



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL RESEARCH AND INNOVATION  
Directorate E – People

DIRECTORATE-GENERAL HEALTH AND FOOD SAFETY  
Directorate C – Public Health

## Meeting Minutes

### Joint Meeting Shadow Health Configuration of the Horizon Europe Programme Committee and Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

2 October 2020

#### Introduction and adoption of agenda

On 2 October 2020, the Shadow Health Configuration of the Horizon Europe Programme Committee and the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held a virtual meeting, jointly chaired by DG RTD and DG SANTE.

The representatives of 27 Member States, Norway and Iceland attended the meeting together with a number of Commission services and agencies<sup>1</sup>.

The Chairs welcomed participants and the agenda was adopted without any comments.

#### EC activities on COVID-19

The Chair opened the agenda point by speaking of the Joint Action on Increasing capacities of National Focal Points (NFPs) for the implementation of the upcoming EU4Health programme, co-ordinated by Spain, and to which sixteen Member States and four Associated Countries have already indicated their interest. The aim of the Joint Action is to coordinate the implementation of the future EU4Health Programme and find synergies with other health-related actions under other EU funding instruments, including Horizon Europe, European Structural Funds, Digital Europe Programme, European Regional Development Fund, Reform Support Programme, etc. The planned

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<sup>1</sup> Directorates-General represented included Health and Food Safety, Research and Innovation, Environment, Reform, Economic and Financial Affairs, European statistics, Communications Networks, Content and Technology, Human Resources and Security, as well as the Joint Research Centre (JRC) 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.

budget for this 2021-2023 Joint Action is EUR 1.5 million with co-funding from the EU4Health Programme. The eleven Member States who have yet to indicate their interest were urged to do so to the Consumers, Health, Agriculture and Food Executive Agency of the European Union (CHAFAEA).<sup>2</sup>

The Commission then presented a summary of the recent EC activities related to COVID-19, including the Communication on the Short-term EU health preparedness for COVID-19 outbreaks to evaluate the COVID-19 response so far and to outline key measures for the coming months, as well as the bolstered EU4Health Programme under which structural changes and health system resilience will be addressed.

The ERAvsCorona Action Plan was explained, including the ten short-term research and innovation actions financed under Horizon2020. In particular, the Plan includes the setting up of EU-wide clinical trial networks to strengthen the EU response to COVID-19 by coordinating planning and implementation of large-scale clinical trials across the EU.

This year's dedicated COVID-19 Horizon 2020 calls disbursed EUR 458.9 million to 103 projects. In addition, a total of 547 projects funded under the FP7 and Horizon 2020 were reoriented to fight the COVID-19 emergency. The five 'big themes' were highlighted: Repurposing of manufacturing for vital medical supplies and equipment; Medical technologies, Digital tools and Artificial Intelligence analytics to improve surveillance and care at high Technology Readiness Levels; Behavioural, social and economic impacts of the outbreak responses; Pan-European COVID-19 cohorts; and Networking of existing EU and international cohorts of relevance to COVID-19. A challenge will be maximising the uptake of these efforts to focus on practical impact for prevention, care and policymaking.

The Chair welcomed the ambition displayed, the speedy launch of calls under Horizon 2020, and the resultant high level of response from the research community. He emphasised the need to disseminate the results quickly and widely.

Head of Unit, C1 – Health promotion, disease prevention, financial instruments, DG SANTE, then outlined preparedness for COVID-19 and how it is handled from the public health perspective, including the Emergency Support Instrument<sup>3</sup>. The presentation covered the EU health security framework, the EU Coronavirus comprehensive response across different sectors, the EU agencies involved, the Emergency Support Instrument, the EU Vaccine Strategy, and the Joint Procurements (currently on personal protective equipment, laboratory supplies and ventilators).

When asked whether an EU equivalent to the US Biomedical Advanced Research and Development Authority (BARDA) would have a role with regards to pandemics, it was indicated that it is currently too early to be specific, but that it may have a role in preparedness for future pandemics, building on weaknesses identified. **Croatia** commended the Commission for activities related to the Joint Procurement, and expressed their gratitude for the effort and support, however they opined that harmonisation and cross-border measures could be improved. **Norway** added that they

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<sup>2</sup> The contact point from Chafea for the Joint Action on Increasing Capacities of National Focal Points responsible for Health Programmes is Marilena di Stasi (marilena.di-stasi@ec.europa.eu).

<sup>3</sup> EU research and innovation in action against the coronavirus: funding, results and impact:

[https://ec.europa.eu/info/sites/info/files/research\\_and\\_innovation/research\\_by\\_area/documents/ec\\_rtd\\_coronavirus-research-projects-overview.pdf](https://ec.europa.eu/info/sites/info/files/research_and_innovation/research_by_area/documents/ec_rtd_coronavirus-research-projects-overview.pdf)

EU-supported research and innovation projects and initiatives: [https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation\\_en](https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation_en)

COVID-19 data sharing platform: <https://www.covid19dataportal.org/>

The European Union Clinical Trials Register: <https://www.clinicaltrialsregister.eu/ctr-search/search?query=covid-19>

are impressed with what has been started and launched in a short time with COVID-19. The close cooperation between the Commission and Member States is an indispensable part of Norway's strategy to combat COVID-19 nationally and globally.

#### Europe's Beating Cancer Plan and Mission on Cancer

Head of Unit, E2 – Combatting Diseases, DG RTD, updated participants on the progress of the Mission on Cancer and handover of the Mission outline to the Commission on 22 September 2020 during the Research and Innovation Days. She stressed the citizen engagement and Board Members' Ambassador activities, which generated useful feedback on the Mission outline.

**Portugal** thanked the Cancer Mission Board for their work to date and reminded that the primary use of the Mission budget should be on research and innovation activities, in line with the goals and objectives of Horizon Europe. Actions more directed to policy and implementation must attract funding from other sources in order to achieve the ambitious goals set for the Mission on Cancer. This was echoed by **France** and **Denmark**. The synergistic nature of the actions helping Member States tackle cancer was stressed. Horizon Europe funds will be targeted to the research dimension, and policy measures discussed at both EU and national levels, with contributions from different funds and programmes.

Further questions were raised regarding the role of the Cancer Mission Board and the role of Norway, to which the Commission responded that the Cancer Mission Board acts as an independent scientific advisory board to the Europe's Beating Cancer Action Plan, and that Norway is included.

In response to a question from **Germany** on the role of the Mission Board in drafting the Work Programme, foreseen for adoption in spring 2021, it was confirmed that the Cancer Mission Board has an advisory role by suggesting priorities; while the comitology process is followed. Regarding the monitoring and evaluation of the cancer actions, key performance indicators are planned for the monitoring of the implementation of all missions. **Germany** asked how synergies with partnerships would be created, to which the Commission responded that the synergy potential was clear, so partnerships would contribute to the Cancer Mission. **Malta** informed participants of the upcoming citizen engagement event on 07 October 2020.

Cancer Team Leader, DG SANTE, presented the Europe's Beating Cancer Plan and its planned adoption by the end of 2020. He explained that stakeholder consultations were almost complete and then thanked Member States for their input. Consultation with the Special Cancer Committee of the European Parliament may take place in October, and discussions with the Senior-level Working Party on Public Health are planned under the German presidency.

Head of Unit, C1 – Health promotion, disease prevention, financial instruments, DG SANTE, presented a possible format and mandate for a temporary subgroup on cancer under the SGPP. It would provide advice to the Commission on achieving complementarity between actions of the two flagship initiatives – Europe's Beating Cancer Plan and the Horizon Europe Cancer Mission – in order to ensure synergies and further cooperation with Member States and regional activities.

The formal governance mechanisms of both EU4Health Programme and Horizon Europe will be respected, and the subgroup would advise the Commission before work plans were drafted. Nominated experts from the Health and Research ministries would sit, with additional experts on an ad hoc basis. The subgroup would be co-chaired by SANTE and RTD, but other DGs of the Commission and EU agencies may send representatives to attend meetings.

## DISCUSSION

Following a presentation of a possible format and mandate of a cancer subgroup of the SGPP, which would be composed of members both nominated by the SGPP and the subgroup on cancer of the Shadow Strategic Configuration of the Horizon Europe Programme Committee, Member States delegates were asked to provide their views on the potential mandate of such a group.

**France** asked if the Cancer Mission would be responsible for the research element of the Europe's Beating Cancer Plan, to which they were informed that the remit is intended to be broader, as a continuum of actions including creating synergies and complementarities.

**Spain** confirmed their support for setting up of the new subgroup, and asked for clarification about the governance of the EU4Health programme and potential duplication of activities and meetings that must be avoided with the established groups and committees. Spain concluded by asking for further clarification about the proposed group, its specific objectives and mandate, how many members are expected and how the reporting will be implemented in order to establish a formal opinion. **Denmark** and **Portugal** supported the concerns voiced by Spain, as did **The Netherlands** who agreed that duplication and overlap need to be prevented. **Ireland** also requested written information of the mandate of the subgroup, with definition of roles and responsibilities and details of how they would interact and engage with the Member States.

The Commission responded that there will be full transparency of governance by the committees in charge of relevant programmes, and that it will still be the Commission preparing the work programmes via comitology. It was also noted that there was no intention to hold more meetings than necessary. As the intention is to create synergies and the same issues are discussed by ministries of both health and research, joint meetings are required. **Denmark** added that they regard the comitology process as not just about adopting propositions put forward by the Commission, but also as a collaborative effort upstream.

**Croatia, France, Slovenia** and **Hungary** welcomed the idea of establishing a subgroup and the potential mandate.

**Germany** noted that as the Europe's Beating Cancer Plan has yet to be adopted, there is a lack of clarity on its implementation, so they suggested postponing any in-depth discussion on the future mandate of the SGPP sub-group on cancer to next year. This was echoed by **Denmark**. The Commission responded that the current meeting was to introduce the concept and then to reflect, followed later by a presentation of a draft mandate for further discussion.

**France** noted their support for the integrated and transversal approach across the disease pathway, with research (embedded in public health actions) bringing the most needed evidence to support public health action, resulting in high-level impact.

**Germany** invited participants to a high-level conference on cancer research "Europe: Unite against Cancer"<sup>4</sup>, under the German Presidency, taking place on 13 October 2020.

The Commission thanked participants for their comments, which are very helpful in drafting the potential mandate of subgroup.

### Preparing Partnerships under Horizon Europe

The Commission provided an update on the Horizon Europe Partnership on the Transformation of Health Care Systems. The presentation reiterated the benefits of coherence and complementarity of evidence-based health system policies on the one hand, and policy-informed health systems research on the other hand. The objective is

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<sup>4</sup> <https://www.dekade-gegen-krebs.de/register>

to mobilise support and joint activities from interested Research and Health Ministries. The general objective is to ensure the transition towards more sustainable, resilient, innovative and high-quality people-centred health and care systems and the regional dimension is very important in Member States. Member States were reminded of the political and financial commitment, amongst others, and that interested parties would benefit from inputs as well as outputs. The composition of partners was outlined and the types of activities to be funded; the vast majority will be research and innovation actions with support to governance. Support actions would be, for example, training or sharing good practice.

## **DISCUSSION**

The Chair gave the floor to Member States to present their opinions on the potential of the Partnership to address national and/or regional priorities in health and care; (2) their interest to engage in this Partnership; (3) how Member States could take up and absorb the Partnership's results.

**Denmark** and **Germany** asked whether it had yet been decided whether the Member State contributions would follow the hybrid model of cash and in-kind. The Commission replied that this had not yet been fixed and that inputs from Member States were being considered. It was noted that a mixed activities approach (launching external calls and carrying out in-house research) previously lacked successful implementation. **France** noted their support for hybrid models for partnerships.

**Finland** asked for information on how the Health Cluster and other partnerships could benefit from Horizon Europe funding under Next Generation EU. In reply, it was stressed that the manner in which funding will be distributed is currently being discussed in the Council and that it is not yet decided if one particular aspect of Horizon Europe will benefit or not.

**Malta** commented that they have recently finalised a national consultation on all of the partnerships and are currently in the process of presenting the results at the political level. They asked for information on the regional aspect of the partnership and the type of regional activities foreseen, to which the Commission replied that it would soon be addressed and that reflection from both the Commission and Member States would be incorporated into the strategic agenda and governance.

**Denmark** noted their support and interest in this partnership, but was cautious regarding firm commitments for seven years, not least because the regions have not yet been formally consulted as to their ability to co-fund. They noted that Horizon Europe will have many partnerships, but that funding was limited and long-term commitments complex. **Belgium** echoed the comments and asked if conditional commitments could be made by 15 October. The Commission suggested that this issue could be more for national level discussion.

**Spain** agreed that partnerships have the potential to address their priorities on health and care, however they will indicate later which objectives take priority and by which mechanism they will absorb and implement the results of this partnership at national and/or regional level.

**Italy** will send in their response soon but emphasised that the Commission needs to do research on health systems, as the translator of the innovation to the patient is the health system, as exemplified by the current pandemic. **Norway** supported what had been said by Italy. They also consider partnerships to be very important and intend to participate. Regarding which of the five objectives to support, there is general support for all, but then priorities need to be assigned.

**Slovenia** warmly welcomed the initiative and indicated their support. **The Netherlands** indicated their positive view to the partnership and asked for updated information on the

ERA4Health partnership. **France** commented that outcome research/ implementation research is absolutely a field to be explored in the partnership.

The Commission stressed the importance of partnerships, for example for transfer of new knowledge from research to implementation. It was noted that those who steer health systems at national or regional levels need to be involved from the start. A policy officer, Unit B1 – Performance of national health systems, DG SANTE, spoke of pushing forward the transformation of healthcare systems, and helping stakeholders to further knowledge and capacity. He outlined a range of actions foreseen, including a living lab pilot, which would collect evidence, including operational aspects, then multiply and disseminate this evidence. The aim is to be able to reorganise health systems in an accessible, resilient and effective way in the future and to integrate innovative technologies that are currently being developed.

#### Topics for future joint meetings

Participants were invited to identify topics for future joint meetings. **Norway** suggested the implementation of the new EU4Health programme. **Italy** also believed that an update on the EU4Health Programme would be desirable, as well as adverse events related to anti-tumour drugs and how to manage and prevent them. **Finland** noted the relevance of the Cancer Mission and partnerships at a later stage. The Commission invited participants to submit further topics in writing.

#### Conclusions and Next Steps

The meeting was concluded by thanking participants for their valuable and enriching input.