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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health promotion, disease prevention, financial instruments

Meeting Minutes

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

Virtual meeting, 10 September 2020

Introduction and adoption of agenda

On 10 September 2020, the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (hereinafter – the Steering Group), held a virtual meeting, chaired by the Director of Public health of DG Health and Food Safety (SANTE).

The representatives of 25 EU Member States and Norway attended the meeting together with a number of Commission services, and agencies[1].

The Chair welcomed participants.

The agenda of the Steering Group was adopted without any comments.

Europe's Beating Cancer Plan and Mission on Cancer

The Chair introduced the agenda point by informing the Steering Group about the Europe's Beating Cancer Plan and its planned adoption by the end of this year, updates on the Mission on Cancer were given as well, including the suite of stakeholder engagement events which took place across Europe during the summer. Consultations with the Special Cancer Committee of the European Parliament on the Cancer Plan are expected in early October. The Steering Group was then updated on results of the Member States survey which was undertaken during July and August. The purpose of the survey was to understand Member States' priorities in cancer and to gain insight into the types of actions/support/contribution the Member States consider part of an EU-level response. All four main pillar areas were considered as a high priority, being prevention, early detection and diagnosis, treatment and care, and quality of life for patients and survivors. There then followed a rich tour de table and discussion on particular national priorities and how the European approach complemented national activities, for example

[1] Directorates-General represented included Energy, Employment, Social Affairs and Inclusion, Environment, Research and Innovation, Reform, Economic and Financial Affairs, European statistics, Agriculture and Rural Development, 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, European Centre for Disease Prevention and Control and Consumer, Health and Food Executive Agency, and European Investment Bank.

when it comes to national initiatives to develop a survivorship passport for children in the digital health record. Issues related to health literacy, personalised care, necessary improvements in palliative care, and the potential use of artificial intelligence in better sharing and use of health data and creating new care models, and better links between cancer screening data and cancer registries were also raised and discussed. Equity of access was particularly important for Member States.

Director, Quality of Life, DG ENV, added that the European Environment Agency is imminently publishing 'Healthy Environment and Healthy Lives'[2], citing an estimated 254.000 annual cancer cases in the EU due to all forms of pollution. She also stressed that the findings in the report bind closely with the Europe Beating Cancer Action Plan. In addition, a link was noted between anti-microbial resistance and the need to tackle this at source by reducing the use of pesticides/fertilisers and antibiotics in agriculture, animal farming and aquaculture (also related to the targets established in the From Farm to Fork and Biodiversity Strategies) complemented by securing 'cleaner' production, use and disposal of pharmaceuticals in which context she referred to the 2019 Strategy on Pharmaceuticals in the Environment[3] and the upcoming pharmaceutical strategy for Europe.

Representation of the Joint Research Centre spoke of joint activities with DG SANTE, e.g. European guidelines on cancer, determining how cancer could be integrated in the nascent European Health Data Space, and the new Knowledge Centre on Cancer, endorsed by Commissioner Gabriel. This centre will be managed by the JRC together with DGs RTD and SANTE and will work with other national/European stakeholders to incorporate input and share knowledge, bringing together scientific and technical information without overlap.

The vast majority of Member States have now submitted their feedback and identified their priorities. The Steering Group was reminded to submit any additional inputs by 21 September in order to feed discussions at future SGPP meetings.

DISCUSSION

The Chair gave the floor to members of the Steering Group to present their national priorities (if not already submitted via the survey) as well as to indicate:

1: *The two top priorities in each pillar of the cancer plan. If possible, there should be a reasonable balance between areas and actions concerning EU competencies (e.g. prevention- tobacco legislation, pesticides, health and safety at work) and areas of Member State competence, which could be supported by EU action (e.g. screening guidance, new legislation on right to be forgotten etc.)*

2: *If relevant, and based on the information on the survey findings, if MS delegates see any major gaps in the description of national level reflections, which need to be emphasised more.*

There then followed a rich tour de table and discussion on particular national priorities and how the European approach complemented national activities.

Cyprus indicated that the proposed priorities match national priorities. Under the Treatment pillar, they propose to have national cancer institute for a holistic approach to cancer and under Quality of Life, they focus on survivorship, especially for children and

[2] https://www.eea.europa.eu/publications/healthy-environment-healthy-lives
[3] https://ec.europa.eu/environment/water/water-dangersub/pdf/strategic_approach_pharmaceuticals_env.PDF

young adults. European actions are particularly important. A fuller submission will be made in writing.

Greece outlined the main points of the upcoming five-year national action plan for public health and the planned national action for palliative care. They particularly favour the centre of excellence in each country, which should focus the research effort. A fuller submission will be made in writing.

Romania noted that early detection and screening for specific cancers were priorities under the Diagnosis pillar, and under Prevention, links to the risk factors of alcohol, tobacco and the environment. They wished the EU to take leadership and to proactively address vaccination, especially for human papillomavirus (HPV) and Hepatitis B (HBV). They supported alignment with the European Green Deal and the From Farm to Fork strategy, and for the Commission to help Member States implement these at the national level. Regarding the Treatment pillar, they placed an emphasis on equity for the availability and affordability of medicines and therapy, as well as access for children to new and novel treatments. They were requested to submit this information in a written form.

Malta explained that national activities address risk factors and that they support the proposed policymaking and implementation. Under the Diagnosis pillar, they favour further development of methodologies, and particularly screening for colorectal cancer; under the Treatment and care pillar, access to medicines is a priority, as well as limiting invasive treatment and more shared international clinical research; under Quality of Life, the priority is young cancer patients. They emphasised equity of access across the four pillars. A fuller submission will be made in writing.

Poland noted that their National Cancer Plan overlaps with EU plans, and that HPV vaccination in Poland is now starting. They identified priorities at the European level: for science and innovation, enable trans-border clinical trials to decrease inequalities; and enable centralisation of treatment of selected cancers and standardisation of pathological and diagnostic reviews, including digitisation aspects, i.e. improvements of cancer care systems. A fuller submission will be made in writing.

Norway noted that under the Prevention pillar health promotion and public measures to influence healthier choices (e.g. through taxation on unhealthy food) were priorities. They support action on the risk factors of tobacco and environmental pollution. A priority for Norway is early detection, and they support improved links between cancer screening data and cancer registries, which could be supported by joint EU actions, for example the use of artificial intelligence in treatment, and better sharing of the health data of cancer patients. They commented on digitisation resulting in new care models, e.g. telehealth, and supported a stronger focus on both palliative care. A fuller submission will be made in writing.

Austria had already submitted priorities but added the need for focus on health literacy which is increasingly seen as a relevant health determinant. Health literacy is relevant for engaging people in prevention, early detection, treatment and recovery. Public health and healthcare systems can do much to make necessary information easily available, to provide clear and trustworthy information, and to strengthen the quality of personal communication in healthcare, the latter being of importance for treatment adherence and mental health and wellbeing of cancer patients. Austria is developing a survivorship passport for children in their digital health record; they were asked to send a link to this to the Commission.

Spain indicated that their earlier submission had been considered in the final iteration. The proposed priorities coincide with national priorities. They suggested more emphasis on palliative care, especially for children, due to current inequalities.

Bulgaria noted that their approach to the Prevention pillar matched that of Estonia, with a 'Health in all policies' approach. For Screening, personalised medicine is very important; artificial intelligence can be very pertinent, but it is not for every Member State, and countries should learn from each other. A fuller submission will be made in writing.

Finland indicated that under the Prevention pillar all risk factors are a priority as well as health promotion and that work-related risks are important. The EU can have good added value in this area. Regarding equity, investigate the differences and possibilities between different socio-economic groups to prevent cancer. Access to care is very important as is quality of life. For early detection, screening and implementation, and treatment and care are priorities. They recommended sharing best practice and data between Member States, as all recommendations require a solid basis in data. Palliative care, neglected in many countries, also needs improvement. A fuller submission will be made in writing.

Portugal indicated that their main priorities were: (1) Prevention pillar - tobacco, decrease of alcohol consumption, nutrition and obesity control (policies that promote healthy eating habits), promotion of physical activity (European initiatives anchored to healthy lifestyle promotion), environmental hazards (they indicated a need to promote measures to regulate and limit environmental exposure to carcinogenic agents), vaccines (policy recommendations for universal vaccination against human papillomavirus and viral Hepatitis B (HBV) should be supported across the EU); (2) cancer screening (development of a European monitoring mechanism for such screening programmes); (3) Treatment (to promote efficient cancer treatment in Europe. the focus should be on promotion and development of organisational best practices together with the implementation of standardised performance indicators of high value, high quality, cancer care delivery by individual states); (4) survivorship care, quality of life for cancer patients and caregiver support; and (5) information, research and knowledge. The goals and instruments described in the Roadmap document are supported by Portugal.

Estonia is developing a national plan and cannot submit input until this national plan is adopted.

<u>Implementation of best practice and research results</u>

The representative of the Joint Research Centre informed the Steering Group on the initial results from the survey of national priorities for public health in Member States, undertaken in order to identify the top priorities for best practices to be selected for implementation in 2021-2022. A clear explanation was given of the methodology used to identify the key areas for best practice, which was widely accepted by Member States. The top three priorities were identified as anti-microbial resistance, cancer, and access and availability of medical products, followed by prevention of non-communicable diseases (NCDs). The threshold of four priorities was identified by the number of votes from Member States; after the top four priorities, the number of votes decreased substantially. It was noted that Action Plans at the European level already exist for the top three identified priorities. After the priority assigned to prevention of NCDs, the next three priorities relate to risk factors on tobacco, environment and obesity. It was suggested that for NCD prevention, Member States may wish to focus on risk factors, which would also include the following three on the priority list. There was broad

agreement, but requests for the NCD priority to be regarded as an 'umbrella' not just for the three identified risk factors but also to include, for example, alcohol. Lessons learnt from the Covid-19 pandemic were also to be included. It was opined that rare cancers would require continued European support. The issue of mental health and substance abuse was raised, and it was suggested to host an additional meeting for the SGPP on the health-related aspects of the EU's Drugs Committee and Drugs. The priorities will be honed further and agreed later with the SGPP.

When the Steering Group was asked if subtopics on prevention of Non-Communicable Diseases should be preselected or whether an open call for best practice in all possible topics would be a better approach, the latter was preferred by a majority of Member States that commented, and with a possible emphasis on the effectiveness of best practice. DG SANTE emphasised that there would not be duplication of existing action plans, rather complementing the strategies by using the SGPP for identification and transfer of specific best practice, then evaluation and eventual selection by Member States of which practices to implement in the period 2021 and 2022 as a start.

Finally, the Steering Group was updated on the programming for the Horizon Europe Programme.

DISCUSSION

The Chair gave the floor to members of the Steering Group to present their opinions on the following two questions:

1: Do you agree focusing on the first four priorities?

2: Do we preselect subtopics on NCD prevention OR do we organise an open call for best practices in all possible topics?

Italy agreed with the first priorities but suggested not considering NCD separately, rather to link them with risk factors and to use concrete actions from good practices already developed, e.g. from the CHRODIS PLUS project[4]. **Slovenia** agreed with this and added that based on the ranking and most common risk factors for NCDs, it would make sense to choose the priorities: tobacco, environmental determinants, overweight and obesity and alcohol. They also suggested to set criteria for evaluation of practices, so that shared best-practices are based on evidence. **Austria** echoed the statement from Slovenia and stressed that work should not be duplicated. They supported the notion of NCD as an 'umbrella' to include other sub-topics. They also noted that rare cancers require continued EU funding. **Belgium** supported this approach, and stressed that the focus should not be too narrow. Belgium also stressed that lessons learnt from Covid-19 should be included, which was echoed by Germany, Spain and Portugal. **Germany** stressed that pre-empting the EU4Health Programme was to be avoided, thus they welcomed the results in principle, but wished to know more about the proposed implementation. They noted that the survey covered priorities and not best practice proposals, so they supported first a common problem analysis then tackling best practice, with a clear European added value. **Spain** agreed with the first four priorities and suggested including mental health additionally. They added alcohol to the risk factors, as did Sweden. Spain supported an open call, and agreed with Italy about using existing best practice, e.g. the aforementioned results from the CHRODIS PLUS project. **Portugal** supported the approach on priorities, and for the second question preferred an open call with a broad approach to be able to

[4] http://chrodis.eu/

include, for example, health literacy. Sweden supported the Slovenian approach, as well as the Austrian and Belgian notion of NCD as an 'umbrella'. Regarding the second question, they preferred preselection due to common problems in Europe, where knowledge and evaluations already exist. **Norway** also supported preselection.

It was stressed by the Commission that the discussions in the SGPP are without prejudice to the ongoing inter-institutional governance discussions on the new EU4Health programme taking place in the Council and European Parliament.

Conclusions and Next Steps

The meeting was concluded by thanking participants for their valuable and enriching input and reminding them of the next meeting, to be held virtually on 02 October 2020. This will be a joint meeting of 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. It will include first discussions on the mandate for a possible SGPP subgroup on cancer.