

# 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

8 April 2022

On 8 April 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. Representatives of 20 Member States attended the meeting.

#### General update on the draft EU NCD Initiative

DG SANTE presented an update on the EU NCD Initiative document that incorporates comments and recommendations from Member States and international organisations. The strand on Mental Health and Neurological disorders has been further developed and includes refinements of priority areas and suggestions for actions related to mental health and neurological disorders, including dementia. The revised text reinforces the benefits of an integrated approach and includes more options for Member States to collaborate.

Sub-group Members were reminded that a parallel discussion on the EU NCD Initiative continues to take place with stakeholders in dedicated webinars and via the Health Policy Platform; the next meeting with stakeholders is scheduled on 27 April 2022.

The members agreed that the current draft of the NCD document would be circulated to stakeholders who had registered into the EU NCD Initiative network at the Health Policy Platform.

DG SANTE then explained that preparatory work had already started concerning the Joint Action on diabetes and cardiovascular diseases, which allowed the priorities of the EU NCD Initiative to be translated into action under the 2022 EU4Health Work Programme. A similar process was envisaged for the Joint Action on health determinants, which would cover health determinants of cancer as well as other non-communicable diseases.

#### Mental Health and Neurological Disorders: priorities, policies and best practices

DG SANTE presented ongoing activities in the mental health area, highlighting examples of practices in mental health and neurological disorders that Member States may wish to consider for a future Joint Action. Three actions were highlighted: (i) the Joint Action ImpleMENTAL<sup>1</sup> covering the transfer of two best practices on suicide prevention and on mental health system reform; (ii) the project European Alliance Against Depression<sup>2</sup> (EAAD) covering the transfer of best practice to prevent depression, and (iii) a new project

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<sup>1</sup> [JA ImpleMENTAL \(ja-imental.eu\)](http://ja-imental.eu)

<sup>2</sup> [eaad.net](http://eaad.net)

under the EU4Health Programme transferring best practices to tackle mental health challenges during the COVID-19 pandemic.

The presentation concluded with an update on the current call for best practices, which is open until 15 May 2022. Sub-group Members were requested to inform local, regional, national and other stakeholders of this open call in order to maximise the number of submissions.

Member State priority areas were identified, followed by suggestions for possible work packages on Mental Health and Neurological Disorders beyond 2022.

## **DISCUSSION**

The Chair invited Member States to comment. Member States welcomed the approach and the progress of the document.

**France** had submitted comments asking for more focus on suicide prevention, thus they suggested having suicide prevention as a target in the Initiative itself and not just wellbeing at large. France agreed with the earlier comments from Belgium on stress reduction for cardiovascular disease prevention, and suggested they be considered in the strand on cardiovascular diseases and diabetes. France then asked if there were possibilities to implement new projects on mental health and chronic respiratory diseases outside the planned Joint Actions, for example within the current call for best practices.

**Belgium** agreed with France regarding the comments on stress. On the topic of mental health, Belgium welcomed the Initiative, especially the exchange of data and knowledge within the EU. Belgium would send additional specific written comments.

**Croatia** commended the Commission on the comprehensive approach. Mental health is a national priority and is contained in the soon-to-be-adopted strategic framework to 2030, which aligns with the Commission Initiative. Croatia agreed with the priority areas for mental health, e.g. suicide prevention and mental health promotion, but also prioritised mental health in the workplace. Another priority area for Croatia is prevention and early detection of dementia; comments would be submitted.

**Finland** stressed the importance of mental health, as well as the other identified topics. For Finland, the main priority was a mental health in all policies approach, as well as strengthening the positive aspects of mental health. Finland suggested using indicators other than suicide and rather focussing on more positive indicators. They also emphasised the interlinkages between mental health and physical health to promote brain health. Finland advocated a focus on health prevention and promotion and a move away from disease silos.

DG SANTE responded that it might indeed be interesting to include indicators other than suicide, and that they stood ready for suggestions. DG SANTE also suggested links with e-health, where other programmes may offer opportunities for funding, e.g. Digital Europe run by DG CNECT.

**Germany** welcomed the priority of mental health in the EU in addition to appreciating other Member States being interested in mental health prevention and promotion. A priority for Germany was the promotion of mental health in the workplace; written comments would be submitted.

**Finland, Iceland, Ireland, Latvia, The Netherlands, Poland, Portugal, Romania, Slovenia** and **Spain** all thanked the Commission and said that they would submit written comments.

**Iceland** indicated their interest in both the mental health and the neurological disorders element and specifically dementia. **Hungary** indicated their support for the mental health initiative. **The Netherlands** commented that the draft initiative was much clearer for the purpose since last meeting. **Norway** indicated that they had already submitted their comments. **Romania** indicated their support to prioritise mental health as a public health problem. **Slovenia** supported mental health as a priority also indicating that it fits in with their national programme on mental health 2018-28. **Czechia** indicated their support for mental health through mental health reform.

**Italy** commended the Commission on the restructured document, which was now clearer and more consistent. Italy suggested stressing a lifelong approach to mental health, the connection of mental health and physical health, health and social aspects of mental health, and a community approach to care for mental illness.

**Poland** highlighted that mental health is a national priority and addresses populations of all ages, including suicide prevention. Poland also expressed their thanks for the support received around the refugee crisis, support that was directed not just at displaced people, but also those who worked with them. Poland cooperates with the international partners, including within the MHPSS Working Group, the mechanism established for mental health and psychosocial support.

DG SANTE thanked those Member States that had already provided comments. Within the 2022 Work Programme, Joint Actions are planned on cardiovascular diseases and diabetes, and health determinants. There are meetings with Member States to prepare Joint Actions in more detail, for example, Italy volunteered to steer the preparation for the Joint Action on cardiovascular diseases and diabetes.

DG SANTE informed that the funding for the actions on mental health and neurological disorders and chronic respiratory diseases, would come under EU4Health WP, doors are also open in other programmes.

DG SANTE commented that the mental health strategies as implemented by Croatia and Italy could be inspirational to other Member States, as they illustrate how to expand approaches and to help each other.

#### Chronic Respiratory Diseases: priorities, policies and best practices

DG SANTE presented Member State priorities for chronic respiratory diseases. Member States were encouraged to provide further input on this strand. After the presentation, there was discussion on priorities, and policies and best practices of Member States in the field of chronic respiratory diseases.

### **DISCUSSION**

The Chair invited Member States to comment.

**Belgium** said they would send written comments, but said that their major priority was to move from specific disease management to an integrated approach, with a focus on prevention and raising awareness (e.g. on air quality, exposure to pollution, environmental factors). In Belgium, there is a specific focus on the treatment of asthma, the prevention of smoking, and screening for chronic obstructive pulmonary diseases.

**Croatia** would also send written comments and agreed with the priority areas, including prevention and improved care, and with a focus on early detection.

**Denmark** asked specifically about the early detection of chronic respiratory diseases, for example, how they are detected, at what stage, and due to which type of screening.

**Austria** commented on their integrative approaches within existing health promoting networks not only in hospitals but also via primary care providers. The draft NCD Initiative should build on this in its implementation. Austria has also considered applying for best practice related to this integrative approach. DG SANTE responded that the initiative builds on what exists and raises awareness of these activities.

**Finland** explained that this strand is not of the highest priority nationally despite being important. In Finland, the priority is prevention, for example nicotine use and smoking. Another focus is self-care and self-management, which are very important for these types of diseases. Finland indicated that there had been national successes in systematic approaches; information would be shared. Finland also mentioned the raising of awareness of these diseases among both patients and professionals. Finland concluded that this initiative suggests a stronger policy focus; Finland appreciated European added value through policies.

DG SANTE responded that the initial objective was to allow countries to go beyond the existing approach of (merely) replicating best practices. If Member States wish to undertake an activity, the Commission would do its best to help. This may be the case for the launch of ambitious legislation or innovative policies, which might also be at EU level. Initiatives should be ambitious, have impact, and address Member State needs. Participants were encouraged to add to the draft document, especially where the EU has missed opportunities.

DG SANTE commented that synergies were always sought with other DGs to implement the Health in All Policies approach, for example, with DG ENV (on the Zero Pollution Plan), DG EMPL (on health in the workplace), and DG MOVE (for issues related to migrants and refugees). This was complemented by an identification of synergies specifically related to mental health, for example, with DG JUST (on children's rights), DG EMPL (for job guarantees, revision of workplace directives, etc.), and DG CNECT (for better internet protection for children). Together, these build towards a Mental Health in All Policies.

### Conclusion

The Chair thanked everyone for their engagement and valuable contributions. Participants were informed that:

- At the request of Member States, **a dedicated workshop on methodology and criteria for promising practices** would be organised by DG SANTE **on 12 May 2022**. Practices resulting from the process will be included in the EU NCD Initiative for potential EU funding.
- The **next meeting of this Sub-group would take place on 19 May 2022**, which will be organised together with the members of the Sub-group on Cancer and will be dedicated to the horizontal strand of **health determinants**.
- A **meeting with Stakeholders has been set for 27 April 2022** to receive their input on mental health and neurological disorders and chronic respiratory diseases.
- The Commission would continue to work on the draft NCD Initiative with a view to arrive at a stable version by mid-May.
- The Commission would distribute presentations as well as the minutes and flash report from this meeting via Health Policy Platform.

### Suggested follow-up actions for Member States

- Submit all major written input to the EU NCD Initiative by 30 April 2022.
- Examine relevant promising practices and best practices that were validated in the past but not implemented because of limited funding.

- Take note of the dates of future meetings, and express interest to participate in working groups to prepare the Joint Actions.
- Follow the DG SANTE NCD web page<sup>3</sup>.
- Spread information about the vacancies for seconded national experts to work in the Commission in the NCD area; identify possible candidates in coordination with their permanent representations. The submission deadline is May, and selected individuals would take up their posts in the autumn.

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<sup>3</sup> [https://ec.europa.eu/health/non-communicable-diseases/overview\\_en](https://ec.europa.eu/health/non-communicable-diseases/overview_en)