



## EUROPEAN COMMISSION

DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management

**Health programme and chronic diseases**

### Meeting Minutes

## Informal meeting of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

Virtual meeting, 27 July 2020

#### Introduction and adoption of agenda

On 27 July 2020, the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (hereinafter – the Steering Group), held a virtual meeting, chaired by the Director of Public health, country knowledge, crisis management of DG Health and Food Safety (SANTE).

The representatives of 21 Member States and Norway attended the meeting together with a number of Commission services, and agencies<sup>1</sup>.

The Chair welcomed participants.

The agenda of the Steering Group was adopted without any comments.

#### Europe's Beating Cancer Plan and Mission on Cancer

The Chair introduced the agenda point by informing the Steering Group on the proposed budget changes to the Commission's proposal for a new self-standing health programme "EU4Health".

The Team Leader for the Cancer Team, DG SANTE informed participants about the developments concerning the Europe's Beating Cancer Plan, including its timeline and planned adoption for Q4 2020. The Steering Group was reminded to submit their input by 10 August in order to feed discussions at future SGPP meetings. The Steering Group was also updated on the preparations for the proposed Horizon Europe Mission on Cancer, where the Cancer Mission Board will function as a Scientific Advisory Group for the Europe's Beating Cancer Plan. The next meeting of the Mission Board will take place on 3-4 September 2020 with the sub-group on cancer of the Horizon Europe Shadow Programme Committee; on 22 September 2020, the final Mission Outline will be published. Participants

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<sup>1</sup> Directorates-General represented included Energy (ENER), Employment, Social Affairs and Inclusion (EMPL), Environment (ENV), Research and Innovation (RTD), Reform (REFORM), as well as the Joint Research Centre (JRC) and representatives from a number of EU decentralised and executive agencies such as European Monitoring Centre for Drugs and Drug Addiction, European Centre for Disease Prevention and Control and Consumer, Health and Food Executive Agency.

were then updated on activities related to cancer in the European Parliament (EP) with the newly established EP Cancer Committee and the informal EP Challenge Cancer Intergroup. Moreover, the Steering Group was informed of the adverse impacts due to Covid-19 that had been identified through stakeholder consultations on cancer screening, diagnosis and treatment in Member States. Some positive outcomes could also be identified, such as a willingness to embrace new technologies and improved access to better quality data.

The Chair introduced the topic of cohesion policy programming as another type of EU support for cancer-related activities.

The representative of DG REGIO highlighted the role of the European Regional Development Funds and Cohesion Policy instruments in contribution to cancer treatment, as well as various aspects of structural funds operation. He informed participants about recent developments due to the recovery budget and the 2021-27 programming period, indicating available support for health investments. As the topic of health is very broad, support comes from a variety of actions, including capacity building, training of healthcare professionals, infrastructure developments. He stressed that it is for Member States to identify the most striking elements, depending on needs, in particular responses to COVID-19 challenges. He also commented on ensuring equal access to health services primarily for vulnerable groups, digitalisation and transformational changes. He concluded by referencing the balance to be struck between the crisis management required during the Covid-19 pandemic with long-term operational investments.

## **DISCUSSION**

The Chair gave the floor to members of the Steering Group to present their opinions on the Europe's Beating Cancer Plan following the three questions presented to them:

*Question 1: What are the top priorities for your government in each pillar of the cancer plan?*

*Question 2: Based on the background documents, which you have received on 29 June 2020, are there any gaps in planned actions or any areas, which would need to be prioritised more?*

*Question 3: In the future, how do you want to work with the Commission on the implementation of the Cancer Plan' e.g. through the meetings of the SGPP, or through a possible new SGPP subgroup on EU Cancer Plan (bringing together mainly cancer experts) or other options?*

**Spain** indicated that their top priorities were: Prevention, to promote healthy environment and lifestyle; Early detection, for breast, cervical and colorectal cancers, and elaboration of guidelines, especially for children and adolescents; Treatment, establishment of multidisciplinary committees, and international exchange at the European level; Quality of life and Survivors, to follow up the circuit of survivors with common agreements. Regarding the second question, no gap had been identified. The response to the third question was a preference for a specific subgroup of SGPP on the Europe's Beating Cancer Plan to interface with Member States, but for them to inform the main Steering Group.

**Germany** stated the importance of all four pillars. All activities should be built around patients' needs and the overarching aim should be to eliminate inequalities in cancer care. Regarding Germany's priorities: for primary prevention and health promotion Germany proposes to focus on cancer-specific efforts, e.g. for HPV vaccination programmes for

boys and girls or antimicrobial therapies in Hepatitis C patients. Non-disease-specific health promotion and primary prevention activities which address common lifestyle risk factors that are relevant for cancer but also for other non-communicable diseases such as coronary heart disease, stroke and diabetes mellitus should be addressed outside the Europe's Beating Cancer Plan. As for the pillar 'Early Detection and Diagnosis' Germany's priority would be innovative approaches particularly in the area of risk-adjusted cancer screening and prevention. Priorities for the area of 'Treatment and Care': the focus would be on structural issues, specifically EU partnerships, twinning programmes for comprehensive cancer centres in the EU; complemented by the development of regional comprehensive cancer care networks such as the projects in Poland and Germany that are being piloted within the Joint Action iPAAC. For the pillar 'Quality of life and Survivors': there is a need to intensify research to underpin policy for cancer survivors and their families. Apart from patient centeredness and tackling inequalities there are other cross-sectional priorities for Germany: this would include the creation of a 'European health data space' and the area of digital transformation in particular with a view to facilitate data linkage between cancer research and care. Regarding the second question, Germany stressed again that primary prevention and health promotion activities of the Europe's Beating Cancer Plan should be primarily cancer specific. Initiatives to tackle common risk factors are very important but should be addressed outside the Europe's Beating Cancer Plan. This approach would be in line with the recommendations of the WHO and the United Nations. The response to the third question was support for a SGPP subgroup, including health and research ministries as well as cancer experts. To this last point, the EC responded that for the sub-committee it was already discussed informally to include health and research ministries as well as cancer experts.

**The Czech Republic** declared their priorities to be: Prevention, strengthening health literacy including lifestyle changes, promotion of vaccination schedules, etc., screening for early detection through high-quality innovative national cancer scanning plans; Treatment, affordable modern drugs, sustainable financing, and establishing regional cancer centres also responsible for regional networking, including rare cancers; Quality of life and Survivors, strengthening informal networks, with a focus on palliative care and pain support. Two cross-sector activities were suggested: incentives for working cross-sectorally and digitisation of assets including the sharing of data. For the second question related to gaps, they suggested clinical social care, the implementation of best practice between Member States, and international integration of cancer information systems. Regarding the final question, they considered the Steering Group to be a suitable governance entity for implementation with the participation of experts.

**The Netherlands** explained that the answers to the first two questions would come later from a colleague who was unable to be present. Regarding the third question, the preferred solution is under discussion so a response will be transmitted later. He asked about the mechanism for the EC to communicate with Member States during the interim until the acceptance of the Europe's Beating Cancer Plan and whether there were to be future opportunities for input and feedback on drafts. The EC commented that the implementation of the Europe's Beating Cancer Plan is linked closely with Horizon Europe Shadow Programme Committee. The Netherlands asked if the inputs from the Member States and the stakeholder consultations could be shared; it was noted that there are judgements that can be made in terms of conflicting opinions. The EC commented that many Member States start from different base points, for example in relation to screening, but that all results will be analysed and published on the SGPP Platform.

**Croatia** identified their priorities: Prevention, work on behavioural risk factors for young people, early detection through quality of screening and better links between cancer registries; Treatment, quality criteria being followed and criteria being met, high-quality data on screening linking to high-quality cancer registries; Quality of life and Survivors, actions #14 and #11 being the most important and a recommendation to ensure sufficient resources for this, specifically regarding survivorship, action #3 on reintegration in the working environment. For the second question, they agreed with the proposed actions and had not identified any gaps. For the third question related to governance, both options were acceptable, but involvement of those in the cancer sector would bring more insight.

**Belgium** cited the huge expertise and competence already existing, for example as seen in the UN's One Health approach towards cancer (<https://www.who.int/news-room/q-a-detail/one-health>), which encompasses environmental factors, agriculture, the use of pesticides, etc. It was suggested to focus on the EU's competence and to exploit it, for example with reference to existing legislation. Belgium also suggested stressing the economic case for cancer prevention, as the huge societal and economic costs are not yet recognised by the public.

**Malta** indicated that their top priorities were: Prevention, targeting prevention for major risk factors, early diagnosis especially for colorectal cancer, minimally-invasive treatment; Treatment, inclusion of patients in clinical trials for emerging treatments; Quality of life and Survivors, the legal elements, e.g. the right to be forgotten, and European cancer centres. Regarding the second question related to gaps, equality and access was identified, similarly more focus on the impact of Covid-19 on the four pillars, as well as policy and implementation support at the EU level across all pillars. For the third question related to governance, Malta supports a new sub-group, bringing together cancer health and cancer research experts.

Following an overview of the consortium and services provided, EUHealthSupport presented the preliminary findings of the survey. Member States agreed on the European added value in addressing cancer actions at the EU level; there was also general consensus that there appeared no major gaps in the Europe's Beating Cancer Plan as outlined in the meeting documents and the Better Regulation Roadmap. All four main pillar areas were considered as a high priority, being prevention, early detection and diagnosis, treatment and care, and quality of life for patients and survivors. Among the Member States that expressed their views, the area of prevention especially was reported to be increasing in importance over the next two to five years. Member States also saw particular added value in the cross-cutting theme of knowledge, data and scientific evidence. This was also reflected when addressing specific areas of action, with research and exchange of information and sharing knowledge and best practice being cited as areas where actions at the EU level could make the most difference. Within the four pillars, a number of specific topics were highlighted as suitable for future EU involvement, similarly practical measures for addressing inequalities in access to cancer treatment and care. The national effects of Covid-19 on cancer screening, diagnosis and treatment were identified, as well as the development of mitigation plans, such as reactivating/increasing screening, and treatment and vaccination programmes. The presentation concluded with concrete suggestions from Member States of how they could contribute nationally to the Europe's Beating Cancer Plan.

SGPP members were also consulted on how to work with the European Commission on the plan's implementation in terms of committee structure. Various suggestions were posed, with broad agreement for a sub-group of the SGPP to meet, whilst incorporating expertise

from both health and research ministries and cancer experts.

The Chair invited those Member States who had yet to submit feedback to do so, and added that following the structured format makes it easier to identify common priorities.

It was suggested that it was perhaps premature to rank priorities at this stage, as any ranking would need to be adapted to the results of the European Council and the discussions in Council on the EU4Health Programme. The EC responded that the Steering Group was establishing priorities of disease prevention and health promotion in areas of public health independently of funding mechanisms. This ranking of the priorities was to establish how many actions could be promoted in parallel or addressed sequentially and that it was not a specific discussion on priorities of the EU4Health Programme. Once again, the EC explained that in relation to the governance of the programme, the Steering Group would be the main platform for consultations on work plans, but there would be a comitology committee ensuring that Member States would have the final decision-making power. The meeting was an informal upstream discussion before draft workplans were elaborated.

It was noted by the European Commission that the discussions in the SGPP are without prejudice to the ongoing inter-institutional governance discussions on the new programme taking place in the Council and European Parliament.

#### Conclusions and Next Steps

The meeting was concluded by thanking participants and reminding them of the next meeting, to be held virtually in early September 2020, tentatively 10th.