

Minutes

Meeting

Sub-group on the “Healthier together, the EU Non-communicable Diseases Initiative”, under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

28 January 2022

On 28 January 2022, the sub-group on the “Healthier together, the EU Non-communicable Diseases Initiative” under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held a virtual meeting, chaired by DG SANTE. The representatives of 18 Member States, plus Norway, attended the meeting together with a number of Commission services, and agencies¹.

The objective for the temporary sub-group is to advise the Commission about the implementation of the “Healthier together: EU Non-communicable Diseases Initiative”. It will provide feedback and input, help to identify best and innovative practices, guidelines and implementable research results to be transferred to the ground, and highlight complementarities and synergies with other related policies and sectors, namely with the Europe’s Beating Cancer Plan. The initial mandate of the group shall be limited to the end of 2022, with possible extension.

Rules of Procedure and Working Methods

The proposed rules of procedure, identical to those of the SGPP, were outlined by the Commission, and accepted by the Member States. To facilitate efficient working, the Commission proposed to set up a dedicated space on the EU Health Policy Platform to manage working and final documents, and to establish, if needed, thematic groups under the sub-group on specific issues. A collaborative working space will also be established using MS Teams. The sub-group will be chaired by the Directorate-General for Health and Food Safety of the Commission and secretariat support will be provided to the sub-group. It is foreseen for the sub-group to meet approximately five times in 2022, after which the SGPP will discuss and agree whether it has reached its objectives and could be dissolved. Member States accepted these proposals.

Belgium explained that all NCD issues are currently shared between national communities and regions. This means that additional time is required to ensure national coordination. DG SANTE reminded that sub-group members can contribute to process until June.

Presentation of the draft EU NCD Initiative

DG SANTE presented the draft of the EU NCD Initiative discussion paper, with a focus on the identification priority areas and ambitious actions in these areas, including potentially effective legislative and non-legislative policies, best practices, interventions, research results, and innovative ideas. Initial priorities for discussion were suggested for each of the five strands (health determinants, cardiovascular diseases, diabetes, chronic respiratory diseases and mental health and neurological disorders).

¹ Directorates-General represented included DG MOV, as well as representatives from a number of EU decentralised and executive agencies such as Health and Food Executive Agency.

An integrated approach to all strands was proposed, incorporating addressing social determinants and health literacy, age/gender/culture-sensitive prevention and management, effective screening approaches, labour participation of patients and carers, system reform for person-centred, integrated care, and multimorbidity.

The co-creation process and calendar was also discussed. Member States reacted very positively to the aim, structure and approach of the initiative and to the areas for priority and focus. Further detailed comments were to be provided by Member States in two weeks after the meeting.

Member States share priorities, examples of policies and best practices

Member States delegates were invited to share preliminary views on the draft; national priorities for each strand; examples of approaches, policies or best practices that have already been implemented; and examples of approaches, policies and best practices for eventual transfer and scaling-up. Further best practice examples will be identified later and submitted in writing.

DISCUSSION

Italy asked if joint meetings were foreseen between the sub-group and stakeholders. DG SANTE responded that stakeholders will be involved right from the beginning via the health policy platform and a common meeting could be organised. Italy also noted that the actions in the document are of many different levels and involving different actors. Therefore, Italy suggested an approach similar to the identified best practices, i.e., separating nation- or region-wide practices from micro practices more suitable for the local level or stakeholders.

Poland expressed their wish to focus on public policies on NCDs with a big impact. Poland also stated that the areas of work are fully in line with their national programme.

DG SANTE encouraged member states to indicate the direction they wish to follow.

France proposed to link the population-level interventions to the health determinant strand. France proposed also to include structured counselling and behavioural interventions for lifestyle modification in health care for high-risk patients or secondary prevention. France considers health literacy to be a transversal element. France noted that the EU NCD Initiative is coherent with their national priorities.

Spain agreed with France on the benefit to separate population-level strategies (structural determinants, health settings and environment) from interventions on specific diseases.

Finland commended the Commission and supported a high level of ambition and an integrated approach. Action on health determinants and health promotion using a Health in All Policies approach is a priority for Finland, as well as coordination with ongoing EU actions, such as the Farm to Fork Strategy, the Green Deal, etc., to ensure that prevention and management of NCDs is included. At the national level, a system-wide reform will support a horizontal integrated approach to prevent and manage NCDs.

Ireland thanked the Commission for the initiative, stressing their engagement. Ireland then made a suggestion for a focus on cross-cutting integration. They emphasised the need for whole-of-government engagement to support Health in All Policies.

Slovenia welcomed the initiative and pointed at the need to link it with the Best Practice Portal. Commenting on the best practices collated in the document, they requested more information on each practice. This could be, for example, the level of implementation of the best practice (local or national), or whether it was a primary intervention or an intervention at the policy level, and the level of evidence regarding its effectiveness.

DG SANTE explained that they are currently undertaking an inter service discussion, with Commission departments invited to input to the document.

Belgium shared her national priorities on lifestyle risk factors, but also exposure to chemical products, air pollution, health inequalities, drug abuse, the interaction between physical and mental health, musculoskeletal diseases, digital health and integrated approaches to prevent and manage different diseases. Belgium echoed the comments of Finland on the importance of integrated care.

Austria supported the comments from Finland and suggested that health literacy be given a clear position among the health determinants.

Spain explained that the identified priorities were in line with their national ones.

Croatia indicated their strong support for the initiative and congratulated the authors.

Spain, Poland and **Ireland** asked for an extension of the deadline for feedback. **DG SANTE** extended it 13 February.

Conclusion

Closing remarks were made by the Acting Deputy Director General for Health of the European Commission. The Chair then thanked everyone for their engagement and valuable contributions. The next meeting will take place on 3 March 2022 and contributions may be submitted in writing by 13 February using the collaborative platform.