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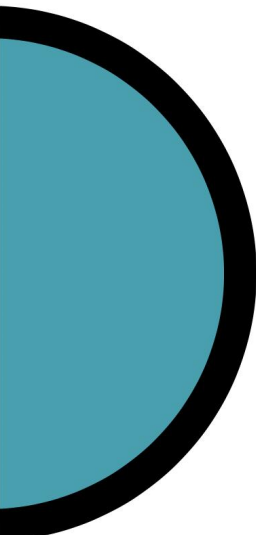
Specific contract No HaDEA/2022/P3/06  
implementing framework contract No SANTE/2021/OP/0002

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



**Final workshop with stakeholders**  
18 April 2024

# Agenda



Time	Item
14:00 – 14:30	Registration
14:30 – 14:40	Introduction and opening remarks by DG SANTE
14:40 – 14:50	Presentation of the study approach by the project team
14:50 – 15:15	Presentation of the results of the case studies on the EU4Health cancer projects by the project team
15:15 – 16:00	Q&A
16:00 – 16:15	Coffee break
16:15 – 16:40	Presentation of the EBCP monitoring framework by the project team
16:40 – 17:25	Q&A
17:25 – 17:30	Closing (conclusions, next steps) by the project team

# Some operational rules

For online participants



## Microphone

To ensure a seamless workshop experience, please keep your microphone on mute when you are not speaking.



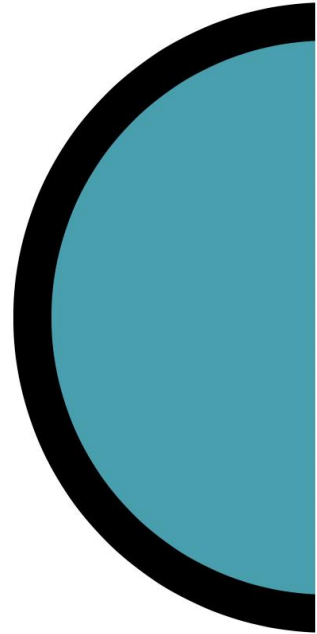
## Discussion

Please use the raise your hand option if you want to intervene.

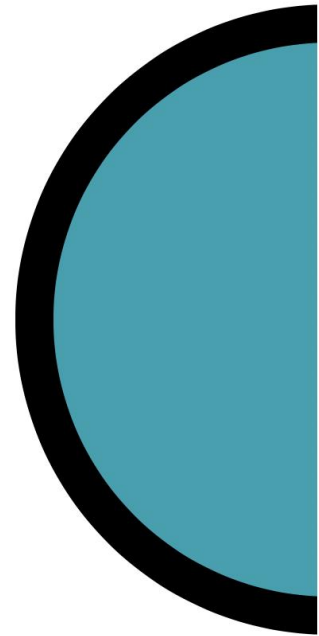


## Chat panel

Additionally, please feel free to post any thoughts or questions in the 'Chat panel.'



Introduction and opening  
remarks  
(DG SANTE)



# Study approach

# Methodological approach

## Task 1: Future proofing analysis

- Intervention logic
- Literature review
- Interviews with EU stakeholders

## Task 2: Country analysis

- National desk research
- Survey with national stakeholders
- Preparation of country factsheets

## Task 3: Evaluation of progress of EU4Health programme

- Selection of case studies
- Data collection (desk research, interviews)
- Drafting of case studies

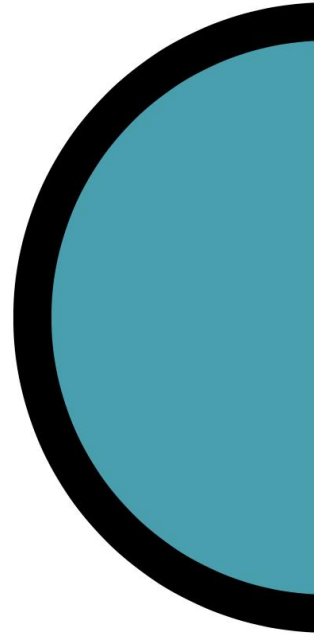
## Task 4: Monitoring framework

- Definition of scope
- Review of reporting requirements and data sources
- Design of monitoring framework

## Task 5: Focus groups and workshops

- Four focus groups with the panel of experts of the study
- Two workshops with stakeholders

## Task 6: Synthesis and reporting



# EU4Health Programme

Assessment of cancer-related projects and actions



# Types of projects in scope

➤ **EU4Health Programme (2021-2027):** EU financial support in the field of health, including cross-cutting focus on cancer. Types of funding:

Non-competitive process

- **Joint Actions (JA):** to Member States and associated countries to the EU4H Programme.
- **Direct grants:** to international institutions (not included in the study).

Competitive process

- **Project grants:** in response to call for proposals to institutions from Member States and associated countries EU4H Programme.

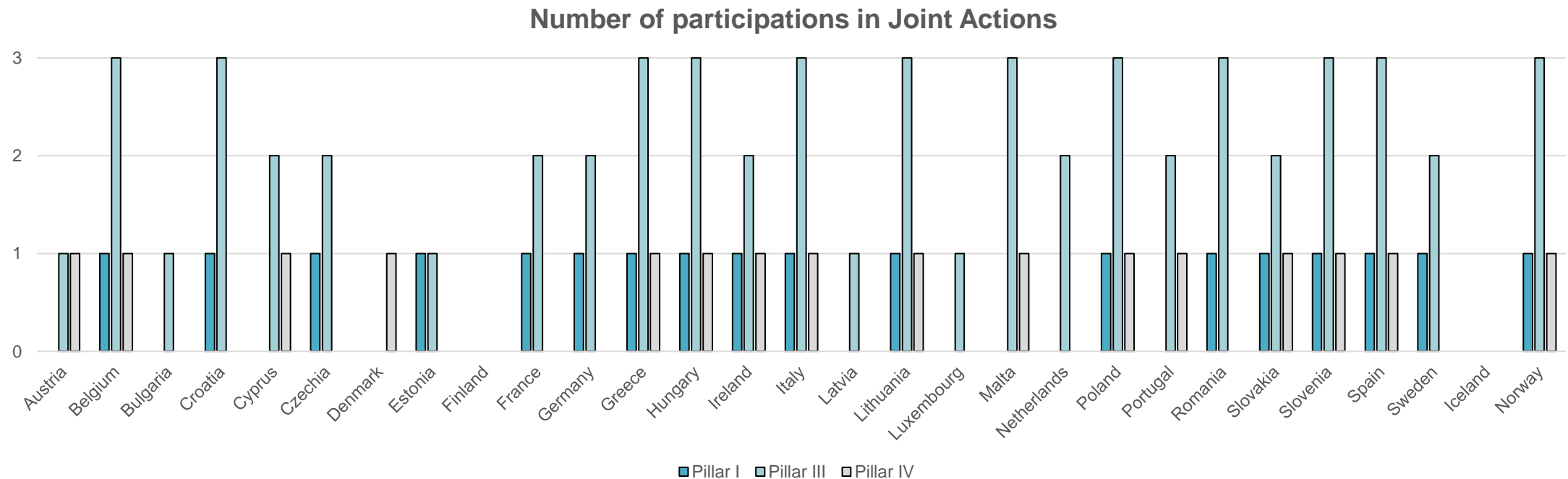
- **Procurement contracts:** call for tenders.



# Overview of participants in Joint Actions

5 Joint Actions funded under the EU4Health Programme (up to November 2023):

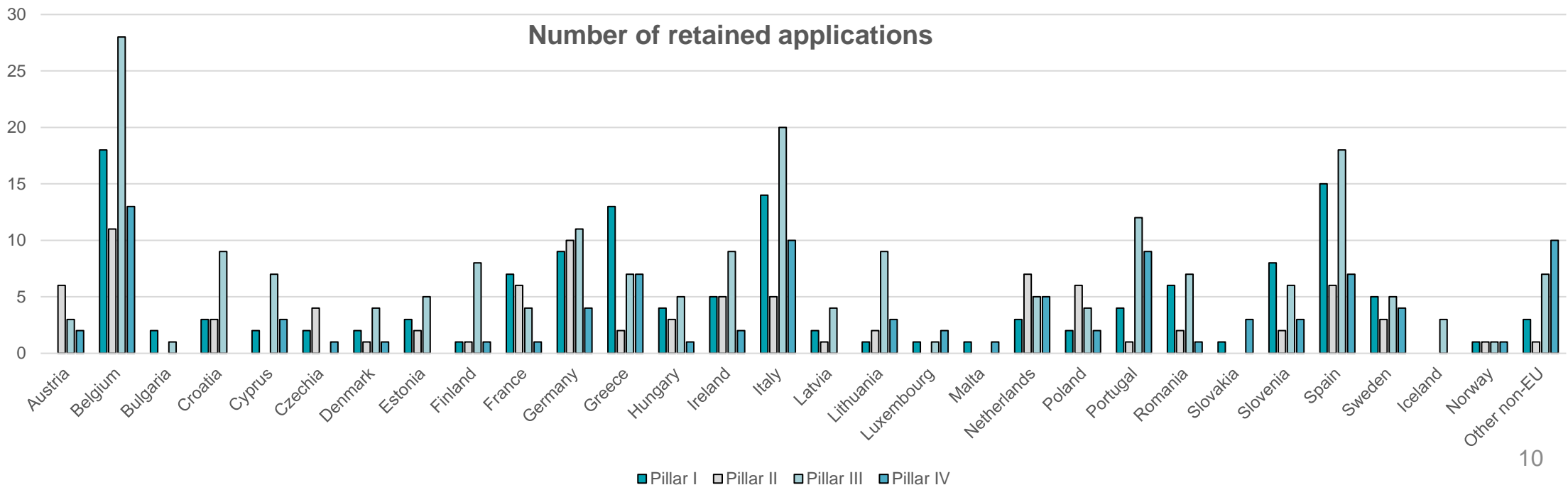
- **1 under Pillar I (Prevention):** JA PERCH
- **0 under Pillar II (Early detection):** \*JA on screening in the 2023 EU4Health WP
- **3 under Pillar III (Diagnosis and treatment):** JA CraNE, JA JANE, JA OriON
- **1 under Pillar IV (Quality of Life):** JA eCAN



# Overview of participants in project grants and procurement contracts

26 project grants (not including direct grants) and 12 procurement contracts funded under the EU4Health Programme (up to November 2023):

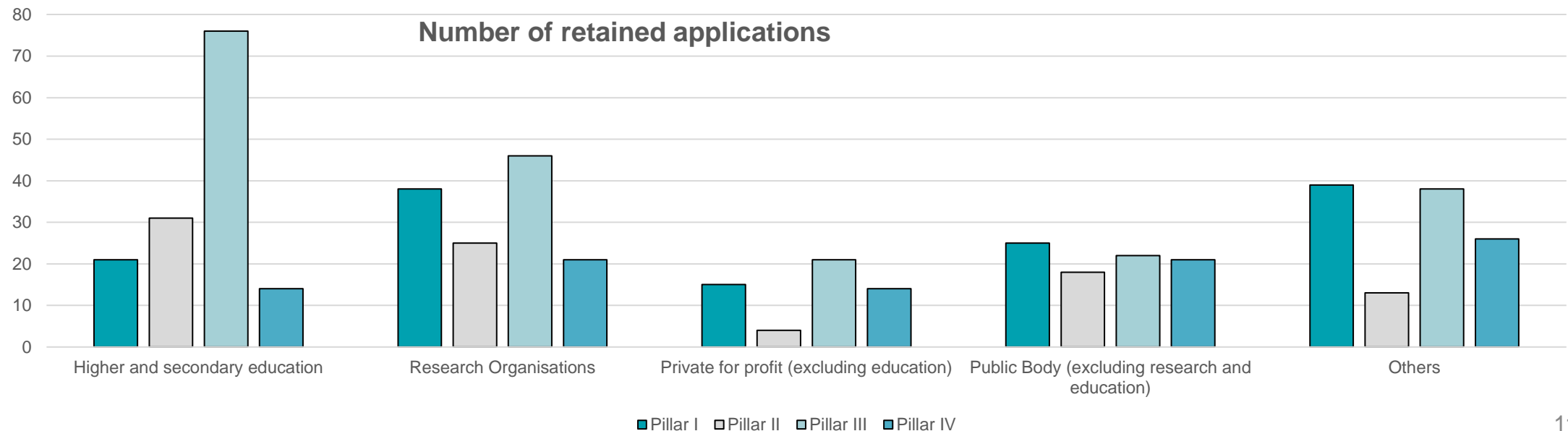
- **18 under Pillar I:** 10 project grants and 8 procurement contracts
- **4 under Pillar II:** 4 project grants
- **10 under Pillar III:** 9 project grants and 1 procurement contract
- **6 under Pillar IV:** 3 project grants and 3 procurement contracts



# Overview of participants in project grants and procurement contracts

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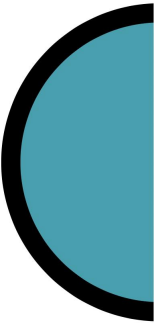
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# Experience and barriers in the application process under the EU4Health Programme

Experience and barriers in the application process	Project grant	Joint Action	Procurement
○ Lengthy and documentation-heavy application process	X	X	
○ Burdensome financial application process - challenging for small and non-profit organisations lacking administrative support	X	X	
○ Co-funding scheme can be a challenge for smaller Member States, smaller organisations, non-profit organisations, and universities.	X	X	
○ Limited budget share for Joint Actions with a large number of participating countries		X	
○ Challenges with forming a consortium and organising tasks among partners, along with restrictions on participation of European organisations	X	X	
○ Timing of calls which coincide with election periods or competing political priorities can negatively impact the application process	X	X	

# Experience and barriers in the application process under the EU4Health Programme



Recommended actions	Existing mechanisms
<p>Guidelines or tutorials to assist with the application process.</p>	<p>HaDEA has published some application guidelines on the EU4Health website and runs dedicated workshops providing information on the application process.</p>
<p>Revision of co-funding scheme to increase the EU funding share.</p>	<p>The co-funding mechanism is defined in Article 8 of Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027</p>

# Experience and barriers in the implementation

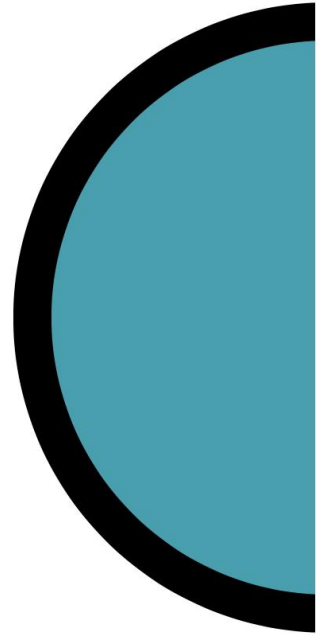
All projects assessed in the case studies overall progressing according to plan, delays related to external factors.

Barriers and challenges to implementation	Project grant	Joint Action	Procurement
○ Pre-defined unit costs to reimburse travel expenses lower than actual cost.	X		
○ Burdensome financial reporting > delays in payment put under financial pressure participant organisations.	X		
○ Duration too short to effectively achieve the set objectives and uncertainty on continuation of funding.	X	X	
○ Importance of coordination between different consortia running intertwined projects > avoid the duplication of work.	X	X	X
○ Country specific characteristics can still hinder advances at national level.	X	X	X

# Experience and barriers in the implementation

## Recommended actions:

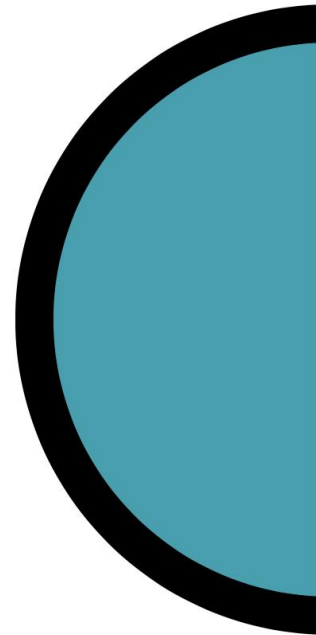
- Increase Commission's involvement in the coordination of intertwined projects
- Increase Commission's communication and dissemination efforts of project outputs.
- Streamline the financial reporting requirements and provide clear instructions, template and process.
- Amend travel expenses reimbursement rules to take into account special needs of cancer patients and survivors.



# Questions and answers

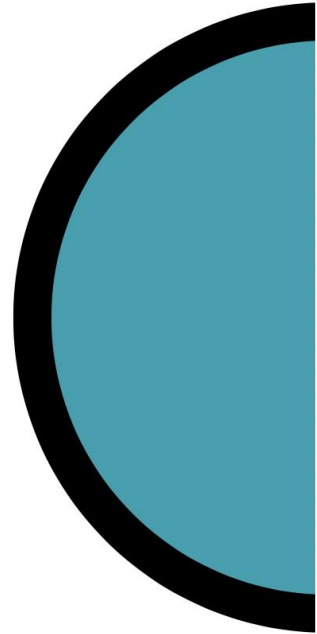






Coffee break





# EBCP monitoring framework

# Monitoring Framework of the Europe's Beating Cancer Plan



## Overarching objective:

To monitor the implementation of the Europe's Beating Cancer Plan (EBCP) at European level to assess whether the action taken is sufficient to achieve the objectives or whether additional measures are necessary.

## Methodology adopted:

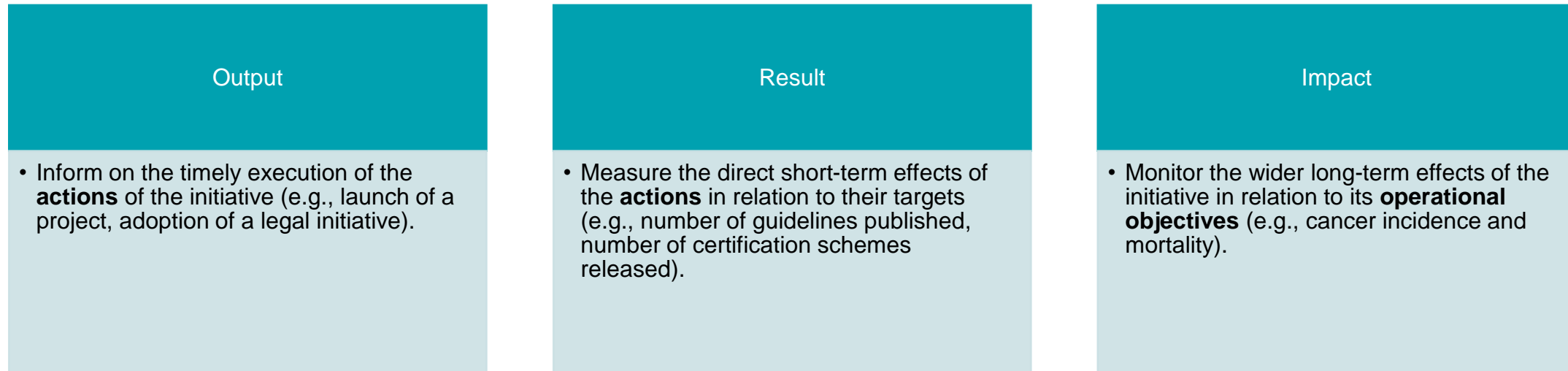
1. Identification of the monitoring scope
2. Existing reporting and data collection requirements
3. Data gap analysis
4. Outline of the monitoring framework
5. Guidelines for data collection activities

# Identification of the monitoring scope

## Monitoring scope:

Indicators to cover all dimensions of the Plan: all 42 actions under the four pillars and three cross cutting themes.

## Conceptual framework:



The selected indicators are **RACER**:

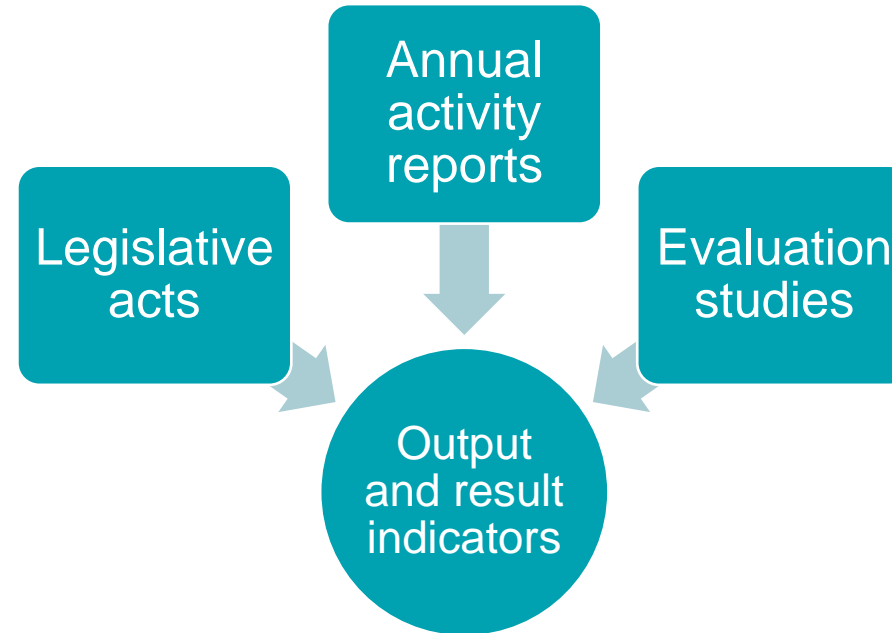
Relevant  
Accepted  
Credible  
Easy to monitor  
Robust

# Existing reporting requirements and data collection activities

## Objective:

Make the most out of existing reporting requirements to maximise cost-efficiency, contain administrative burden and increase coherence and comparability of the results.

## Output and result indicators data sources:



# Existing reporting requirements and data collection activities

## Impact indicators data sources:

- European Cancer Inequality Registry
- European Cancer Information System
- International Agency for Research on Cancer
- Global Burden of Disease Study
- Health Promotion and Disease Prevention Knowledge Gateway
- European Environmental Agency
- European Food and Safety Authority
- European Urban Mobility Observatory
- Eurobarometer Surveys

## Gap analysis:

Given the numerous sources of information available at the global, EU and national level, no additional needs for reporting requirements were identified.

# Outline of the monitoring framework – An example based on the revision of the Tobacco Product Directive (TPD)

Action/Operational Objective		Indicator	Type of indicator	Description	Unit of measurement	Data source	Frequency of measurement	Target	Baseline
<b>Action</b>	Create a tobacco free Generation by reviewing the TPD	Adoption of the Commission Proposal	Output	This indicator informs on the year of adoption of the Commission proposal on the TPD	Qualitative	European Commission	Once	2024	TPD (2014/40/EU)
		Implementation of the Commission Proposal	Result	This indicator informs on the degree to which actions were taken by the MS to comply with the new legislation	Qualitative	European Commission Implementation Reports	Biennial since the adoption of the legislation	All MS	Current national framework under the TPD
<b>Operational Objective</b>	Create a Tobacco Free Generation	Prevalence of tobacco and nicotine products users	Impact	This indicator provides estimates on the fraction of users of tobacco and nicotine products. It is disaggregated by product type, country, gender, demographic group, socio-economic group.	Percentage	European Cancer Inequality Registry, Eurobarometer Surveys	At least every five years	Less than 5% by 2040	Current prevalence rates (around 25%)
		Cancer cases attributable to smoking	Impact	This indicator provides an estimate on the number of cancer cases attributable to smoking. It can be disaggregated by country, gender, cancer type.	Percentage	Global Cancer Observatory	Annual	Not Applicable	Current cancer cases attributable to smoking in the EU
		Estimated cancer deaths attributable to smoking	Impact	This indicator presents: (i) the total number of cancer-related deaths attributable to smoking; (ii) age-standardised cancer deaths rate attributable to smoking; (iii) the proportion of all cancer-related deaths attributable to smoking.	Count, age-standardised rate per 100,000 inhabitants	ECIR; Global Burden of Disease Study	At least every 5/6 years	Not Applicable	Not applicable
		Estimated DALYs for smoking-attributable cancers	Impact	This impact indicator measures the DALYs for smoking attributable cancers	Rate per 100,000 inhabitants	Global Burden of Disease; Scientific publications	At least every 5/6 years	Not applicable	Not Applicable

# Proposed operationalisation of the Monitoring Framework

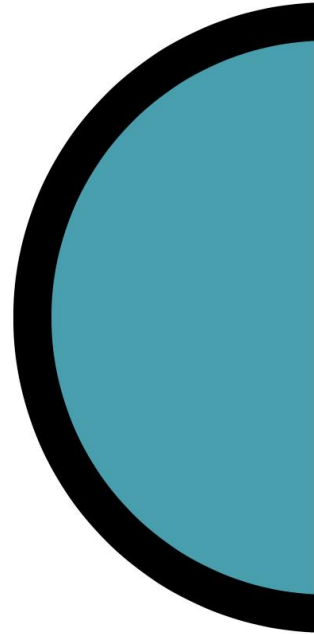
## Possible administrative arrangements:

- The operationalisation of the monitoring framework could be led by the **Directorate General for Health and Food Safety (DG SANTE)** and the **Directorate-General of the Joint Research Centre (DG JRC)**, which could centralise the collection of data and liaise with the relevant EU or national institutions for any additional information request
- Close cooperation with co-lead services of the Europe's Beating Cancer Plan, including the **Expert Sub-Group on Cancer**

## Possible timeline:

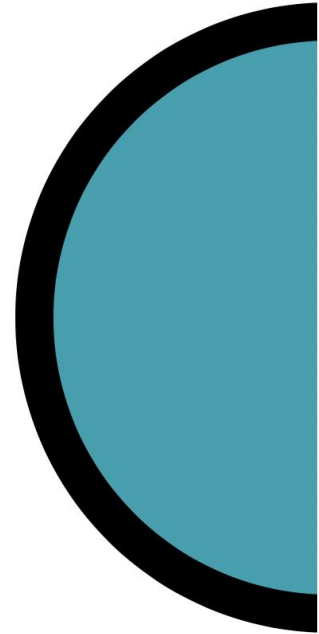
- Annual monitoring to update the EBCP roadmap
- First review of the EBCP by the end of 2024
- Subsequent monitoring and evaluation conducted every three years





# Questions and answers





# Conclusions



Thank you