



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health promotion, disease prevention, financial instruments

Healthier Together – EU NCD Initiative

The EU NCD Initiative addresses five strands: a) cardiovascular diseases, b) diabetes, c) chronic respiratory diseases, d) mental health and neurological disorders, e) health determinants.

Contribution from health stakeholders is essential to gather:

1. **priorities for action** in each of the above-mentioned strands;
2. **examples of effective policies, best practices, promising approaches**, innovative actions (to be put for consideration of Member States) to effectively address priorities;
3. the **field of work of stakeholders** and actions that stakeholders can do in collaboration with public health authorities and other parties.

Stakeholders may also wish to provide general comments (on the structure of the approach, information gaps, recommendations for better supporting stakeholders, etc.).

How to contribute

You can provide input –or revise and add to your previous input– at any time until the end of the drafting process of the EU NCD Initiative, expected by June 2022.

However, contributions will be particularly appreciated before the webinars, to feed the debate.

When you are ready to do so,

1. Download the document from the Health Policy Platform;
2. Introduce your input; please be concise;
3. Save and send the document to info@euhealthsupport.eu;
4. Revise and resend the document in case you wish to update your input. The previous version will then be replaced.

We may contact member of the Health Policy Platform NCD Stakeholder Group for clarifications. Unless you disagree, responses will be uploaded to the Health Policy Platform and thus readable by other network members. For that reason, please do not include personal information (e.g. names and contact details) in your document.

Calendar

Stakeholders' webinars

- 3 February
- 17 March
- 27 April
- 3 June

Member States' webinars

- 28 January
- 3 March
- 8 April
- 19 May

You will receive a notification when new materials are available at the Health Policy Platform, including summaries and drafts of the EU NCD Initiative and/or new questions for stakeholders.

https://ec.europa.eu/health/non_communicable_diseases/overview_en

Stakeholder input

1. Please provide the **name of the organisation** you represent.

Individual names will not be disclosed; the list of responding organisations may be published.

European Public Health Alliance (EPHA)

2. On which strands of the EU NCD Initiative would you like to comment? Please select all that apply.

- Health determinants
- Cardiovascular diseases
- Diabetes
- Chronic respiratory diseases
- Mental health and neurological disorders

You can then fill in the relevant sections below. If you only fill in one section, please add any general comments you may have in the closing section.

Health determinants

1. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible. You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

The priorities presented below concern horizontal supportive actions for tackling the risk factors for non-communicable diseases (NCDs). They derive primarily from a joint paper produced by ECDA, EPHA and NCD Alliance in 2019 "[Towards an EU strategic framework for the prevention of NCDs](#)", which sets out basic principles, priorities and actions to maximise EU's added value in tackling NCDs, the 21st century's foremost threats to health and well-being.

| | Priorities | Rationale | References |
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| 1 | Support the implementation of WHO 'Best Buys' and other recommended interventions | <p>The WHO "Best Buys and other recommended interventions" are a collection of best-practice policies to tackle key NCD risk factors, featuring measures on price, advertising, labelling, availability and awareness raising.</p> <p>The European Commission should, with the core participation of the WHO Regional Office for Europe, compile, and where relevant adapt for the EU context, a set of technical toolkits laying-out the various options linked to the implementation of 'best buys' policies in Member States.</p> <p>Considering that a main reason for the limited progress achieved so far in NCD prevention policies is the interference of vested commercial interests, the Commission should, as a priority, initiate a discussion with Member States and take the lead in developing a standalone document with specific guidance to Member States on how to protect NCD prevention policy development, implementation, and evaluation from such industry interference.</p> <p><u>Deliverables:</u></p> <ul style="list-style-type: none"> • A set of technical toolkits setting out different design options for the national implementation of each of the policy measures included in the WHO 'best buys', tailored to the EU context. • A list of 'impact indicators' that Member States can use to support progress monitoring. • A mechanism for periodically analysing gaps in NCD policy at EU level and initiating legislative procedures where needed, possible and appropriate. • A risk assessment on the occurrence of conflicts of interest across EU institutions and an action plan with measures to prevent undue influence by vested interests over policy-making processes. | <p>World Health Organization. (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. World Health Organization. https://apps.who.int/iris/handle/10665/259232.</p> <p>ECDA, EPHA, NCD Alliance (2019) Towards an EU strategic framework for the prevention of NCDs https://epha.org/joint-paper-i-towards-an-eu-strategic-framework-for-the-prevention-of-ncds/</p> <p>WHO. Commercial determinants of health. Key facts https://www.who.int/news-room/factsheets/detail/commercial-determinants-of-health</p> |

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| | | <ul style="list-style-type: none"> • A standalone document with specific guidance to Member States on how to protect policy development, implementation, and evaluation from the interference of industries whose actions negatively affect people’s health (commercial determinants of health). This document should seek political buy-in from Member States and include a system of progress-reporting on the implementation of national approaches in this area. | |
| 2 | Design EU financial instruments to support national investment in NCD prevention programmes and measures | <p>Recognising the excellent rates of return on investment of public health measures, a process should be initiated To design innovative financial support instruments and incentives to overcome the current barriers to investing in prevention.</p> <p>The European Commission should convene expertise, including from the European Investment Bank and World Bank, as well as other relevant organisations to identify barriers and explore tools to unleash additional investment in prevention.</p> <p>This process, which could draw on the High-Level Expert Group on Sustainable Finance, should also explore options under the European Semester process, such as increasing opportunities for national investments in prevention measures and health systems, and improving possibilities under the Structural and Cohesion funds to finance public health programmes.</p> <p><u>Deliverables:</u></p> <ul style="list-style-type: none"> • A cross-sectoral expert group on Financing for Health, which will assess and propose different options to enhance societal returns on investment by increasing programmes to fund NCD prevention. | <p>Masters et al. (2016) Return on investment of public health interventions: a systematic review. BMJ Journal of Epidemiology and Community Health https://jech.bmj.com/content/71/8/827</p> <p>ECDA, EPHA, NCD Alliance (2019) Towards an EU strategic framework for the prevention of NCDs https://epha.org/joint-paper-i-towards-an-eu-strategic-framework-for-the-prevention-of-ncds/</p> |
| 3 | Elaborate a pan-European system for data collection, policy evaluation and accountability | <p>Although significant efforts are made to collect health data in the EU, the existing gaps in the availability of relevant and comparable data remains a barrier to assessing the full implications of NCDs for individuals, communities, healthcare systems and economies.</p> <p>The lack of data prevents researchers and governments from assessing the impact and effectiveness of NCD policies, programmes and treatment on different population groups. Also, data on health proxies, such as trends in risk factors like consumption levels of various products, is often not available in sufficient detail in a standard, comparable and accessible format.</p> <p>Furthermore, while health determinants are key risk factors for NCDs, current research also needs to focus on better understanding why some health determinants and risk factors affect some patients more than others. A research paradigm focused on health resilience will examine why</p> | <p>ECDA, EPHA, NCD Alliance (2019) Towards an EU strategic framework for the prevention of NCDs https://epha.org/joint-paper-i-towards-an-eu-strategic-framework-for-the-prevention-of-ncds/</p> |

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| | | <p>different patients respond differently to the similar health determinants.</p> <p>The European Commission, drawing on expert advice, should identify gaps in existing data and data collection methods, financially support data collection and host an EU-wide health data system with registries for NCD incidence, prevalence, health outcomes, costs and key indicators on risk factors.</p> <p>The option to ensure accessibility to industry sales data for research purposes should be considered as a low-cost option to improve data availability. In synergy with the establishment of such healthy data system, effort should be made to elaborate new policy evaluation tools, such as complex and system evaluation methodologies, in order to assist researchers and governments in better evaluating what policies and actions work and why, and especially to better assess the combined effects of multiple interventions.</p> <p><u>Deliverables:</u></p> <ul style="list-style-type: none"> • An EU-wide system for health data collection and information sharing containing registries for key NCD indicators. • An extensive study putting forward methodologies for new health policy evaluation tools. • A health-oriented research programme supporting the implementation of public health policies that intervene at the earliest stage to raise patients’ resilience, prevent NCDs at all stages of life and find better ways to approach multimorbidities. | |
| 4 | <p>Launch a ‘Health in All Policies’ online policy portal</p> | <p>Health in All Policies (HiAP) is an approach to policy-making that systematically takes into account the health and health-system implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. The obligation to mainstream a high level of human health protection in all policies, effectively the HiAP approach, is an integral part of the EU’s mandate. Based on the founding Treaties, the EU is obliged to ensure “a high level of human health protection” in the “definition and implementation of all Union policies and activities.</p> <p>The NCD Initiative needs to renew and strengthen commitment to HiAP. To operationalise this commitment an online portal should be launched introducing several strategic tools for the benefit of policy-makers, researchers and civil society. In particular, this portal should provide an overview of ongoing health-relevant policy files, promote improved impact assessment methodologies and practices, and ensure compliance after EU policies are adopted.</p> | <p>ECDA, EPHA, NCD Alliance (2019) Towards an EU strategic framework for the prevention of NCDs https://epha.org/joint-paper-i-towards-an-eu-strategic-framework-for-the-prevention-of-ncds/</p> |

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| | | <p><u>Deliverables:</u></p> <ul style="list-style-type: none"> • A 'Health in All Policies' online policy portal, which should: <ul style="list-style-type: none"> – Present an overview of ongoing, health relevant initiatives in all policy areas – Publish the results of all health impact assessments and provide the opportunity for continuous improvements in methodology; – Monitor national implementation of health-related policies to promote better compliance with EU health-related policies. • An updated methodology for health impact assessment and a process for regular updates to the methodology. | |
| 5 | <p>Support institutional coordination on health and well-being</p> | <p>Considering the strong interconnections between the NCD prevention agenda and other policy areas, adequate institutional alignment needs to be ensured, both at European and national levels.</p> <p>The European Commission should support national health ministries in exploring how to ensure structured coordination between national public health and other authorities in policy areas of common interest. This could be through sharing best practices and methodologies for formalised inter-institutional coordination mechanisms to ensure health authorities can meaningfully contribute to policy development in all relevant areas.</p> <p><u>Deliverables:</u></p> <ul style="list-style-type: none"> • A process for exchange of best practices on governance structures for inter-institutional coordination. | <p>ECDA, EPHA, NCD Alliance (2019) Towards an EU strategic framework for the prevention of NCDs https://epha.org/joint-paper-i-towards-an-eu-strategic-framework-for-the-prevention-of-ncds/</p> |

2. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible. You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost/effectiveness, or why it should be tried as a novel option with high impact).

| | Effective policies, best practices, promising approaches or innovative actions | Rationale | References |
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| 1 | Regulate to protect children from the marketing of nutritionally poor food | <p>The EU has recognised the marketing of unhealthy food as a major public health concern for over 15 years. More recently, the EU has also acknowledged that the marketing of unhealthy food has significant implications for children’s rights.</p> <p>Only through the adoption of EU-wide legally binding rules protecting all children from exposure to all forms of cross-border unhealthy food marketing, will ensure that children’s best interests are upheld as a primary consideration.</p> <p>The EU has extensive powers to regulate all forms of cross-border marketing to improve the functioning of the internal market, whilst ensuring a high level of public health, consumer and children’s rights protection, in line with the EU Treaties and the EU Charter of Fundamental Rights.</p> <p>Regulation should include:</p> <ol style="list-style-type: none"> ending the marketing of nutritionally poor food between 6am and 11pm on broadcast media, including television and radio; ending the marketing of nutritionally poor food on digital media, including social media and video sharing platforms; ending the sponsorship by food brands of events with cross-border effects, including sports and cultural events, such as festivals, unless brands can prove that such sponsorship is not associated with nutritionally poor food; and ending the use of marketing techniques appealing to children for the promotion of nutritionally poor food, including on food packages. In particular, influencers and other personalities shall not promote nutritionally poor food. | <p>World Health Organization (2018) Evaluating Implementation Of The Who Set Of Recommendations On The Marketing Of Foods And Non Alcoholic Beverages To Children - Progress, challenges and guidance for next steps in the WHO https://www.euro.who.int/data/assets/pdf_file/0003/384015/food-marketing-kids-eng.pdf</p> <p>Directive XX/XXXX of the European Parliament and of the Council XXX on the approximation of the laws of Member States on the protection of children from the marketing of nutritionally poor food https://epha.org/regulate-food-marketing/</p> <p>Spanish government: Consumo regulará la publicidad de alimentos</p> |

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| | | The recent announcement in Spain to comprehensively regulate unhealthy food marketing and the similar process in the United Kingdom are important examples to consider. | <u>y bebidas dirigida a menores</u> UK Government: <u>Introducing further advertising restrictions on TV and online for products high in fat, salt and sugar: government response</u> |
| 2 | Regulate to protect youth from the marketing of new tobacco products | <p>New tobacco products and forms of advertising, promotion and sponsorship have created implementation and monitoring challenges. Gender, education, current use of tobacco and related products, and age were associated with noticing advertisements and promotions. Young people are seen as the target of many advertisements, although current use of products was more of a predictor of appeal than age. Concluding lessons and recommendations concern gaps in the current regulatory framework, implementation / application challenges, as well as compliance challenges.</p> <ul style="list-style-type: none"> • Expanding tobacco advertisement, promotion and sponsorship ban to all tobacco products and related devices with no exceptions. • Adopting display ban of tobacco products in points of sales. • Ensuring enforcement the enforcement of the ban on tobacco advertisement, promotion and sponsorship in social media. | <p>Study on smoke-free environments and advertising of tobacco and related products (2021) https://op.europa.eu/en/publication-detail/-/publication/68ce81fc-5d55-11ec-9c6c-01aa75ed71a1/language-en</p> |
| 3 | Regulate alcohol marketing and availability | <p>Exposure to alcohol marketing is associated with earlier drinking initiation among youth and a greater intensity of drinking among those already drinking, as well as drinking initiation by groups of previous non-drinkers.</p> <p>Reducing alcohol marketing is an important tool in preventing and reducing alcohol harm. Recommended regulations:</p> <ul style="list-style-type: none"> • Implement a complete ban on the marketing of alcoholic beverages in all media, including digital media. • In cases where a complete ban is not feasible, implement media-specific bans in spaces where the audience includes children and adolescents, such as television, billboards, sports and social media. • Where alcohol marketing is permitted its content should be restricted to only allow references to the qualities of the products such as degree, origin, composition and means of production. <p>The more comprehensive the regulation on alcohol marketing is, the easier it will be to comply since grey areas on what is legal is heavily reduced.</p> | <p><u>SAFER - Alcohol advertising (who.int)</u></p> <p>WHO/Europe (2020) Alcohol marketing in the WHO European Region. Update report on the evidence and recommended policy actions https://apps.who.int/iris/bitstream/handle/10665/336178/WHO-EURO-2020-1266-41016-55678-eng.pdf?sequence=1&isAllowed=y</p> <p>Karlsen TH, Sheron N, Zelber-Sagi S, et al. The EASL–Lancet Liver Commission: protecting the next generation of Europeans against liver</p> |

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| | | <p>Overall, with regards to alcohol, the evidence for equitable public health policies is remarkably strong and consistent, summarised by the WHO as best buys: tax increases on alcohol-containing beverages, comprehensive restrictions on the availability of retailed alcohol.</p> | <p>disease complications and premature mortality. Lancet 2021; published online Dec 2. https://doi.org/10.1016/S0140-6736(21)01701-3</p> <p>https://doi.org/10.1016/S0140-6736(21)01701-3</p> <p>Burton R, Henn C, Lavoie D, et al. A rapid evidence reviews of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. Lancet 2017; 389: 1558-80.</p> <p>Organisation for Economic Co-operation and Development. Preventing harmful alcohol use. May 19, 2021. https://www.oecd.org/publications/preventing-harmful-alcohol-use-6e4b4ffb-en.htm</p> |
| 4 | <p>Focus on pricing policies and fiscal measures to reduce consumption of health-harmful products (tobacco, alcohol, foods high in sugar, fats and salt (HFSS).</p> | <p>Fiscal measures are among the most effective policies to reduce the consumption of health-harmful products by preventing uptake and reducing consumption, reducing health inequalities, and increasing government revenues.</p> <p>Member States and the Commission should scale-up their commitment to use fiscal measures and pricing policies for public health by:</p> <ul style="list-style-type: none"> • Ensuring higher taxes and price convergence of tobacco products between Member States and across products categories. • Introducing a category and a minimum excise tax on heated tobacco products. • Introduce a tax category and a minimum specific excise duty for e-cigarettes and e-liquids. • Introduce a tax category for row tobacco and relevant intermediate products. • Introduce tax administration mechanism to address illicit tobacco trade. • Introducing and/or increasing excise taxes and other pricing policies, such as minimum unit pricing, on | <p>Sugar, Tobacco, and Alcohol Taxes (STAX) Group (2018) Sugar, tobacco, and alcohol taxes to achieve the SDGs. The Lancet https://doi.org/10.1016/S0140-6736(18)31219-4</p> <p>Smoke Free Partnership Position Paper – Tobacco taxes save lives</p> <p>WHO Report "Alcohol pricing in the WHO European Region"</p> <p>WHO (2016) Fiscal policies for Diet and Prevention of NCDs</p> |

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| | | <p>alcohol to decrease the affordability of alcohol, while increasing harmonisation at a higher level of health protection across Europe. European rules limiting alcohol taxation based on strength should be revised.</p> <ul style="list-style-type: none"> • Introducing and/or increased excise taxes on HFSS products at national levels. Consider a framework Directive on HFSS food taxation at the EU level to support Member States. • Introducing subsidies for fruit and vegetables to improve relative prices of products. | <p>https://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/</p> <p>Pancrazi et al. (2022) How distorted food prices discourage a healthy diet. Science Advances 10.1126/sciadv.abi8807</p> |
| 5 | Introduce adequate labelling of alcoholic products | <p>To inform consumers about the risks associated with alcohol and thus empowering them to make informed decisions:</p> <ul style="list-style-type: none"> • alcoholic drinks should be covered by mandatory health warnings, such as cancer warnings, on front-of-pack label; • there should be mandatory ingredients list, nutritional information, serving size recommendations and per portion nutrition information on label. | <p>J Martin-Moreno et al, 'Enhanced labelling on alcoholic drinks: reviewing the evidence to guide alcohol policy' (2013) 23(6) European Journal of Public Health 1082. https://pubmed.ncbi.nlm.nih.gov/23657783/</p> |
| 6 | Introduce mandatory plain packaging of tobacco products for all EU countries | <p>Plain packaging is proven to be an effective public health measure to discourage tobacco use Introduce mandatory plain standardised packaging with 80% front and back pictorial health warnings for all tobacco products for all EU Member States</p> | <p>McCabe Centre for Law and Cancer The WTO Panel Report in Australia – Plain Packaging: Findings and Implications (2018)</p> <p>Cohen, J. E., Zhou, S., Goodchild, M., & Allwright, S. (2020). Plain packaging of tobacco products: Lessons for the next round of implementing countries. Tobacco induced diseases https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7670849/</p> |
| 7 | Banning characterising flavours in all tobacco products without exception | <p>In 2016 the European Court confirmed in its judgment that tobacco products containing a characterising flavour, whether that is menthol or another flavouring, have certain similar, objective characteristics and similar effects as regards initiating tobacco consumption and sustaining tobacco use.</p> | <p>Smoke Free Partnership position on the evaluation and review of the Tobacco Products Directive https://bit.ly/3JVyFJf</p> |

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| 8 | Regulating heated tobacco products | Introduce a definition for heated tobacco products and subject them to the full effect of the Tobacco Products Directive, and revise the definition and regulatory pathway of “novel” tobacco products. | Smoke Free Partnership position on the evaluation and review of the Tobacco Products Directive https://bit.ly/3JVyFJf |
| 9 | Enhance smoke-free laws | Expanding smoke free laws to ban smoking of novel tobacco products – heated tobacco products and electronic cigarettes. Working on improving compliance and enforcement by conducting capacity building for enforcement agencies and raising awareness about the danger of second hand smoke. | Study on smoke-free environments and advertising of tobacco and related products (2021) https://op.europa.eu/en/publication-detail/-/publication/68ce81fc-5d55-11ec-9c6c-01aa75ed71a1/language-en |
| 10 | Ensure full alignment of EU air quality standards with new WHO guidelines | <p>On September 22, The World Health Organization (WHO) updated its global air quality guidelines. This important document recommends air quality limits as well as interim targets for key pollutants. It provides clear evidence of the damage air pollution inflicts on human health, even at low concentrations than previously understood.</p> <p>EU air quality standards have proven to be a key instrument in reducing air pollution, yet, to protect people’s health, they must be tightened and based on the latest scientific research. The EU is currently revising its air quality standards through the European Green Deal and the EU Zero Pollution Action Plan, which include the commitment to align the current EU Air Quality Standards <i>closer</i> with WHO guidelines.</p> <p>Yet, diseases and premature deaths can be significantly reduced only by fully aligning EU standards with the 2021 WHO Global Air Quality Guidelines levels as soon as possible, by 2030 at the latest. These new EU standards must be legally binding and force national governments to act for better air quality. It is also important to further harmonise monitoring, modelling, and air quality plans in the European Member States.</p> | New WHO Global Air Quality Guidelines aim to save millions of lives from air pollution https://www.who.int/news/item/22-09-2021-new-who-global-air-quality-guidelines-aim-to-save-millions-of-lives-from-air-pollution |

3. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can do in collaboration with public health authorities and other parties?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

| | Roles | Rationale | References | Other concerned parties |
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| 1 | Civil society, health professionals and public health organisations: partners and contributors, public interest representation, health advocacy, watchdog role | <p>Independent health organisations should be enabled to play a key role as partners and contributors to implementing the priorities and policies mentioned above.</p> <p>Their role in advocating for the introduction of effective measures to reduce health harms and for highlighting the enormous financial burdens that unhealthy commodity industries place on people, governments and the EU should be recognised.</p> | | |
| 2 | Industry: ensure that vested interest do not have influence over the health policy agenda. | <p>Producers of unhealth commodities, such as the alcohol industry, have a direct conflict of interest between private profit and public health and should therefore not be consulted in the setting the health policy agenda.</p> <p>With regard to the tobacco industry, as a Party to the FCTC, the EU institutions have an obligation to take steps to protect its policy setting and law making from the commercial and other vested interests of the tobacco industry through specific measures described in WHO FCTC Guidelines Article 5.3.</p> | | <p>EU Tobacco Industry Interference Index 2020 https://bit.ly/3K6NUPS</p> |

Cardiovascular diseases

4. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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5. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

| | Effective policies, best practices, promising approaches or innovative actions | Rationale | References |
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6. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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Diabetes

7. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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8. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

| | Effective policies, best practices, promising approaches or innovative actions | Rationale | References |
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9. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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Chronic respiratory diseases

10. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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11. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

| | Effective policies, best practices, promising approaches or innovative actions | Rationale | References |
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12. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

| | Roles | Rationale | References |
|---|--------------|------------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Mental health and neurological disorders

13. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

| | Priorities | Rationale | References |
|---|-------------------|------------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

14. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

| | Effective policies, best practices, promising approaches or innovative actions | Rationale | References |
|----|--|-----------|------------|
| 1 | | | |
| 2 | | | |
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| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

15. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

| | Roles | Rationale | References |
|---|-------|-----------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Closing section

16. You may wish to add other comments (e.g. on the structure of the approach, information gaps, recommendations for better supporting stakeholders).

| |
|---|
| Comments (maximum 500 words) |
| |

Please check the boxes that apply:

- I agree that a PDF of this document is uploaded to the Health Policy Platform NCD Stakeholder Group

- I confirm that the document does not include personal information (e.g. names and contact details)

Thank you for your contribution