

A surge in actions across the EU to improve cancer prevention, screening, and care of patients and survivors shows the success of Europe's Beating Cancer Plan. We know that. To ensure continued support for cancer in the next seven-year funding cycle, we need to make sure others know it as well, says ECO's policy lead, Richard Price.

What matter of pressing regional importance could have induced a sizeable group of countries in the southeast fringes of Europe to overcome some traditional fractures and frictions this January to look for ways to collaborate? The surprising answer is the opportunity they saw to work together to help protect their populations against the threat of dying from preventable HPV-related cancers.

At a meeting hosted by Bulgaria and coordinated by the European Cancer Organisation (ECO), officials and experts from Bosnia Herzegovina, Serbia, Croatia, North Macedonia, Turkey, Slovakia, Romania and Bulgaria looked for ways to work together to eliminate this group of cancers from their populations. Topics on the agenda included improving data collection and registries; reaching out to groups that can help raise awareness and advocate; expanding gender-neutral vaccination coverage; improving screening programmes; and developing sustainable forums for exchanging knowledge and best practice on how to address common challenges.

The meeting, titled '[A Shared Vision for South East Europe: Eliminating HPV Cancers Together](#)', was not called or organised by an EU body. Yet it happened as a direct result of the EU's [Europe's Beating Cancer Plan](#), says ECO's Head of Policy, Richard Price. As he points out, the Beating Cancer Plan promotes eliminating HPV across Europe as one of its flagship policies, and it has motivated member states to take action by setting specific goals, together with target dates for achieving them. Crucially, it has also made substantial funding available to help countries achieve these aims, and prioritises helping countries that are lagging behind to close the gap with those that are doing better.

Price sees this eight-country collaboration, in a region with by far the worst mortality from HPV-related cancers anywhere in Europe, as a clear sign of how effective Europe's Beating Cancer Plan has been at stimulating initiatives around many different aspects of cancer policy – prevention, screening, quality care, survivor support – even in countries with little history of action in these areas. What's important, he says, is that the motivation for that meeting came from the bottom up, “because the partners in those countries were suggesting to create a cooperation.”

It's just one of many examples he can point to of “a ripple effect” created by the Beating Cancer Plan that has caught his attention as he has travelled around European capitals, with ECO colleagues, to promote the Plan and discuss with health ministers about their cancer priorities and how they can use the funding and support opportunities offered by the Plan to help address them.

“What we were finding when we went to a country like Slovakia, for example, is that they were conscious that their neighbour Czechia was involved in lots of things in the Cancer Plan and Slovakia wasn't.” The politicians, he says, were asking about how they too could join consortiums and access funding and support.

Some smaller countries, he said, have jumped at the opportunities and become leaders in specific areas that other European states are now looking to learn from “So you have a country like Latvia, which is leading on the European gastric cancer screening initiative. Everyone is looking to what they are doing. And a country like Croatia, which is leading on lung cancer screening. People are trying to learn from what they are doing.”

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Watching this dynamic play out is both satisfying and energising, particularly for people like Price who have been involved in building support for and helping shape Europe’s Beating Cancer Plan and then advocating for its implementation by member states. There’s a problem, however. While the progress for citizens, patients and survivors is visible on the ground, the EU policies and support that delivered it are not, he says, and that needs to change.

“What we know, because we are working in it, is that there are many great things happening and lives being saved because of the Plan. The public unfortunately probably don’t know that...” He’s concerned that this lack of public recognition could hamper efforts to ensure that the priority that was given to health in general, and cancer in particular, in the EU’s multiyear financial framework for 2021–2027 is sustained in the next seven-year funding cycle.

“Our challenge is to ensure that the EU Commission and politicians understand the success of the Plan,” he says. “[ECO is] trying to put our shoulder to the wheel on that effort. Others need to as well.”

Hidden in plain view

Price singles out for special mention the Beating Cancer Plan’s action point on “Creation of ‘National Comprehensive Cancer Centre(s)’ in all Member States and EU network by 2025”. There is arguably no area that matters more to citizens – and is consequently more politically sensitive – than questions around the quality of care, and whether people are dying unnecessarily because of delays and failings in diagnosing and treatment their cancer.

That action, he says, has stimulated important debates across member states around: Which cancer centres in your country are going to be part of that? What will your national approach be? He gives the example of Spain, a country in which healthcare policies are largely left to regional rather than national government, where these discussions have prompted a recognition that some parts of the country do not have a comprehensive cancer centre, and raised questions about how that can be addressed. “Slovakia and Ireland have had similar discussions, and felt, ‘OK, we need a national approach on this,’” says Price, “So it’s been a good provoker sometimes, to get something dealt with that has been not dealt with for too long.”

As he points out, the principles behind comprehensive cancer centres and networks as the key infrastructures required to provide all European citizens with access to high quality comprehensive cancer care were developed and agreed through successive EU Joint Actions and other collaborations almost a decade ago. But it wasn’t until the Beating Cancer Plan included a requirement that every member state should develop these centres and networks that governments have begun to take notice.

“We all agreed, but nothing was then happening as a result. The needle wasn’t moving,” says Price. “Then when you have a Plan which said, ‘we have a target that 90% of EU citizens should be offered access to comprehensive care,’ that has pushed things.” That, together with “some quite substantial funding” made available, as part of the EU4Health programme, to support that goal. For the first time, he says, “Big countries like Bulgaria and others with significant populations but also small

countries that were not providing their citizens with access to comprehensive cancer care – through the Beating Cancer Plan they now will be. Real people getting much better quality treatment as a result of the Plan.”

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That’s an outcome that should guarantee levels of public support that Europe’s political leaders would take note of when deciding between competing policy priorities – except for the fact that, as Price points out, “When they go to the cancer centre... they have no idea that that has come about because of the Plan. There is no poster on the wall.”

And the same applies to the other areas of progress that have resulted from Europe’s Beating Cancer Plan. Improvements in long-term care for cancer survivors through the eSmartCard initiative, or better protection from cervical and other HPV-related cancers through the gender-neutral vaccination policies (now endorsed by all European member states), lowered risk of lung cancer through air pollution regulations, lower risk of late diagnosis through improvements in screening triggered by the recent EU updated guidelines. “There is nothing to tell them [it is thanks to the Plan]. No adverts on TV. It’s almost like a secret benefit of the EU for the individual citizens.

“So that’s our challenge, to find ways to bring that success to the public, and tell the story.”

What is at stake?

Telling the story of the successes of Europe’s Beating Cancer Plan will be important, in particular, for maintaining and strengthening backing from the European Commission, says Price. Negotiations around the EUs spending allocations, which currently happen every seven years, are a key arena where policy priorities are decided. So, ensuring health and cancer get the priority they deserve will be crucial.

“That is a big political contest, because in theory there could be no money for the Beating Cancer Plan in that framework. They can say, ‘We want it to be a lot more on defence, a lot more on competitiveness. We’ve done the Cancer Plan and that is that.’ The current framework finishes in 2027. So, we have to make the case to continue financing. That is something we’ve been looking at a lot this year in terms of our representations.”

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Winning that case will be part of a wider battle to consolidate the EU’s role in the area of health, which expanded significantly under the previous Commission, with the launch of the [European Health Union](#), “in which all EU countries prepare and respond together to health crises, medical supplies are available, affordable and innovative, and countries work together to improve prevention, treatment and aftercare for diseases such as cancer.”

To “pave the way”, almost €4.5 billion was made available under the [EU4Health](#) programme. Top of the list of priorities was “health promotion and disease prevention, in particular cancer”. At least as important, particularly for Europe’s cancer patients, was a commitment to strengthening health systems, including access to care, diagnostics and treatments. That money continues to be crucial in helping member states fund many of the actions set out in the Europe’s Beating Cancer Plan.

Further major funding was made available, as part of the EU’s ‘[Cancer Mission](#)’ to support efforts around cancer research, innovation, technology and cancer control, via the Horizon research framework programme and others such as the Digital Europe Programme, the Euratom Programme, and the Interregional Innovation Investments funding instrument.

Stella Kyriakides, the Commissioner for Health and Food Safety who oversaw the development of the Beating Cancer Plan, has attributed the expansion of the EU’s health role under the previous Commission to “an alignment of the stars”: Ursula von der Leyen had taken on top job at the European Commission on a ticket to prioritise health; Kyriakides herself, a committed and experienced cancer advocate, was given the health portfolio; and the Covid pandemic, which broke out shortly after the new Commission took office, completed the alignment, breaking down previous arguments that health is a purely national issue, and that there are no economic dividends to come from investing in better health.

In the run up to the negotiations over the 2028–2034 funding cycle, that alignment no longer holds. Changing realities at a global and European level are pushing issues of competitiveness and security up the agenda. The new Health Commissioner, Olivér Várhelyi, is certainly focused on the competitiveness agenda, having previously headed up the European Commission unit on intellectual and industrial property rights, dealing with patents and trademarks, including in the pharmaceutical, biotech and medical devices areas.

Furthermore, cardiovascular diseases have been brought in as the new top focus, with an instruction to develop a plan for this group of conditions along the lines of Beating Cancer Plan. At the same time, a trend towards greater Euroscepticism among many member states could affect how much member states will agree to contribute, and the areas that money can be spent on.

Voices calling to maintain and expand European funding for health and cancer through the next cycle will need to make themselves heard.

How we win the argument

Price agrees the current alignment of the stars may not be as favourable as it once was.

However, five years into the Beating Cancer Plan, we have a lot of evidence to show its impact, which should count for a lot, he says, and ECO has built up a solid bank of allies. “We’re not resting on our laurels. Taking nothing for granted. But we’re confident that we’ve got a good case, good arguments, good political support behind us.”

ECO is giving a lot of thought about how best to demonstrate the progress made. At the time the Cancer Plan was being developed, says Price, ECO had asked that it include establishing a ‘cancer dashboard’, which could show progress in different countries towards the different goals. “That’s a massive thing in terms of being able to show success.”

While that proposal was not accepted – in part because member states can be a bit sensitive about their metrics being evaluated and ranked in this way, says Price – the Commission did agree to set up a [Cancer Inequalities Registry](#). This uses data collated by IARC (the WHO’s International Agency

for Research on Cancer), the OECD (Organisation for Economic Cooperation and Development) and the Commission's own Joint Research Centre, to show inequalities between countries and also social inequalities across a variety of cancer and cancer control/care metrics.

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The inequalities registry is designed to present snapshots, rather than track changes over time, says Price. However, ECO – being less constrained by political considerations – is using the information to do some analyses of its own. “We can play a role in presenting data. Putting colours on it – green, red and orange. Being able to say ‘good’ and ‘bad’ for certain countries. So we’ve been doing that with our [European Cancer Pulse](#), and [country reports](#), and most recently [screening policy index](#).”

He’s not overly concerned about cancer being seemingly ‘downgraded’ as a priority for the Commission, in favour of cardiovascular diseases. As he points out, pursuing the goals of the Beating Cancer Plan remains part of the mission given to the incoming health commissioner. And, while it would have been good for cancer to have a further five years as the top priority, he reflects that such sustained attention is rare in politics. Price even sees something positive for cancer in the instruction to develop a plan to tackle cardiovascular diseases. “I see this as a sign that the Beating Cancer Plan is seen to have been a good approach. Because it is now being thought of for other areas... I would be more worried if there was a lapse back to just having general non-communicable diseases policy, which is all a bit nebulous and non-specific.”

There will also be opportunities for working together around shared issues, he believes. Smoking, alcohol, diet and exercise are all areas of common concern, as are the many challenges around caring for cancer patients with cardiovascular comorbidities. And many innovations in the cancer plan, such as eSmartCards for survivorship, could also be applied to cardiovascular diseases.

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On the issue of broader changes in political priorities, away from health, Price argues that the key is how to win the argument at the level of the Commission. “If the European Parliament was in charge, there wouldn’t be any risk of health not being on the EU agenda. The MEPs are strong on it. They’ve just set up a new permanent health committee of the Parliament. They are closer to the citizens.”

Surveys consistently show 75%–80% support among citizens of member states for the EU to play a role in health, says Price. The challenge is to make those voices heard by the Commission, “[which] can be more distant from citizens in terms of decision making and can zone in on the big geopolitical topics.”

Yet cancer and geopolitical interests are not necessarily entirely counterposed, as Price explains. Cancer has always been a unifying force within Europe, and it continues to play that role despite increased fragmentation among members states. In the run-up to the 2024 elections to the European

Parliament, ECO led a strong campaign to get candidates to sign up to their [Time to Accelerate](#) manifesto.

“We got [hundreds of candidates](#) supporting the call to continue the plan, expand it and have new targets added to it,” says Price. “Even people who were elected on very Eurosceptic tickets are part of our parliamentarians’ group, receiving information on cancer and seeing there is a legitimate role for cooperation between countries on topics like this... I think everybody wants to see more progress on research. More progress on treatment and prevention.”

Importantly, as the HPV meeting in Sofia shows, the interest is not limited to current member states. The majority of countries involved – Serbia, Bosnia, Macedonia, Albania and Turkey – are not current members, and the EU is keen to strengthen relations with neighbouring states. The value of this ‘soft power’ is a key reason why the non-member states are able to access funding from e.g. the EU4Health programme and the Horizon programme, which are the primary funders of initiatives related to the Beating Cancer Plan. There is therefore a strong argument to be made that maintaining strong funding for the Beating Cancer Plan could be part of the agenda to promote the EU’s global standing and security interests, rather than counterposed to it.

Likewise, with the agenda on competitiveness, where the evidence for the economic benefits from investing in prevention, early detection and support for survivors, and also research, is incontestable.

In short, the argument for maintaining strong levels of funding behind Europe’s Beating Cancer Plan beyond 2027 is strong, and the mood of the public and Parliament is behind it, says Price. “But we have to be clever in how we bring that into action.” Key to winning that argument where it matters, he says, will be getting much more visibility, at local, national and regional levels across Europe, for what the Beating Cancer Plan has already achieved for citizens. He is calling on Europe’s cancer community to join that effort. “We all want as many European cancer stakeholders as possible to help and support that political effort.”