



Commentary from the European Cancer Organisation on the Regulation on the establishment of the EU4Health Programme (COM(2020) 405 final 2020/0102 (COD))

July 2020

The European Cancer Organisation warmly welcomes the EU4Health Programme. The fundamental reorientation of the EU to support health cooperation in a bold new way answers the call of the present time, and the well expressed and long standing desire from European citizens to see an EU that brings about stronger health cooperation¹.

The institution of the EU4Health Programme comes at a time of not only great need, as health systems seek to recover from the devastating impact of Covid-19, but also a moment of unique opportunity, including the convergence of Europe's Beating Cancer Plan and the EU Cancer Mission. If the EU4Health Programme can work in close concert with these two exciting and change-making new endeavours for cancer policy, the potential for achieving long-lasting positive legacy for cancer care in Europe is enormous. For this purpose we provide the enclosed recommendations and suggestions to MEPs as they conduct their scrutiny of the EU4Health Regulation.

In short summary, our commentary emphasises:

- 1. The role the EU4Health Programme could play in supporting Non Governmental Organisations as the agents of effective on-the-ground delivery of core EU Health objectives, including those of the forthcoming *Europe's Beating Cancer Plan*.**
- 2. The potential value of an EU supported *European Cancer Dashboard* to support core delivery of the Beating Cancer Plan aspirations by engendering ongoing reporting on performance and access covering such matters as screening, medicines, radiotherapy, oncology surgery, supportive care, pathology, imaging, specialist cancer nursing, oncology pharmacy, interventional radiology, nuclear medicine, palliative care, and psycho-oncology.**
- 3. The opportunity the EU4Health Programme could play in supporting greater patient empowerment and engendering of health systems with a strong sense of patient rights.**

Please consider the European Cancer Organisation, and its network of 31 member organisation and its 20 members of its Patient Advisory Committee as a resource of experience, expertise and evidence-based recommendation for your scrutiny activity. We will be delighted to have further exchange and provide additional suggestion on this, and other cancer-related files. Please contact norbert.couespel@europeancancer.org for more information in the first instance.

¹ According to the Eurobarometer, 70 % of Europeans would like to see more EU health cooperation. <https://epha.org/statement-on-the-future-of-health-in-the-european-union/>

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The ability of the EU to take action on health matters		<p>Amendment 3</p> <p><i>(6 a) While the Union’s action in the field of health is limited, the Union should have the capacity to face future worrying realities and health threats, such as pandemics and cross-border threats, antimicrobial resistance, and also to support Member States in addressing the challenges of an ageing population, of chronic diseases, or disease prevention, in promoting a healthy lifestyle, and preparing their health systems for emerging technologies.</i></p>	<p>This amendment is supported and is a useful addition to the text. It is important that the historic reticence by the EU to act on health matters is banished following the painful lessons learnt from the COVID-19 experience.</p> <p>We suggest some small amending of the text</p> <p>“(6 a) While the Union’s action in the field of health is limited often interpreted narrowly, the Union should have the a recognised capacity to face future worrying realities and health threats, such as pandemics and cross-border threats, including antimicrobial resistance, and medicines shortages, and also to support Member States in addressing the challenges of an ageing population, of chronic diseases, or disease prevention, in promoting a healthy lifestyle, and preparing their health systems for emerging technologies.”</p>
Coordinating actions on cross border health threats	<p>Recital 10</p> <p>(10) Due to the serious nature of cross-border health threats, the Programme should support coordinated public health measures at Union level to address different aspects of such threats. With a view to strengthen the capability in the Union to prepare for, respond to and</p>	<p>Amendment 5</p> <p>(10) Due to the serious nature of cross-border health threats, the Programme should support coordinated public health measures at Union level to address different aspects of such threats. With a view to strengthen the capability in the Union to prepare for,</p>	<p>The role of the EU in promoting and achieving better data sharing between countries on health matters is a critically important one, severely highlighted by the COVID-19 pandemic, but deeply relevant to all areas of healthcare including cancer care (see further commentary on the need for ongoing attention to cancer registry harmonisation and interoperability)</p>

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	<p>manage health crisis the Programme should provide support to the actions taken in the framework of the mechanisms and structures established under Decision No 1082/2013/EU of the European Parliament and of the Council¹⁰ and other relevant mechanisms and structures established at Union level. This could include strategic stockpiling of essential medical supplies or capacity building in crisis response, preventive measures related to vaccination and immunisation, strengthened surveillance programmes. In this context the Programme should foster Union-wide and cross-sectoral crisis prevention, preparedness, surveillance, management and response capacity of actors at the Union, national, regional and local level, including contingency planning and preparedness exercises, in keeping with the “One Health” approach. It should facilitate the setting up of an integrated cross-cutting risk communication framework working in all phases of a health crisis - prevention, preparedness and response.</p>	<p>respond to and manage health crisis the Programme should provide support to the actions taken in the framework of the mechanisms and structures established under Decision No 1082/2013/EU of the European Parliament and of the Council¹⁰ and other relevant mechanisms and structures established at Union level. This could include creating strategic reserves of essential medical supplies or capacity building in crisis response, preventive measures related to vaccination and immunisation, strengthened surveillance programmes. In this context the Programme should foster Union-wide and cross-sectoral crisis prevention, preparedness, surveillance, management and response capacity of actors at the Union, national, regional and local level, including contingency planning and preparedness exercises, in keeping with the “One Health” approach. It should facilitate the setting up of an integrated cross-cutting risk communication framework working in all phases of a health crisis - prevention, preparedness and response.”</p>	<p>(10) Due to the serious nature of cross-border health threats, the Programme should support coordinated public health measures at Union level to address different aspects of such threats. With a view to strengthen the capability in the Union to prepare for, respond to and manage health crisis the Programme should provide support to the actions taken in the framework of the mechanisms and structures established under Decision No 1082/2013/EU of the European Parliament and of the Council¹⁰ and other relevant mechanisms and structures established at Union level. This could include creating strategic reserves of essential medical supplies or capacity building in crisis response, preventive measures related to vaccination and immunisation, strengthened surveillance programmes, and enhanced data-sharing. In this context the Programme should foster Union-wide and cross-sectoral crisis prevention, preparedness, surveillance, management and response capacity of actors at the Union, national, regional and local level, including contingency planning and preparedness exercises, in keeping with the “One Health” approach. It should facilitate the setting up of an integrated cross-cutting risk communication framework working in all phases of a health crisis - prevention, preparedness and response.”</p>

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Problems exposed by COVID-19	<p>Recital 13</p> <p>(13) The COVID-19 crisis has highlighted many challenges in ensuring the supply of medicines, medical devices as well as personal protective equipment needed in the Union during the pandemics. The Programme therefore should provide support to actions which foster the production, procurement and management of crisis relevant products ensuring complementarity with other Union instruments.</p>	<p>Amendment 7</p> <p>13) The COVID-19 crisis has highlighted many challenges in ensuring the supply of medicines, medical devices as well as personal protective equipment needed in the Union during the pandemics. <i>In times of health crises and pandemics,</i> the Programme therefore should provide support to actions which foster the production, procurement and management of crisis relevant products ensuring complementarity with other Union instruments.</p>	<p>Other supply challenges were experienced and have been described by members of the European Cancer Organisation’s Covid-19 Network and should not be overlooked e.g. disinfectant, gloves</p> <p>13) The COVID-19 crisis has highlighted many challenges in ensuring the supply of medicines, medical devices, <i>hygiene products</i> as well as personal protective equipment needed in the Union during the pandemics. In times of health crises and pandemics, the Programme therefore should provide support to actions which foster the production, procurement and management of crisis relevant products ensuring complementarity with other Union instruments.</p>
Monitoring and publishing on Screening and Early Diagnosis performance.		<p>Amendment 20</p> <p><i>(19a) It is well recognised that cancer is often diagnosed late, which means that fewer treatment options are available for people affected by an advanced stage of the disease. If more patients were diagnosed earlier, it could lead to much more effective treatment outcomes, better quality of life, as well as improved overall survival rates. An earlier diagnosis means also a reduction in the healthcare burden. Compared to early diagnosis, cancer screening is a distinct and more complex public health</i></p>	<p>It is a common concern in the cancer community that known best practices in respect to screening and early diagnosis remain poorly implemented across Europe. The European Union has a powerful monitoring role in this respect that should be supported by the EU4Health Programme.</p> <p>(19a) It is well recognised that cancer is often diagnosed late, which means that fewer treatment options are available for people affected by an advanced stage of the disease. If more patients were diagnosed earlier, it could lead to much more effective treatment outcomes, better quality of life, as well as improved overall survival rates. An earlier diagnosis means also a reduction in the healthcare</p>

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		<p><i>strategy that mandates additional resources, infrastructure and coordination. When planned effectively, appropriately financed and implemented, screening can reduce deaths from cancer and, in the case of some cancer types, can also reduce the risk of developing cancer. The Programme should therefore contribute to the investment in early diagnosis and screening, and to promotion and awareness raising in relation to the benefits of such early diagnosis and screening.</i></p>	<p>burden. Compared to early diagnosis, cancer screening is a distinct and more complex public health strategy that mandates additional resources, infrastructure and coordination. When planned effectively, appropriately financed and implemented, screening can reduce deaths from cancer and, in the case of some cancer types, can also reduce the risk of developing cancer. The Programme should therefore contribute to the investment in early diagnosis and screening, and to promotion and awareness raising in relation to the benefits of such early diagnosis and screening.</p> <p><i>Access to, and performance of, screening and early diagnosis programmes across Europe should be monitored and publicly reported on, for the purposes of encouraging targeted improvement, such as via an EU supported European Cancer Dashboard.</i></p>
<p>The role of the EU in promoting healthcare professional education, training and mobility</p>		<p>Amendment 22</p> <p><i>(19c) The health workforce has a vital role in building resilient health systems and in reaching the highest attainable standard of health. The Programme should therefore underpin the Commission’s work on effective, accessible and resilient healthcare and health systems, and support the development and implementation of a strategy on the health workforce. In synergy with ESF+ and in particular</i></p>	<p>Healthcare professionals often face regulatory and bureaucratic obstacles in achieving harmonised qualifications recognised at the EU level. As specialties develop to meet the growing needs associated with providing high quality care to patients, EU approaches to qualification recognition should evolve to be more supportive and facilitating.</p> <p>(19c) The health workforce has a vital role in building resilient health systems and in reaching the highest attainable standard of health. The</p>

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		<p><i>EaSI, the Programme should provide under the Strategy the means for harmonized training and education for the purpose of improving the curricula of health professionals and their digital skills, in order to obtain a patient-oriented and outcome-based health approach. The Programme should also support, via the Strategy, Member States to address the brain drain and migration of the healthcare workforce from less-developed countries and implement retention policies. Being able to deliver high quality, standardised, targeted and integrated care, and improve health service coverage depends on the availability, accessibility, acceptability, adaptability and quality of the health workforce.</i></p>	<p>Programme should therefore underpin the Commission’s work on effective, accessible and resilient healthcare and health systems, and support the development and implementation of a strategy on the health workforce. In synergy with ESF+ and in particular EaSI, the Programme should provide under the Strategy the means for harmonized training and education for the purpose of improving the curricula of health professionals and their digital skills, and greater cross-border recognition of qualifications in order to obtain a patient-oriented and outcome-based health approach. The Programme should also support, via the Strategy, Member States to address the brain drain and migration of the healthcare workforce from less-developed countries and implement retention policies. Being able to deliver high quality, standardised, targeted and integrated care, and improve health service coverage depends on the availability, accessibility, acceptability, adaptability and quality of the health workforce.</p>
<p>Supporting NGOs in achieving the goals of the EU4Health programme and Europe’s Beating Cancer Plan.</p>			<p>The European Cancer Organisation believes EU activity on health can build upon the established army of volunteer experts available via Non Governmental Organisations such as healthcare professional and patient organisations.</p> <p>Article 4 – paragraph 1 – Point 5 a (new)</p>

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			<i>(5a) Support initiatives by Non Governmental Organisations aimed at achieving the goals of the EU4Health Programme and Europe’s Beating Cancer Plan</i>
Supporting non governmental organisations to deliver EU ambitions on cancer.	Annex I – point i – point vi 6) support action for the surveillance, prevention, diagnosis and treatment and care of non-communicable diseases, and notably of cancer		<p>In taking forward an exciting and change-making Beating Cancer Plan, the EU should build on the solid foundations established by a great many non governmental organisations in the cancer sector, representing healthcare professionals and patients, to conduct initiative and develop projects and tools to achieve agreed outcomes. Such associations bring deep roots into on-the-ground practice and real life settings, helping to overcome traditional challenges in delivering effective European level health actions.</p> <p>Annex I – point i – point vi</p> <p>6) support action for the surveillance, prevention, diagnosis and treatment and care of non-communicable diseases, and notably of cancer. <i>The programme should support the implementation of Europe’s Beating Cancer Plan, including through dedicated funding support to non governmental organisations positioned to deliver on key elements of the Plan.</i></p>
A European Cancer Dashboard			An essential element of the EU4Health Programme should monitoring and tracking of progress towards agreed and obtainable goals on health.

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			<p>Annex I – point d – point xi a (new)</p> <p><i>Support the establishment of a European Cancer Dashboard to monitor access and performance across a range of indicators including access to screening, medicines, radiotherapy, oncology surgery, supportive care, pathology, imaging, specialist cancer nursing, oncology pharmacy, interventional radiology, nuclear medicine, palliative care, and psycho-oncology.</i></p>
<p>Cancer treatment is multi-modal</p>	<p>Actions on Cancer</p> <p>Annex I – point h – point v</p> <p>(v) Actions supporting access to cancer services and to innovative medicines for cancer</p>		<p>The essence of high quality cancer treatment and care is its multi-modality and ensuring multidisciplinary. See the Essential Requirements for Quality Cancer Care for more information: https://www.europecancer.org/2-content/8-erqcc</p> <p>(v) Actions supporting access to <i>high quality multidisciplinary</i> cancer services and to innovative <i>value-adding and outcome-improving</i> medicines <i>treatments</i> for cancer</p>
<p>Supporting the elimination of cervical and other HPV related cancers</p>	<p>Actions on Cancer</p>		<p>Annex I – point h – new point ix</p> <p><i>Actions to support the WHO Global Strategy for Cervical Cancer elimination and European cancer</i></p>

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			<i>community call for the elimination of HPV related cancers as a public health problem</i>
Getting better on cancer and data in Europe			Annex I – point h – new point ix <i>Actions to support the enhanced collaboration between Member States and cancer registries in respect to leveraging the power of data to achieve improvement in care and outcomes for cancer patients</i>
Eliminating HPV related cancers	Annex 1 – point i – point i (i) Support to initiatives to improve vaccination coverage rates in the Member States;		Annex 1 – point i – point i Support to initiatives to improve vaccination coverage rates in the Member States, <i>including towards achieving the WHO goal of cervical cancer elimination and the European cancer community call for the elimination of HPV related cancers as a public health problem</i>
Combatting fake news	Annex I – point i – point ii (ii) Support actions to fight vaccine hesitancy;	Amendment 89 (iii) Support actions to fight vaccine hesitancy <i>and promote immunization across the lifespan of people</i>	(iii) Support actions to fight vaccine hesitancy, <i>including the combat of fake news</i> , and promote immunization across the lifespan of people
Workforce safety			Annex I – point i – point xi (new)

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			<i>(xi) Action to support workforce and patient safety in respect to pharmaceuticals, such as in respect to hazardous drugs</i>
Access to high quality multidisciplinary cancer care			<p>Annex II – part A – Point III a (new)</p> <p><i>Access to screening, medicines, radiotherapy, oncology surgery, supportive care, pathology, imaging, specialist cancer nursing, oncology pharmacy, interventional radiology, nuclear medicine, palliative care, and psycho-oncology.</i></p>
Other relevant indicators			<p>To add the following indicators</p> <ul style="list-style-type: none"> • Age standardised prevalence of current tobacco use among persons aged 15 years or older • Percentage of adults (aged 18+) classified as overweight or obese • Avoidable deaths attributed to cardiovascular disease, cancer, diabetes & chronic respiratory disease for persons aged less than 75 years • Total alcohol per capita (age 15+ years) consumption • Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) • Population vaccination coverage – HPV vaccination coverage for two doses (females 13-14 years old)

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			<ul style="list-style-type: none">• Screening coverage (by examination & invitation) for breast, cervical and colorectal cancer screening programmes