



Deliverable 4.1
EBCP MONITORING AND EVALUATION FRAMEWORK

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1. EXECUTIVE SUMMARY

This report presents the development of a Monitoring and Evaluation (M&E) framework designed to assess the uptake of Europe's Beating Cancer Plan (EBCP) in EU Member States (MS). The framework is designed as a self-assessment tool, the framework will help EU-MS evaluate their participation in EBCP initiatives and identify areas for improvement.

The development process included a review of existing M&E methodologies and a DELPHI exercise, which engaged key stakeholders to reach a consensus on relevant indicators for the framework. This framework is developed to go beyond the traditional outcome-oriented monitoring, and thus focuses on process-based determinants such as awareness, outreach and stakeholder engagement.

Key findings outline the final version of the framework, including its conceptual structure, thematic development, and Delphi exercise results. The final list of indicators, agreed upon by experts in the OriON consortium, is also presented. Lastly, the report details the next steps for piloting the framework.



2. INTRODUCTION

Europe's Beating Cancer Plan (EBCP)¹ is a large-scale initiative launched by the European Commission (EC) to tackle urgent needs in cancer prevention, treatment and care (1). It is designed to leverage new technologies, research, and innovation and outline a new EU approach to the entire disease pathway of cancer. The EBCP is supported by ten flagship initiatives.

The Joint Action (JA) on Contribution to the Cancer Inequalities Registry to Monitor National Cancer Control Policies (OriON) has been set up to support the flagship initiative No 9, the establishment of a European Cancer Inequalities Registry (ECIR) to reduce cancer inequalities across the EU. OriON will evaluate the implementation of the EBCP, and national cancer plans in EU Member States (MS). More specifically, the OriON Work Package (WP) 4 aims to develop a framework to monitor and evaluate the EBCP uptake in the EU-MS and to pilot this framework in three different countries to test the feasibility of the approach, taking into account equity-related aspects through the inclusion of equity indicators.

This document outlines the framework for monitoring and evaluating the uptake of the EBCP in EU-MS. It includes a summary of the results from a Delphi exercise to identify indicators across the four thematic areas covered by the framework.

The final list of indicators resulting from the Delphi exercise will be integrated into a self-assessment tool for EU-MS to discuss the uptake and implementation of the EBCP in their country. The data collected through this tool will provide a non-comparative overview of the situation across the different EU-MS that use it.

The specific objectives of this task were as follows:

1. To review current EU-wide policy or action plans impacting population health, and evaluate their monitoring and evaluation approaches.
2. To develop a comprehensive framework for the monitoring and evaluation of EBCP uptake in Member States.
3. To create a set of indicators for the framework, achieved through a Delphi exercise conducted in collaboration with international experts to build consensus.

3. METHODOLOGY

3.1. THE CONCEPTUAL FRAMEWORK

In Task 4.1, potential frameworks were assessed (milestone 8). As a result of this scoping exercise, we chose to build on the framework proposed for the monitoring of EU Missions², and the 'Health Information (HI)-Impact framework' developed by M. Delnord et al.³ for monitoring the impact of national health information systems in public health policy and practice. These two frameworks allow for a better alignment with the monitoring approach for the Mission on Cancer, and focus on process determinants such as awareness, outreach, and engagement of stakeholders. The WP4 EBCP monitoring and evaluation (M&E) framework will therefore not assess the outcomes or impact of EBCP-related health interventions, and will not consider indicators that relate to the epidemiological cancer situation in a country. Building on the two selected frameworks, four main themes were developed for the OriON M&E framework: relevance, awareness, stakeholder engagement, and knowledge translation.



3.2. INDICATORS FOR MONITORING: DELPHI EXERCISE

Next, a Delphi exercise was carried out with the experts of the OriON consortium. The Delphi method is a structured, iterative process designed to gather and refine expert opinions through multiple rounds of questionnaires. This process aimed to achieve consensus among experts on the indicators to be included in the framework for each of the themes. For this task, due to the international nature of the consortium, Welphi⁴ was selected for this Delphi exercise due to its purpose-built features for conducting online Delphi studies.

We pre-formulated a total of 41 indicators. The initial list of indicators was based on the scoped frameworks and the extensive list of indicators developed for the 'HI-Impact framework' (ref). These indicators were adapted to the aim of OriON. Additionally, the experience in Belgium with the development of the Belgian Cancer Inventory⁵ and the activities of the Belgian EBCP Mirror Group⁶ also contributed to the selection of the indicators.

For each theme of the framework, general indicators as well as equity-specific indicators were developed. The aim of the Delphi exercise was to narrow down the list of indicators, through consensus, to a total of roughly 20 indicators for the final framework.

Prior to the start of the Delphi, the themes and pre-formulated indicators list were reviewed by a total of ten external experts. These included: representatives from other EBCP initiatives, the OriON coordinators, the European Observatory on Health Systems and Policies (OBS), the Joint Research Centre (JRC), the Project officer from Directorate-General for Health and Food Safety (DG SANTE) and the European Health and Digital Executive Agency (HaDEA), and representative of the international company Open Evidence⁷. The list of indicators was refined and adjusted accordingly.

The Delphi included three rounds, that were open for participation over the following dates:

1. Round I: October 29th till November 12th, 2024
2. Round II: November 19th till December 3rd, 2024
3. Round III: December 9th till December 20th, 2024

For the first two rounds, participants were asked to rate the indicators based on the level of appropriateness of these indicators for each theme according to the following scale:

- Not at all Appropriate – This indicator is completely unsuitable for measuring the theme.
- Slightly Appropriate – This indicator is minimally suitable for measuring the theme.
- Moderately Appropriate – This indicator is somewhat suitable for measuring the theme, but not ideal.
- Very Appropriate – This indicator is highly suitable and plays a major role in measuring the theme.
- Extremely Appropriate – This indicator is perfectly suited and essential for measuring the theme.

For the first Delphi round, a rejection criterion was used to discard the most irrelevant indicators based on the participants' answers. More concretely, any indicator that at least 67% of participants rated as not at all or slightly appropriate for monitoring the different themes of the framework was discarded. Participants were also able to add suggestions for new indicators where they saw fit.



For the second Delphi round, an inclusion criterion was employed to retain only those indicators that at least 67% of participants rated as either extremely or very suitable for monitoring the different themes of the framework.

In the final Delphi round, participants were asked to rank the remaining indicators for each theme. The top five indicators for each theme were selected for inclusion in the final list. The ranking was determined based on of the answers of the participants for each of the indicators.

4. RESULTS

4.1. THE CONCEPTUAL FRAMEWORK

Based on the scoping review, four main themes for the framework were developed: relevance, awareness, stakeholder engagement, and knowledge translation.

1. Relevance

Definition: This theme aims to monitor whether the EBCP is aligned with the cancer control priorities of EU-MS, as reflected in their national cancer control plans or other strategic health documents.

Rationale and Assumptions: Countries are more likely to implement and participate in EBCP initiatives (i.e. projects/actions/flagships) if these reflect or strengthen their national/regional priorities. Political and administrative willingness to participate increases if EBCP is a matter that is high on the policy (as well as research) agenda.

Data sources: After the validation of the final survey, data for the selected indicators in this theme could be collected through desk research, surveys or interviews.

2. Awareness

Definition: This theme aims to evaluate the degree of awareness of key stakeholders in EU-MS regarding the EBCP in general, as well as the various EBCP calls, projects and actions.

The indicators under this theme should help monitor efforts made by EU-MS to disseminate information about the EBCP at national/regional/local level (e.g. dedicated websites, and/or EBCP coordination units (e.g. Belgian EBCP Mirror Group), meetings hosted by National Contact/Focal Points etc.).

Rationale and Assumptions: The EBCP will have a greater impact in those EU-MS where stakeholders are more aware of the EBCP and its funding opportunities. The greater stakeholders' awareness of the EBCP, the greater the likelihood that they will participate in the initiatives and benefit from their outputs.

Data sources: After the validation of the final survey, data for the selected indicators in this theme could be collected through desk research, surveys or interviews.



3. Stakeholder engagement

Definition: This theme aims to monitor the extent of EU-MS' participation in the various EBCP initiatives and projects. Indicators included in this theme should capture the level and nature of involvement in the EBCP projects: i.e. based on the types of stakeholders involved by EU-MS, their role (e.g., coordinator, work package lead, etc.) assumed, or the type of project (Joint Action, Action Grant, etc.) that they participate in.

Rationale and assumptions: The EBCP will have a greater impact in the EU-MS that are participating more actively in a greater number of EBCP initiatives/projects.

Data sources: After the validation of the final survey, data for the selected indicators in this theme could be collected through desk research, surveys or interviews.

4. Knowledge integration

Definition: This theme aims to evaluate the sustainability of the EBCP outputs in EU-MS. Indicators in this theme should focus on how deliverables and recommendations from EBCP projects are integrated (taken up on the political agenda, and implemented) in EU-MS health systems and across sectors/policies.

Rationale and assumptions: EBCP is a comprehensive policy-oriented framework. As such, some of the objectives of the EBCP warrant a 'Health in all policies' approach to cancer care and control, and extensive synergies between sectors and stakeholder groups. It is assumed that EU-MS that uphold a more holistic paradigm in their cancer control strategies, and/or encourage collaborations and networks (across sectors/levels of care) will be in a better position to implement the EBCP recommendations and sustain the results of its initiatives and projects.

Data sources: After the validation of the final survey, data for the selected indicators in this theme could be collected through desk research, surveys or interviews.

4.2. INDICATORS FOR MONITORING: DELPHI EXERCISE

The initial list of pre-formulated indicators that was used for the first round of Delphi is presented in appendix 1.

The total response rate for the Delphi exercise was 83% across all countries participating in OriON (N=18), meaning that 83% of these countries participated in at least one Delphi round. Similarly, the total response rate across all partner institutions (N=24) was 83%, indicating that 83% of the organisations represented in the OriON consortium took part in one or more Delphi rounds. The response rates per Delphi round are presented in figure 1:



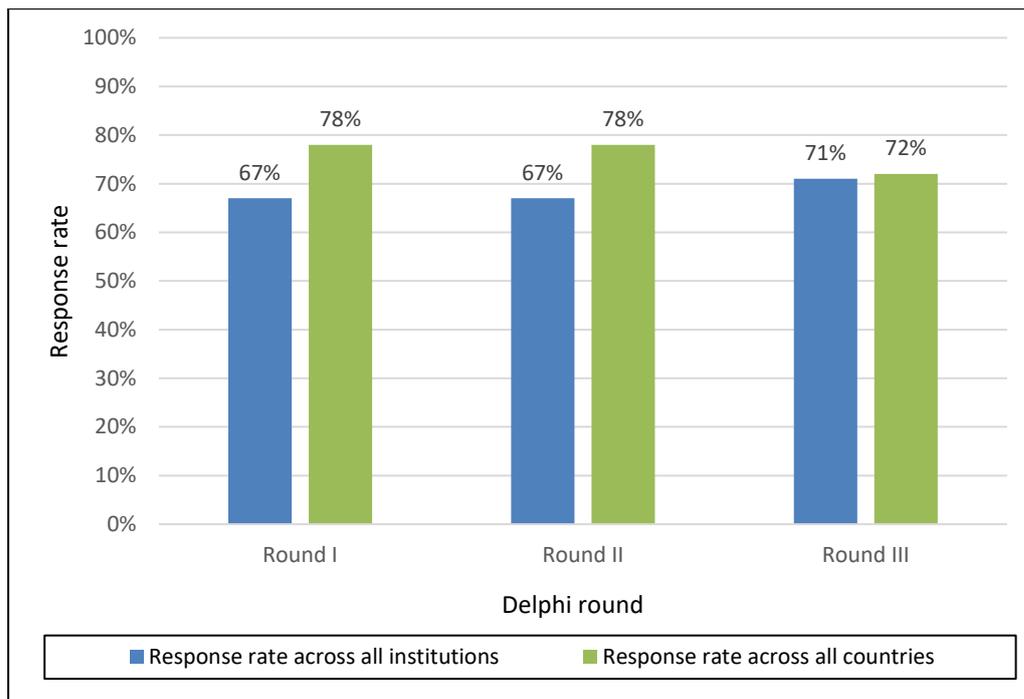


Figure 1: The response rate for three Delphi rounds across all institutions and countries participating in OriON.

In the first Delphi round, none of the indicators fit the rejection criteria, and no new indicators were suggested. Therefore all 41 pre-formulated indicators were retained for the second round.

In the second Delphi round, 32 indicators were retained:

- Six out of eight indicators from the relevance theme were retained
- Seven out of eight indicators from the awareness theme were retained
- Eight out of 12 indicators from the stakeholder engagement theme were retained
- Eleven out of 13 indicators from the knowledge integration theme were retained

In the third Delphi round, participants provided a ranking of the indicators. The top 5 ranking was determined based on of the answers of the participants for each of the indicators. However, in two out of the four themes, the top five indicators did not include an equity-related indicator. To address this, a sixth indicator was added to the final list for these themes, ensuring that equity is considered across all themes of the framework.

The following flowchart (figure 2) presents the rejection and inclusion criteria used, and the number of indicators at the start of each round:

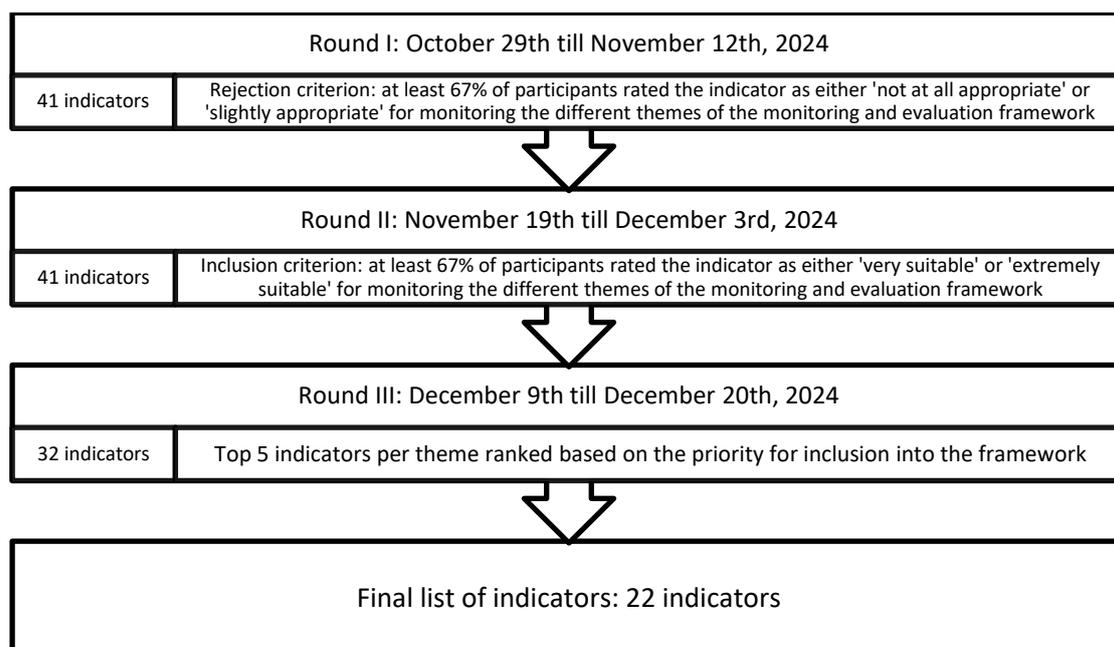


Figure 2: The flowchart presenting the number of indicators, including the exclusion inclusion criteria, per round.

The following table includes the final top ranked indicators for each theme.

Table 1: list of final top ranked indicators after three rounds of Delphi.

Theme	Indicator
Relevance	R1. Cancer control and/or the implementation of the EBCP is included or addressed in national cancer control plans (NCCP) or strategic health documents
	R3. There is alignment of EBCP and NCCP (or other strategic health documents, if present)
	R6. The country has allocated a specific budget to support the implementation of EBCP actions and objectives
	R7. Cancer inequalities are addressed during parliamentary debates or interministerial discussions at the national or federal level (e.g., as an agenda item or parliamentary question)
	R8. Specific EBCP actions targeting cancer inequalities are included in NCCP or other strategic health documents
Theme	Indicator
Awareness	A1. A national dashboard or website, hosted by a coordinating entity, provides information on EBCP calls or related projects and outputs
	A2. NGOs, patient associations, or professional societies actively disseminate EBCP information through channels such as social media, reports, websites, workshops, conferences, or newsletters



	A3. National or regional health authorities communicate EBCP information through targeted channels, including social media, reports, workshops, and conferences
	A4. An active coordinating body (e.g., Belgian EBCP Mirror Group) disseminates information on EBCP calls and projects
	A5. EU4Health National Focal Points organise national meetings or workshops on EBCP calls
	A7. Number of meetings or conferences held by stakeholders to promote the Cancer Inequalities Registry
Theme	Indicator
Stakeholder engagement	SE1. EU-MS presents EBCP projects at national events
	SE3. Country* participates in one or more EBCP projects funded through direct grants to identified beneficiaries (e.g. Joint Actions)
	SE4. One or more of the national/regional/local stakeholders are actively involved in EBCP projects
	SE7. National stakeholders are participating in EBCP-related advisory or external expert groups
	SE10. Country* participates in one or more EBCP projects related to tackling cancer inequalities, funded through action grants and operating grants (selected through open calls for proposals)
Theme	Indicator
Knowledge integration	KI1. Country is ensuring sustainability of EBCP outputs by participating in one or more of the following hubs and networks
	KI2. The National Cancer Control Plan (NCCP) includes a dedicated section on ensuring EBCP sustainability beyond 2027
	KI3. EBCP project outputs and recommendations are implemented in the health system through updates to guidelines, policies, and strategies
	KI8. EBCP outputs and recommendations have been integrated into national cross-sectoral interventions or strategies
	KI9. Country is planning or has begun implementing cross-sectoral interventions for cancer control based on EBCP recommendations
	KI13. National cancer prevention and control policies, programs, or actions incorporate recommendations from EBCP projects, specifically focused on tackling cancer inequalities

(*) excluding EU organisations, and private international companies, located in the country.



5. CONCLUSION AND NEXT STEPS

The aim of this task was the development of a framework for monitoring and evaluating the uptake of the EBCP in the different EU-MS. To achieve this, we considered a process-based approach. This approach aims to go beyond the traditional outcome-oriented monitoring, and to focus on stakeholders' awareness of and participation in the different actions and projects of the EBCP. With the EBCP implementation currently still ongoing, it is difficult to assess any of its health-related outcomes in the lifespan of the OriON JA.

The four themes on which the developed framework is based were designed to evaluate uptake across different stages, with each theme serving as a prerequisite for the next. The first theme, relevance, forms the foundation for all subsequent themes. It assesses whether the EBCP has been addressed at the political level within the country and whether it aligns with national priorities for cancer care and control. According to the Delphi results, key indicators of relevance include the presence of national cancer control plans that incorporate EBCP actions and strategies, and the alignment of EBCP with national strategic documents. Furthermore, the allocation of a dedicated budget for EBCP implementation is highlighted as another critical indicator of relevance.

Second, our framework examines the level of national awareness of the EBCP within EU Member States. This is assessed by evaluating the efforts of various stakeholders, including national authorities, NGOs, patient associations, and professional societies, in actively disseminating information about the EBCP through diverse media channels. The Delphi results indicate that experts view the establishment of a national dashboard or an active coordinating body dedicated to sharing this information as highly important for monitoring EBCP uptake.

While the second theme focuses on the level of awareness among various stakeholders, the third theme delves deeper into their actual engagement in EBCP activities. This is assessed by examining their participation in different EBCP projects—whether as coordinators, task leads, or task contributors. Additionally, the Delphi results highlight that experts consider participation in EBCP-related advisory and expert groups an important indicator of meaningful stakeholder engagement.

The fourth and final theme focuses on sustainability and the translation of EBCP results into long-term solutions. Knowledge integration plays a crucial role in evaluating the uptake of the outcomes of EBCP actions. This theme assesses indicators such as a EU-MS' participation in various hubs or networks established through EBCP projects, and its implementation of recommendations and guidelines from these projects. Successful integration is reflected in embedding EBCP outputs into the health system and national cross-sectoral strategies. Furthermore, the Delphi results also indicate the importance of evaluating whether a country updates and includes a dedicated section for EBCP implementation in its National Cancer Control Plan (NCCP) or other health-related strategies.

Equity indicators also play a critical role in the framework. These indicators evaluate whether NCCPs incorporate specific equity-related EBCP activities and objectives. They also assess whether the country addresses the topic of equity through conferences and other awareness initiatives, actively participates in EBCP projects focused on equity in cancer care and control, and integrates recommendations on addressing cancer inequalities into national health strategies.



5.1. TARGET STAKEHOLDERS

This M&E framework developed within OriON task 4.1 as a self-assessment tool. It is designed for countries to evaluate their experiences with EBCP actions and initiatives—or their lack of participation—and identify necessary changes for better adoption. A specific coordinating entity at the national level should oversee and steer this evaluation.

It is important to note that this tool is not intended for patient use. Instead, it supports EBCP implementation by engaging key (national) stakeholders. These include public and national entities responsible for implementing and funding cancer care and control to improve patient outcomes.

5.2. NEXT STEPS

In Task 4.1 of OriON JA, a framework has been developed for monitoring and evaluating the uptake of the EBCP in EU-MS. In Task 4.3, this framework will be piloted in three countries: Belgium, Slovenia, and Italy. Designed as a self-assessment tool, it aims to help EU-MS evaluate their uptake and implementation of the EBCP and also to stimulate national discussions around this topic. As such, it is important to note that this framework is not intended as a benchmarking exercise for comparing EU-MS against each other.

The piloting process will follow a mixed-methods approach. Indicators identified through the Delphi process will be incorporated into a survey, which will be completed collaboratively within each of the piloting countries. To complement the survey, in-depth interviews will be conducted with various relevant stakeholders in each country. These interviews serve two key purposes: (i) to gather insights for the more detailed questions related to the indicators, and (ii) to provide EU-MS an opportunity to give feedback on the feasibility and wording of the framework's indicators. The task leads will develop an interview guide to support the piloting countries in implementing the interviews with the various stakeholders. This interview guide will be prepared in English with additional informative documents that may be shared with the stakeholders. These document may be translated into local languages if needed.

Following the interviews, a multistakeholder meeting will be organised to present and discuss the main findings from the survey and interviews with relevant stakeholders. This meeting offers a unique opportunity to bring together all key stakeholders involved in cancer care, control, and EBCP implementation, fostering meaningful discussion on the self-assessment outcomes at the national level.

Furthermore, a workshop with patient groups will be conducted in each piloting country. This workshop allows patients to share their perspectives and provide feedback on the framework, ensuring it incorporates insights from those directly impacted by EBCP's implementation.

Lastly, in preparation for the final version of the framework, the tasks leads have initiated preliminary discussions with relevant EU bodies; with DG SANTE and more specifically the Joint Research Centre (JRC), about possible integration of this self-assessment framework and tool into their existing European Cancer Inequalities Registry (ECIR)⁸. However still premature to decide on its integration, discussions will need to continue to ensure the sustainability of the OriON work with both parties.



APPENDIX 1:

The first round of the Delphi exercise started with the following initial list of pre-formulated indicators in table 2. The highlighted indicators in red are the indicators that were discarded after the second Delphi round. The blue highlighted indicators are those that did not make the top 5 (or 6) ranks per theme.

Table 2: the initial list of all indicators for the four themes.

Theme	Indicator
Relevance	R1. Cancer control and/or the implementation of the EBCP is included or addressed in national cancer control plans (NCCP) or strategic health documents Scale: Categorical (e.g., "Yes," "Partially," "No")
	R2. Amendments to NCCP or strategic health documents were introduced in EU-MS to align with EBCP outputs Scale: Categorical (e.g., "Yes," "Partially," "No")
	R3. There is alignment of EBCP and NCCP (or other strategic health documents, if present) Scale: Numerical response for each sub-indicator Sub-indicators: a. Number of EBCP flagship initiatives covered by NCCP b. Number of EBCP actions/objectives covered by NCCP
	R4. EBCP is mentioned during parliamentary debates or interministerial discussions at the national/federal level (e.g., as an agenda item or in a parliamentary question) Scale: Categorical (e.g., "Yes," "No")
	R5. The National Focal Points for EU4Health are involved in EU meetings related to cancer Scale: Categorical (e.g., "Yes," "No")
	R6. The country has allocated a specific budget to support the implementation of EBCP actions and objectives Scale: Categorical (e.g., "Yes," "No")
	R7. Cancer inequalities are addressed during parliamentary debates or interministerial discussions at the national or federal level (e.g., as an agenda item or parliamentary question) Scale: Categorical (e.g., "Yes," "No"); time period to be specified by EU-MS



	<p>R8. Specific EBCP actions targeting cancer inequalities are included in NCCP or other strategic health documents</p> <p>Scale: Categorical (e.g., "Yes," "No") response for each sub-indicator</p> <p>Sub-indicators:</p> <ol style="list-style-type: none"> Contribution to the Cancer inequalities registry Implementation of telemedicine and remote monitoring systems Equitable access to screening and high-quality cancer care
Theme	Indicator
Awareness	<p>A1. A national dashboard or website, hosted by a coordinating entity, provides information on EBCP calls or related projects and outputs</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
	<p>A2. NGOs, patient associations, or professional societies actively disseminate EBCP information through channels such as social media, reports, websites, workshops, conferences, or newsletters</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
	<p>A3. National or regional health authorities communicate EBCP information through targeted channels, including social media, reports, workshops, and conferences</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
	<p>A4. An active coordinating body (e.g., Belgian EBCP Mirror Group) disseminates information on EBCP calls and projects</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
	<p>A5. EU4Health National Focal Points organise national meetings or workshops on EBCP calls</p> <p>Scale: Numerical response for each sub-indicator</p> <p>Sub-indicators:</p> <ol style="list-style-type: none"> Number of institutions participating in meetings Frequency of meetings
	<p>A6. Number of national or regional stakeholders mentioning the Cancer Inequalities Registry in newsletters</p> <p>Scale: Numerical; time period specified by EU-MS</p>
	<p>A7. Number of meetings or conferences held by stakeholders to promote the Cancer Inequalities Registry</p> <p>Scale: Numerical; time period specified by EU-MS</p>
	<p>A8. Number of meetings or conferences organised by stakeholders to promote the EBCP's equity objectives</p> <p>Scale: Numerical; time period specified by EU-MS</p>



Theme	Indicator
Stakeholder engagement	<p>SE1. EU-MS presents EBCP projects at national events</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
	<p>SE2. Country* participates in one or more EBCP projects funded through action grants and operating grants (selected through open calls for proposals)</p> <p>Scale: Numerical response for each sub-indicator; time period specified by EU-MS</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. Number of projects where the country is the coordinator, by EBCP area (prevention, early detection, diagnosis and treatment, quality of life of cancer patients and survivors) b. Number of projects where the country is a work package lead, by EBCP area c. Number of projects where the country participates as a pilot site, by EBCP area
	<p>SE3. Country* participates in one or more EBCP projects funded through direct grants to identified beneficiaries (e.g. Joint Actions)</p> <p>Scale: Numerical response for each sub-indicator; time period specified by EU-MS</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. Number of projects where the country is the coordinator, by EBCP area (prevention, early detection, diagnosis and treatment, quality of life of cancer patients and survivors) b. Number of projects where the country is a work package lead, by EBCP area c. Number of projects where the country participates as a pilot site, by EBCP area
	<p>SE4. One or more of the following national/regional/local stakeholders are actively involved in EBCP projects</p> <p>Scale: Categorical (e.g., "Yes," "No") response for each sub-indicator; time period specified by EU-MS</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. Ministry of Health or equivalent b. Universities and university hospitals c. Hospitals d. Medical associations e. Patient associations f. Civil society organizations g. Other
	<p>SE5. Average size of consortia in EBCP projects involving the country</p> <p>Scale: Numerical; time period specified by EU-MS</p>



<p>SE6. Total budget received by the country from the European Commission to participate in EBCP projects across EU4Health Programmes</p> <p>Scale: Numerical for each program listed</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. EU4Health annual programme 2022 b. EU4Health annual programme 2023 c. EU4Health annual programme 2024
<p>SE7. National stakeholders are participating in EBCP-related advisory or external expert groups</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
<p>SE8. Number of scientific publications co-authored by the country using EBCP project funding, identifiable through the grant agreement number</p> <p>Scale: Numerical</p>
<p>SE9. Presence of national experts in advisory groups for the Cancer Inequalities Registry</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
<p>SE10. Country* participates in one or more EBCP projects related to tackling cancer inequalities, funded through action grants and operating grants (selected through open calls for proposals)</p> <p>Scale: Numerical response for each sub-indicator; time period specified by EU-MS</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. Number of projects where the country is the coordinator b. Number of projects where the country is a work package lead c. Number of projects where the country participates as a pilot site d. Number of projects with multidisciplinary team (including experts on social sciences, health promotion, statistics, public health, and other disciplines)
<p>SE11. Country* participates in one or more EBCP projects tackling cancer inequalities, funded through direct grants to identified beneficiaries (e.g. Joint Actions)</p> <p>Scale: Numerical for each sub-indicator; time period specified by EU-MS</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. Number of projects where the country is the coordinator b. Number of projects where the country is a work package lead c. Number of projects where the country participates as a pilot site d. Number of projects with multidisciplinary team (including experts on social sciences, health promotion, statistics, public health, oncologists, and other disciplines)

	<p>SE12. Number of training activities organized by national or regional stakeholders focused on cancer inequalities</p> <p>Scale: Numerical; time period specified by EU-MS</p>
Theme	Indicator
Knowledge integration	<p>KI1. Country is ensuring sustainability of EBCP outputs by participating in one or more of the following hubs and networks</p> <p>Scale: Categorical (e.g., "Yes," "No") response for each sub-indicator</p> <p>a. Active participation in setting up and maintaining Comprehensive Cancer Centers (CCC) (e.g., CRANE)</p> <p>b. Active participation in the EU network of CCCs (e.g., CRANE, EUnetCCC)</p> <p>c. Active participation in setting up and maintaining Networks of Expertise (e.g., JANE, JANE2)</p> <p>d. Active participation in the Cancer Inequalities Registry</p>
	<p>KI2. The National Cancer Control Plan (NCCP) includes a dedicated section on ensuring EBCP sustainability beyond 2027</p> <p>Scale: Categorical (e.g., "Yes," "Partially," "No")</p>
	<p>KI3. EBCP project outputs and recommendations are implemented in the health system through updates to guidelines, policies, and strategies</p> <p>Scale: Categorical (e.g., "Yes," "No") response for each sub-indicator</p> <p>Sub-indicators:</p> <p>a. Clinical guidelines updated based on EBCP recommendations (e.g., cancer care standards)</p> <p>b. Reimbursement or HTA guidelines updated based on EBCP recommendations</p> <p>c. Public health policies/strategies revised according to EBCP recommendations (e.g., on screening, personalized medicine, prevention)</p> <p>d. Initiatives addressing social inequalities in cancer developed based on EBCP recommendations</p>
	<p>KI4. Citizens and patients are involved in further testing or deployment of EBCP project outputs and recommendations</p> <p>Scale: Categorical (e.g., "Yes," "Partially," "No")</p>
	<p>KI5. Citizens and patients are involved in decision-making related to cancer control</p> <p>Scale: Categorical (e.g., "Yes," "Partially," "No")</p>
	<p>KI6. National funding has been allocated to scale up EBCP pilots within the healthcare system following the conclusion of the EBCP project</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
	<p>KI7. One or more stakeholder groups (political, research, clinical, or citizen level) have adopted or implemented recommendations from EBCP projects</p>



Scale: Categorical (e.g., "Yes," "No")
<p>KI8. EBCP outputs and recommendations have been integrated into national cross-sectoral interventions or strategies</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
<p>KI9. Country is planning or has begun implementing cross-sectoral interventions for cancer control based on EBCP recommendations</p> <p>Scale: Categorical (e.g., "Yes," "No") response for each sub-indicator</p> <p>Sub-indicators:</p> <ul style="list-style-type: none"> a. Initiation of new prevention or screening programs b. Implementation of taxation measures on cancer risk factors (e.g., tobacco, alcohol, sugar) c. Introduction of more smoke-free environments d. Enhancement of health warnings on tobacco and alcohol products e. Launching and implementing obesity and diabetes initiatives (e.g., EU Action Plan on childhood obesity, Farm to Fork strategy) f. Implementation of front-of-pack labelling on food items g. Measures to reduce environmental pollution h. Initiatives to improve the quality of life for cancer patients and survivors, focusing on social participation and return to work
<p>KI10. National events aimed at improving health literacy regarding cancer risks are conducted (e.g., health promotion campaigns, outreach activities, informational webinars)</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
<p>KI11. National or regional public-private partnerships have been established to address cancer care and control across its spectrum</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
<p>KI12. National or regional initiatives are in place to facilitate the exchange of good or best practices aimed at addressing social inequalities in cancer care</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>
<p>KI13. National cancer prevention and control policies, programs, or actions incorporate recommendations from EBCP projects, specifically focused on tackling cancer inequalities</p> <p>Scale: Categorical (e.g., "Yes," "No")</p>

(*) excluding EU organisations, and private international companies, located in the country.



APPENDIX 2: REFERENCES AND RELATED DOCUMENTS

ID	Reference or Related Document	Source or Link/Location
1	European Commission. (2022). <i>Europe's Beating Cancer Plan</i> . Publications Office of the European Union.	https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf
2	European Commission. (2024). <i>Commission Expert Group on the Missions: Final Report</i> . Publications Office of the European Union.	https://regionblekinge.se/download/18.1c02775718e5a761add9947d/1712065316918/Com_Expert_Group_Missions_Final%20Report.pdf
3	Marie Delnord et al. (2019). <i>How can we monitor the impact of national health information systems? Results from a scoping review</i> . <i>European Journal of Public Health</i> , Volume 30, Issue 4, August 2020, Pages 648–659.	https://doi.org/10.1093/eurpub/ckz164
4	The Welphi platform (2024)	https://www.welphi.com/en/Home.html
5	Sciensano (2023). <i>The Belgian Cancer Inventory</i> . Sciensano.	https://www.sciensano.be/en/projects/belgian-cancer-inventory
6	Sciensano (2023). <i>The Belgian EBCP Mirror Group</i> .	https://www.beatingcancer.be/
7	Open Evidence (2025)	https://open-evidence.com/
8	Joint Research Centre. <i>The European Cancer Inequalities Registry data tool</i>	https://cancer-inequalities.jrc.ec.europa.eu/