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Public health

Health promotion, disease prevention, financial instruments

Meeting Minutes

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

25 November 2020

Introduction and adoption of agenda

On 25 November 2020, 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 23 Member States and Norway attended the meeting together with a number of Commission services, and agencies¹.

SGPP priorities and next cycles of implementation of best practice and research results

Participants were reminded of the priorities identified by Member States during the SGPP survey, being Anti-microbial resistance (AMR); Cancer; Access and availability of medical products and on the actions under the AMR Action Plan². This plan will focus on actions with the highest added value for Member States following a One Health Approach, encompassing human, animal and plant health and the environment. As there are many such actions, it is suggested that the SGPP will not focus on best practices in this area for 2021.

The Joint Research Centre then outlined the next call for best practice on non-communicable disease prevention foreseen for early 2021. We are also pleased to announce the launch of the newly redesigned [Best Practice Portal](#). Additionally, in order to make sure that you have access to the Portal and its extended features before the next call for best practice on non-communicable disease prevention will be published, please click <https://webgate.ec.europa.eu/dyna/bp-portal/index.cfm> to access the website content. [The Health Promotion and Disease Prevention Knowledge Gateway](#)³ was cited as a reference point for public health policy makers.

Unit 'Performance of national health systems', DG SANTE, spoke of the intention to promote the transfer and implementation of best practice in primary care in 2021, related to the Country Specific Recommendations under the European Semester. The

¹ Directorates-General represented included Health and Food Safety, Research and Innovation, Environment, Energy, Economic and Financial Affairs, European statistics, Employment, Social Affairs and Inclusion, as well as the Joint Research Centre, European Investment Bank and representatives from a number of EU decentralised and executive agencies such as European Monitoring Centre for Drugs and Drug Addiction, and Health and Food Executive Agency.

² https://ec.europa.eu/health/sites/health/files/antimicrobial_resistance/docs/amr_2017_action-plan.pdf

³ <https://ec.europa.eu/jrc/en/health-knowledge-gateway>

draft opinion⁴ of the Expert Panel on Effective Ways of Investing in Health on the organisation of resilient health and social care following the COVID-19 pandemic was also presented. The three main conclusions were that strong primary care systems form the foundation of any emergency response, that strong primary care is central to addressing a population crisis, and finally that it is recommended to invest in primary care and mental health and to strengthen the integration of these systems. In addition, the various future EU programmes, which include elements of support to primary care, were outlined, such as EU4Health, Horizon Europe, Digital Europe, the Recovery and Resilience Facility, cohesion policy, and InvestEU. The Recovery and Resilience Facility was highlighted as the centrepiece of the NextGenerationEU recovery instrument. Member States have been elaborating recovery and resilience plans for regional and national investments to be financed under NextGenerationEU as well as other funding instruments. In order to transfer best practices in primary care, DG SANTE will provide a template and the identified practices should be submitted by email⁵ by 15 January 2021. The best practices selected will be shared during the first half of 2021, with the opportunity to transfer such practice.

DISCUSSION

The Chair gave the floor to Member States to present their opinions.

The **European Investment Bank** indicated their willingness to be involved with the primary health care initiative, at all stages (preparation, roll out, financing). They suggested a similar collaborative approach to that on proton therapy at the end of the national best practice roll out.

Belgium noted that in the framework of the EU Joint Action Innovative Partnership for Action Against Cancer⁶, a collection of best practice is also foreseen and asked about the interactions with the SGPP. They were responded to by an assurance that best possible use will be made of the best practice collected. Once the Europe's Beating Cancer Plan is adopted, then implementation will be discussed, which will include making use of all best practice, including that collected by this joint action.

Croatia thanked for the report related to the results of the SGPP survey, which is in line with national priorities, especially in the context of the current development of a national development strategy in which the prevention of non-communicable diseases will be a key priority. They agree with the proposed approach to identify best practice in primary care in the context of COVID-19; in Croatia, primary care has an important role, not only in improving accessibility of health system, but also in the area of contact tracing.

Italy commented that the CHRODIS PLUS Joint Action created best practices in related topics; the Commission stressed that existing best practices will of course be considered. Italy also highlighted that there is a series of programmes in different settings, with opportunities in reforms of primary care and health-related topics. He suggested that there is the opportunity to use part of the future work of the SGPP to bring together those who are working on the planning in different countries, by looking at the programmes, to see how synergies could be set up to align these programmes, with a view to the best use of money, and perhaps identifying areas where external or European expertise is needed.

⁴ https://ec.europa.eu/health/sites/health/files/expert_panel/docs/026_health_socialcare_covid19_en.pdf

⁵ SANTE-HEALTH-BEST-PRACTICES@ec.europa.eu

⁶ <https://www.ipaac.eu/>

DG SANTE responded by explaining the processing timeline, making a distinction between those programmes that focus on national or regional activities, those with a focus on policy, and noting that InvestEU is demand-driven. These instruments help Member States to deploy actions at national and regional level and it is up to Member States to come forward with priorities for the next seven years. DG SANTE then highlighted the added value of programmes like EU4Health, and that Horizon Europe and Digital Europe can give Member States a boost. It was suggested to establish a joint framework or idea how to make best national use of the bigger opportunities posed by different funds and programmes in the next Multiannual Financing Framework. Once again, it was stressed that the implementation lies in the hands of Member States.

France questioned the link with the recovery and resilience plans as the plans are already drawn up, arbitrated at national level and therefore it might be late to revise them. It was explained that this was understood but that there would be different national approaches in terms of time or topic priorities. **Germany** supported the French view and explained that they had already communicated their measures to the responsible Ministry for Economy for incorporation in the national Recovery and Resilience Facility Plan. They also stressed that in the references to the upcoming EU4Health Programme, despite the disclaimer, it cannot be discussed how the budget will be spent when it is not finalised. DG SANTE stressed that these discussions were without prejudice and that they would only proceed if it were possible within the finally adopted programme. They summarised the approach as value added from how to best implement what Member States have planned nationally as to the use of the new Recovery and Resilience Facility.

Italy asked for clarity regarding the impossibility of influencing or having an impact on national recovery and resilience plans, but noted that this does not prevent, once they have been adopted by the Commission, to try to put together people working in the implementation of the health-related actions and to try to find common tasks and potential reciprocal support.

France asked if the criteria used for selecting the measures for the recovery and resilience plans will also apply for the selection of the best practices, to which they were answered that it is a different and far more flexible approach and rather something to boost the national economy on multiple fronts. It will be evident in the template with a small number of criteria and an intervention-orientated approach, rather than a full programme design approach.

Slovenia commented by welcoming both the proposal and the suggestions and by adding a priority under their Presidency in the second half of 2021 will be to shine more visibility on strengthening resilience of health systems with a focus on implementation. They envisage collaboration with European partnerships under Horizon Europe and asked for parallel initiatives to be identified. The Commission replied that a sequence of actions is foreseen and that partnerships are powerful to share knowledge on how to undertake actions, but the implementation happens outside the partnership; the complementarity is very evident.

DG SANTE clarified that the Best Practice Portal⁷ already includes more than 20 examples of best practices that were collected via the first CHRODIS Joint Action. The CHRODIS PLUS Joint Action piloted several of these in various countries as well as developing new approaches, for instance a toolbox to improve employability of people with chronic

⁷ <http://chrodis.eu/best-practices-portal/>

diseases. Together with the JRC, it is now being considered as to how best to include them in the portal.

Spain asked about the criteria to select best practice in primary care. DG SANTE informed that only four criteria will be used, with the assurance that these would be derived from those adopted by the SGPP as best practice criteria. The regular criteria will be used for the NCD prevention best practices, whilst only a limited number of criteria will be used when assessing the proposals for best practices on primary care. There will be clear focus on impact and transferability: the effective building blocks of primary care practice, the evidence of the impact of the practice, transferability and sustainability.

Poland agreed with the plan emanating from the SGPP survey and added that their priorities also include mental health and suicide prevention, so would like to see more focus on this topic, especially due to the long-term effects of COVID-19. It was noted that the new Joint Action on Mental Health⁸ that is currently being developed will implement two good practices, including a multi-level suicide prevention programme, which may be of specific interest to Poland.

Future sub-group on cancer

The Commission informed participants of the progress of the Europe's Beating Cancer Action Plan and the Mission on Cancer and the next steps scheduled for 2021 in order to maximise coordination and collaboration with Member States. Following the adoption of the Europe's Beating Cancer Action Plan, expected for early 2021, a joint workshop is foreseen for representatives of health and research ministries to discuss the implementation of the Europe's Beating Cancer Action Plan and the mandate of the subgroup. The SGPP will then be invited to approve this mandate.

Member States are asked to start reflecting already on potential nominations also with a view to identify participants for the workshop which will address implementation. These should be the national policy experts delegated by the SGPP members and the members of the Shadow Strategic Configuration of the Horizon Europe Programme. The next six to twelve months will also see the implementation plan formulated by the Missions Core Network for the Mission on Cancer, including establishing Missions National Hubs in each Member State. The guiding principles behind the implementation will be to go beyond research and innovation, a holistic policy approach, and co-implementation.

Belgium asked if the draft of the Europe's Beating Cancer Plan would be circulated before publication, to which they were responded that there had been a dedicated meeting between the SGPP and the Horizon Europe Shadow Committee in January 2020 and a meeting of the SGPP in July focussed solely on cancer, and that a specific meeting on implementation was planned for early 2021.

Belgium, Italy and **Spain** spoke of the difficulties in identifying relevant stakeholders and the expectations of the role of the representatives of the national ministries, also in the context of the fact that the exact details of the Cancer Plan were not yet known. It was explained that the Cancer Plan would cover prevention, early diagnosis and treatment, palliative care, and life as a cancer survivor, and that this could give direction to identifying experts. It was explained that there was a mutual process to define the role, considering comments from Member States, and it would therefore be discussed once the plan is finalised. **Spain** underlined their support for the creation of this group.

⁸ <https://www.mentalhealthandwellbeing.eu/>

Denmark asked about the other Missions, which was clarified by DG Research and Innovation⁹.

Sub-group on proton therapy

DG SANTE and the European Investment Bank then presented the main findings and conclusions of the report on the scientific evidence update from the subgroup on proton therapy. It had the objective of examining the state of play of the evidence on clinical applications and availability of proton therapy in the EU.

Proton therapy has the potential to affect the lives of people with cancer, however, important gaps on evidence remain.

The main conclusions of the report were that there is a need for improved study designs, metrology and networking between centres; and a need for patient registries and databases.

The SGPP was invited to indicate their interest in addressing the issue of lack of evidence by 14 December, by (1) increasing or redirecting efforts in research, (2) collaboration between centres or (3) conditionality in financing. In parallel, they were invited to consider actions at national level to complement EU action. Based on the responses, the Commission will consider next steps.

Belgium expressed their interest in all three, and added a fourth: exchange of information related to costs, which they suggested in order to overcome the current lack of evidence on effectiveness. They opined that more support for validation of models was required, through organisation of clinical studies at the European level with the support of the EU. **Spain** expressed their interest not only in collaboration, but also in this exchange of information. Their response to the three topics was neutral, interested, and neutral, respectively, and they added that a group of experts was reflecting on the provision of proton therapy in the national health service. **Croatia** will send their responses by email.

Focus Group on sustainability of Orphanet

The final report from the SGPP Focus Group on Orphanet Sustainability¹⁰ was presented by France. The focus group was set up with the aim to draft a document that could serve as a framework for bilateral agreements on sustained support, but the group concluded such framework is not currently actionable due to the core transnational distribution of multiple Orphanet functions. The SGPP was invited to take note of this report and its proposed stepwise approach to sustainability, especially as regards the relevance of such an approach for rare diseases efforts at national level.

DISCUSSION

The Chair gave the floor to Member States to present their opinions.

Belgium stressed the need for a sustainable solution. Questions were asked whether any new expert group in the financing of Orphanet was foreseen, whether links with the work on orphan medicinal products and the new Pharmaceutical strategy for Europe might offer financial options, whether there would be a link with the revision of the rare disease framework foreseen in the next few years, and whether Orphanet might develop more specific datasets under a new legal form. They were answered that there are broad transversal links, that there are no plans for a new expert group, and that there are

⁹ https://ec.europa.eu/info/horizon-europe/missions-horizon-europe_en

¹⁰ <https://www.orpha.net/consor/cgi-bin/Education.php?lng=EN>

evidently links to the new pharmaceutical strategy and potential links to orphan drugs legislation, but that these do not really address financing. There are also evident links with the European Reference Networks. **Norway** noted that it is crucial to see rare diseases, cross-border health care and orphan medicinal products acting together, and that coding and registers are of increasing importance; they also noted the huge efforts on these topics over the last twenty years. **Austria** noted the current Direct Grant for Orphanet will end in June 2021, suggesting the Commission reflect on the long-term sustainability of Orphanet within the context of the further development of the European Reference Networks and the need for a 'European rare disease ecosystem or infrastructure', within which Orphanet has an essential place irrespective of its legal standing. **Poland** added that they had been participating in Orphanet since 2003 and stressed the importance of continued access to support work on rare diseases.

The Chair thanked France and the members of the focus group for their work, and the SGPP for their comments. While the SGPP involvement in this matter is now closed, existing challenges as regards sustainable financing for Orphanet remain.

AOB

The Chair informed participants about a specific Joint Action co-funded by the current Health programme to improve the quality of all health-related actions funded by any EU funding programmes. He reminded participants that in a joint meeting of the SGPP and the Shadow Health Configuration of the Horizon Europe Programme Committee on 2 October, it was decided to increase the capacity of national focal points for the EU4Health Programme, resulting in 24 Member States, plus Iceland, Moldova, Norway and Serbia being involved. Other Member States are cordially invited still to join the Joint Action.

Participants were then informed about the results from the CHRODIS PLUS Joint Action¹¹, more specifically the Joint Action's work on a 'Consensus Statement' on cross-country collaboration in the field of non-communicable diseases. The Steering Group had been involved in the early stages of the work on this document. The Joint Action addresses chronic diseases through cross-national initiatives, in order to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Third Health Programme (2014-2020).

Croatia noted their pleasure at being part of CHRODIS PLUS family.

The Netherlands asked for clarification on the SGPP's role in preparing the 2021 working programme of EU4Health, to which they were told that it is premature to discuss the role of the SGPP in the next MFF, and that there had been a reference for the SGPP to have upstream discussions with Member States as set out in the Commission proposal for the programme.

Participants were encouraged to subscribe to the Health Policy Platform¹² and join the closed SGPP network, where all the relevant documents for the group and documents from the meetings will be uploaded. It was highlighted that the Health Policy Platform is also an interactive space for sharing relevant documents with other SGPP members and communication between the group members.

Conclusions

¹¹ <http://chrodis.eu/wp-content/uploads/2020/11/chrodis-wp4-milestone-ms43-final.pdf>; http://chrodis.eu/wp-content/uploads/2020/10/summary-of-chrodis-plus-consensus-statement_english-version.pdf

¹² <https://webgate.ec.europa.eu/hpf/>

The meeting was concluded by thanking participants for their valuable and enriching input. The date of the next meeting will depend on the adoption of the Europe's Beating Cancer Action Plan in early 2021.