

# **Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan**

Interview Notes

European Public Health Alliance (EPHA)

## **Introduction.**

As a policy manager working on NCD prevention and representative of the European Public Health Alliance (EPHA), I am delighted to participate in this interview to discuss the implementation of Europe's Beating Cancer Plan (EBCP). Our organisation is deeply committed to advancing public health, promoting health equity, and addressing the multifaceted challenges posed by cancer across Europe. Through collaboration with stakeholders, policymakers, and member states, EPHA aims to drive evidence-based strategies that prioritise **prevention, early detection, and comprehensive care** to improve cancer outcomes for all.

During this interview, we will delve into various aspects of the EBCP, including the identified developments, barriers, best practices, and the potential for further strengthening the plan's objectives. As an organisation focused on health equity, we emphasise the critical role of addressing **determinants of health**, such as biological, behavioural, commercial, social, cultural, economic, political, and ecological factors, including **health equity** and socio-economic backgrounds, **access to care**, and **environmental factors**, in the fight against cancer.

Our members have provided valuable insights, emphasising the need for sustainable and comprehensive financing mechanisms that promote accessibility and affordability of cancer prevention and treatment services. They stress the importance of **data collection and sharing, coordination between international and national policies, and improved monitoring** to effectively measure the plan's progress and address potential challenges.

Furthermore, we will explore the impact of the COVID-19 pandemic on cancer prevention, care, and the quality of life for patients and survivors. The pandemic has brought to light the need for contingency plans and increased collaboration to ensure health systems' resilience and continued support for cancer patients.

As we navigate the implementation of the EBCP, EPHA calls for a comprehensive and collaborative approach, leveraging the digital dimension, and embracing innovation to address cancer's complex challenges. By understanding the determinants of health and promoting health equity, we can work towards an inclusive and effective cancer control European pathway for all.

EPHA remains committed to advocating for evidence-based policies, engaging stakeholders, and collaborating with the European Commission and member states to ensure the successful realisation of the Europe's Beating Cancer Plan, ultimately striving for a healthier and cancer-free Europe.

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1. **Technological developments:** What have been the trends in the **use of new tools and technologies** (e.g., AI, robotics, mRNA, electronic health records) for cancer detection, diagnostic and care in the last three years?

Over the last three years, there have been significant trends in the use of new tools and technologies for cancer detection, diagnosis, and care. The rise of AI in healthcare, particularly in the European cancer imaging initiative, has shown promising results in improving diagnostic accuracy and efficiency. AI applications are being used to analyse medical imaging data, aiding in the early detection of cancer and providing valuable insights for treatment planning.

One of the notable advancements in cancer treatment has been the development of mRNA-based vaccines against cancer. This innovative approach harnesses the body's immune system to target cancer cells specifically, showing potential for personalised and targeted therapies. However, it is crucial to address potential challenges related to health equity, as personalised medicine could lead to disparities in access to these novel treatments.

Investing in research and innovation is vital for pushing the boundaries of cancer care and improving patient outcomes. However, it is equally important to ensure that these advancements benefit all patients, including those from underserved, marginalised, and vulnerable populations. A comprehensive approach that combines innovation with evidence-based interventions is key to achieving better cancer outcomes and reducing health inequities across Europe.

While investments in AI and other cutting-edge technologies are crucial for advancing cancer care, it is essential to strike a balance with existing approaches that have proven effective. **Strengthening and optimising existing strategies can lead to more immediate and widespread benefits for cancer patients.** This includes prioritising interventions for primordial prevention and early detection, which can have a significant impact on reducing cancer incidence and mortality.

EPHA's position is to advocate for a comprehensive and equitable approach to cancer prevention, treatment, and care. This includes promoting the responsible integration of new tools and technologies to improve cancer outcomes while not neglecting the implementation of effective existing strategies. EPHA believes that health equity should be at the forefront of all cancer control efforts, ensuring that no one is left behind in accessing the benefits of these innovations. By focusing on determinants of health, such as social and environmental factors, EPHA aims to address the root causes of cancer disparities and advocate for policies that foster health equity and cancer prevention.

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2. **Political developments:** What has been the focus of **health policies** in the last three years and to what extent has it impacted the fight against cancer? How has the allocation of **public funding** to cancer-related policies and programmes evolved in the last three years? What recent **political developments** in the last three years have been relevant for fighting cancer?

In the last three years, health policies in Europe have focused on strengthening health systems' resilience, achieving universal health coverage, and improving access to quality care for all, particularly vulnerable populations. However, the fight against cancer has been significantly impacted by the COVID-19 pandemic, leading to disruptions in cancer services, delayed diagnoses, and treatments, and increased risks for cancer patients.

The allocation of public funding to cancer-related policies and programs has seen positive developments with increased investments in research, innovation, digital transformation, cross-border cooperation, and health workforce development. Notably, the EU4Health program's adoption has provided €5.1 billion for health actions, including cancer initiatives. Additionally, the establishment of the EU Cancer Mission, aiming to improve cancer outcomes by 2030, and the creation of the European Health Union to enhance EU coordination and solidarity on health matters are relevant political developments in the fight against cancer.

However, there have been some challenges in the implementation of health policies, particularly due to the presence of silos within different Directorates-General (DGs). This lack of cooperation and cross-sectoral approach has led to disconnects in prioritizing certain issues, as seen in tobacco prevention efforts. To ensure effective policy implementation and deconstruct these silos, **better liaison and collaboration between DGs, such as DG RTD, DG JRC, and DG SANTE, is essential.** By fostering a cross-sectoral approach, we can promote synergy between various departments and achieve more holistic and impactful health policies.

Public funding through the EU4Health program is currently co-financed, with a split of 60-80%. To maximise the impact of the program, there is a call to consider modifying the co-financing arrangement during the revision of the Multiannual Financial Framework (MFF). **EPHA hopes to increase the financing to 100% to strengthen cancer-related policies and programs.**

Concerns have been raised about the cost of cancer medicines, and **some organisations are considering joint procurement of cancer therapies to lower prices and facilitate access**, especially for smaller countries with limited negotiating power on their own. While harmonisation of pricing in Europe could be a potential solution, it requires careful consideration and evaluation. That is because it may also require developing common evaluation criteria for assessing the safety, efficacy, and cost-effectiveness of cancer drugs. Additionally, ensuring transparency, fair competition, and adherence to EU procurement rules and regulations is crucial to maintaining integrity and accountability in the process.

In conclusion, while there have been positive developments in health policies and funding for cancer-related initiatives, there are still challenges in implementation, monitoring, and evaluating the impact. Collaborative efforts, better coordination

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among DGs, and increased investment in research and innovation are crucial to further advance the fight against cancer and promote health equity across Europe.

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3. **Societal developments:** How have the trends in **lifestyle habits** (diet, exercise) and consumption of tobacco and alcohol evolved in the last three years? How has public awareness on cancer risk factors evolved in recent years?

In the last three years, there have been significant societal developments in lifestyle habits and the consumption of tobacco and alcohol, as well as changes in public awareness of cancer risk factors.

Regarding lifestyle habits, there is a concern that during the COVID-19 pandemic, the focus on public health was primarily directed towards infectious diseases, resulting in neglect of other non-communicable diseases (NCDs), including cancer. This neglect may have contributed to unfavourable trends in lifestyle habits, such as diet and exercise. Data suggests that after the pandemic, **there was an increase in alcohol and tobacco consumption, particularly among individuals from low and middle-income socioeconomic backgrounds.** These trends raise important concerns about the impact of the pandemic on health behaviours and the potential consequences for cancer risk.

EPHA and its members highlight the importance of data collection and comparative studies within and between countries to better understand these trends and develop targeted interventions. The lack of up-to-date data, such as the last EUROSTAT report on tobacco being from 2019, hinders the ability to monitor and respond effectively to changes in lifestyle habits and tobacco and alcohol consumption.

When discussing lifestyle trends, it is crucial to consider marketing and the responsibility for a healthy lifestyle. EPHA emphasises that the responsibility for health should not be solely placed on individuals but also on the broader environment in which they live. **Regulation of marketing and advertising of products that contribute to cancer risk, such as tobacco and unhealthy food, is crucial in promoting healthier choices and reducing cancer risk factors.**

Also in this context, the issue of health equity and determinants of health comes into play. EPHA stresses the importance of addressing inequities in lifestyle habits and access to healthcare. **European barometers show that less than half of the population is engaged in regular exercise,** and there is a need for more policies in Europe to improve this situation. **The prevalence of obesity, diabetes, and tobacco use is expected to rise,** highlighting the urgency for robust and equitable public health policies to address these challenges.

In conclusion, to effectively implement Europe's Beating Cancer Plan, it is essential to focus on **comprehensive data collection, addressing health inequities, and regulating the marketing and advertising of cancer risk factors.** Additionally, considering the impact of the COVID-19 pandemic on lifestyle habits and the consumption of tobacco and alcohol is crucial in developing targeted strategies for cancer prevention and control. A holistic approach that considers both individual behaviour and the broader social and economic determinants of health is necessary to achieve better cancer outcomes and promote health equity across Europe.

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4. **Other developments:** How have **occupational risks** related to cancer evolved in recent years? What are the **trends in oncology specialisation** among healthcare workers? Are there any shortages and how is it dealt with? What **other developments** in other fields in the last three years have been relevant for fighting cancer?

In recent years, there has been an increasing awareness of occupational risks related to cancer. However, there is still a lack of comprehensive data on this issue. EPHA and its members acknowledge the **need for more data to better understand and address occupational risks and exposures to carcinogens in work environments.**

At the national level, some countries have taken new measures to limit exposure to carcinogens in the workplace, such as actions on asbestos. These measures are crucial in protecting workers from potential occupational cancer risks.

EPHA emphasises the importance of **EU legislation being flexible and adaptive to evolving measurement technologies.** Limits on carcinogens and occupational risks are constantly changing as new evidence emerges. Ensuring that legislation keeps pace with advancements in technology and scientific knowledge is critical to effectively protect workers' health.

Additionally, EPHA and its members highlight the importance of considering psychosocial aspects in cancer care, especially concerning survival. Mental health and psychosocial support play a vital role in a patient's overall well-being and coping with cancer. It's essential to recognize that cancer can cause mental adversity, but equally, mental adversity may also have an effect on cancer care. Understanding this reciprocal relationship between mental well-being and cancer outcomes is crucial for providing comprehensive and effective cancer care that addresses the holistic needs of patients.

Furthermore, the COVID-19 pandemic has had significant impacts on cancer care, leading to delays in diagnosis and disruptions in healthcare services. However, it has also highlighted the importance of health data availability in various areas, including cancer care. The pandemic has accelerated efforts to improve data collection and health information systems, which can ultimately enhance cancer prevention, early detection, and patient care.

In conclusion, while there is increasing awareness of occupational risks related to cancer, it is essential to acknowledge that there is a lack of data and research in fully understanding and addressing these risks. However, this lack of data should not be an excuse for inaction; instead, it should serve as a motivation to act now. Both national and EU-level legislation should remain flexible and adaptive to advancements in technology and scientific knowledge, ensuring that occupational health is prioritized and safeguarded. Additionally, to improve cancer outcomes and promote health equity, it is crucial to invest in adequate oncology specialization and address psychosocial aspects in cancer care. Additionally, **the COVID-19 pandemic has brought attention to the importance of health data availability and its potential to enhance cancer care and other aspects of public health.** A comprehensive and data-driven approach is necessary to effectively implement the Europe's Beating Cancer Plan and achieve its objectives.

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5. **Evolution:** How are these different developments and trends expected to **evolve in the next ten years** and how are they expected to **impact the cancer control pathway** (prevention, early detection, diagnosis and treatment, quality of life of cancer patients and survivors)?

In the next ten years, several developments and trends are expected to impact the cancer control pathway in various ways. Continued investment in prevention efforts is essential to reduce the overall burden of cancer. Promoting healthy lifestyles, addressing environmental health factors like air quality, and implementing policies that discourage harmful behaviours are vital components of comprehensive cancer prevention strategies.

Advancements in personalised medicine and genetic therapy offer promising opportunities for cancer treatment. However, it is crucial to establish better regulatory pathways to facilitate the development and use of these innovations, especially for non-profit operators. EPHA and its members advocate for equitable access and affordability to these cutting-edge treatments for all cancer patients.

**Addressing commercial determinants of health, such as marketing and advertising of harmful products like tobacco and alcohol, is of paramount importance for cancer prevention.** Strengthening regulations on risk factors and reducing exposure to carcinogens will be essential to effectively combat cancer and reduce its incidence.

The COVID-19 pandemic has not been the last health crisis we will likely face in our lifetimes and has underscored the need for improved pandemic preparedness and contingencies in cancer care. Future planning should prioritise ensuring continuity of cancer services, early detection, and timely treatments during potential health crises. Robust measures need to be in place to minimise disruptions to cancer care and safeguard patients' well-being, especially in times of emergency.

Supporting people living with cancer and improving their quality of life is another crucial aspect that should be considered. **Measures to enhance the well-being of cancer survivors, such as granting them the right to be forgotten by health insurances, can help alleviate the burdens they may face and improve their long-term outcomes.** One rising trend in cancer treatment and survival is the focus on psychoncology. This indicates a growing recognition of the importance of addressing the psychological aspects of cancer care, providing patients with holistic support and improving their quality of life throughout their cancer journey.

In conclusion, the next decade holds promising opportunities for cancer care with advancements in treatment approaches and a focus on holistic support for patients. However, it is vital to address challenges such as commercial and social determinants of health and continue to invest in prevention efforts to make significant progress in the fight against cancer. EPHA remains committed to advocating for policies that promote health equity and reduce the impact of cancer on individuals and societies.



6. **Adequacy of EBCP**: To what extent do the objectives and **actions of the EBCP address the new developments** relevant to fighting cancer, and what are the gaps?

The objectives and actions outlined in the EBCP have taken into account some of the new developments relevant to fighting cancer. The EBCP addresses prevention efforts, early detection, treatment, and care, which are crucial aspects of cancer control. It recognises the need for improved access to quality cancer care and the importance of addressing social determinants of health that contribute to cancer risk.

However, **it does not properly address the importance of commercial determinants of health that contribute to cancer risk**, as mentioned above. In terms of specific areas, there is a notable absence of focus on addressing the harmful impact of alcohol, unhealthy food, and tobacco consumption on cancer incidence. While the EBCP has made strides in other areas, such as research, treatment, and primary and secondary prevention, it could benefit from incorporating targeted strategies to tackle the root causes of cancer, including modifiable risk factors like unhealthy behaviours and exposures, and other elements of the primordial prevention.

**One of the significant gaps identified is the lack of sufficient follow-up on the implementation of the EBCP.** Monitoring and evaluation of the plan's progress are essential to ensure that the proposed actions are effectively carried out and yielding the desired outcomes. It is vital for the European Commission to deliver on its proposals and ensure active participation and commitment from national governments. The European Semester provides a mechanism for assessing the implementation of policies at the national level, but more efforts are needed to ensure comprehensive and consistent execution across all member states. However, the European Semester does have limitations. It is primarily focused on economic policies and may not fully capture the nuances and complexities of health-related policies, including those targeting cancer control. As a result, the evaluation of cancer-related initiatives within the European Semester may be limited in scope. Updating the European Semester system is essential to enable its effective application and monitoring of healthcare policies across Europe. With the continuous integration of the European Pillar of Social Rights, 20 key principles to support fair and well-functioning labour markets and welfare systems, and inclusion of health reporting in the European Semester, there is a clear opportunity to make significant progress in this direction.

Moreover, survivorship is an area that deserves more attention in the EBCP. Providing comprehensive support and care for cancer survivors is crucial for their well-being and overall quality of life. By addressing the long-term effects of cancer and its treatment, the EBCP could better meet the needs of cancer survivors and improve their outcomes beyond the acute phase of the disease.

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EPHA and its members advocate for a comprehensive and equitable approach to cancer control as well. This includes addressing the social determinants of health, reducing health inequities, and ensuring that cancer prevention, diagnosis, and treatment are accessible to all, regardless of socioeconomic status or geographical location. The EBCP's objectives align with EPHA's commitment to promoting health equity and advancing public health policies that protect and improve the well-being of all individuals and communities.

In conclusion, the EBCP has made progress in addressing the challenges posed by cancer. However, there is a need for greater emphasis on implementation, monitoring, and evaluation to ensure effective execution of the proposed actions. Additionally, **addressing modifiable risk factors and enhancing survivorship support should be considered to further strengthen the plan's impact on cancer control and health equity in Europe.**

7. **Potential adjustment of EBCP:** Which existing or new **objectives** of the EBCP should be **prioritised** in light of the identified developments? What ongoing or planned **actions** of the EBCP may need to be **strengthened** to address the new developments, and which ones may no longer be needed or need to change? What **new actions** could be implemented to address the new developments and any identified gaps?

In light of the identified developments, the EBCP should prioritise the digital dimension to harness its huge potential. Initiatives like the European Health Data Space can be instrumental in facilitating data availability, integration, and research coordination. **Strengthening the integration between platforms for data and research**, such as the European Cancer Patient Digital Centre and SMARTcare app, is essential to create synergies and address the fragmented nature of cancer-related actions. Additionally, **updating and addressing aspects related to orphan drugs and digitalisation can help tackle inequities and improve cancer care across different pillars.**

As previously mentioned, the commercial determinants of health are key factors in prevention and treatment. The EBCP must reflect this aspect and it should focus on creating health-conducive environments, where healthy choices are default and unhealthy behaviours are actively discouraged. For instance, people from lower socio-economic backgrounds have higher smoking and smoking-related disease rates, while less educated individuals have higher cancer rates. Racism, xenophobia and discrimination as fundamental determinants of health, contribute to inequities in NCDs, and the lack of data on migrant populations further exacerbates the problem.

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To address the identified gaps and ongoing challenges, the **EBCP needs a commitment and guidance of implementation and monitoring from member states**. Synergies and platforms promoted by the Commission remain unexplored potential that can be harnessed to achieve better cancer control outcomes. Ensuring collaboration and coordination among all stakeholders is crucial, including policymakers, healthcare providers, and civil society, to create a comprehensive and effective approach to fighting cancer and reducing NCDs incidence and health inequities in Europe. Additionally, **addressing funding shortages, health workforce crisis, and the increasing burden of NCDs in national healthcare systems is vital to improve people's health and well-being in the region**.

Finally, as previously mentioned, public funding through the EU4Health program is currently co-financed, with a split of 60-80%. To maximise the impact of the program, there is a call to consider modifying the co-financing arrangement during the revision of the Multiannual Financial Framework (MFF). EPHA hopes to improve the co-financing method by transitioning to 100% financing to strengthen cancer-related policies and programs.

8. **Pandemic:** To which extent did the **COVID-19 pandemic** affect cancer prevention, detection, care and quality of life of patients and survivors? How were these barriers and challenges addressed, and were there any **best practices**? How could the **EBCP** be **strengthened** to react to a possible new pandemic?

The COVID-19 pandemic had a significant impact on cancer prevention, detection, care, and the quality of life of patients and survivors. The disruption caused by the pandemic led to barriers and challenges in accessing cancer services, delays in diagnosis and treatment, and adverse effects on patients' well-being. It also exposed vulnerabilities in healthcare systems, including workforce shortages and burnout.

In response to these challenges, **EPHA members highlighted the importance of having contingency plans in place to address unforeseen crises like pandemics**. These plans should encompass infrastructure and funding considerations to ensure that health services can be maintained even during emergencies. A key aspect of these plans is workforce preparedness, as having an adequate and resilient healthcare workforce is crucial for maintaining cancer care in times of crisis.

The Pharma Legislation, which addressed shortages in the pharmaceutical sector, was mentioned as one of the cross-sectoral concerns that need to be considered when reacting to pandemics. Collaborative efforts and cross-sectoral approaches are essential for managing crises effectively, and the **EBCP could be strengthened by enhancing collaboration with organisations like the World Health Organization (WHO)**. Partnering with WHO can leverage global expertise and best practices in pandemic response, ultimately benefiting cancer prevention, detection, and care.

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It is important to note that the **COVID-19 pandemic also brought some positive impacts, such as an accelerated adoption of telemedicine and digital health solutions**. These advancements could be integrated into the EBCP to improve remote access to healthcare services and enhance cancer care.

In conclusion, the EBCP needs to take into account lessons learned from the COVID-19 pandemic and strengthen its preparedness for future health crises. This includes developing and implementing robust contingency plans, addressing cross-sectoral concerns, and fostering collaboration with international organisations like the WHO. By doing so, the EBCP can better react to a possible new pandemic and ensure continued progress in cancer prevention, detection, care, and the well-being of patients and survivors.

**National policies**

9. To what extent are the **national cancer policies/programmes aligned** or complementary with the EBCP?

The alignment and complementarity of national cancer policies/programmes with the EBCP vary across European Member States. Some countries do not have a national plan against cancer, while others have existing plans that need better coordination and synergy with the EBCP. This lack of a unified approach at the national level can lead to disparities in cancer prevention, detection, and care across Europe. In countries where national cancer plans exist, there is a need to ensure that they are in line with the goals and objectives of the EBCP.

One significant aspect that requires attention is the difference in the cost of cancer medicines between Member States. This issue could be addressed at the EU level, promoting fair and equitable access to essential cancer treatments for all European citizens.

**EPHA emphasises the importance of joint actions and collaboration among countries, particularly those with limited resources or no national cancer plans.** By joining efforts, countries can amplify their voices and enhance their capacity to tackle cancer as a collective entity.

Overall, the EBCP should work towards encouraging and supporting Member States in developing comprehensive and effective national cancer policies and programmes. This includes providing guidance, sharing best practices, and promoting collaboration among countries to achieve a harmonised and coordinated approach to cancer prevention, detection, and care across Europe. Addressing the disparities in cancer medicine costs should also be a priority to ensure health equity and equal access to life-saving treatments for all patients in Europe.

10. Are there any **national cancer-related policies/programmes particularly relevant and effective** to achieve the objectives of the EBCP that could be shared as best practices?

Several national cancer-related policies and programmes have proved effective in achieving the objectives of the EBCP. While some challenges may be more related to specific geographical areas rather than individual countries, there are still valuable best practices that can be shared.

**One of the best practices highlighted by EPHA members is the European Cancer Centre Certification Programme, initiated by the German Cancer Society.** This programme aims to establish quality-assured cancer centres and enhance oncological care for patients across European member states. This mechanism has the potential to be shared with other Member States during the European Semester, providing recommendations on how to improve control and monitoring mechanisms for national cancer prevention plans.

EPHA's position stresses the importance of learning from successful national initiatives and sharing best practices across the EU. The exchange of knowledge and experiences can foster cooperation and lead to the adoption of effective strategies for cancer prevention, detection, diagnosis, treatment, and survivorship.

As the EBCP continues to be implemented, it should actively promote the dissemination of successful national policies and programmes that have proven effective in addressing cancer challenges. By sharing best practices, countries can collectively work towards achieving the EBCP objectives and reducing the burden of cancer on European citizens. Additionally, promoting best practices can contribute to advancing health equity by ensuring that all citizens have access to high-quality cancer care and services, regardless of their geographic location or socioeconomic status.

11. What are the main **national barriers** for implementing the EBCP 4 pillars?

Feedback from EPHA members reveals that there are several barriers at the national level for implementing the four pillars of the EBCP. **One significant issue is the lack of political interest and coordination to harmonise cancer policies among Member States.** This can hinder the collective effort to address cancer comprehensively and consistently across Europe.

Additionally, concerns have been raised about potential conflicts between the EBCP and existing national policies. For example, some members fear that the Commission might introduce policies weaker than those already in place in certain Member States (i.e. health warning labelling on alcoholic products in Ireland, Nutriscore food labelling system in France). This highlights the importance of **ensuring that the EBCP complements and strengthens existing national initiatives rather than undermining them.**

To support and enhance action against cancer, **EPHA suggests that the European Commission should focus on creating data-sharing platforms or establishing National focal points.** By promoting data-sharing and coordination between Member States, the Commission can facilitate the exchange of best practices, ensure consistency in cancer prevention and control strategies, and foster mutual learning among countries.

Furthermore, it is crucial for the European Commission to address conflicting political priorities and work towards bridging the gap between national and EU health authorities. Strengthening communication and collaboration between these entities can lead to more efficient and coordinated efforts in the fight against cancer.

EPHA emphasises the importance of considering determinants of health and health equity in implementing the EBCP. By identifying and addressing social, economic, commercial, and environmental factors that contribute to cancer disparities, the plan can better serve all European citizens, including vulnerable and marginalised populations. Collaborative action at both national and EU levels is essential to ensure that the EBCP's objectives are effectively achieved and that the burden of cancer is reduced for all individuals across Europe.

12. How could the European Commission further support, coordinate and complement Member States' efforts to strengthen action against cancer?
  
13. **EU4Health programme:** Are you aware of any **barriers or issues** with the **funding application process** and the **coordination of projects** under the EU4Health Programme? If so, what remedial actions could be taken?

Regarding the EU4Health Programme, EPHA members have identified some barriers and issues with the funding application process and project coordination. As stated above, EPHA hopes to improve the co-financing method by transitioning to 100% financing to strengthen cancer-related policies and programs. Additionally, **one major concern is the co-financing requirement, which can pose challenges for certain organisations and stakeholders.** To address this, EPHA proposes the establishment of a platform to share concrete financing recommendations and information. This platform could take the form of a newsletter, possibly on the EU Health Policy Platform, where funding opportunities, best practices, and successful project examples are shared, providing valuable guidance and support to potential applicants.

EPHA also advocates for **improvements to the EU Health Policy Platform itself.** They suggest enhancing the platform's structure and functionality to better facilitate communication and collaboration among stakeholders. This includes a more structured and user-friendly newsletter, as well as improved planning of activities and agendas. Additionally, EPHA recommends organising regular meetings, ahead of time to increase engagement, with all stakeholders to discuss key topics and ensure transparency in decision-making processes.

Furthermore, **there are concerns about communication between DG SANTE and other relevant Directorates-General within the European Commission.** Improving communication and coordination between these entities can help avoid overlaps in project timing and ensure better alignment of initiatives under the EU4Health Programme.

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Another important issue highlighted by EPHA is the **lack of involvement of Civil Society Organisations (CSOs) in Joint Actions for funding and actions**. It is essential to actively engage CSOs in the funding process, decreasing the bureaucratic burden, as they play a crucial role in promoting public health and addressing health inequities.

In summary, EPHA advocates for streamlining the funding application process, enhancing communication and coordination among stakeholders, and actively involving CSOs in the development and implementation of projects under the EU4Health Programme. By addressing these issues, the EU can better support and strengthen efforts to combat cancer and promote health equity across Europe.

14. **Monitoring:** What relevant **indicators** would be needed to monitor the progress of the EBCP at EU and national level, and to what extent are they **already available and comparable**?

To effectively monitor the progress of the EBCP at both EU and national levels, several relevant indicators are already being identified, most of the time what is lacking is their measurement. Generally speaking, these indicators should provide comprehensive and comparable data to track the plan's implementation and impact on cancer prevention, detection, diagnosis, treatment, and the quality of life of patients and survivors. Some key indicators that could be considered include:

- **Cancer Incidence and Mortality Rates:** Tracking the number of new cancer cases and cancer-related deaths to assess changes in the overall cancer burden.
- **Screening and Early Detection Rates:** Monitoring the uptake of cancer screening programs to ensure timely diagnosis and early intervention.
- **Access to Cancer Care:** Assessing the availability and accessibility of cancer treatments and services to ensure equitable access for all population groups.
- **Health-Related Quality of Life:** Measuring the impact of cancer and its treatments on patients' physical, emotional, and social well-being.
- **Cancer Survivorship:** Tracking the number of cancer survivors and their long-term health outcomes to improve support and follow-up care.
- **Tobacco, Alcohol, and Obesity Rates:** Monitoring trends in tobacco and alcohol consumption and obesity rates, as these are major risk factors for cancer.
- **Investment in Cancer Research and Innovation:** Assessing the level of funding and support for cancer research and innovative technologies.
- **Implementation of Cancer Prevention Policies:** Evaluating the adoption and enforcement of policies related to tobacco control, alcohol regulation, and environmental health.
- **Patient Satisfaction and Experience:** Gathering feedback from cancer patients about their experiences with the healthcare system to identify areas for improvement.
- **Health Inequities:** Examining disparities in cancer incidence, access to care, and outcomes among different socioeconomic, demographic, and ethnic groups.

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Regarding the availability and comparability of these indicators, there may be existing data sources at the EU and national levels that can be utilised. However, ensuring consistency in data collection and reporting across member states will be essential for meaningful comparisons and effective monitoring. Collaborative efforts between the EU, member states, and relevant stakeholders, including EPHA, are necessary to develop standardised methodologies and establish robust data-sharing mechanisms.

Of note, EPHA acknowledges the significant achievement and dedicated effort put into the development of the **European Cancer Inequities Registry (ECIR)**. The ECIR's provision of comprehensive and reliable data on cancer prevention and care is a major milestone in addressing cancer inequities within Member States and regions. Through its interactive data tool, the ECIR empowers users to explore cancer-related indicators, shedding light on existing disparities and informing evidence-based policy decisions. Recognising this remarkable accomplishment, EPHA emphasises the importance of continuous updates and data expansion to encompass broader factors like socioeconomic indicators and access to healthcare services. **By further strengthening the ECIR and ensuring comparability across Member States, we can effectively monitor the progress of the EBCP and take informed actions to promote health equity and improve cancer outcomes throughout Europe.**

Furthermore, engaging the permanent representations of the EU in member states to facilitate stakeholder meetings and discussions beyond just health policy topics can enhance monitoring and foster cooperation between the EU and member states in implementing the EBCP. By establishing a structured and inclusive approach to monitoring, the EBCP can better address the diverse needs of different populations, prioritize health equity, and ensure that progress is being made towards beating cancer in Europe.



**Conclusion:** Would you have any other remark and could you share any relevant documentation?

In conclusion, the implementation of EBCP requires a comprehensive and sustainable approach, considering the emerging developments and challenges in cancer prevention, detection, and care. **The feedback from EPHA members emphasises the need for financing mechanisms that are not solely linked to cost and have less bureaucracy to ensure long-term viability and effectiveness of the plan.** EPHA advocates for continuous efforts in addressing cancer prevention, treatment, and care, avoiding single-topic focus, and maintaining momentum through the establishment of the permanent Committee of Public Health (SANT).

Addressing health equity and determinants of health is paramount for the success of the EBCP. EPHA calls for broad sustainability assessments to identify gaps in accessibility, availability, and affordability of cancer prevention and treatment services. By recognising the impact of socio-economic backgrounds and other social determinants, efforts can be targeted to ensure equitable access to cancer services for all individuals.

To further support the EBCP's implementation, EPHA recommends engaging with stakeholders to develop documentation advocating for policy changes, highlighting best practices, and fostering improved coordination among EU member states. This collaborative approach will lead to evidence-based strategies that address key challenges and advance cancer prevention and control efforts in Europe.

**The monitoring and evaluation of the plan's progress are vital.** EPHA suggests utilising the permanent representation of the EU in member states for stakeholder meetings, providing ample space for monitoring and addressing potential barriers and issues.

By actively engaging with stakeholders, policymakers, and advocating for evidence-based policies, EPHA remains committed to advancing public health and health equity in the fight against cancer.