

Minutes
Meeting
Sub-group on Cancer and Sub-group on Non-Communicable
Diseases, under the Steering Group on Health Promotion,
Disease Prevention and Management of Non-Communicable
Diseases

19 May 2022

DG SANTE chaired a joint meeting of the Sub-groups on Cancer and on Non-Communicable Diseases of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases. The representatives of 23 Member States, plus Iceland and Norway, attended the meeting together with Commission services and agencies¹.

Cooperation on the EU NCD Initiative, focusing on possible priorities and work areas of the Health Determinants Strand

DG SANTE provided an update on the suggested priorities from Member States and the potential work areas of the EU NCD Initiative. Updates on the Europe's Beating Cancer Plan², its Implementation Roadmap³ and the Mission on Cancer⁴ were provided, with a focus on synergies in terms of health determinants. Participants were then invited to reflect on the identified priority areas as well as on the suggested actions within the health determinants strand in order to pave the way for the launch of a Joint Action under 'Cancer and other NCDs prevention – action on health determinants'.

DG SANTE stressed the importance of preparation of the Joint Action on health determinants in order to have the best possible application for a Joint Action in the autumn. An animated tour de table of Member States enabled much discussion and further input; there was particular positivity for the integrated 'Health in all Policies' approach. Due to the participation of both research and health ministries, many complementarities and synergies were identified. Member States identified current challenges in health determinants, such as environmental, psycho-social and commercial aspects. The Member States welcomed the NCD Initiative document, commending the co-creation process and recognising this great opportunity for both cancer and health determinants. Member States agreed to collaborate on the next practical steps in taking forward the actions on health determinants.

DISCUSSION

The Chair gave the floor to Member States.

Austria commended the Commission on the co-creation process. Austria confirmed that their national priorities align with Europe's Beating Cancer Plan and the Mission on Cancer, especially as regards equity of access. Austria expressed their interest in participating in the Joint Action on cardiovascular diseases and diabetes, especially through horizontal approaches. As an example, Austria explained their non-communicable disease strategies

¹ Directorates-General represented included Research and Innovation (RTD), Health and Food Safety (SANTE), Secretariat General (SG), as well as the Joint Research Centre (JRC) and representatives from a number of EU decentralised and executive agencies such as the Consumer, Health and Food Executive Agency (HaDEA) and the European Commission's Group of Chief Scientific Advisors (GCSA).

² https://ec.europa.eu/health/system/files/2022-02/eu_cancer-plan_en_0.pdf

³ https://ec.europa.eu/health/system/files/2022-01/2021-2025_cancer-roadmap1_en_0.pdf

⁴ [EU Mission: Cancer | European Commission \(europa.eu\)](https://ec.europa.eu/mission-cancer/)

in hospitals and extra-mural areas linking to primary care centres, with the aim of reducing inequalities, which already involves working with other countries. Through this initiative, Austria has developed new standards in health promotion and prevention which are being integrated in health promoting hospitals. Austria will provide written input on this and invited other Member States to contribute and collaborate⁵ with their Health Promoting Hospital networks in the NCD Initiative.

Belgium welcomed the Initiative and expressed their interest in participating in future preparatory work for the upcoming Joint Action on cancer and health determinants. Belgium's priorities are risk factors, as previously mentioned, but emphasising an integrated approach rather than a disease specific approach. Written comments will be provided. Belgium asked for the deadline for further comments; DG SANTE responded it is 25 May.

Croatia thanked the Commission for the overview; health determinants for diabetes and cardiovascular diseases are very important for Croatia. The recently adopted national cancer strategy is in line with EU plans, thus Croatia supports all activities. Croatia is currently updating an old database for cancer patients, a process that will take two years. National priorities also include tobacco prevention and addressing tobacco and harmful consumption of alcohol.

For Croatia, the Health in All Policies is very important in all activities. DG SANTE responded that the other Joint Action on cardiovascular diseases and diabetes includes the possibility to cover population-based interventions in health determinants, as commented on by France.

Czechia thanked the Commission for the work expressing their support for the Initiative and mentioned that written comments will be provided.

Finland welcomed the Initiative on non-communicable diseases, and especially the synergies with the Europe's Beating Cancer Plan. Finland has already provided written input of their six priorities; these include integrated approaches and the Health in All Policies approach. Finland explained that they have expertise in developing public procurement standards and are willing to contribute where possible. Finland also has experience in using fiscal policies to improve health as well as limiting advertising for foods high in salts, sugar and fat to promote healthy food and environments. Psycho-social aspects, for example, empowering people to make healthier choices, are also important. Finland asked for clarity on both the timetable and budget; these were clarified by DG SANTE.

France shares most national priorities with the Initiative, also targeting actions to the general population, with a focus on teenagers and young adults for tobacco use prevention. France commented that preventative measures work well if they are targeted. Health literacy is very important to empower people, especially when coupled with prevention messages. France added that there should be a focus on commercial determinants, which are important to understand. France concluded by commenting that the governance and implementation aspects of the NCD Initiative are very important. France also asked for clarification on which actions specifically on cancer will be included in the health determinants strand, as well as an identification of secondary prevention activities. DG SANTE responded that there was full agreement from Member States on priorities, thus the preparatory work on the NCD Initiative identified work areas, allowing room for

⁵ lovro.markovic@gesundheitsministerium.gv.at

innovation, and also considering the previously identified best practice. DG SANTE aims to ensure that there are no overlaps.

Germany stated that they are impressed by the actions so far; identified priority areas in the NCD Initiative that dovetail with those nationally. Germany supports France in the health literacy aspects. Germany concluded by asking how the Joint Action would be structured and if all priority areas would be covered. DG SANTE responded that there will be different work packages, as Joint Actions have this flexibility, and that Member States can decide the individual work packages in which they want to participate.

Greece thanked the Commission for the Initiative. The Greek national public health plan also includes all health determinants for non-communicable diseases and cancer. Greece commented on commercial and social determinants in the Healthier Together plan, which they consider to be important but also pose a challenge. Greece then questioned how best to fight poverty and exclusions. Greece added that horizontal implementation is very important, thus it is positive to have the previous identification of best practice and the development of synergies between agencies and all services.

Ireland thanked the Commission for the work on the Initiative and its relevance for ongoing work in the EU4Health Programme and participation in upcoming Joint Actions. Ireland stated that it is very important for Member States to work together on these important topics.

Italy echoed the comments from other Member States. Italy made three points: (i) comments will be made on the new version; (ii) Italy agreed with France on the importance of governance; this Initiative needs to be followed up and monitored, in a similar manner to the Europe's Beating Cancer Plan; and (iii) Italy stressed the urgency of setting up a working group on the Joint Actions to avoid future problems. Member States need to work together on the work packages. Italy concluded by commenting that there needs to be clear coordination, to avoid duplication and create synergy, also regarding actions with the Mission on Cancer. DG SANTE responded that the significant investment in this area warranted six months of preparation, with full involvement of Member States.

Latvia explained that they are already participating in several Joint Actions, but health determinants are important for Latvia. They are discussing capacity to participate in future Joint Actions.

The Netherlands supported the focus on preventative control for tobacco and alcohol as well as on obesity, coupled with the Health in All Policies approach. The Netherlands liked to see Member States working together and supporting this. The Netherlands also supported the HPV vaccination schemes. The Netherlands concluded by commenting on the importance of healthy lifestyles for future lifestyles, so suggested mentioning behavioural science more often during the planning stage.

Poland commended the Commission on the progress and the meeting which presented a good opportunity to exchange knowledge. Poland had already submitted their priorities in written form; the Initiative is in line with their national strategic documents for public health.

Portugal supported the Initiative, which is in line with national strategy.

Romania supported the importance of tackling non-communicable diseases and tackling prevention in an integrated manner. Romania opined on the difficulty in steering patients and citizens through the prevention pathway; Romania is currently trying to organise a patient-centred regime. Romania added that in addition to what had been said, it is important to reach those who are living just above the poverty line, and thus not classified

as vulnerable. DG SANTE responded that addressing problems of poverty and social determinants is very important. Apart from the Health in All Policies, it is possible to use other instruments to fight these problems, and not necessarily Joint Actions. There is a mapping of tools that may be of relevance for poverty.

Slovakia commended the Commission on the progress in the Initiative. For Slovakia, priorities include tackling tobacco use in the young and in young adults, in order to create a tobacco-free generation. Another aim is to create healthy environments, including intervention and protecting water sources. Additional priorities are increasing physical activity to combat obesity, and also reducing the incidence of cancer, increasing HPV vaccination and improvement of screening programmes.

Slovenia welcomed both the Initiative and the joint meeting; they are interested in participating in the Joint Action in several areas. The actions on childhood obesity echo the national strategy. Slovenia also supported labelling for alcohol including health warnings. Slovenia concluded by supporting both France and Finland in overcoming silos. They also asked about financial aspects of Joint Action and the timeline. DG SANTE responded that presentations from the Info Days on the EU4Health Programme⁶ will be available. DG SANTE also commented that it is hoped that best practices identified before can be used.

Spain opined that the identified challenges are interlinked, even beyond the health sphere, and they thus welcomed the collaborative and integrated approach. Spain also supported the Health in All Policies approach. They will still submit written comments.

Sweden commented on the many common risks. This combination of risk factors is being faced more often, thus there is a need to build in the concept of co-morbidities. Secondly, Sweden suggested thinking about how work can be undertaken together with other actions, e.g. with smart cities to incorporate physical activities. DG SANTE responded that co-morbidity is a key area when addressing different challenges.

Norway thanked the Commission for the co-creation process and the opportunity to feed into the Initiative, which is in line with national priorities and plans. Norway was positive on the comprehensive approach; the comments from Sweden were echoed in pooling diseases and risk factors together, which is very important for prevention work.

DG SANTE will host a meeting on 14 June, addressing health determinants.

Conclusions and AOB

DG SANTE concluded the meeting summarising the very positive reception by Member States of the Initiative.

Participants were informed that preparatory work to implement the Joint Action on diabetes and cardiovascular diseases under the 2022 Work Programme of EU4Health has started, under the leadership of Italy, and were encouraged to participate⁷.

The SGPP sub-group on NCDs was tasked to examine relevant promising practices and best practices that were validated in the past but not implemented because of limited funding. At the request of Member States, a dedicated workshop on methodology and criteria for promising practices was organised on 12 May by DG SANTE. Practices resulting from the process will be included in the EU NCD Initiative for potential funding from the

⁶ https://hadea.ec.europa.eu/news/new-eu4health-action-grant-support-hera-2022-05-19_en

⁷ Professor Onder - graziano.onder@iss.it

EU, further increasing the value of the Initiative as a toolkit for direct use by the Member States.

Participants were then reminded of key dates surrounding the Joint Action on health determinants, which has a budget of EUR 75 million. DG SANTE sent the invitation letter to the Health Ministries of Member States on 15 March, informing them about all the Joint Actions under the 2022 Work Programme and inviting Health Ministries to appoint competent authorities by 1 September. An Info Day was organised by HaDEA on 10 May; a hands-on workshop is scheduled on 13 September to facilitate the preparation of the proposal. The next webinar focusing on health determinants with stakeholders will be held on 3 June. The stakeholder webinar is being promoted via Healthier Together network at Health Policy Platform⁸. Participants were encouraged to follow the HaDEA Twitter feed⁹. The presentation event of the EU NCD Initiative with the Commissioner for Health and Food Safety, Stella Kyriakides, will take place on 22 June.

The Chair thanked everyone for their attention and valuable contributions and reminded participants that the next regular meeting of the SGPP Sub-group on Cancer will be held on 29 June.

⁸ https://twitter.com/eu_health?lang=en

⁹ https://twitter.com/EU_HaDEA?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor