



Briefing | EP BECA - Exchange of views with the World Health Organisation (WHO), the European Commission and Member States on National Cancer Control Programmes (NCCPs)

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Subject: Exchange of views with the World Health Organisation (WHO), the European Commission and Member States on National Cancer Control Programmes (NCCPs)

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On June 16, EP BECA held an exchange of views with the WHO, the European Commission and Member States on NCCPs. The representatives from the WHO stressed that the most important innovation would be to properly implement policies that we already know to be effective. Both representatives also emphasised the need to involve patient organisations when developing NCCPs, as too often the plans are designed to meet stakeholder needs, not those of patients. Members also heard from national experts who outlined the various successes and challenges in designing, developing and implementing their own NCCPs. In particular, the experts noted that they anticipated that the Europe's Beating Cancer Plan would be a helpful tool, if a broad one that may be difficult to fully implement within national programmes. To this end, the Belgian expert noted Belgium's cancer authority would put together a mirror group to identify areas where the EBCP could best complement their national plan. The Commission, during its presentation, stressed that the EBCP is meant to complement national plans, and he welcomed the Belgian initiative to install a mirror group. In the ensuing exchange, the Commission representative noted the EU's role in providing supporting networks as well as the work of cancer sub-groups within DG SANTE in identifying areas of common progress.

Please see below for a summary of the discussion.

Bartosz Arlukowicz (EPP, PL), Chair, opened the item by noting that many programmes are dedicated to combatting cancer, the disease is still a huge burden and a major cause of loss of life. The WHO identifies NCCPs as the best method of addressing the disease, and these vary by country, he noted. The first panel will be a presentation of NCCPs and their cooperation with the WHO. The second panel will allow member states' representative to share their perspective and experience. The third panel will discuss the role of the Europe's Beating Cancer Plan in helping NCCPs.

Panel 1

Marilys Corbex, representing WHO-Europe, gave a presentation on NCCPs. It is a public health programme designed to reduce cancer incidence, mortality, and improve quality of life for cancer

patients, from diagnosis to post-disease care. These programmes are usually set for a number of years, usually 5-10. The NCCPs are designed to reduce the burden of cancer and optimise use of resources, as well as to increase patient and survivor wellbeing. The NCCPs should be based on patients' needs, she added. She briefly explained the several planning steps that take place in designing the plans. These plans need to be data-based, realistic, and feasible. All stakeholders need to be considered and brought on board; missing stakeholders is a frequent mistake, she warned. Likewise, she stressed the need to involve patient representatives to ensure the plan meets patients' needs, not stakeholders.

She also noted that 40% of cancers in Europe can be prevented, in particular via curbing tobacco and alcohol use, as well as healthy diets and exercise. Another aspect is early and rapid diagnosis: she lamented that only 20% of cancers in Europe can be screened for. Services provided to a healthy population can reduce cancer rates drastically, she stressed. She added that there is a discrepancy between incidence and mortality; she warned against being lured by high-tech solutions, the real innovation for the WHO would be to implement what we already know works well, she argued. She also noted that in most countries, supportive and palliative care remain underdeveloped. We need to pay attention to data to design an NCCP that actually addresses gaps and shortages. She noted several key frequent mistakes, including unrealistic objectives, not improving what is already in place, lack of training, focusing too much on new technologies, and not providing adequate budget for the plan.

Prof Tit Albrecht, representing the WHO-Europe, focused his presentation on issues on preparation, planning and implementation. Joint EPAAC had preparation of European Guide on NCCPs, he noted; and several member states participated. The guide contains three key parts or bundles: cancer prevention, integrated care (from diagnosis to end-of-life care), and supporting function within the health system (financing, resources, data, and research). This last category is typically where plans lack the most, he added.

Several surveys were launched in the context of Joint Actions, and several developments were identified. The EC's call to develop NCCPs was well received, and by 2013, only four member states did not have plans in place. To this day, only Bulgaria has no plan or strategic document for cancer policy. Some members states are more dedicated to the concept than others, he added. Several recurring shortcomings persist: there is still too little commitment to implementing the plans, a lack of focus on survivorship and supportive care do not receive enough support. Financing remains an issue. There should be earmarked resources for cancer control and care, he argued. Many NCCPs lack clear indicators, he added. As most are controlled by ministries of health, improvements should not be difficult to implement, he argued.

Q&A 1

Loucas Fourlas (EPP, CY) noted his surprise at the low amount of investment in cancer plans in some member states, and that patients are so often left out of the plans. So many aspects could help us address the inequalities in outcomes in Europe, he noted. We should support parents who rely on treatment for their children abroad, as it is difficult to sustain that type of care.

Tit Albrecht agreed that the Commission will need to work closely with the member states to ensure that patients are appropriately involved in the EBCP and beyond to unlock the best possible care for patients wherever they are in Europe.

Alessandra Moretti (S&D, IT) asked what are the best lessons that have been learned up until now? How can we take tangible action? Not just in terms of cancer plans, but also adjacent legislation. The registers should be used to derive positive health outcomes at large. Data should be shared to identify trends, she argued. What can we do to foster interaction between registers, she asked?

Marilys Corbex agreed that the networks are especially important for rare and paediatric cancers. In several countries, care is too rare and scattered to address these problems. The EU has done a great job with the ERNs, she noted. She also highlighted that the ERN funding is an issue. On registers being linked, she noted that this usually happens within a single member state. Linkage at the moment is far from optimal and this needs to be addressed.

Margarita de la Pisa Carrion (ECR, ES) stated that palliative care should not be seen only as a relief mechanism for pain at the end of life, it should be understood as a priority and approached differently and given sooner as a means to improve quality of life.

Tit Albrecht stated that plans should be centred on people. We need to follow patients from diagnosis all the way through. We need a proper mapping of patient needs. He agreed that palliative is not only end of life or pain treatment: it is supportive care for any patient or survivors. Healthcare workers need more training in this area, he argued.

Katerina Konecna (The Left, CZ) noted that several plans are very different from one member state to another, and that often they do not include a budget. She asked if the EU should control national oncological plans. If not, NCCPs could act as recommendations that have no impact. What do we need to monitor to get a comprehensive picture, she asked?

Tit Albrecht stated that the main objective is to try to lead to streamline and converge the plans, which are quite disparate across the EU. What he expects at the EU is support for convergence and supporting joint activities and comparative work, which often leads to the best responses. He agreed that too often the plans are written like a wish list. A cancer plan is better developed when it considers a period longer than four years.

Chiara Gemma (NI, IT) lamented the lack of spending on cancer prevention. She asked how member states can pool their capacity to take action to ensure that they come ever closer to WHO recommendations on NCCPs.

Marilys Corbex agreed that countries do not invest enough in prevention, while up to 40% of cancers could be prevented should there be enough political and financial commitment. It comes down to political will and fighting against the tobacco, alcohol, and food lobbies, she argued. She also praised policies such as Nutri-Score as a cheap and effective way to inform consumers. Likewise, she applauded minimum pricing for alcohol. It is up to politicians to ensure that these policies are implemented in their countries.

Deirdre Clune (EPP, IE) asked about patient involvement in developing the plans: how can this be improved?

Marilys Corbex noted that patients and NGOs are often excluded from the development phase of the plan. The WHO does put in some efforts to boost this, however giving more resources to patient organisations (financial, education, etc.) can help them influence these decision-making bodies. Prevention is especially political, she noted – it is not only a personal choice, but the government can also act to make healthy lifestyles easier to achieve.

Sara Cerdas (S&D, PT) asked what could be done to increase the rate of early detection of cancers from only 20%. On data, she asked about making oncological data more secure, interoperable, and more useful to better understand risk factors. She also asked how long the WHO expects it will take to implement the NCCPs.

Marilys Corbex stated that the 20% figure is for screening. For all other cancers, early diagnosis is necessary and remains the blind spot of many NCCPs, even the EBCP. What needs to stop is cancers being detected as something else at first diagnosis, she argued. All cancers can be diagnosed earlier with more efficient health systems, and the WHO is helping to make this a reality via studies available for NGOs, she argued.

Tomislav Sokol (EPP, HR) asked for examples of best practices when it comes to European NCCPs. Within the context EU4Health programme, the first of its kind to support national healthcare systems, how can the funding best be used to help the implementation of NCCPs.

Marilys Corbex stated that the four countries scheduled to speak in the second panel are good examples. She noted improvement on screening in France, improvements on early diagnosis in Denmark, other

countries are doing very well in other areas such as vaccination. On EU4Health, she noted that certain areas of cancer care are not always big-ticket items for politicians, especially screening and palliative and supportive care. Because an area is underfunded does not mean that it is less important, she reminded.

Nicolas Gonzalez Casares (S&D, ES) asked what data the WHO has access to and what data is used to assess the development of palliative care in Europe. What measures ought to be developed to improve this category of care?

Marylís Corbex agreed that the importance of palliative care is underestimated. She reminded that the consumption of opioids is not the best indicator, but it is utilised worldwide, so it is a reliable indicator. They have produced an atlas of palliative care, including notes on whether it is considered a special field and who can prescribe it. If palliative care is always a speciality and the maximum dosage time is only two weeks, that is usually the indicator of a poor palliative care system, she argued. Research done in the US shows that introducing quality supportive care early on can produce almost double the survival rate. Palliative and supportive care are incredibly underestimated while flashy drugs are pushed by pharmaceutical companies, she argued.

Bartosz Arlukowicz (EPP, PL), Chair, thanked the members and the speakers for helping highlight some of the key challenges ahead in member states and the EU at large. He also noted the key discrepancies between Western, Eastern, Northern, and Southern Europe when it comes to detection and mortality. This special committee was designed to bridge these glaring gaps, he insisted. He opened the second panel and welcomed the speakers.

Panel 2

The representative of France, noted the country's ongoing efforts for 17 years. A new 10-year strategy was launched last year. The NCCPs and the strategy promote an integrated strategy. This vision is part of the national cancer institute (INCa), the aim of which is to make the strategy a reality on the ground. INCa is a trusted source of evidence-based information and provides national leadership on the issue. He noted that each NCCP since the first has built upon previous successes and addressing key issues: the first focused on structuring, the second on personalisation, and the third on reducing inequalities. The latest strategy aims for greater mobilisation, with €1.7 Billion dedicated over the next five years. France aims to reduce the number of preventable cancers by 60,000 per year by 2040, to carry out over a million screenings per year by 2025, as well as improve the survivorship rate. In this regard, several challenges have been identified accordingly. In particular, he noted the common challenges with regards to preventable cancers, as well as the need to improve capabilities when it comes to fighting against cancers with poor prognosis. The strategy was built in collaboration with stakeholders from across the board, he noted. France is committed to work along all European institutions to ensure that the EBCP is properly implemented.

The representative of Belgium noted that their first plan dates back to 2008, and by 2015 almost all measures were implemented. There was a shift in cancer policy approach: targeted interventions based on needs, he noted. He added that the joint responsibility between the federal state and the regions make the cancer policymaking structure a bit complicated, but he highlighted the existence of a national registry. They approach cancer from a life-course perspective, he added. Key pillars drive their work, but patients are always at the centre of thinking. Going forward, many developments at the European level will provide new opportunities to cancer care in Belgium; they are considering installing a mirror group to incorporate the goals of the EBCP into the national care system.

The representative of Hungary highlighted the success of the NCCPs in Hungary, which started in 1993. The latest update was done in 2018 and brought in new priorities such as primary prevention, early diagnosis, therapy, and a national oncological structure. The goal is to reduce mortality rate by 10% by 2030. He noted several efforts for prevention, such as laws against smoking and an HPV vaccination campaign. On diagnostics, he noted centralisation of care to 39 cancer centres as well as education of oncology professionals. The state has also invested heavily in imaging and has a good reimbursement programme for cancer drugs. He noted several key successes since 1993. While there is has been an

increase in cancer incidence in the last decade, the death rate has been stable thanks to their efforts. He also noted their cooperation with the OECI (Organisation of European Cancer Institutes), and the Hungarian centre is the only OECI-accredited one in Eastern Europe.

The representative of the Czech Republic noted that the need for a comprehensive cancer document was acknowledged a while ago, and they are currently revising their NCCP to put more emphasis on implementation. The burden of cancer is quite high, incidence is on the rise, while mortality has been maintained mostly stable. Their aim is to have a new plan ready by the end of the year and will account for the recommendations of the EBCP. He noted several cornerstones of the NCCP: a national health information system, a network of cancer centres, an early detection programme, and several cancer care guidelines. Several challenges will need to be addressed in the next NCCP, especially in terms of reaching more people, he added. He noted colorectal cancer as an example of a best practice in the Czech Republic.

Q&A 2

Cindy Franssen (EPP, BE) asked the Belgian representative how they would tackle implementation, and how the EU and member states will interact. How can we ensure that national programmes will be improved via the EBCP?

Joelle Melin (ID, FR) asked the French representative about exposure to toxic substances in buildings, in furniture, mattresses and pillows. She expressed concerns about synthetic fibres. She hoped that there are measures in place to prevent passive exposure.

Bronis Rope (Greens/EFA, LT) asked the Czech representative to share his experience with other NCCPs, in particular the major differences identified in his research. Does he have recommendations for other member states? What does he expect from the new plan to combat cancer? What will be done to make the process more efficient across the EU?

The representative of France noted several efforts being made to curb alcohol and tobacco use. There is a whole package in the pipeline to build new habits of action looking at the wider public to promote a balanced diet and physical exercise. They also wish to meet the collective concern for the environment and cancers resulting from workplace exposure. On research, there is a network being built up across Europe – they are working with research centres and the EP. Politicians will need to act on the proposals, he noted.

The representative of Belgium noted that the mirror group they aim to establish will help translate the objectives of the EBCP. They will need to ensure the interactions between stakeholders in the various fields are respected. A lot of attention will be given to actions taking place on the ground, he noted. They are currently working on a roadmap process, he added. This is a large-scale process which will develop over six years or more. Together we will have to try to ensure that we encompass all the details despite the broad starting point.

The representative of the Czech Republic welcomed the question and noted that there are many lessons to be learned from others. France, Slovenia, and Luxembourg all provide interesting case studies and best practices when it comes to their NCCPs. There are several interesting initiatives that could be taken up in the Czech Republic, especially on primary prevention and palliative care. On the EBCP, he noted the shared priorities and noted that the next Czech plan would be inspired by the EBCP. The Plan could also boost investment on the national level and foster additional international cooperation.

Bartosz Arlukowicz thanked all participants for their input during the panel.

Panel 3

Matthias Schuppe, Europe's beating cancer plan Taskforce Team Leader (DG SANTE), European Commission, stressed that the plan is in no way supposed to replace existing national cancer plans, but to complement them. Initial feedback from Member States at the Health Council meeting in March was that

synergies are strong between the EU plan and national plans, with many Member States saying they were seeking further alignment with the EU plan. EPAAC, CANCON and iPAAC are examples of successful cooperation with Member States in this area, Mr Schuppe added.

Mr Schuppe welcomed the Belgian initiative to install a mirror group, which may serve as inspiration for other Member States to take a similar approach. He stressed the need for full cooperation from Member States to implement the plan, and the Commission will make available the full range of funding and support mechanisms to support this. A total commitment of €4 Billion has been earmarked for tackling cancer at EU level.

Of course, while many relevant competences in battling cancer are in the hands of the Member States, the EU can work to ensure an aligned approach, Mr Schuppe said. For example, legislation on tobacco or toxic substances in the workplace, or the regulation on cancer screening, can be harmonised across the EU.

Ewa Kopacz (EPP, PL) agreed that the chance of a patient beating cancer cannot depend on exactly where in the EU they are being treated. She asked Mr Schuppe for his opinion on the merits of a European database of relevant treatment information, such as atypical causes of typical cancers.

Matthias Schuppe highlighted a few actions contained in the plan. Firstly, the Commission is looking to expand coverage the current network of reference centres for rare diseases, including four that cover cancer. Member States will also be supported to build comprehensive cancer infrastructure, which will further facilitate collaboration and knowledge sharing across the EU. Mr Schuppe added that networks of expertise that focus on more common cancers will be established, on topics such as palliative care and survivorship. He acknowledged Ms Kopacz's suggestion on atypical causes of typical cancers, saying this could be a topic for such an expert network.

Nicolae Țefănuță (RE, RO) agreed that national cancer plans are imperative, and asked Mr Schuppe how the Commission can support national health ministries in drafting and implementing such plans.

Matthias Schuppe wished to flag that with the Technical Support Instrument, the Commission is able to provide technical support to Member States, which in principle could be used to request Commission support in drafting national cancer plans. The Commission would then develop the project and, jointly with Member State authorities, select experts to provide expertise. He added that a Cancer Inequalities Registry is to be established through the plan to monitor cancer trends across the EU, and this monitoring will be complimented through more qualitative analysis.

Stefania Zambelli (ID, IT) said the Italian national cancer plan has often lagged too far behind it their embrace of new technologies. She noted the importance of looking beyond Covid, saying she was forced to delay a cancer operation due to the pandemic. It is vital Member State plans focus on prevention, she added.

Matthias Schuppe agreed with the statement of Ms Zambelli and noted the impact of the pandemic on cancer care, particularly with respect to diagnosis, with screenings cancelled and people staying away from hospitals for fear for their health or for overburdening healthcare services. Psycho-social support has also been impacted, Mr Schuppe added, and the plan aims to support Member States to reducing the backlog.

Peter Liese (EPP, DE) asked Mr Schuppe how the ambition of the plan can be implemented on the ground and how he saw the interplay between the EU and Member States on the issue.

Matthias Schuppe said this is indeed a complex matter. Member States have been closely involved from the development phase of the cancer plan, with discussions taking place at the Council and working party levels, as well as in other bodies. On implementation of the plan, the Commission has set up a sub-group of the Steering Group on Health Promotion and Disease Prevention that will focus on cancer and will include ministries for both health and research at Member State levels, to ensure maximum

synergies. The Committee of the Regions is also being engaged on the plan, Mr Schuppe added, ensuring regional authorities are fully informed and can bring their own expertise to the EU table.

Cyrus Engerer (S&D, MT) says national plans often include a strong focus on early detection and screening programmes for breast cancer, colorectal cancer, and cervical cancer, in line with a Council recommendation. While he welcomed this, he called for the broadening of the recommendation to include lung cancer, currently the biggest killer among cancers in Europe and often diagnosed at a later stage. This leads to greater treatment expenses, given cheaper surgical options are no longer possible after a late diagnosis. He asked Mr Schuppe to outline the measures the Commission plans to take to tackle lung cancer specifically.

Matthias Schuppe said the Commission will put forward a proposal to amend the 2003 Council recommendation on cancer screening and is considering an expansion of screening to other cancers, including lung cancer. This process is being launched and will be informed by the Commission's chief scientific advisors, with a focus on the issue of expansion. A consultation will also be launched on the matter, with consideration by the Council foreseen for 2022. With respect to colorectal and cervical cancer, the Commission is planning to publish guidelines on screening and treatment, and if the recommendation is expanded, similar guidelines could then also be developed for lung cancer.

Deirdre Clune (EPP, IE) asked Mr Schuppe to elaborate on the interplay between the Commission and Member States with respect to national cancer plans, and to explain how the Commission engages with patient representatives.

Matthias Schuppe elaborated on the work of the cancer sub-group of the Steering Group on Health Promotion and Disease Prevention. He said the group's mandate was agreed in March, and two meetings have already taken place, with the next meeting scheduled for July 8. Member States are very active in this group, and a number of initiatives have been discussed, including the Commission's upcoming knowledge centre on cancer, to be launched June 30. The group has also agreed to establish thematic working groups on some issues, to facilitate greater technical discussion.

Mr Schuppe continued that a European Cancer Plan stakeholder contact group has also been established, with the first meeting having taken place on May 28. 320 organisations have signed up to join this group to date, he added. Discussion topics include early diagnosis, treatment, and quality of life, and the Commission intends to discuss the annual work programme of the EU4Health programme in this group after its adoption.

Veronique Trillet-Lenoir (RE, FR) said tangible implementation takes place at Member State level, and that this is the barometer for the success of the plan. She cited the importance of developing national plans, saying it was interesting to see that these strategies have multiplied in recent years, with just one Member State having no plan. The EU must continue to support the WHO in facilitating the drawing up of similar plans in third countries, she added. She also highlighted the need for cooperation with Member States and all stakeholders, including patient associations and healthcare practitioners, without whom plans simply could not be drawn up. Academia, industry, and local and regional authorities must also be effectively engaged, she added.

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