Cancerworld

Europe’s cancer agenda: how we keep it a priority in changing times

Anna Wagstaff / 20 December 2024

“I feel I’m among friends… we are all fighting the same battles.” This is how the former European Health Commissioner Stella Kyriakides greeted her audience at the European Cancer Summit at a session on November 20th devoted to her great legacy, the Europe’s Beating Cancer Plan – assessing its achievements, planning how to take it forward. The occasion was, she said, one of her final events as European Commissioner for Health and Food Safety, “And I couldn’t feel happier and more complete as a person to be here with you.”

The delegates she was addressing at this annual gathering of Europe’s cancer activists, convened by the European Cancer Organisation (ECO), had indeed been – are still – on the front line, agitating for the Plan, advising on its development, advocating for its implementation, picking up and running with the opportunities it offered to collaborate, network, learn, share and advocate.

Despite her high office, when Kyriakides spoke of being among friends, she meant it. In the decades running up to her appointment, she had played a leading role in advocating for cancer – as a health professional, a policy maker and a breast cancer survivor – helping build Europe’s cancer patient advocacy movement, including as the founding chair of ECO’s Patient Advisory Committee.

This was a moment to celebrate an extraordinary five years that saw health catapulted to the top of the EU agenda, with cancer – above all cancer patients – at the fore. It was a chance to reflect with

pride and satisfaction on how much had been achieved in such a short time, laying the groundwork to turn policies into action across Europe, to lower risks of getting cancer, improve early diagnosis and access to top quality treatment and care, support the quality of life of patients and carers, and ensure no cancer type, country or community gets left behind.

But it was also a moment to reflect on the challenges of carrying the Plan forward under a new Health Commissioner and in changing political realities, where there is a risk that cancer, and health more generally, could drop down the list of priorities. "Everyone in this room can be very proud of the work we have set in motion," said Kyriakides, "But pride is only a very fleeting moment. We should allow ourselves that, but just for that fleeting moment, because the reality is that we have to do much more to implement our Plan's goals… and to ensure equity and equality of access for all cancer patients across the EU. We need to keep up the momentum not only now but into the future, and by this I also mean the political momentum."

A moment to celebrate

The plan from the very beginning aimed to change the realities for cancer patients, for their families, for those working in this field, said Kyriakides. It saw a "record number" of projects launched to take aspects of the plan forward, including several coordinated by ECO. PROTECT Europe – a prevention project that seeks to boost the HPV virus vaccination rates. INTERACT Europe 100 – a training initiative, now running in centres across 27 countries, that aims to improve patient care by providing professionals from different specialties with the skills to communicate with each other more effectively. smartCARE – a digital health initiative that seeks to improve cancer survivors' health and wellbeing by improving lifelong support for unmet medical and psycho-social needs, through a mobile app that can be used across different healthcare settings.

Europe's Beating Cancer Plan, said Kyriakides, also laid the groundwork for improvements in early detection and access to quality care. Screening recommendations were updated to take onboard current technologies and evidence regarding its value in high-risk populations for lung cancer, prostate cancer and gastric cancer. (Though, as she stressed, massive variations in implementing the long-established screening recommendations on breast, cervical and colorectal cancers continue to drive inequalities in cancer outcomes across Europe.) And the stage was set for a "groundbreaking" network of comprehensive cancer centres, "which will improve access to diagnosis and quality of care for all patients across the EU… And this cancer plan is about equity. It is about reducing inequalities."

> "This cancer plan is about equity. it is all about reducing inequalities"

Having allowed herself and her audience to share this 'fleeting moment' of pride, Kyriakides turned her attention to the future, and the need not just to preserve the gains made over the past five years but push forward, not least with the equality agenda.

This is where the mood at the Summit grew more anxious.

Changing political times

There is palpable concern within Europe's cancer community that neither cancer, nor health more

generally, is the priority policy area that it was in December 2019, when Kyriakides was appointed Commissioner for Health and Food Safety, with 'launching Europe's Beating Cancer Plan' listed as her no. 1 responsibility.

Back then, even as Kyriakides was taking up her new post, the first case of the Covid-19 pandemic was being confirmed in Wuhan, sparking off a tumultuous period that made painfully clear the costs – not just human, but also economic – of failing to invest in healthcare systems. The experience smoothed the way for the EU4Health programme, backed by some serious funding, which involved the EU more closely than ever before in efforts to strengthen health systems.

Today, only a few short years on, there are signs that recognition of the fundamental importance of investing in healthcare may be fading, as other priorities come to the fore. A warning sign came earlier in the year when member states voted to cut €1 billion from the EU4Health programme to free up more money to support Ukraine.

The scope of the health commissioner's responsibilities has been narrowed, losing the responsibility for food safety. The position ended up one of the last to be filled, with some commentators suggesting, "health policy is looking like the poor cousin" and that the commissioner post "is beginning to look like a leftover role".

In the end, just 11 days before the start of the current EU Commission mandate – and coinciding with the opening day of the European Cancer Summit – Olivér Várhelyi, a Hungarian lawyer and diplomat, who previously served as Commissioner for Neighbourhood and Enlargement, was confirmed in the post.

> Várhelyi pitched his credentials and vision for the Health Commissioner job around his expertise on the legal and economic aspects

At his confirmation hearing in front of members of the European Parliament on November 6th, Várhelyi pitched his credentials and vision for the job primarily around his expertise on the legal and economic aspects of the pharmaceutical, biotech and medical devices sector. He referred to his previous experience heading up the European Commission unit on intellectual and industrial property rights, dealing with patents and trademarks, including in the pharmaceutical area. Earlier in his career, as a civil servant and later as head of Hungary's permanent representation in Brussels, he had dealt with "politically and economically and financially sensitive files" related to the health portfolio. That experience, he argued, would be highly relevant in dealing, for instance with ongoing or proposed work on revising the EU pharmaceutical legislation, the Medical Devices Regulation, and Tobacco Products directive.

In terms of a commitment to take forward the work started in the previous administration on strengthening health systems, and specifically tackling cancer and supporting patients, Várhelyi's "vision for the next five years" offered some grounds for optimism. Improving the health of citizens by continuing to build on the European Health Union got top billing, with a special focus on prevention of cancer and cardiovascular diseases. His second point, ensuring that the necessary treatments and medicines are available to EU citizens when and where they need them, will also be welcomed by the cancer community.

Less reassuring was the specifics Várhelyi gave on how he envisages achieving this vision, where measures to support Europe's pharmaceutical, biotech and medical devices industries heavily predominated. Nonetheless, at the end of the list came a proposal to step up the EU's work on preventive health, and exploit the opportunities offered by the European Health Data Space to make available new and personalised ways of prevention and treatment. The Beating Cancer Plan got a mention, not with a view to building on its achievements, but as a template for developing a "similarly ambitious approach" for tackling cardiovascular diseases, which would include measures to tackle diabetes and obesity.

The need to address inequalities – a major driver of the Beating Cancer Plan – was given a mention. Specific reference was also made to the need to take further measures to regulate new tobacco and nicotine products that have evolved since the current Directive was adopted, and to the importance of the Commission's work on mental health.

That pitch, together with Várhely's responses to more than two hours of questions from the MEPs, was enough to get him confirmed as the new Commissioner, though only at the second time of asking – he had been rejected for the post after the first Parliamentary hearing, necessitating a second round.

Where is the social dimension?

Among those present at the European Cancer Summit, anxiety about the level of support that can be expected for pushing forward with measures in the Beating Cancer Plan was evident. "I'm quite concerned about the consideration that has been given to health in the next commission," said Alessandra Moretti, an Italian MEP who sits on the Environment, Public Health and Food Safety committee, and is a leading voice advocating for stronger public health measures on tobacco and other preventable risk factors.

"The reason is not only due to the weak portfolio that has been given to the Commission candidate for health. I am concerned also because, during the hearing, I had the feeling that the social aspects were being completely neglected." A competitive ecosystem for industry is certainly important, and the Parliament is pushing for that in the revised pharmaceutical legislation, she stressed. "At the same time, we believe that the business side must go hand in hand with the social dimension in health. A social dimension that promotes and sufficiently funds public research. Public healthcare systems. Equal access for everyone to healthcare services. A social dimension that addresses discrimination and protects all EU citizens, regardless of where they live. Sadly, I didn't see this side in the new commissioner designate. And I hope that this will change in the future," she said.

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Mark Lawler, Professor of Digital Health, and Chair in Translational Cancer Genomics at Queen's University Belfast, who co-chairs ECO's network on the impact of Covid-19 on cancer, raised similar concerns. "If you look at the new mandate in relation to health, it has taken food out of health. If you look at the lessons we learned from Covid, one of the lessons was about a 'one health' agenda. We also addressed it by working together. How are we going to deliver the same ability to drive 'health in all policies' – one of the characteristics of [President of the European Commission] von der

Leyen's first five years – in relation to a health programme that has been watered down?" he asked.

Responding to those concerns, Kyriakides sounded a reassuring note. The commitment to continue implementing the European Health Union remains a specific part of the mission given to the new Commissioner for Health and Animal Welfare, she said. The 'one health' approach would continue, she said, adding that some are voicing criticisms that health is now divided across too many portfolios. "This is exactly the importance: health in all policies," she said, "We need to start with confidence, with positivity, and make sure we keep moving forwards. We said before that we need to keep cancer as a political priority. We need to keep *health* as a top political priority. If we let that slip in the years to come, then everything else will slip."

Our Plan, our responsibility

Making progress in implementing Europe's Beating Cancer Plan does not rely solely on what is happening at the level of the Commission, however. It was always the case that implementing the many measures in the Plan would involve action by national governments. Over recent years, ECO and others have focused on working with Kyriakides to engage with health ministries from EU member states – 24 in all – to hear about their specific needs, priorities, challenges and capacities in tackling cancer and supporting patients, and to talk through how the policies in the Beating Cancer Plan could help address those.

It is reasonable to expect that the direction, ambition and momentum those discussion will have achieved in at least some countries will continue to fuel progress even in the absence of strong leadership from Brussels.

And as Gilli Spurrier, co-chair of the ECO Patients Advisory Committee, pointed out, that momentum and ambition goes far wider than national policy makers. "The success of Europe's Beating Cancer Plan comes from the fact that there now is a broad European community from different stakeholders now communicating together on how to tackle cancer. This did not exist before," she argued. "As Commissioner Stella Kyriakides said at the kick-off, it is all about the people."

The Beating Cancer Plan, she added, "has seen an increased involvement that has allowed us as patient organisations to up our game, to increase our involvement, to improve our capacity and knowledge, to be useful consortia members and have influence on the topics that we all agree are necessary to improve outcomes.

"It has facilitated capacity and education within the patient organisation communities, and consequently brought about a more meaningful collaboration with each other… but also with other cancer stakeholders who may never have worked together before. We can think of fundamental researchers, translational scientists, patient advocates, healthcare professionals, industry and biotech, social scientists, data specialists, regulators, payers and policy makers. Just having a Beating Cancer Plan set all this in motion and is achieving great results."

This more involved, better networked, more knowledgeable community will be a huge asset that will continue to drive progress forward, she argued.

> "I appeal to those who have public health close to their heart: let's work together to give future generation a safer and healthier society to live in"

And at the level of the EU, the battle to keep health as a top priority is there to be fought for and

won, argued Moretti. “I’m a positive person. I hope the future will be fine for this important commitment that we have,” she said. “I allow myself to launch today an appeal to friends and colleagues from other political families. To those who have public health close to their heart, and also the Commissioner who has done so much for the fight against cancer. Let’s work together to give future generation a safer and healthier society to live in.”

An immediate battle she mentioned was a forthcoming resolution on the European Council recommendations for extending the scope of smoke-free environments. “Sadly, we have difficulties in reaching a majority on this… I’m worried that this might be just the first example of a Parliament that doesn’t trust science and doctors anymore.”

The following Wednesday, she said, she would be at the Parliament, coordinating efforts to lobby in favour of the extended measures.

“We’ll be there together,” promised Kyriakides.

The opening image shows former European Commissioner for Health and Food Safety, Stella Kyriakides, receiving a presentation at the European Cancer Summit in Brussels, November 20, 2024