



European  
Commission

2014-2020

# EU HEALTH PROGRAMME CONFERENCE

**BRUSSELS**

30 SEPTEMBER 2019



Consumers, Health,  
Agriculture and Food  
Executive Agency





# Objective 1

'Promote health, prevent diseases and foster supportive environments for healthy lifestyles'

Parallel Session I





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Parallel Session I



Chair: **Stefan Schreck**, DG SANTE, European Commission

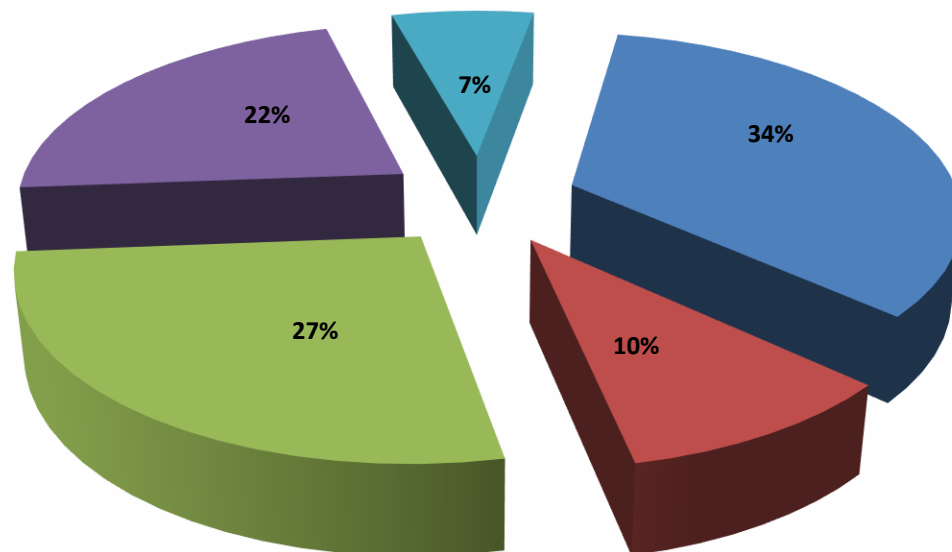
Co-chair: **Paola D'Acapito**, Chafea

- Tobacco Control: **Constantine Vardavas**, Hellenic Cancer Society (HCS), Greece
- Nutrition: **Mojca Gabrijelcic**, National Institute of Public Health, Slovenia
- Cancer: **Ciarán Nicholl**, EU Joint Research Centre
- Chronic diseases: **Rokas Navickas**, University Hospital Santariskiu klinikos Vilnius, Lithuania
- Migrants: **Victoria Vivilaki**, Technical University Athens, Greece



## Objective 1: Promoting health, prevent diseases, and foster supportive environments for healthy lifestyles

Budget allocation by objective 2014 - 2018



- 1. Promoting health and preventing diseases and foster supportive environments for healthy lifestyle
- 2. Protecting Union citizens from cross-border health threats
- 3. Contributing to innovative, efficient and sustainable health systems
- 4. Facilitating access to better and safer healthcare for Union citizens
- Horizontal actions



## Main activities per thematic priorities

**EU Funding:**  
**€ 96 m**

Chrodis and Chrodis Plus – Joint  
Actions on chronic diseases € 9 m

Action on migrants' health € 15,3 m  
(2015-2018)

JANPA – Joint Action on Nutrition and  
Physical Activity € 1.2 m

iPPAC – Joint Action on Cancer € 4.5 m  
JARC – Joint Action on rare cancers €1.5

Other activities on tobacco control  
including operating grants to NGOs  
€ 5 m

ECIBC – European Commission Initiative on  
Breast Cancer € 1.5 m  
European Cancer League operating grant  
€ 1,6 m

Activities on reducing alcohol related  
harm € 4.3 m

JATC – Joint Action on Tobacco Control  
€ 1.95 m

Data 2014 - 2018

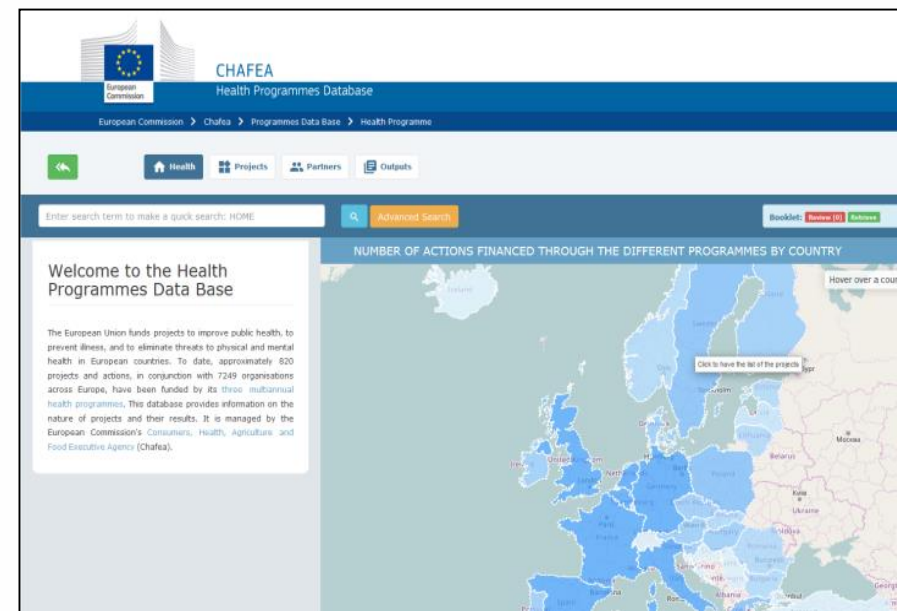


## Useful links

**European Commission Directorate-  
General for Health and Food Safety  
(SANTE) website**  
**[https://ec.europa.eu/health/home\\_en](https://ec.europa.eu/health/home_en)**

**Chafea Website**  
**[https://ec.europa.eu/chafea/health/index\\_en.htm](https://ec.europa.eu/chafea/health/index_en.htm)**

**Chafea Project Database (2003-2019):**  
**[https://webgate.ec.europa.eu/chafea\\_pdb/health/](https://webgate.ec.europa.eu/chafea_pdb/health/)**







# Objective 1

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Tobacco Control



# Constantine Vardavas

Hellenic Cancer Society (HCS), Greece



## **Joint Action on Tobacco Control**

*«Big data, small data and everything in between»*

Prof. Constantine VARDAVAS  
on behalf of the JATC Coordinating Team

Hellenic Cancer Society  
HP-JA-2016 GA:761297



## ***Action: content and objective***

- **Tobacco:** Tobacco consumption is the single largest avoidable health risk, and the most significant cause of premature death in the EU, responsible for nearly 700,000 deaths every year. Around 50% of smokers die prematurely (on average 14 years earlier).
- **Policy Implementation:** Tobacco Products Directive is one of the most impactful EU public health actions. Its aim: to regulate products and harmonise the internal EU market
- **Data based Actions:** Tobacco control initiatives must be applied using a hands-on approach. These need to be based on solid evidence and data.





# *Action: results*

## **The creation and signing of a Data Sharing Agreement.**

- ✓ Commitment to work towards creating the bigger picture of the tobacco product landscape. Describes the process for sharing information between EU MS to aid tobacco product regulation.

## **An e-cigarette compliance checklist.**

- ✓ Developed to assess if a product that is on the market-or which they wish to place on the market is compliant to the TPD.

## **Assessment of Priority Additives in Tobacco.**

- ✓ The JATC has created an assessment/evaluation framework and guidelines for «good experimental practicing» ,for EU MS and the industry and has commenced the scientific peer review of the additives in tobacco that are subject to enhanced reporting obligations.



# ***Action: uptake and follow-up***

## **Big Data:**

- ✓ 19 EU MS have signed the data sharing agreement.
- ✓ Over 200,000 submissions >250 million data entries to “unlock” tobacco products.

## **E-cigarette checklist:**

- ✓ Can be used by regulators and industry across the 28 EU MS.
- ✓ Already some EU MS have discussed its potential uptake in practice.

## **Regulation of Additives:**

- ✓ 15 Additives that may contribute to toxic, addictive or carcinogenic, mutagenic or reprotoxic properties of cigarettes and roll-your own tobacco, result in a characterising flavour, or facilitate inhalation or nicotine uptake. – Subject to scientific assessment.



# ***Action: benefit for EU citizens***

- ✓ Supporting EU MS in the application of the Tobacco Products Directive
- ✓ Greater awareness of product design and ingredients for tobacco products and e-cigarettes
- ✓ Availability of data to regulators and the general public
- ✓ Deeper understanding of the characteristics and role of specific additives
- ✓ Potential to impact the largest cause of death and disability in the EU through product regulation.



# Objective 1

'Promote health, prevent diseases and foster supportive environments for healthy lifestyles'

Nutrition





# Mojca Gabrijelcic

National Institute of Public Health, Slovenia



# ***Promote health, prevent diseases and foster supportive environments for healthy lifestyles***

Dr. Mojca GABRIJELČIČ BLENKUŠ  
*Senior Advisor, National Institute of Public Health Slovenia*

NUTRITION AND PHYSICAL ACTIVITY  
systematic and sustainable (best) practice  
within EU Health Programme



## ***Processes, outputs and outcomes in nutrition***

- EU Action plan on childhood obesity 2014-20 (Greece, CC)
- 8 action areas at HLG & good practices shared among MS and discussed with the EU Platform stakeholders
  - Council conclusions: Public procurements (Malta) and Reformulation roadmap (Netherlands)
  - Food systems road map (Austria)
- JANPA, JA Best-ReMaP (SGPP; JRC Marketplace)



# ***Expected results***

## **JA Best-ReMaP**

### 1. Reformulation:

HLG reformulation frameworks – JANPA, testing and pilots –  
EUREMO - EU wide implementation of the reformulation monitoring

### 2. Marketing: good practices to be implemented, AVMSD marketing project, HEPP

### 3. Public procurements: testing and pilots





# ***Uptake and follow-up***

- JANPA reformulation (by 3 MS), JA Best-ReMaP (by 21 MS)
- JA WP on national and EU wide sustainability:
  - exploration of EU Semester processes (EuroHealthNet reports) and food sustainability indicator;
  - funding (Financing health program services)
- Stakeholders in nutrition area engaged in three major projects at the EU level:
  - Two Horizon 2020: STOP (linked to JPI PEN) and CO-CREATE
  - JA Best-ReMaP



# *Benefits for EU citizens*

- HLG implemented HiAP approach at the EU level, by engaging different DGs, to create wider impact for citizens
  - School scheme: DG AGRI;
  - AVMSD: DG CONNECT;
  - EPSR *and* AP: DG EMPL;
- a change in the obesitogenic (syndemic) environment by increasing the healthy food choices as easier choices and more physical activity options **to all** children and adolescents



# Objective 1

'Promote health, prevent diseases and foster supportive environments for healthy lifestyles'

Cancer



# Ciarán Nicholl

EU Joint Research Centre





Promote health, prevent diseases and foster support environments for healthy lifestyles

**Ciarán NICHOLL**

(Head of Unit, DG JRC F.1 *Health and Society*)

JRC achievements in support to the EU Health Programme  
(2014-20)





## ***Action: content and objective***

- Developed the new **European Cancer Information System** for monitoring the burden of cancer in Europe
- Developed and published **new European Guidelines for Breast Cancer Screening, Diagnosis, and Care**



# *Action: results*

- a) **Autonomy** for cancer information in Europe  
b) Improved **data quality, reliability, and coverage**
- a) Covering the **whole patient pathway** – for the first time  
b) **Quality Assurance System** to facilitate implementation





# ***Action: uptake and follow-up***

- a) Input to State of Health in the EU, ESTAT, publications etc.  
b) ECIS – 26,460 visits in 2018, 21,135 in 2019 (to date)
- Bulgaria, Tunisia, Bahrain – Estonia, Czech Republic, Italy, Slovakia – Denmark, Germany, Norway, Spain, China, Chile





# ***Action: benefits for EU citizens***

- a) **GIS** cancer data in 2020
  - b) add **survival** data, **paediatric cancers** – policy formulation, implementation, and monitoring
- a) **colorectal** and **cervical** cancers
  - b) monitoring the impact of **screening programmes**



# Objective 1

'Promote health, prevent diseases and foster supportive environments for healthy lifestyles'

Chronic diseases



# Rokas Navickas

University Hospital Santariskiu klinikos Vilnius, Lithuania



"Promote health, prevent diseases and foster supportive environments for healthy lifestyles"

**Rokas NAVICKAS MD, PhD, FESC**  
***Scientific coordinator***

Vilnius University Hospital Santaros klinikos, Lithuania

Chronic diseases: key objectives of ***JA CHRODIS PLUS***



# ***CHRODIS PLUS: content and objective***

- CHRONIC DISEASES; IMPLEMENTATION; POLICY IMPACT

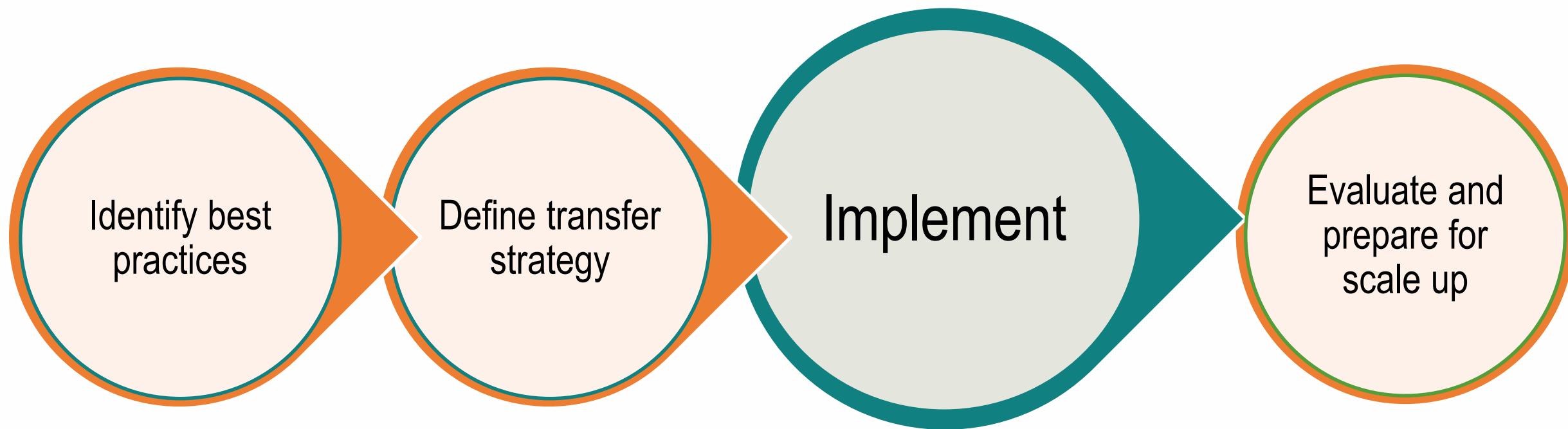


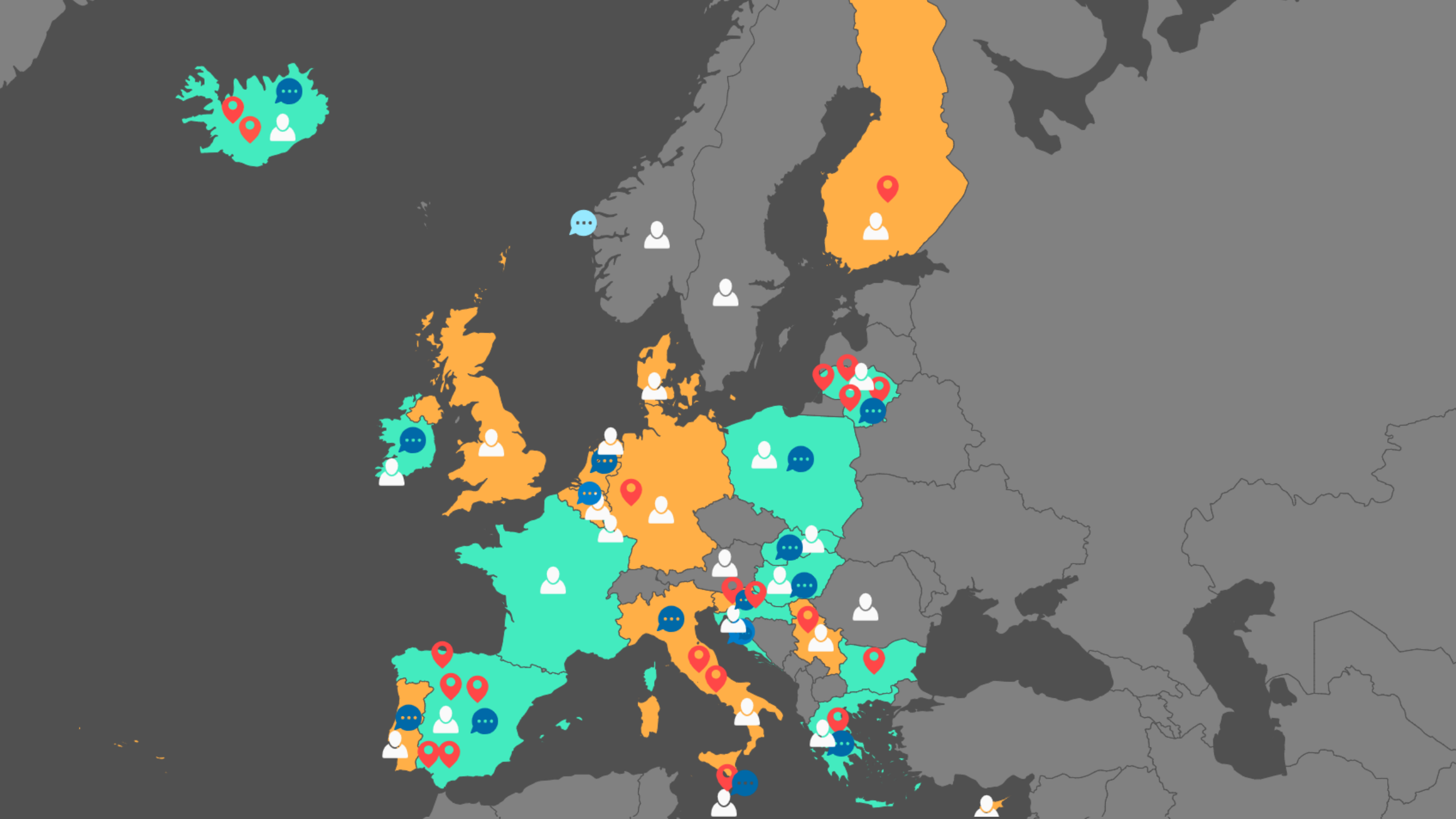
# CHRODIS+

IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

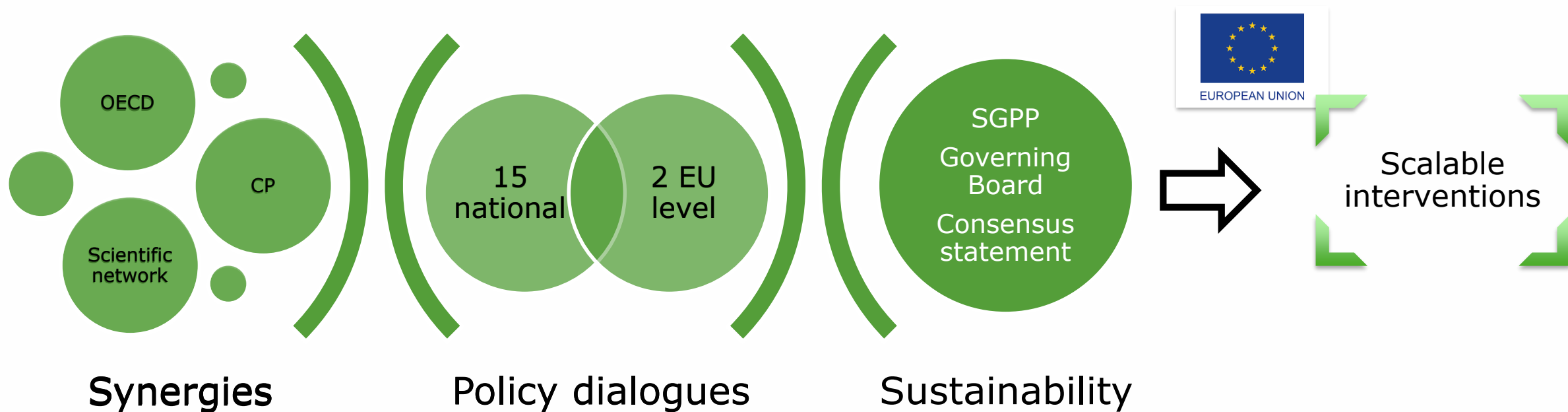


# ***CHRODIS PLUS: content and objective***





# ***CHRODIS PLUS: uptake and follow-up***





# ***CHRODIS PLUS: benefits for EU citizens***

- Direct benefit to 7817 number of EU citizens (and rising)
- Indirect benefits through publicity, patient environment, scientific network.
- Added value to Member states



# Objective 1

'Promote health, prevent diseases and foster supportive environments for healthy lifestyles'

Migrants





# Victoria Vivilaki

Technical University Athens, Greece



*'Promote health, prevent diseases and foster supportive environments for healthy lifestyles'*

**Victoria VIVILAKI**

Associate Professor

University of West Attica, Athens, GREECE

PJ-01-2016 Migrants' health: Best practices in care provision for vulnerable migrants and refugees HP- PJ



# Action: content and objective

- ❑ "Operational Refugee and Migrant Maternal Approach" (ORAMMA), was designed to inform an integrated perinatal care model sensitive to the needs of migrant women and their families to reduce perinatal health inequalities for migrant women in Europe.

Implementation of ORAMMA's work is based on a team approach, including:

- health workers
- social care providers
- locally recruited cultural maternity peer supporters (MPS) .



# Action: content and objective

- **Improvement:** safe pregnancy and childbirth through efficient provision of access to and use of quality skilled care for all migrant and refugee women and their newborn babies
- **Equality:** cultural appropriate and individualized care, as well as the support provided by MPSs in order to overcome barriers to access to care for migrant and refugee mothers
- **Empowerment:** active involvement of migrant and refugee mothers to decision making processes regarding their perinatal healthcare





# Action: results

- **The ORAMMA** approach is a holistic model developed with a needs-based assessment to meet the needs of refugee and migrant women, but also those of the health and social care professional caring for them.
- It established the key role of the **Maternity Peer Supporters (MPS)** between these groups to counterbalance sociocultural and economic challenges, and to empower local communities.
- The model was successful implemented in three **EU countries (Greece, Netherlands, and the United Kingdom)**, with highly heterogeneous healthcare systems and in diverse settings.
- Feasibility and acceptability of the model were all found to be good, representing a key intervention for knowledge transfer and scaling up in Europe and beyond.





# Action: results

- **59** Health & Social Care Providers and **43** Maternity Peer Supporters **obtained knowledge and skills** on the maternal care of migrant and refugee women.
- **72 migrant and refugee mothers** were provided with care according to the ORAMMA Approach
- **27 health and social care providers** were included in the multidisciplinary teams
- **35 maternity peer supporters** provided support to migrant and refugee mothers during the pilot implementations



## ***Action: uptake and follow-up***

- Enhancing migrant maternal health by developing and delivering a model of care across diverse European settings, but also beyond Europe, for **capacity-building** in other continents and towards a common effort to meet **SDG3 (Universal Health Coverage)** and **SDG5 (Gender equality and women's empowerment)**.
- Due to political disturbances and socioeconomic hardships, there are challenging migratory flows across the globe, with many of these migrant people being women of child-bearing potential, pregnant or new mothers, who face various challenges and have particular needs during the perinatal period.



# *Action: uptake and follow-up*

- In this age of super-diversity, provision of maternity care which is sensitive to the needs of all factions of our society is **paramount to ensure a healthy, prosperous and forward-looking community**.
- The ORAMMA model provides **an integrated perinatal care model sensitive to the needs of migrant women and their families to reduce perinatal health inequalities for migrant women**.
- Last but not least, **capacity-building** from Europe towards other continents should encompass **quality training**, enriched by **lessons in implementation pilots**, and with a strong focus on **intercultural communication and the overall health and social care** to meet global health challenges.



# Action: benefit for EU citizens

- These achievements can be seen as a welcome first step in improving health among Migrant and Refugee mothers across Europe.
- [www.oramma.eu](http://www.oramma.eu)





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