



# Feedback from:

## EuroHealthNet

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Belgium

**Initiative**[Europe's Beating Cancer Plan \(/info/law/better-regulation/have-your-say/initiatives/12154-Europe-s-Beating-Cancer-Plan\)](/info/law/better-regulation/have-your-say/initiatives/12154-Europe-s-Beating-Cancer-Plan)

EuroHealthNet welcomes the European Commission's prioritisation of, and plans to implement, Europe's Beating Cancer Plan. To be successful, however, ambitious commitment must be to urgently address the large scale of social and economic inequalities in cancer-related health outcomes and in population-wide opportunities for prevention.

Disadvantaged groups in all EU countries and in different regions in Europe are at a higher risk from most of the 'common' cancers due to a combination of higher exposure to risk factors, poorer access to cancer preventive measures and health services in general, and less capacity to deal with the social, employment, and financial consequences of the disease. Further disparities may occur in terms of informal care and peer-support required, return to work arrangements or need for long-term care.

On a population level, the only way to significantly bring down both incidence and mortality for any ill-health condition is through primary prevention. Unfortunately, we have made far less progress preventing cancers than preventing other NCDs. While many breakthrough modern targeted treatments and early detection interventions are (to a degree) responsible for a small decrease in cancer-related mortality rates (WHO EHIC 2018), these advances alone will never be enough to successfully and significantly reduce the burden of the disease. While acknowledging the 'moderate' 40% cancer prevention rate quoted by this Roadmap, EuroHealthNet points out that broader systemic and health-enabling approaches promise a much bigger 'return on investment'. Current long-term epidemiological research suggests that between 30-70% of cancer cases "could be prevented by applying what we already know" (Harvard Public Health, 2019).

In modern public health science "promotion and prevention" is considered more important than ever and has led to the rise in new concepts, and new actors in the field. However, we should also be careful with embarking on a downstream "lifestyle drift" of health promotion, without real appreciation of the underlying causes of ill health and disease, the social determinants. There is an abundance of evidence to show that sedentary and unhealthy lifestyles of people are heavily influenced by their social, economic, and environmental circumstances and cultural contexts. Unfortunately, these factors seem to get less political and policy attention nowadays and are not adequately taken on board. Prevention works best when there is collaboration, cohesion, and consistency between actions on socioeconomic conditions, the built environment, and between public health, medical, and social systems to achieve the best health and social equity outcomes. To reduce the steep social gradient in cancer and other NCD-related health outcomes, a proportionate universalism approach is recommended. Actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

Action on primary prevention by addressing common causes of major NCDs, promoting enabling environments and multi-sectoral health protecting policies and legislation, along with due recognition of wider socio-economic determinants of health such as social fairness and environmental conditions have already led to substantial gains. But more can and should be done to encourage health systems reforms towards a more health-promoting and preventative approach than to-date, as well as to spend more (and better) than an average of 3% of health budgets on health

promotion and disease prevention. As indicated, alignment across other European Commission's initiatives is key. Improvements can be made in terms of the indicators used to measure progress. Furthermore, the EU could consider exploring how its competences in fiscal, budgetary and economic policies could lend support to stronger health protection against commercial determinants of health.

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