



CEE Beating Cancer Plan

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Policy background

The health-related topics were present at 2021 edition of GLOBSEC Bratislava Forum through different panel discussions and closed-door moderated side event sessions. Pandemics and lockdowns across the whole Europe negatively affected many different areas of healthcare. Oncology health care and delays in diagnostics and screening programs were affected the most. GLOBSEC together with association OnkoAliancia Slovensko organized discussion of experts in oncology, public health, patient organizations and representatives of public and private sector from the CEE region. Topics such as impact of pandemic on cancer therapy and patients, status of screening programs, diagnostics, access to personalized and innovative medicine, inclusion of oncology agenda into national RRP (Recovery-Resilience Plans) were in the focus of side event discussions aiming to deliver ideas, recommendations, which will be developed into the policy recommendations and memorandum, part of CEE Beating Cancer Plan.

Participants

Active discussants and participants from wider CEE region. EC representatives, EP members, Parliamentary Members, Ministry of Health & National Public Health representatives, Medical Experts, Patients Organizations, Professional Associations, Health Insurance Companies, Private Sector representatives targeted audience.



Key Takeaways

- Cancer and its socioeconomic consequences could be successfully fought across EU countries via presented solidarity and head towards common goal.
- The coronavirus pandemic has amplified the necessity to develop a comprehensive approach to fighting cancer which is the second leading cause of death in the EU and CEE countries being most impacted by cancer mortality.
- The European Commission issued EU Beating Cancer Plan (in Feb. 2021) with 10 flagship initiatives and 4 billion Euro funding to stop the forecasted rise in mortality of 25% making cancer the leading cause of death by 2035 at an annual economic cost of more than €100bn.
- EU Beating Cancer Plan offers help to revive or develop local cancer control plans to fight cancer based on prevention programs, early detection, diagnosis, and accessible treatment and improving quality of life of diagnosed patients, while closing the gap and inequalities in the cancer care among EU member states
- The budget for EU Cancer Plan is € 4 billion for actions addressing cancer, including €1.25 billion from out of total 5,3 billion € dedicated within the new EU4Health Program, plus financial support through the Horizon Europe Framework Programme for Research and Innovation, and the Digital Europe programme.
- The EU 's Beating Cancer Plan identifies specific problems that member states face and offers new proposals how to solve them, the key is implementation and adoption on the national level. Among other standards should be harmonized on EU level to avoid differences in treatment between various member states. Therefore, there is need to collect data and to exchange best practices to have interconnected system.
- There is a huge gap in the situation in oncology between EU member states. Countries in CEE region lack of innovation methods in oncology diagnostics and therapy, the healthcare expenditures for oncology prevention programs & innovative personalized therapeutical solutions are below the EU average.
- EU's plan is supportive to building more resilient health systems to encounter prevention (immunization and vaccination coverage), improved cancer patient pathway, innovative payment models that overcome annual budgets and silo budgeting to enable funding for innovation, routine collection and use of patient-reported outcomes, deployment of digital solutions that increase responsiveness and efficiency of health services.
- Slovakia has the worst cancer mortality related data in Europe. Based on EU Cancer Information System data for 2020, estimated cancer mortality rates in CEE countries are much higher than the average of the EU (264 per 100 000): SK 351, PL 331, HU 330, HR 324 (per 100 000)
- In Slovakia only 1/3 of the new innovative treatment options is standardly reimbursed from the public health insurance which are available elsewhere in EU, oncology patients many times have to find its own way to get the treatment approved by health insurance companies via exceptional approvals.
- EMA has approved 27 new therapies for the treatment of cancer since 2011, only 3 of them are available through the reimbursement system in Slovakia. The exceptional non-systematic approvals of not reimbursed therapies is not transparent, unreliable and creates differences in quality of care and access of Slovak patients to the therapies, such system set up is not able to fully cover the need of innovative therapies and further budget revisions and wider expert's discussion and argumentation with the budget holder, Ministry of Finance, shall be undertaken.
- The Slovak Republic is committed to improve the organization, management, and provision of health services in the framework of the fight against cancer through action plans – Cancer is one of the major public health problems affecting our society.
- Controlling cancer in Slovakia requires the investment of substantial resources and the effective coordination at the national level. There are notable "performance gaps" and "lack of continuation" in the cancer control plan operating in the Slovak Republic.

EU Beating Cancer Plan

- In 2020, 2.7 million people in the EU were diagnosed with cancer, and another 1.3 million people lost their lives to it. Prevention of cancer is crucial, but it is also necessary to ensure quality of infrastructure, including screening diagnosis, treatment facilities and health services and to facilitate equal involvement of all member states and regions to tackle any inequalities as cancer is very unequal disease.
- Recommendations should be adjusted to the involvement of the individual member states and problem of social inequalities needs to be addressed.
- Giving advancement in technologies, including medical field, the promise to combat cancer by means of new technologies, research and innovation raises hopes.
- The cancer inequality register should be as inclusive as possible, reflect not only disparities between member states and regions, but also social inequalities regarding employment and gender.
- The pandemic has caused serious delays to cancer patient treatments across the European Union, with the CEE region proving to be among the most affected. Recent European Cancer Organization report noted a drop of 40% in diagnoses of cancer across Europe, totaling one million undiagnosed patients.
- Delayed access to diagnosis and treatment built a backlog of cancer patients (many of whom are still undiagnosed), leading to a future “tsunami of cancer patients”, which will prove to be a huge burden for healthcare systems over the coming months and years.
- Cancer is personal challenge; the solutions need to be complex. The plan should demonstrate its practical solutions to concrete actions and situation of cancer patients and survivors. There is strong link of cancer and factors such as quality of environment, healthy lifestyle, and diet.
- Plan aims to prevent cancer caused by viral infections by introducing vaccination programs.
- National vaccination program influences reduction of oncoviruses. However, vaccination rates vary between regions.
- The best practices should be incorporated in all regions and the measure measures should target all types of cancer.
- As many people as possible should benefit from screening.
- A failure to act will create snowball effect & EU Beating Cancer Plan is just the first step.

Situation in Slovakia

- A change of result for exceptions in treatment can be obtained by bureaucratic decisions, change in chairmanship of the health insurance company or the publicity of the case.
- It needs to be stressed that a patient from one country should have the same access to the treatment as a patient from another country, especially within the EU.
- In the Nordic EU countries, average survival rate for cancer patients is 60 %, in Eastern European member states it is 45 %.
- Slovak cancer patients do not have standard access to up to 65 % of innovative drugs.
- Genetic test which helps with diagnoses is reimbursed by public health insurance in other countries e.g., Czech Republic, but it is not in Slovakia and costs over 4 000 €.
- Slovakia has the second highest number of cancer deaths per 100 000 inhabitants after Hungary. Very high mortality in terms of curable and preventable causes – one of the highest in the EU.

- Slovakia invests only 1 % of health spending on promotion and prevention, while the EU average is 3 %.
- Slovakia has one of the lowest screening rates. In 2017, less than 1/3 of women aged 40-65 have been screened for breast cancer in the last 2 years which is only half of the EU average.
- Caused by lack of screening, five years survivor rate is much lower in Slovakia than in other EU countries.
- In Slovakia there is a need to focus on long term plan with 3 steps to achieve common goal:
 1. Act on national level
 2. Collect robust data
 3. Evaluate and exchange best practices

Data – Situation in Slovakia

Slovakia recorded significantly below the EU average in almost all diagnostic categories in cancer survival rate. The difference ranges from 2 to 12 %.

- Slovakia has 30 000 new cancer cases and hundreds of avoidable deaths per year being at the bottom of the rankings in this statistic.
- There are many types of factors that contribute to below average results.
 - ▶ Risk factors
 - ▶ Diagnostics
 - ▶ Available quality of care
- Slovakia is the lowest spender when it comes to prevention; spends less than 1 % of all healthcare expenditure. Along the time expenditures even declined.
- The healthiest countries in the world spend on prevention several times more than Slovakia. The range is from 3 to 9 %. There is correlation between how much a country spends on the prevention, the results it gets and how healthy its population is.
- Nearly half of all death can be attributed to preventable factors in Slovakia.
- Slovakia lags behind in the rate of screening of all diseases. What’s more, even a temporary decline in screening quickly worsens results. Even 17 % decrease in mammographic examinations will be reflected in 90 undetected cases while 36 % of them would still be in the early stages of the disease.
- 20 – 25 % of all health outcomes can be attributed to the way how the healthcare system works.
- Only 1/3 of all new innovative medicines is reimbursed by the public health insurance in Slovakia. The availability of standard reimbursed oncological treatment is even lower. Many of the drugs are available only just through exceptions approved by health insurance companies, rules are not transparent and reliable or there is no access at all.
- Another example of regional inequalities is that in Slovakia there is only one center for robotic surgery, to compare, there are 11 in the Czech Republic.
- 85 % of health state of the citizens can be influenced by state.

Situation in Slovakia – Ministry of Health (MoH) view

- Role of MoH is to strengthen and continuously develop existing national initiatives in the areas of prevention, early detection, diagnosis, treatment, research and innovations, and long-term follow-up or support.
- The World Health Organization (WHO) Cancer Control Global Snapshot 2015 report indicates that while 87% of countries have an existing policy, strategy, or action plan for cancer, only 68% reported the plans were being implemented.

National Cancer Plan:

- ▶ The Government of the Slovak Republic has approved the National Cancer Plan - Improved Control, Prevention, and Treatment of Cancer for All Slovak Citizens on 22nd August 2018.
- ▶ National Institute of Oncology (NOI) was established within the National Cancer Center in September 2018.
- ▶ The government has approved National Cancer Plan and its Action Plans on 9 January 2019, for the years 2019-2020.
- ▶ In 2021, the Ministry of Health is preparing an update of the Action Plans for the years 2021-2025, focusing on prevention, early detection, diagnosis, treatment, and research up to an improved quality of life for cancer patients and survivors.

National Cancer Plan aligned with EU initiatives:

- ▶ 2021 boarded two flagship initiatives, the Europe's Beating Cancer Plan (DG SANTE) and the Horizon Europe (2021-2027) Mission on Cancer (DG R&I).
- ▶ The European Commission's new Knowledge Centre on Cancer will also help foster scientific and technical alignment, coordination, and support of our actions against cancer.
- ▶ The Knowledge Centre will provide the European Cancer Information System, the European Guidelines and Quality Assurance Schemes for Breast, Colorectal and Cervical cancers and European Best Practices on cancer prevention through its Health Promotion and Disease Prevention Knowledge Gateway.
- ▶ Strengthening position of the SR regarding international collaboration in context of the European Strategy Forum on Research Infrastructures (ESFRI), namely via consortia such as ECRIN/ SLOVACRIN (academic clinical trials) and the planned membership in the BBMRI (biobanking activities).

Health and cancer control:

- ▶ urgently needs to move out of a paradigm narrowly confined to healthcare, into a wider multi-sectoral framework, which better reflects health as a public priority, deals with all determinants, and focuses on health as an investment, rather than a cost, while having overall impact on social and economic development of the SR.
- There is a window of opportunity for sustainable synergies to bridge the research, policy, and practice gap.
- ▶ Slovak MoH believes that cancer prevention and control stay a priority issue for Slovakia and the new Action Plans will be continuously supported for the implementation in order to improve health status of Slovak citizens.

Situation in Hungary

- Standardized cancer death rate in the EU is very bad in the CEE.
- EU Beating Cancer Plan has goal to make 70% of cancer cases a chronic disease by 2035.
- The major goal of National Cancer Control Program in Hungary is to decrease cancer mortality by 10 % until 2030. The Program includes primary and secondary prevention, early diagnosis, therapy, rehabilitation, palliation, education, PR activity, national oncological structure, and monitoring.
- In primary prevention the Program focuses on various areas. Since smoking is one of the leading factors that causes cancer, there is a law that bans smoking in public areas in Hungary. Other factors are obesity, environmental injuries, and lack of physical activities.
- Hungary has established Central European Academy of Oncology

View of the oncology association OnkoAliancia Slovakia

- Slovakia needs a plan on how to achieve better treatment, more technologies, more drugs available while shortening diagnostic time and avoiding duplicity. It is question of organization, efficiency, and value for a money.
- It is crucial to make a step to the new era, from cancer care which was offered in the last century to cancer care in the 21st century, which is based on digitalization, AI at every step possible.
- From the very first sign of the cancer, patient should be evaluated by software and sent to specialist. Whole patient management should be based on one communication system. Every single provider should have information about current state of the patient and what actions are needed afterwards. All information should be available to the patients as well. Therefore, they will become additional actors of their own care, not just objects.
- Currently, the whole process from the first signs of the cancer to treatment of the patient is 180 days, with the new system it could be 50 days.

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