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

7 Sept 2022

The Sub-group on Cancer and the Sub-group on Non-Communicable Diseases, both under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, held a virtual meeting chaired by DG SANTE. Representatives of health and research ministries from 22 Member States, plus Iceland and Norway, attended the meeting with a number of Commission services, and agencies[1].

EU NCD Initiative – Health Determinants Strand

DG SANTE provided a brief overview of the 'Healthier Together' – EU Non-Communicable Diseases Initiative[2], which aims to identify high impact actions to reduce the burden of NCDs in Member States with EU support from the EU4Health Programme[3].

DG SANTE then presented the best practice results from the 2022 call on the five strands (health determinants, cardiovascular diseases, diabetes, chronic respiratory diseases, mental health and neurological disorders), followed by previous best practices relating to disease prevention. Best practices were identified[4]. It was noted that earlier rounds of best practice calls are available via the EU Best Practice Portal[5].

Member States were then given the opportunity to discuss and decide whether these best practices could be considered for implementation in the Joint Action.

France asked why best practices related to cancer prevention were not included in this year's marketplace, to which DG SANTE replied that the best practices in this year's marketplace came from this year's call, where cancer was explicitly excluded, as it was addressed separately and elsewhere.

Austria asked if it were foreseen for the new joint action to build on ongoing joint actions, and build on already developed tools and networks. They were answered that it is essential that lessons are learnt, but it is not a requirement for eligibility. From a policymaking perspective, one should build on what exists and not start from scratch. HaDEA commented on the need to be attentive to avoid duplication.

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[1] Directorates-General represented included Communications Networks, Content (CNECT), Energy (ENER), Employment, Social Affairs and Inclusion (EMPL), Environment (ENV), Health and Food Safety (SANTE), Research and Innovation (RTD), General Secretariat (SG), Service Juridique (SJ), as well as the Joint Research Centre (JRC) and representatives from a number of EU decentralised and executive agencies such as the European Health and Digital Food Executive Agency (HaDEA).

[2] https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

[3] EU4Health programme 2021-2027 – a vision for a healthier European Union (europa.eu)

[4] Best practices related to health determinants were indentified: (1) Baby-friendly community health services in Norway; (2) ttipi-ttapa: promotion of community health through walking; and (3) the Austrian Early Childhood Intervention Programme. Four additional best practices from the 2021 best practice call and presented during the 2021 marketplace were highlighted: (1) Mothers peer educator in a low socio-economic state school setting (IT); (2) European Network for Smoking and Tobacco Prevention actions to support the WHO Framework Convention on Tobacco Control Article 14 implementation in Europe (BE); (3) Gaining health through life skills education (IT); and (4) ARGOS – a community / educational programme in Spain.

[5] https://webgate.ec.europa.eu/dyna/bp-portal

Italy added that the recently concluded Joint Action on Health Inequalities[6], JAHEE, could provide inputs for new joint actions. DG SANTE concurred and suggested that it could be integrated in the upcoming workshops to be organised by HaDEA.

Finland asked if there were a possibility to have joint actions that last longer than three years, perhaps lasting four or five years. Finland opined that three years is a short time to pilot, develop, implement, scale up, and evaluate new best practices. HaDEA responded that it may be possible, but only DG SANTE can decide. DG SANTE proposed discussing the possibility during the upcoming workshop.

Joint Action on health determinants: sub-action on cancer prevention

DG SANTE informed participants of the sub-action on cancer prevention, which is part of a direct grant to Member States' authorities on Cancer and other NCDs prevention – action on health determinants funded under the EU4Health Programmes Annual Work Plan 2022[7] and aims to implement prevention actions under the Europe's Beating Cancer Plan[8]. The call represents a new approach to support coordinated actions in the area of health promotion and disease prevention on cancer.

DISCUSSION

The Chairs opened the floor to Member States, who were asked to consider three issues:

1. Which potential best practices from the list presented earlier in the meeting would Member States be interested to learn more about?
2. Which potential topics would Member States propose under the cancer work stream?
3. Member States were requested to express an initial interest to coordinate any work package or be the overall joint action coordinator.

Austria expressed their favour for a broader determinants approach; at the virtual marketplace event they will learn more about this. Austria also highlighted other national priorities. Overall, Austria is prepared to take on a work package lead if it allies with national priorities. For this, they are looking for feedback from other Member States[9].

Belgium indicated that they would participate in the Joint Acton and have already nominated the competent authority. At the national level, Belgium is still defining the priorities, but will participate in the marketplace after which they will decide which best practices most ally with national priorities. Belgium then asked if the future consortium would decide which best practice to implement, or if there were an obligation. DG SANTE responded that there is no obligation; at the upcoming SGPP meeting on 5 October, DG SANTE will ask SGPP members to provide their ranking of best practices .

Bulgaria explained that they have a national non-communicable diseases plan, which includes cancer. However, there are not yet national screening programmes for some cancers, such as cervical, prostate, colorectal; these are only opportunistic. Additionally, Bulgaria identified issues with national cancer registries.

Croatia expressed an interest in participating in the joint actions; they will attend the marketplace for best practices, after which they will decide upon their exact role.

Finland had already nominated their competent authority and explained that they are very keen to participate. Finland especially liked the integrative approach. Regarding individual best practices, these have not yet been selected nationally. Finland will take

[6] JOINT ACTION – HEALTH EQUITY EUROPE (iss.it)
[7] https://health.ec.europa.eu/publications/2022-eu4health-work-programme_en
[8] https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/cancer-plan-europe_en
[9] Lovro Markovic Lovro.Markovic@gesundheitsministerium.gv.at and Claudia Habl Claudia.Habl@goeg.at

part in the marketplace, then decide on the selection subsequently. Finland concluded by emphasising that best practices need to be modified to the local context, thus three years is too short to implement and scale up.

France explained that they will participate in the marketplace, after which they will clarify areas for French participation.

When asked about funding rates and the applicability of the higher rate of 80%, HaDEA clarified that either: (1) at least 30% of the budget of the proposed action must be allocated to Member States whose Gross National Income (GNI) per inhabitant is less than 90% of the EU average. This criterion is intended to promote participation by Member States with a low GNI; or (2) bodies from at least 14 participating Member States participate in the action, of which at least four are Member States whose GNI per inhabitant is less than 90% of the EU average. This criterion promotes wide geographical coverage and the participation of Member State authorities from countries with a low GNI. HaDEA then pointed to the table with the information on GNI per inhabitant[10].

Czechia, **Germany**, **Greece**, **Hungary** and **Luxembourg** had no particular additional comments.

Italy welcomed the Joint Action, both in terms of breadth of topic and budget. Italy opined that such a joint action would require scaling up in terms of management, thus recommended establishing national multidisciplinary teams, as have already been established in Italy. Italy is both available and willing to participate in the work packages and to lead at least one. A particular area of interest was an 'inequalities' work package or the same topic as a horizontal action, where Italy would be willing to contribute.

Both **Lithuania** and **Latvia** will discuss potential participation at the national level, then decide on participation.

Poland had already identified the competent authority.

Portugal expressed their interest in participating. Portugal still needs to analyse the possibility of coordinating a work package. Portugal concluded by agreeing that the timeframe should be longer.

Romania indicated their willingness to participate and commented on the need for a mentoring or education tool for similar countries to their own, especially with regards to screening.

Slovakia explained that they will participate in the marketplace but will not take part in the joint action due to the lack of resources.

Slovenia indicated that they have already identified the competent authority and are interested in building on previous joint action in the field of nutrition. However, to lead such a joint action as this is too onerous for a country like Slovenia due to resources; they will nevertheless participate in the marketplace. **Austria** thanked Slovenia for their comment on the resources required to lead a best practice, in terms of workload and finance. Austria then congratulated Slovenia for the wonderful collaboration in the previous joint action called Best Remap; if there will be more considerations to build on this, then Austria would be interested to be part of a nutrition-related joint action.

Spain explained that they had already expressed interest and had no additional comments.

[10] https://hadea.ec.europa.eu/calls-proposals/action-grants-second-wave-under-eu4health_en

Sweden commented on the three joint actions covering cardiovascular diseases, diabetes and cancer; they will participate in workshops to learn more and thus determine participation.

Iceland identified some good examples on how to reduce harmful alcohol consumption and smoking among teenagers[11].

Norway explained that they will participate in the Joint Action and had already identified the competent authority; they will also participate in the marketplace.

Next steps for preparation

Participants were then reminded of next dates surrounding the Joint Action on health determinants, which has a budget of EUR 75 million. HaDEA, will organise a hands-on workshop for entities that have been nominated by the competent authorities of Member States on 13, 14 and 15 September to facilitate the preparation of the proposal (the deadline to submit the proposal is 13 January 2023).

Conclusions and AOB

The Chair thanked everyone for their attention and valuable contributions and reminded participants that the meeting of the SGPP will be held on 5 October in Luxembourg.

[11] https://www.emcdda.europa.eu/best-practice/xchange/planet-youth-%E2%80%94-icelandic-model-application-environmental-prevention-principles-based-systematic-local-assessment-risk-and-protective-factors_en