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Study on mapping and evaluating the implementation of the Europe's Beating Cancer Plan - CSO

Fields marked with * are mandatory.

Introduction

Europe's Beating Cancer Plan, adopted in February 2021 proposes actions across the four steps of the cancer pathway (prevention, early detection, diagnosis and treatment, and quality of life of cancer patients and survivors) and three cross-cutting themes (research and innovation, inequalities, and paediatric cancers).

The European Commission (DG SANTE) and the European Health and Digital Executive Agency have commissioned Open Evidence and PwC to conduct a study to support the review of the **Europe's Beating Cancer Plan**.

The aim of the study is to assess the state of play of the **Europe's Beating Cancer Plan**, identify further actions to support, coordinate and complement Member States' efforts against cancer, and build a monitoring framework to assess the outcomes of the **Europe's Beating Cancer Plan**.

The data of this survey are treated according to GDPR (link to data protection notice). No personal information will be shared, published or kept for longer than the study period. All responses will be assessed and treated anonymously.

This study is conducted under the supervision of the European Health and Digital Executive Agency (HaDEA). Please, find here the engagement letter for this study:

HaDEA_Engagement_Letter_Beating_Cancer_Plan_Study.pdf

Please find here the Europe's Beating Cancer Plan for your reference.

Europe_s_Beating_Cancer_Plan.pdf

Personal Data

I confirm that I have read and understood the data protection notice.

Data protection notice Beating Cancer Plan Study.pdf

If you agree, we would like to collect the following data so that we may get in touch for clarification if needed. Should you not agree, just leave the following spaces blank.

First name
50 character(s) maximum
Dorota
Last name
50 character(s) maximum
Sienkiewicz
Email address
50 character(s) maximum
d.sienkiewicz@eurohealthnet.eu
Contact telephone number.
50 character(s) maximum
Name of organisation you are affiliated with
EuroHealthNet - a European partnership for improving health, equity, and well-being
Country
Belgium
Do you give permission to use your replies to the survey in an anonymised manner for the report of this
study?
Yes
O No
Survey
Please answer this survey reflecting upon the the national cancer strategies, policies and measures
and related measures in other sectors in the last five years that affect the cancer control pathway
1. Are you aware of the Europe's Resting Conser Plan?
1. Are you aware of the Europe's Beating Cancer Plan?

O No

* 2. What are the main national strategies and policies against cancer in your country on the following pillars?
✓ Prevention
Early detection
Diagnosis and treatment
Quality of life of cancer patients and survivors
Research and innovation for cancer
Reducing cancer inequalities
Paediatric cancer

For PREVENTION, please indicate the name(s) of the strategy/measures, date(s) of implementation, and a description

	Name of the strategy/measures	Date of implementation	Description
1	* na	na	* na
2			
3			
4			
5			

3. Regarding the national strategies and policies that you indicated under each theme in the previous question, to what extent are they aligned with the Europe's Beating Cancer Plan?

	Not at all	Small extent	Moderate extent	High extent	Very high extent	I do not know	N /A
* Prevention	0	0	•	0	0	0	0
* Early detection	0	0	•	0	0	0	0
* Diagnosis and treatment	0	0	0	0	0	0	•
* Quality of life of cancer patients	0	0	0	0	0	©	•
* Research and innovation	0	•	0	0	0	0	0
* Reducing cancer inequalities	0	•	0	0	0	0	0
* Paediatric cancer	0	0	0	0	0	0	•

,	* 4. Are there other national policies, programmes and measures on other sectors (e.g. healthcare
	professional education, environment, agriculture, labour, etc) that complement and contribute to the
	objectives of the Europe's Beating Cancer Plan?

- Yes
- O No
- I do not know

* If yes, please specify.

At the EU level and implemented at national levels, under the European Green Deal - notably the initiatives related to the EU Farm to Fork Strategy and intended to transform food systems towards healthier and more sustainable, complement and contribute to the objectives of the Europe's Beating Cancer Plan and its prevention pillar. Beyond guiding Member states (mostly codes of practice, voluntary) on reducing unhealthy food marketing to children, EU and national policies related to food reformulation as well as public food procurement contribute to cancers' prevention. In terms of links between environment, climate change crisis and health (inequalities) that go beyond the impact of air pollution on human health, and embrace factors such as the effect of climate change on the possible disruption of health systems that have been essential to cancer control practice.

* 4	.b. Which key action areas of the Europe's Beating	Cancer	Plan do	the other	policies	mentioned	in Q
С	ontribute to support?						

1	Prevention

Early detection

Diagnosis and treatment

Quality of life of cancer patients and survivors

Research and innovation for cancer

Reducing cancer inequalities Paediatric cancer

nges from the CC aw your attention t and Cultural Insigh		oandemic c	on the cancer	-related po	olicies and	measure	?S
•							
al policies or mea	asures ag	ainst canc	<u> </u>				
1	n/the-roles-played	n/the-roles-played-by-public	n/the-roles-played-by-public-health-age	n/the-roles-played-by-public-health-agencies-in-europ	n/the-roles-played-by-public-health-agencies-in-europe-during-th	n/the-roles-played-by-public-health-agencies-in-europe-during-the-covid-19	ealth agencies was upgraded, see here: https://eurohealthobservatory.who.int/monitor/n/the-roles-played-by-public-health-agencies-in-europe-during-the-covid-19-pandemical policies or measures against cancer that could be considered particularly release presented as best practices?

*5. To what extent did the COVID-19 pandemic impact on the implementation of these national cancer-

related policies?

Not at all
Small extent
Moderate extent
High extent
Very high extent
I do not know

* Clinical barriers (e.g. clinical guidelines or practices)	0	0	0	0	0	•	0
* Financial barriers	0	0	0	•	0	0	0
* Behavioural barriers (e.g. from healthcare professionals or other stakeholders)	0	0	0	•	0	0	0
* Other barriers (please specify)	0	0	0	0	0	•	0

10. Which areas of the cancer control pathway are affected by which types of barriers?

	Institutional and policy barriers	Clinical barriers (e.g. clinical guidelines or practices)	Financial barriers	Behavioural barriers (e.g. from healthcare professionals or other stakeholders)	Other barriers (please specify)	I do not know	N /A
* Prevention	V	V	V	▽			
* Early detection		V	V	▽			
* Diagnosis and treatment						V	
* Quality of life of cancer patients and survivors						V	
* Research and innovation for cancer				V			
* Reducing cancer inequalities	V	V	V	▽			
* Paediatric cancer						V	

- 11. Could you describe how the barriers indicated in the previous questions affected the implementation of the national measures across the four pillars of the Europe's Beating Cancer Plan (prevention, early detection, diagnosis and treatment, quality of life) and the three cross-cutting themes (research and innovation, cancer inequalities, paediatric cancer)? Please specify, by type of barrier.
- * INSTITUTIONAL AND POLICY BARRIERS, please specify.

It remains unsure if this question concerns delays due to COVID-19 or general barriers relating to the implementation of the Cancer Plan regardless of the pandemic. The answer here will concern the latter - structural deficits across many member states in terms of lack of institutionalised collaborative mechanisms and timely opportunities, as well as the capacity to consult across sectors, with diverse stakeholders and citizens, meant cancer preventive measures that were introduced were not coordinated across policies, health equity impacts not adequately performed and reflected on, solutions proposed fragmented;

* CLINICAL BARRIERS (e.g. clinical guidelines or practices), please specify.

practices introduced were not considerate of socio-economic inequality impacts, BCIs reflective and not adapted to vulnerable population groups; capacity of clinical practice to collect cancer prevention and inequalities data was limited to clinical biomedical surveillance, not able to capture socio-economic realities of cancer morbidity and mortality and their risk factors

* FINANCIAL BARRIERS, please specify.

pricing and taxation policies - as means to supporting cancer prevention policies - with regards to tobacco and alcohol products were largely unchanged in the recent period, while costs of healthy foods and sustainable diets increased (by 34% in 2021-2022) making it more unaffordable and unavailable for the general public - in 2022, more than 8% of EU population was not able to afford a proper meal, with almost 20% of people at risk of poverty unable to do so. These figures varied considerably between the EU states (Eurostat: https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20230710-1#:~:text=In% 202022%2C%208.3%25%20of%20the,than%20in%202021%20(17.5%25).)

* BEHAVIOURAL BARRIERS (e.g. from healthcare professionals or other stakeholders), please specify.

in terms of behaviour and cultural insights, these are still not fully taken account of in cancer prevention measures' design

*OTHER BARRIERS, please specify.

n/a

- 12. Which good practices have been able to overcome those barriers?
- * Good practices addressing institutional and policy barriers, please specify.

setting up institutionalised consultative mechanisms, including public health CSOs and citizens/patients representatives

* Good practices add	ressing clinic	cal barriers	(e.g. clinica	al guidelines	or practice	s), please sp	ecify.	
mandatory canc	-		l inequalities	s impacts data	a collection,	identification (of coverage,	
* Good practices add	ressing finar	ncial barrier	s, please s	pecify.				
financial incention					d employers	encouraging	and making	it
Good practices add please specify.	ressing beha	avioural bar	riers (e.g. f	rom healthca	are professi	onals or othe	er stakehold	ders),
n/a								
Good practices add	ressing othe	r barriers, p	olease spec	cify.				
n/a								
13. To what extent of and complement the	•	•	-		nmission to	further supp	ort, coordir	
	all	extent			extent	extent	kno	
* Support	0	0	(•	0	0	
* Coordinate	0		0		•		0	
* Complement	0		0		•	0	0	
14. Please specify v coordinate and com	plement Me	mber States	s' actions a	gainst cance	er.			 o
15. To what extent hthree years?	nas the situa	tion in your	Member S	States improv	ed on the f	ollowing aspe	ects in the I	ast
		Not at all	Small extent	Moderate extent	High extent	Very high extent	I do not know	N /A
* Prevention		0	•	0	0	0	0	0
* Early detection		0	•	0	0	0	0	0

* Diagnosis and treatment

* Quality of life of cancer patients and survivors	0	0	0	0	0	•	0
* Research and innovation for cancer	0	0	0	0	0	•	0
* Reducing cancer inequalities	0	•	0	0	0	0	0
* Paediatric cancer	0	0	0	0	0	•	0

- * 16. Is there a monitoring framework in place in your country to measure progress of the cancer-related policies?
 - Yes
 - O No
 - I do not know
 - N/A

17. To what extent do you believe that the areas of the cancer control pathway will be affected by the following developments in the next ten years?

	Technological developments (please specify)	Political developments (please specify)	Societal developments (please specify)	Other developments (please specify)	l do not know
* Prevention		V	V	V	
* Early detection	V	▽	V	V	
* Diagnosis and treatment					V
* Quality of life of cancer patients and survivors					V
* Research and innovation for cancer			V		
* Reducing cancer inequalities		▽	V	V	
* Paediatric cancer					V

* For PREVENTION, please specify the political developments.

greater integration and coordination across various policies with an impact on cancer prevention

* For PREVENTION, please specify the societal developments.

greater understanding of the need and urgency to prevent cancers

* For PREVENTION, please specify the other developments.

impact of and greater understanding of the digital divide and the commercial determinants of cancer prevention

* For EARLY DETECTION, please specify the technological developments.

use of AI and digital health technologies

* For EARLY DETECTION, please specify the political developments.

better integrated policies ofr early cancer detection with other relevant policies in the filed of NCDs

* For EARLY DETECTION, please specify the societal developments.

greater understanding f the need and urgency for early diagnosis, hopefully more resources dedicated to this field 9as well as to prevention)

* For EARLY DETECTION, please specify the other developments.

as for prevention the impact of the digital divide and the commercial interests could draw the inequalities wider

* For RESEARCH AND INNOVATION FOR CANCER, please specify the societal developments.

greater concerns reflected in R&I with regards to BCIs, socioeconomic inequalities

* For REDUCING CANCER INEQUALITIES, please specify the political developments.

greater understanding and cross-policy coordination and integration of health equity impact assessment and health equity audits

* For REDUCING CANCER INEQUALITIES, please specify the societal developments.

greater understanding of unequal distributional impacts of cancer on various societal population groups,

* For REDUCING CANCER INEQUALITIES, please specify the other developments.

impact of environmental factors and digital and commercial interests * 18. In light of these developments, which areas of the Europe's Beating Cancer Plan would need to be further strengthened? Prevention Early detection Diagnosis and treatment Quality of life of cancer patients and survivors Research and innovation for cancer Reducing cancer inequalities Paediatric cancer I do not know None of them * 19. How many projects (e.g. calls for proposals, tenders) in the field of cancer has your organisation applied for under the EU4Health programme? None (0) Between 1 and 5 Between 6 and 10 Between 11 and 15 Over 20 *20. Since you have applied for joint actions or projects in the field of cancer under the EU4Health programme, how satisfied are you with the funding application process? Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied I do not know * 21. How many joint actions or projects in the field of cancer under the EU4Health programmes have you been participating in? None (0) Between 1 and 5 Between 6 and 10 Between 11 and 15 Over 20 * 22. Since you have participated in joint actions or projects in the field of cancer under the EU4Health programme, how satisfied are you with the organisation and implementation of the projects/actions?

Very satisfied

Somewhat satisfied

Neither satisfied nor unsatisfied

- Somewhat unsatisfied
- Very unsatisfied
- I do not know

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