The Netherlands thanked the Commission for the updates, with its references to mental health as the Netherlands is particularly interested in the topic.

DG SANTE concluded by proposing using an online meeting to determine the rules of procedure of the new expert group. The Chair closed the meeting thanking participants.