



JA PreventNCD

Joint Action Prevent Non-Communicable Diseases

JA PreventNCD Internal information Webinar – Update from the coordinator

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Knut-Inge Klepp, Scientific Coordinator

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Co-Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor HADEA can be held responsible for them.

Purpose

- A unique collaborative effort: Background, highlights, structure, challenges and solutions
- Key insights and recent developments
- Strategic guidance and unified efforts: Our strategic path forward



The bigger picture



Non-communicable diseases (NCDs) are responsible for **80% of the disease burden** in EU countries

Improved health promotion and disease prevention can **reduce the prevalence** of NCDs by as much as **70%**

The UN Sustainable Development Goals

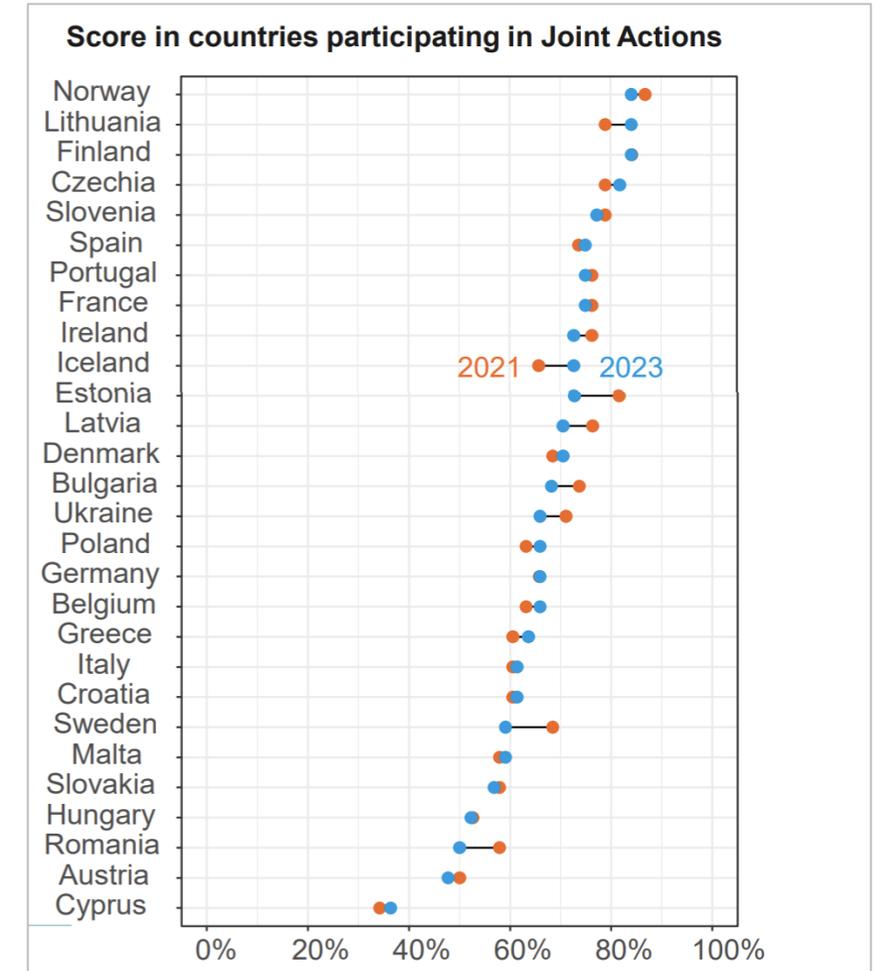
By 2030, reduce one third premature mortality from NCD through prevention and treatment and promote mental health and well-being



The bigger picture – policy progress

- Process indicators for implementation of recommended NCD policies and capacities show **significant variation**
- **Less than half** have fully adopted recommended NCD policies
- **Substantial potential** to support improvement

WHO European Region	2019	2021	2023
Fully implemented	46%	48%	48%
At least partly implemented	80%	80%	79%
Score (0.5 partly, 1 fully)	63%	64%	63%



Scaling up efforts on cancer and NCDs




Europe's Beating Cancer Plan

Communication from the commission to the European Parliament and the Council



Healthier Together EU Non-Communicable Diseases Initiative



June 2022

#HealthierTogether
#HealthUnion



NCD BEST BUYS¹ AND OTHER EFFECTIVE INTERVENTIONS²

EVIDENCE-BASED COST-EFFECTIVE PUBLIC HEALTH INTERVENTIONS TO PREVENT AND CONTROL NCDs

Prevention and control of noncommunicable diseases (NCDs) requires policy and health service interventions to address the four main diseases and their underlying risk factors. This is a summary of the WHO cost-effective interventions, which provides a menu of evidence-based options to guide policy decisions.

REDUCE TOBACCO USE

- Increase excise taxes and prices on tobacco products
- Implement plain packaging and/or large graphic health warnings on all tobacco packages
- Ban tobacco advertising, promotion and sponsorship
- Ban smoking in all indoor workplaces, public places and on public transport
- Warn about the harms of smoking/tobacco use and second-hand smoke through mass media campaigns
- Provide effective and population-wide support for tobacco cessation

REDUCE HARMFUL USE OF ALCOHOL

- Increase excise taxes on alcoholic beverages
- Ban or restrict alcohol advertising
- Restrict the physical availability of retail alcohol
- Enact and enforce drink-driving laws and blood alcohol concentration limits
- Provide psychosocial intervention for persons with hazardous and harmful alcohol use

PROMOTE HEALTHY DIET

Reduce salt intake by:

- Product reformulation and setting targets for the amount of salt in foods and meals
- Providing lower sodium options in public institutions
- Promoting behaviour change through mass media campaigns
- Implementing front-of-pack labelling

- Ban trans-fats in the food chain
- Raise taxes on sugar-sweetened beverages to reduce sugar consumption

PROMOTE PHYSICAL ACTIVITY

- Promote physical activity with mass media campaigns and other community-based education, motivational and environmental programmes
- Provide physical activity counselling and referral as part of routine primary health care

¹ Best buys are effective interventions with cost effectiveness analysis (CEA) of US\$ 500 per disability-adjusted life year (DALY) averted in low and middle-income countries
² Effective interventions with cost effectiveness analysis (CEA) of US\$ 200 per DALY
³ The international dollar is a hypothetical unit of currency that has the same purchasing power parity that the U.S. dollar had in the United States at a given point in time.





EU4Health Programme (EU4H)

Invitation to submit proposals

Joint Actions 2022
(EU4H-2022-JA-IBA)



JA PreventNCD

Duration

January

2024

December

2027

Project lead

Norway

Countries involved

25

Partners involved

106

Tasks

68

Total budget

€ 95.5 mill.

EC contribution: € 76.5
mill

Beneficiaries

**Public health
authorities**

Affiliated Entities

71

Associated Partners

10

Sub tasks

113

Pilots

98

Aim and objectives of JA PreventNCD

Reduce the burden of cancer and other NCDs and common risk factors, both at a **personal and societal level**, and define methods to assess their **effectiveness** across Europe



Improve joint capacities



Improve data and the monitoring system



Contribute to reduced social inequalities



Engage with and support key actors

Connecting to the objectives through WP work

Coordination WP1

Lead HDIR, Linda Granlund, Norway
Co-lead NIPH, Knut-Inge Klepp, Norway

Dissemination and Communication WP2

Lead DOHI, Sólveig Karlsdóttir, Iceland
Co-lead HDIR, Anita Thorolvsen Munch, Norway

Evaluation WP3

Lead RKI, Julika Loss, Germany
Co-lead INSP, Carmen Ungurean, Romania

Sustainability WP4

Lead NIJZ, Mojca Gabrijelčič, Slovenia
Co-lead Sciensano, Gabrielle Schittecatte, Belgium

Health in all policies WP9

Lead THL/CSF (SSY), Eeva Ollila, Finland
Co-lead DOHI, Gígja Gunnarsdóttir, Iceland

Social Inequalities WP7

Lead ISS, Raffaella Bucciardini, Italy
Co-lead NNGYK, Peter Csizmadia, Hungary

Regulation and taxation WP5

Lead
NIPH, Arnfinn Helleve
Norway

Co-lead
MS DGS, Maria João Gregório
Portugal

Healthy living environment WP6

Lead
FISABIO, Rosana Peiró Perez
Spain

Co-lead
SUM, Katarzyna Brukało,
Poland and CIPH, Anja Đurić
Croatia

Identify individuals at risk WP10

Lead
Sciensano, Marc Van Den
Bulcke, Belgium

Co-lead
RSYD, Torben Hansen
Denmark

Monitoring WP8

Lead RSYD, Emil Høstrup and Torben Hansen, DK
Co-lead ISS, Giovanni Capelli, Italy



Societal level

Personal level



Structural drivers

Environmental drivers

Individual level factors



Societal level Personal level

Health in all policies



Social inequalities

Monitoring

Structural drivers

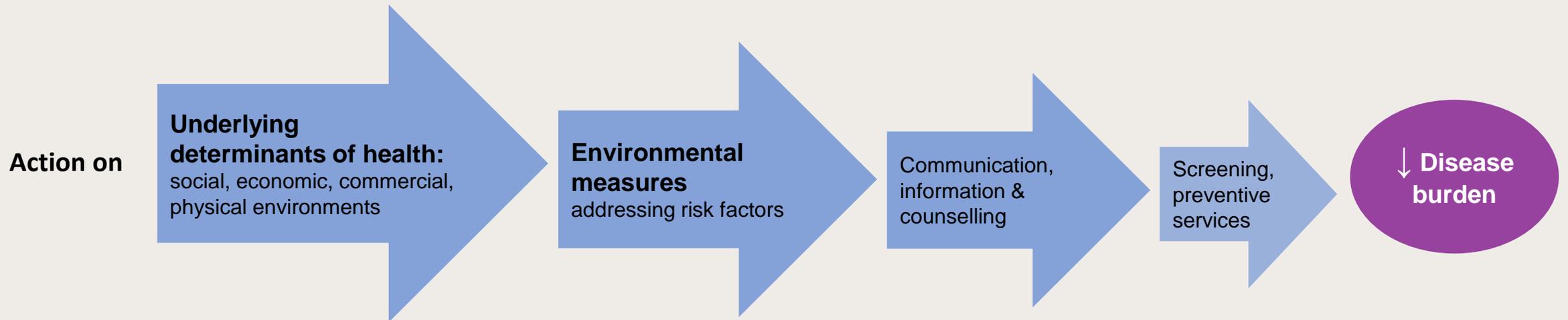
Environmental drivers

Individual level factors



Societal level

Personal level



Structural drivers

Environmental drivers

Individual level factors



Societal level Personal level

EU level National level Sub-national level Vulnerable groups, high-risk groups, risk stratification

Regulation and taxation

Healthy living environment

Identify individuals at risk

Health in all policies

Social inequalities

Monitoring

Action on

Underlying determinants of health:
social, economic, commercial, physical environments

Environmental measures
addressing risk factors

Communication, information & counselling

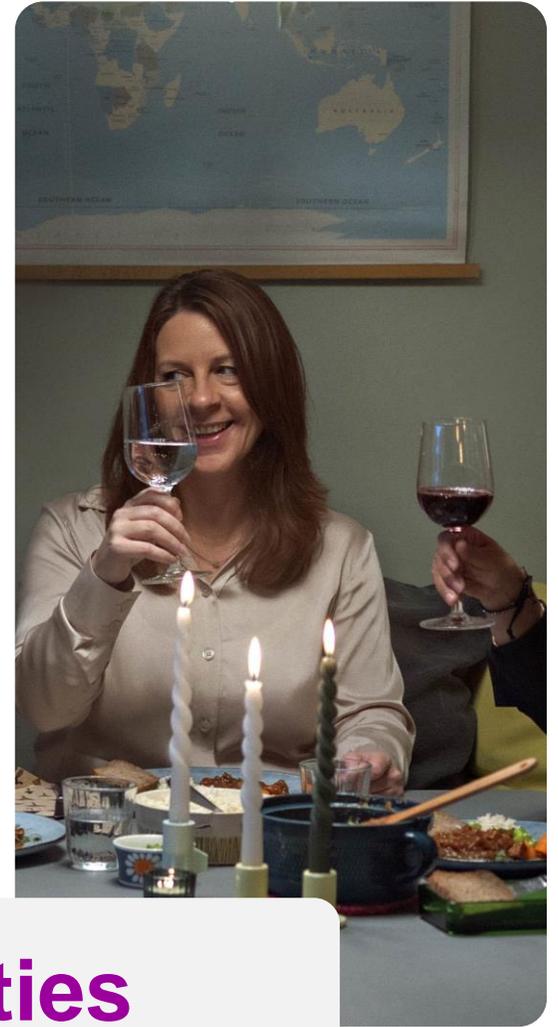
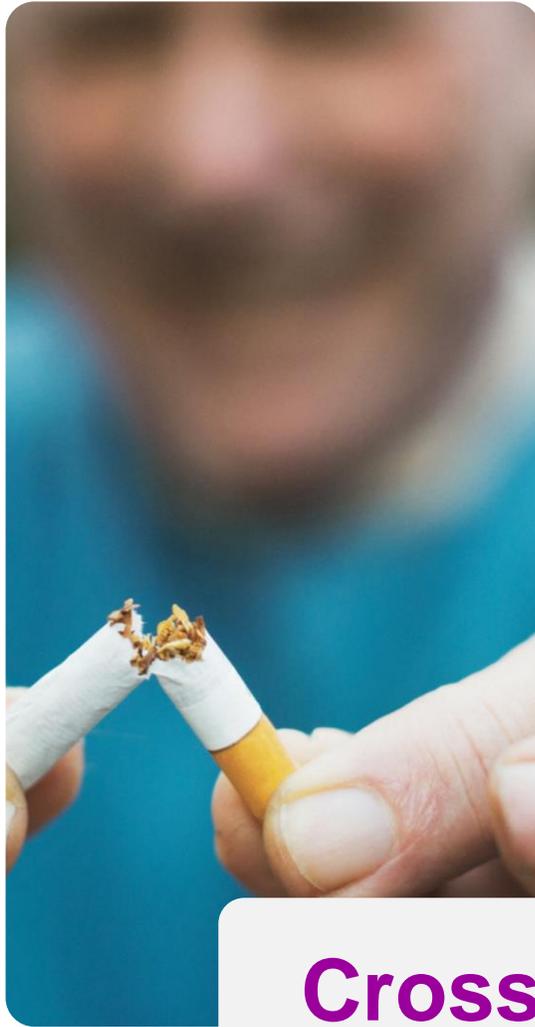
Screening, preventive services

↓ **Disease burden**

Structural drivers

Environmental drivers

Individual level factors



Cross-cutting themes – and activities

Ensuring added value of our innovative WP structure

Thematic coordination of the four major NCD risk factors

Activities include

- Overview of relevant activities across WPs
- Collaborating on strategic coordination
- Facilitating coordination between WPs
- Facilitating contact with WHO, central focal points and other relevant organizations, groups, events
- Receive & consider relevant publication proposals
- Assist in reporting cross-cutting themes to the EC

Thematic coordinators



Alcohol

Kristiane Bugge Dugstad
Directorate of Health
Norway



Unhealthy diets

Katarzyna Brukało
Medical University of Silesia
Poland



Physical inactivity

Gígja Gunnarsdóttir
Directorate of Health
Iceland



Tobacco

Hanna Ollila
THL
Finland

Scientific relevance and quality

Current mechanisms and plans



Detailed Protocols for each WP

- Version 1 (May)
- Updated version (Oct)



Indicators and targets

- Specific objectives indicators
- Action-level indicators



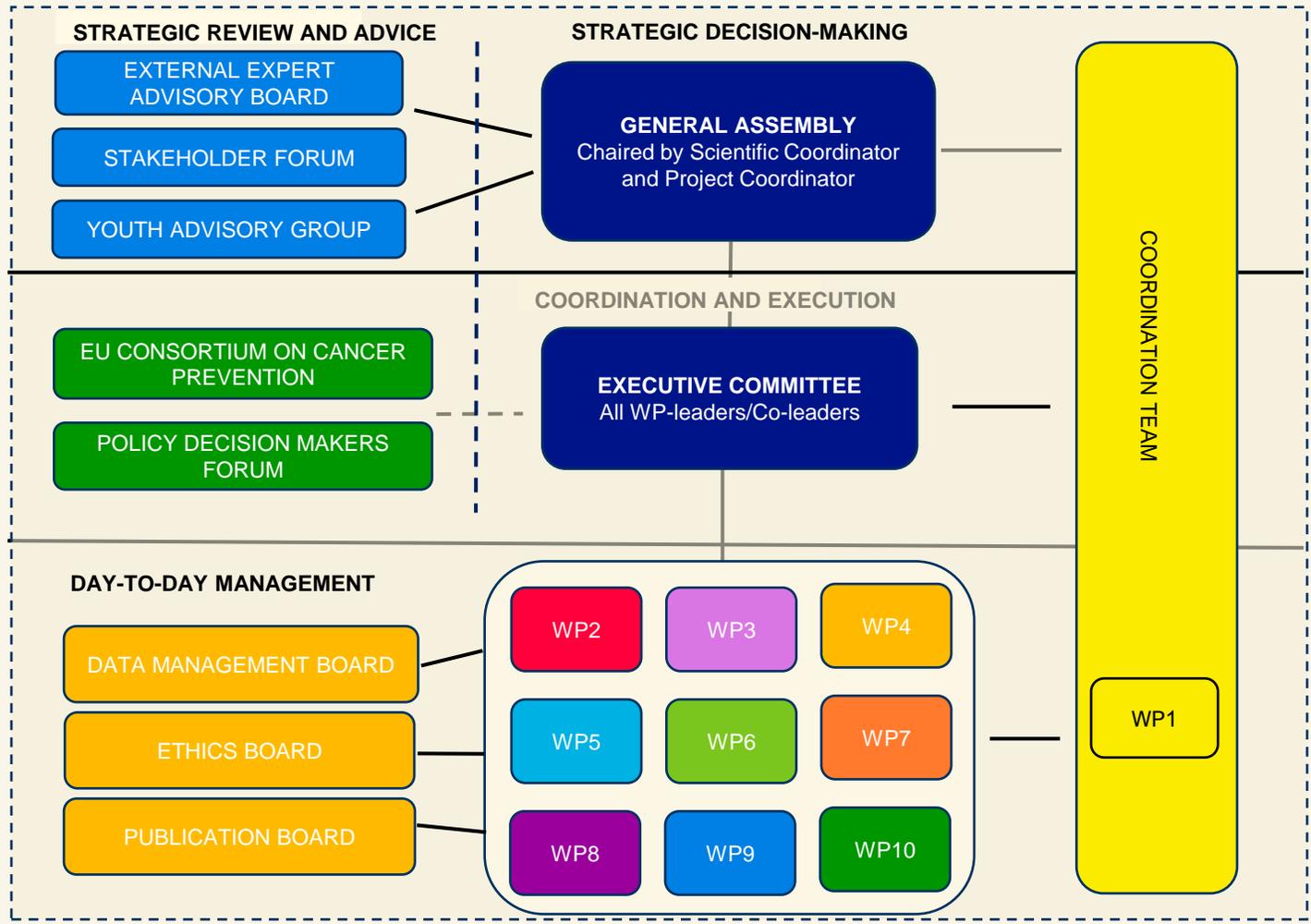
Regular follow-up of all technical WPs

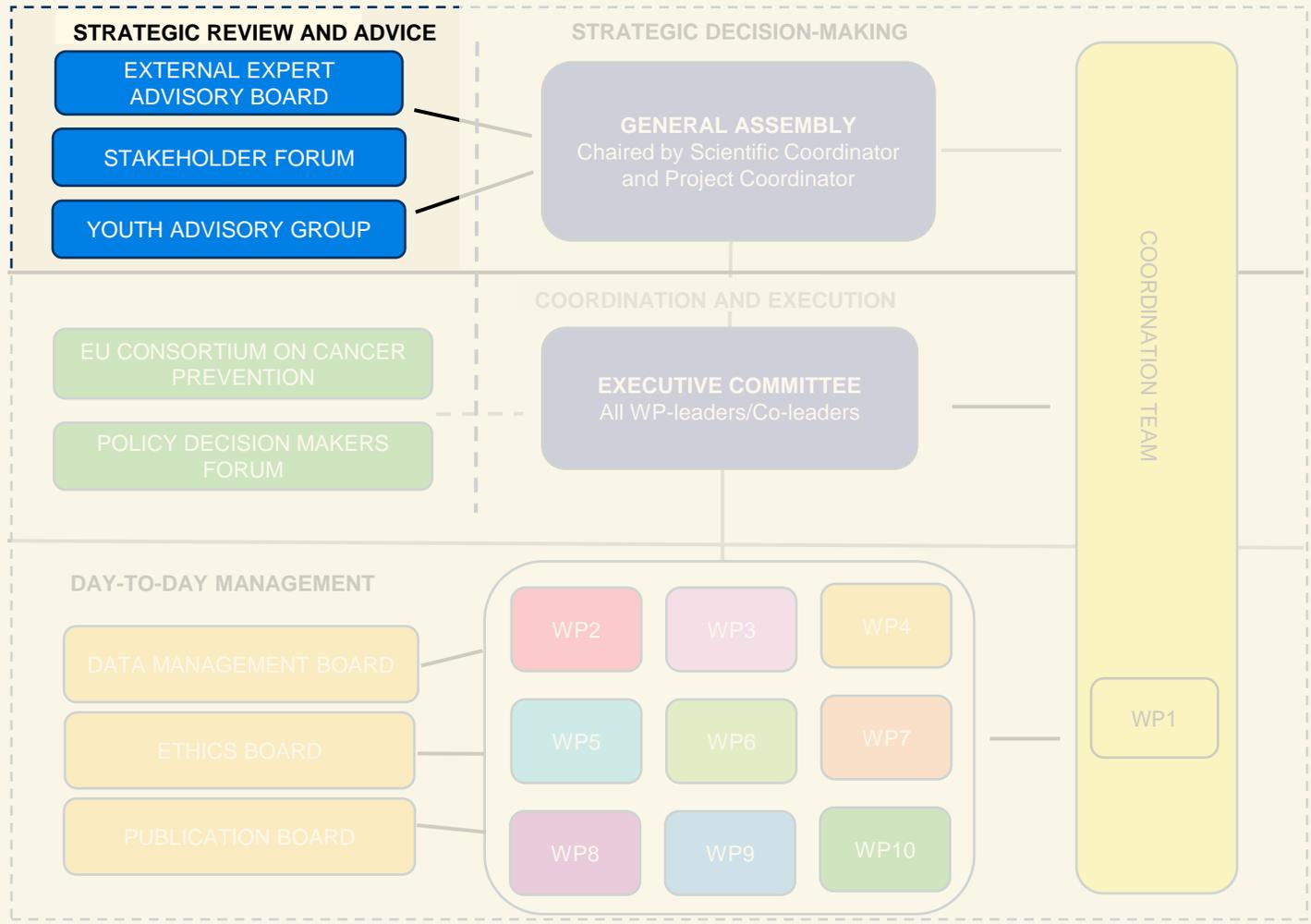
- Annual physical meetings between WP and Scientific Coordinator
- Internal collaboration and coherence

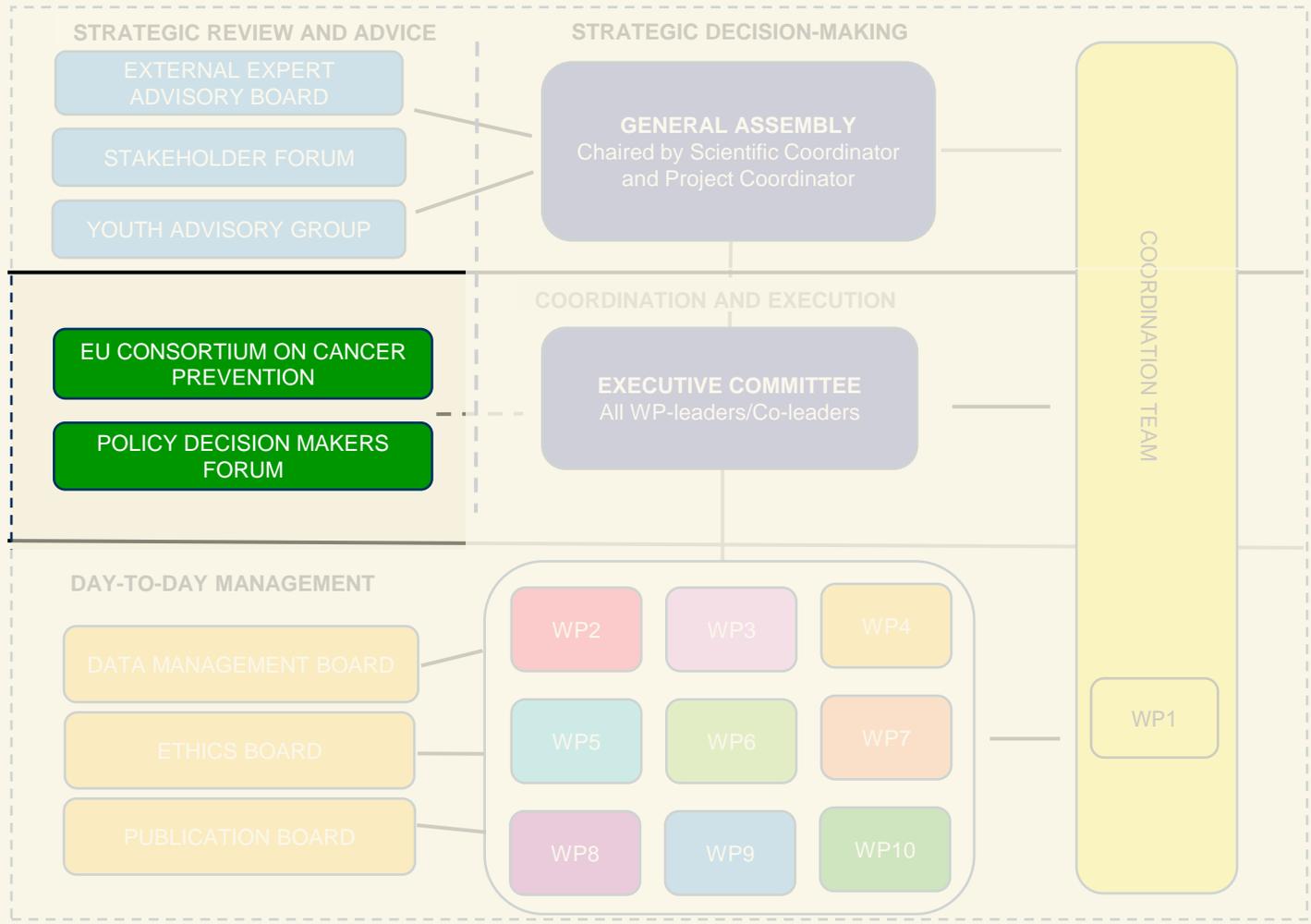


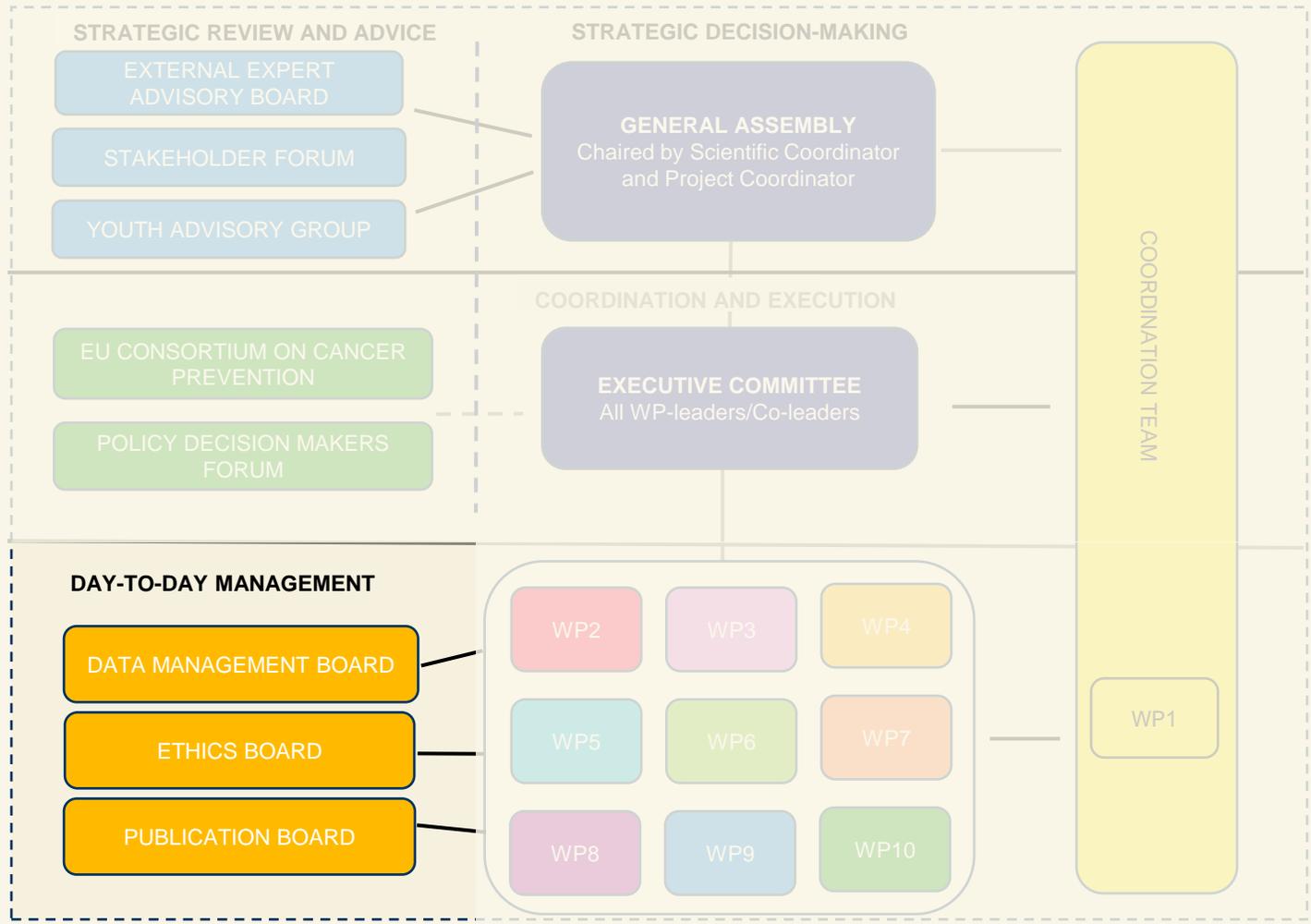
Scientific Publications

- Publication Board
- Scientific Publications Work Plan
- Policy Briefs

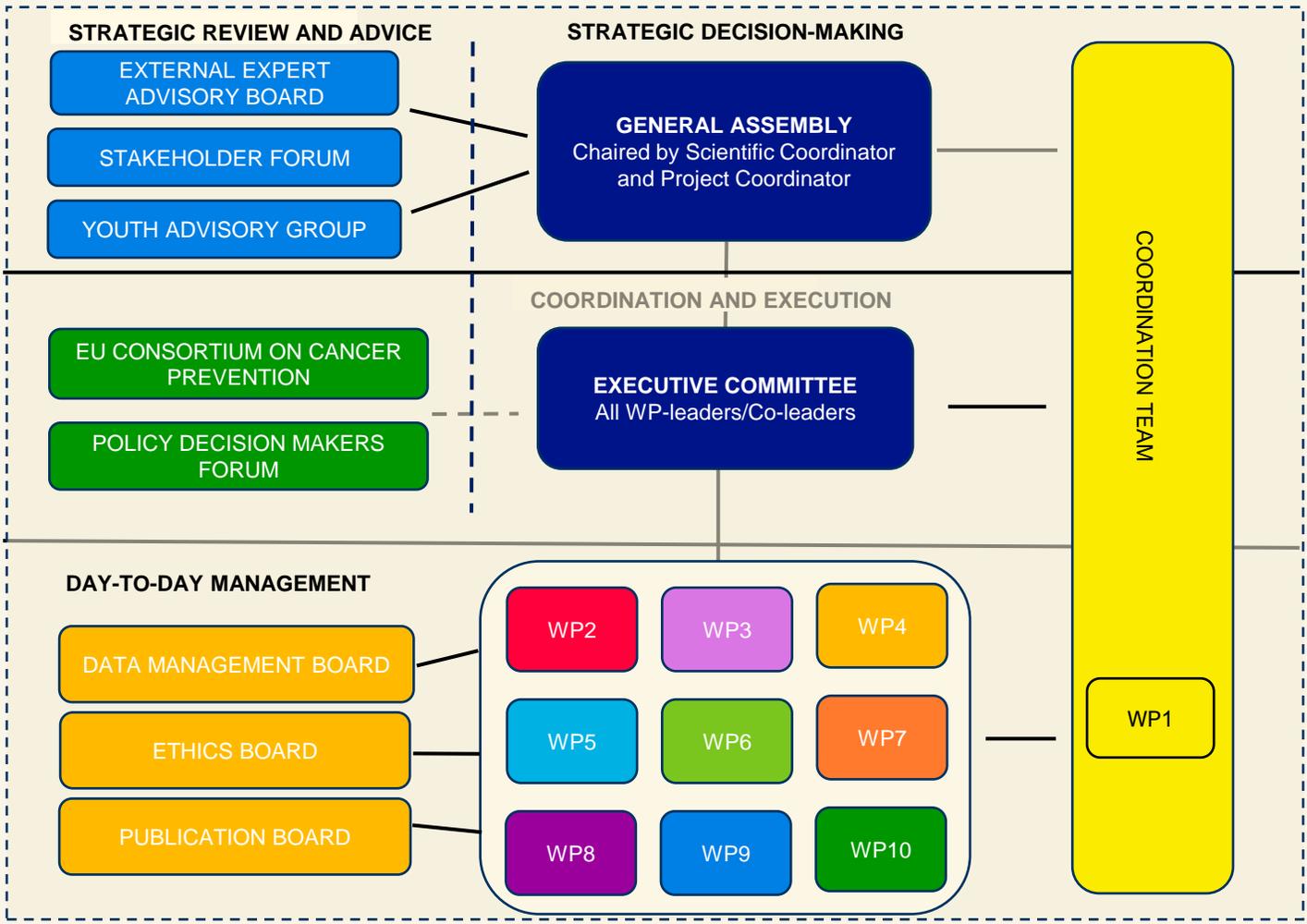








MEMBER STATES AFFILIATED ENTITIES MUNICIPALITIES AND COUNTIES ASSOCIATED PARTNERS



NGOs including Action Grant projects

FILTERED

ShowUp4Health

PEACHED

ELISAH

EU Horizon research projects

FEAST

CO-CREATE

EUROPEAN COMMISSION
HaDEA/DG SANTE

JACARDI

Best-ReMaP

JATC-2 & 3

JA Mentor

JA IMPLEMENT

EUCanScreen

PRIVATE SECTOR ACTORS

External Experts Advisory Board

Feedback to JA PreventNCD:

- Hugely **impressive** and inspiring project!
- Match the unprecedented and bold investment with equally **bold activities**
- Identify short list of **core target outcomes**
- Increase emphasis on **upstream/structural action** over individual level actions
- Clearly articulate what the project is and how it will achieve impact through a **theory of change** for the overall project
- Strive to ensure that the huge number of discrete **activities are integrated** as much as possible
- Make use of **existing frameworks, methods and tools**



Identified challenges



Secure **solid implementation and documentation of pilot actions** to qualify as best practice



Secure meaningful **engagement** of key target groups, including youth and vulnerable groups



Allow for **scaling up** of identified best and promising practice within a short project period



Identifying key leverage points for policy change across sectors

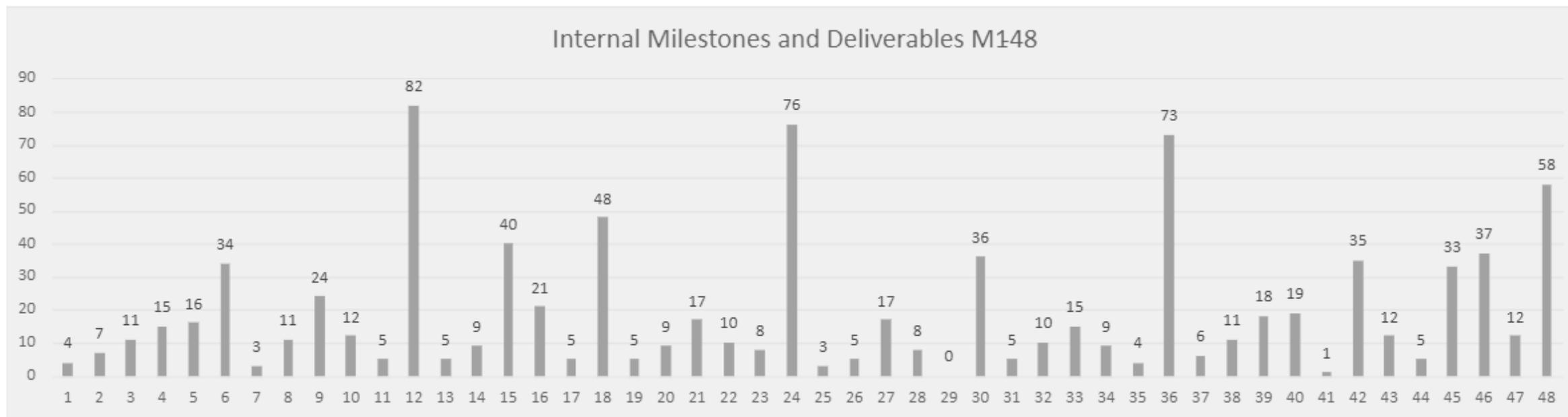


Secure a **proper balance** between **individual level** targeted actions, largely aimed at **people in high-risk groups**, and **population targeted polices** addressing **structural** factors



Delayed EU legal initiatives related to NCD risk factors

Preliminary Results Interim Reporting



84 of 96

have reported
PMs pr task

40%

report
underspending

Almost

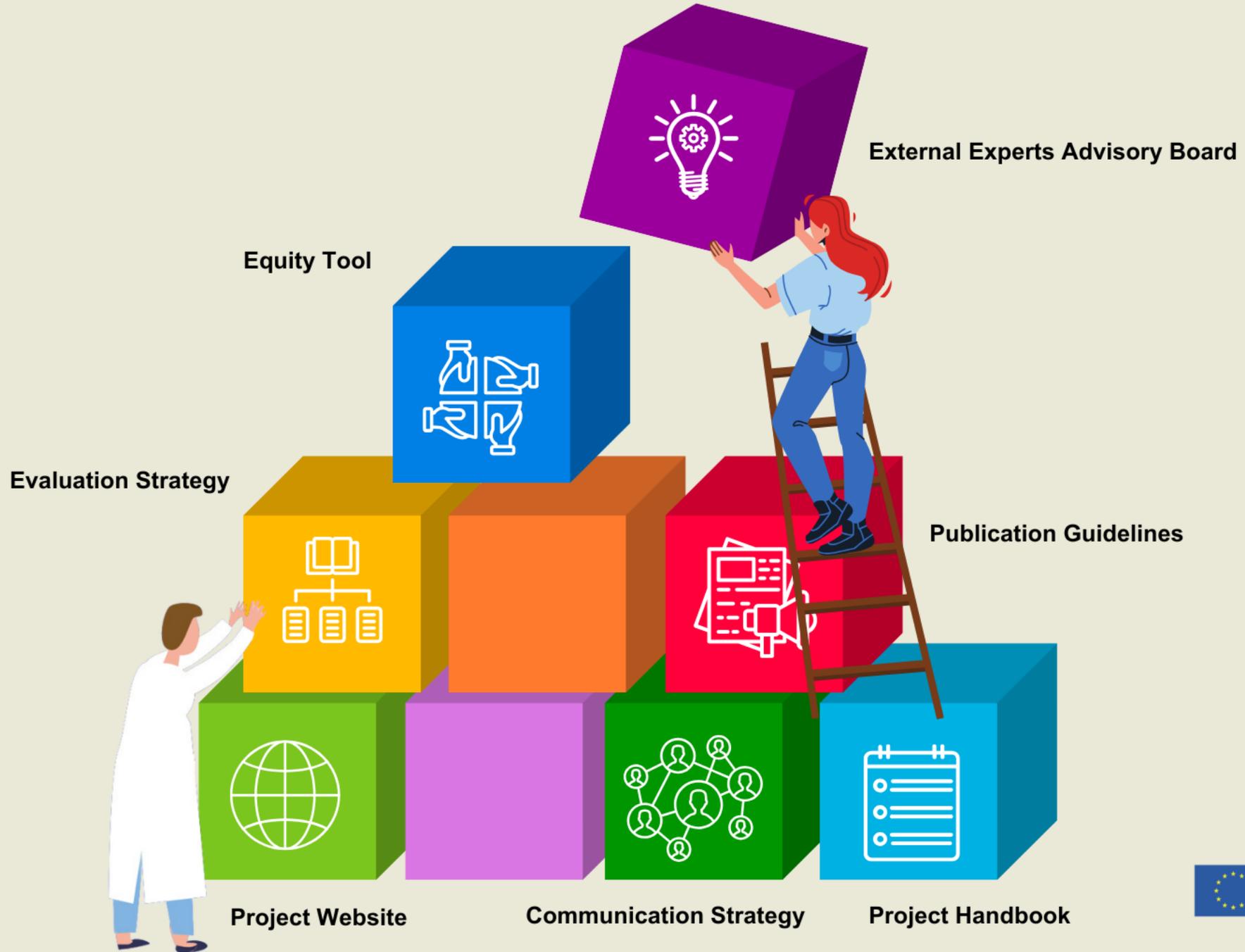
90 %

estimate PMs
will be used

**Good progress
on activities**



JA PreventNCD



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The Way Forward

- Ensure and identify synergies and overlap between WPs, tasks and subtasks
- Build synergies and increase coherence between EU policy and action
- Ensure SYNERGIES to other JOINT ACTIONS, action grants and key international actors



Contact information

PROJECT COORDINATOR

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JANCD@helsedir.no

SCIENTIFIC COORDINATOR

Norwegian Institute of Public Health
JANCD.publications@fhi.no

PROJECT WEBSITE

www.preventncd.eu

LINKEDIN

<https://www.linkedin.com/showcase/ja-prevent-ncd/>

FACEBOOK

www.facebook.com/preventncd





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Joint Action Prevent Non-Communicable Diseases

Thank You!



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