



# **Policy Recommendations on National Cancer Control Programmes with a Special Focus on Cancer Inequalities**

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**RECOMMENDATIONS AT A GLANCE****Policy recommendations to improve the QUALITY of NCCPs**

1. Develop an NCCP if your country does not have one or plan to renew the existing one.
2. Secure funding.
3. Monitor and evaluate your NCCP, and include key stakeholders in the evaluation.
4. Use indicators for the evaluation of your NCCP and include them in the NCCP.
5. Try to use structure, process, and outcome indicators for the evaluation.
6. Focus on the quality of your NCCP and include financing, monitoring of cancer burden, cancer resources and governance.

**Policy recommendations to integrate an EQUITY PERSPECTIVE in the NCCPs**

1. Integrate a proportionate universalism approach in NCCPs to ensure equity, fair and inclusive access across the entire cancer continuum.
2. Identify and address socially vulnerable populations' needs to ensure inclusive, responsive, and equitable cancer prevention and care.
3. Strengthen institutional and professional capacity for equity mainstreaming in NCCPs.
4. Enhance equity in cancer prevention through personalised approaches, inclusive health promotion, and healthy environments.
5. Ensure equitable and inclusive access to innovative, high-quality cancer treatment across all stages of care.
6. Advance equity in cancer survivorship, rehabilitation, and palliative care through comprehensive, person-centred, and socially responsive support systems.



**EXECUTIVE SUMMARY**

The present document entitled Policy Recommendations on National Cancer Control Programmes (NCCPs) with a Special Focus on Cancer Inequalities is a deliverable of Work Package 5 – Analysis of NCCPs of OriON Joint Action. In the frame of the Work Package 5 (WP5), the Survey on NCCPs with a special focus on cancer inequalities in Europe was developed, carried out and analysed in 2024. The analysis of the survey identified the main shortcomings regarding NCCPs, their presence, quality and coverage of the important area of cancer inequalities. Standards from the European Guide for Quality Cancer Control Programmes, as well as the policy paper Tackling Social Inequalities in Cancer Prevention and Control, both developed in the frame of previous projects in the field of cancer (EPAAC JA, CanCon JA), were used to identify the shortcomings. The document entitled *Analysis of data from the Survey on NCCPs in European Member States and designated countries with a special focus on cancer inequalities* was prepared, published and represents the basis for the present Policy recommendations ([https://ec.europa.eu/info/funding-tenders/opportunities/grants/docs/080166e5218e68a6/Attachment\\_0.pdf](https://ec.europa.eu/info/funding-tenders/opportunities/grants/docs/080166e5218e68a6/Attachment_0.pdf)).

As a result, 12 policy recommendations have been developed, including recommendations regarding both the **quality** (6 recommendations) and the **equity perspective** (6 recommendations) of NCCPs. Additionally, **specific recommendations** (25 recommendations) regarding equity in NCCPs organised by domains (Capacity building; Prevention; Treatment; Survivorship, rehabilitation and palliative care) are listed in the Appendix 1. They are all meant to serve as an aid for policymakers who wish to improve their cancer control policies, especially in the area of cancer inequalities.



## INTRODUCTION

Cancer causes almost a quarter of all deaths, with inequalities present both between and within European countries (1). The World Health Organization (WHO) defined a National Cancer Control Programme (NCCP) as “a public health programme designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources” (2). National Cancer Control Programmes are key elements in cancer control, and their role in national cancer policies of European countries has grown significantly in recent years (3).

The accelerated development of the NCCPs began when the European Parliament and the Council urged the European Commission (EC) to take vigorous action in supporting Member States (MSs) in the fight against cancer (4). In 2009, the EU recommended to its MSs to develop NCCPs or Strategies by 2013 (5, 6). The EC made functional its policy preparation through projects called Joint Actions (JAs):

- European Partnership for Action Against Cancer EPAAC JA, 2011–2013 (<http://www.epaac.eu/>);
- Cancer Control CanCon JA, 2014–2017 (<https://cancercontrol.eu/archived/>);
- Innovative Partnership for Action Against Cancer iPAAC JA, 2018-2021 (<https://www.ipaac.eu/>).

Based on these recommendations and projects, many countries have decided to take steps and begun to develop their national/regional cancer documents. The area of NCCPs has been an important working topic in all three JAs where the implementation of NCCPs as well as their contents was explored.

Namely, the survey on which the present Policy recommendations are based on is the fourth survey of its type. The first survey on the situation regarding NCCPs in Europe was performed in 2011 under the EPAAC JA. Based on the results the European Guide for Quality National Cancer Control Programmes was prepared (7). In 2013 in the framework of the CanCon JA, NCCPs were proposed as one of the most important areas for analysis and development of the policy papers. Cancer inequalities as well as NCCPs were among the topics of policy papers (8, 9). The analysis was prepared based on the survey that was conducted in 2015. The development of the NCCPs in Europe was reviewed also with the third survey of its kind in the frame of iPAAC JA (10).

The present Policy recommendations are based on the results of the survey on NCCPs in 27 EU MSs and 7 designated countries (11) that was performed in the second half of 2024 in the



frame of OriON JA in accordance with the Flagship initiative N09 of the Europe's Beating Cancer Plan (12). Regarding the characteristics and the quality of NCCPs in Europe, the results show that the majority of the participating countries, 31 out of 34 (91%), have an operational NCCP and/or plan, strategy, policy or other related documents. Most countries intend to develop a new NCCP/cancer document upon expiry of their existing one. Regarding financing, slightly more than half of the countries (16, or 52%) have not yet secured adequate funding for the implementation of their NCCPs. Seven of the 31 participating countries (23%) still do not evaluate or monitor their NCCPs/cancer documents. More than a half of the participating countries (19, or 61%) reported using indicators to assess their NCCPs/cancer documents. Regarding the quality of the NCCPs/cancer documents, primary prevention and cancer screening are included in these in nearly all countries (30, or 97%), followed by early detection, diagnosis, treatment, and cancer-related data and information (29 countries, or 94%). On the other hand, the general equity perspective integration in NCCPs is low (54%), with a significant variation between countries. The Prevention domain showed the highest equity perspective integration (64%) followed by the Treatment domain (62%). In contrast, the Survivorship, rehabilitation and palliative care (50%) and Capacity building (49%) domains have lower equity perspective integration. The most commonly addressed Social Determinants of Health were age (75%), territory (71%) and sex/gender (68%). Among equity approaches, universal approach (30%) was most frequent, followed by the proportionate universalism approach (25%).<sup>1</sup>

One of the main objectives of OriON JA WP5 on NCCPs was to pave the way for the improvement of the quality of NCCPs with a special focus on cancer inequalities based on the analysis of the developments in NCCPs in European Union (EU) MSs and designated countries. Policy recommendations on NCCPs provide practical recommendations on which the EC and MSs can base concrete actions to improve the situation regarding the development of NCCPs and their quality, their equity perspective and consequent cancer prevention and control.

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<sup>1</sup> There are three main different approaches to health inequality. The targeted approach focuses resources and interventions on specific groups that are considered to be at higher risk or greater need. The universal approach provides services or policies to the entire population equally, regardless of need or socioeconomic status. The proportionate universalism approach combines universal policies with targeted interventions. It ensures that resources and services are available to all, but are distributed in proportion to the level of need.

## AIM OF POLICY RECOMMENDATIONS

The Policy recommendations aim to shed light on the vital importance of the preparation, adoption, implementation and evaluation of quality NCCPs or other cancer control documents with special focus on cancer inequalities in all European countries. Health systems can respond to population needs in the field of cancer only through adequate planning.

The present Policy recommendations provide orientations that:

1. Enable policymakers to improve or develop their NCCPs.
2. Clearly show which approaches to use in the improvement or development of NCCPs.
3. Enable policy makers to make decisions to successfully reduce cancer inequalities within European borders.

## POLICY RECOMMENDATIONS

Policy recommendations are divided into two groups:

- **Policy recommendations on the quality of NCCPs**
- **Policy recommendations to integrate an equity perspective in NCCPs**

Additionally, specific recommendations regarding equity in NCCPs are listed in the Appendix 1 and organised by domains: Capacity building, Prevention, Treatment, and Survivorship, rehabilitation and palliative care.

It is necessary to be aware of the fact that there are contextual differences across MSs and therefore the interpretation and practical application of the recommendations may vary. In several countries, cancer control activities are implemented through broader health policy frameworks or separate programmes not captured in the NCCP survey. Additionally, NCCPs differ in scope, purpose, and stage of revision—some are comprehensive strategies, others address specific gaps, and some are outdated.

## POLICY RECOMMENDATIONS ON THE QUALITY OF NCCPs

Quality oriented policy recommendations are based on the results of the first two sections of the OriON WP5 survey, aiming to improve the presence and the quality of NCCPs.

### **1. Develop an NCCP if your country does not have one or plan to renew the existing one**

Efforts must be made to develop a quality NCCP in every European country. NCCPs are key elements of cancer management and control recommended by the EC and WHO. They are designed to reduce cancer incidence and mortality and improve quality of life of cancer patients. In 2024, not all EU countries had an NCCP, three countries reported to be without a valid NCCP.

It is advisable to plan to prepare in advance a new quality NCCP if the current one will expire. Constant presence of quality NCCPs is of key importance in cancer management and planning. In 2024, not all European countries were planning to prepare a new NCCP after the expiration of the current one, some of them were uncertain.

### **2. Secure funding**

It is important to try to ensure appropriate financial resources for the implementation of the NCCPs, including the coordination of the implementation. However, less than half of the European countries were able to secure funding for the implementation of their NCCPs in 2024. Without adequate funding, the implementation of NCCPs could be delayed and consequently the effectiveness of cancer prevention, treatment and care programmes could be compromised. Securing consistent and sustainable funding is crucial not only for the implementation of NCCPs, but also for their long-term success. In some MSs, financing for cancer control is organized through broader health policy instruments rather than the NCCP itself.

### **3. Monitor and evaluate your NCCP, and include key stakeholders in the evaluation**

It is necessary to carry out a mid-term and a final evaluation of the NCCP. In 2024, only eight European countries reported to carry out mid-term and final evaluation; seven countries reported to be without monitoring and evaluation. Interestingly, other forms of evaluation were reported by more than one third of the participating countries. As the evaluation and monitoring of these types of documents provide important insights into how countries assess and refine their cancer control measures, this issue needs more attention. However, it is important to distinguish between monitoring NCCP implementation and monitoring the wider cancer control landscape.



Efforts should be made to involve different stakeholders in the evaluation of the NCCP and reporting processes. Quality evaluation and reporting processes in the field of NCCPs usually involve a range of institutions, including health authorities, ministries of health, or specialized advisory bodies.

#### **4. Use indicators for the evaluation of your NCCP and include them in the NCCP**

It is strongly advisable to use indicators for the evaluation of the NCCP and to include them in the NCCP. There are still countries that do not use indicators for the evaluation of their NCCPs. However, the majority of countries stated that they use indicators to assess their NCCPs in 2024. Some countries (26%) worked with expert groups to select indicators, some of the countries opted for measurable outcome-oriented indicators such as mortality, incidence, or quality of life.

There are notable trends in the inclusion of indicators in the NCCPs. Indicators help to improve the monitoring and evaluation of the NCCPs. In 2024, more than half (58%) of the participating countries reported that they included indicators in their NCCPs. However, there are still countries where indicators are not included in the NCCPs.

#### **5. Try to use structure, process, and outcome indicators for the evaluation**

In the process of evaluation of the NCCP, it is recommendable to use structure, process, and outcome indicators, whenever possible. They are clearly described in the European Guide for Quality National Cancer Control Programmes (7).

Regarding the use of indicators, there are differences in the EU. The largest share of countries reported to use structure, process, and outcome indicators in 2024. This was followed by countries that used a combination of process and outcome indicators and those that focused solely on outcome indicators.

#### **6. Focus on the quality of your NCCP and include financing, monitoring of cancer burden, cancer resources and governance**

It is important to ensure that NCCP covers all the key areas that should be included in a quality NCCP, as described in the European Guide for Quality National Cancer Control Programmes (9). It is highly advisable to include also the areas of financing, monitoring of cancer burden, cancer resources, governance, survivorship, rehabilitation and patient empowerment.

In 2024, less than one third of countries covered all the elements that a quality cancer control programme should include. Regarding the alignment of NCCPs with key areas recommended by the European Guide for Quality National Cancer Control Programmes, the highest adoption rates were observed in the areas of primary prevention and cancer screening, followed by early detection, diagnosis, treatment, and cancer-related data and information. Financing, monitoring of cancer burden, cancer resources and governance had the lowest adoption rate.



The areas of survivorship, rehabilitation and patient empowerment were not properly covered as well and it is highly recommended to include them in the NCCPs.

### **POLICY RECOMMENDATIONS TO INTEGRATE AN EQUITY PERSPECTIVE IN NCCPs**

The following recommendations are general recommendations based on the results of the equity section of the OriON WP5 survey, aiming to support more equitable cancer prevention, control, and care.

For specific equity recommendations on equity integration, please see Appendices 1, 2 and 3.

#### **1. Integrate a proportionate universalism approach in NCCPs to ensure equity, fair and inclusive access across the entire cancer continuum**

Reducing inequalities in cancer outcomes requires embedding proportionate universalism throughout NCCPs. OriON survey results indicate that the overall integration of an equity perspective in the NCCPs analysed remains low, averaging 54%, with the universal approach being the most prevalent. Universal policies should be complemented by measures that adapt to the needs and circumstances of different population groups, recognising that socially disadvantaged communities often face cumulative barriers across prevention, early detection, treatment, and survivorship. Applying this approach consistently enables countries to align resources with varying levels of need, improve the reach and effectiveness of interventions, and ensure that cancer policies respond to the full spectrum of social determinants shaping health outcomes.

#### **2. Identify and address socially vulnerable populations' needs to ensure inclusive, responsive, and equitable cancer prevention and care**

The survey results indicate that NCCPs currently give limited consideration to the needs of socially vulnerable groups, particularly institutionalised populations, people with disabilities, and minority ethnic communities. Evidence shows that these groups face multiple, intersecting barriers across the entire cancer pathway, resulting in unequal access to cancer services and outcomes. To address these gaps, NCCPs should therefore systematically identify and explicitly address the needs of these populations within their strategies, going beyond the commonly considered factors such as age, geography, or sex/gender. Integrating a broader set of social determinants into policy design and implementation makes it possible to develop targeted measures that reduce structural barriers, narrow gaps in access and outcomes, and ensure that cancer prevention and control strategies remain inclusive, responsive, and effective for all.



### **3. Strengthen institutional and professional capacity for equity mainstreaming in NCCPs**

Advancing equity in NCCPs requires robust institutional and professional capacity. OriON results indicate that capacity building for equity mainstreaming is the domain least supported in NCCPs, with an average score of 49%. This includes expanding opportunities for knowledge exchange regarding inequalities in cancer, strengthening the integration of social determinants and equity indicators into information systems, and promoting systematic use of equity impact assessments. A cross-sectoral Health in All Policies perspective is key to addressing drivers of inequality beyond the health sector. At the same time, empowering professionals, patients, and communities through training, participation, and shared decision-making fosters more people-centred systems capable of designing and implementing policies that reduce inequities across the cancer continuum.

### **4. Enhance equity in cancer prevention through personalised approaches, inclusive health promotion, and healthy environments**

Achieving fairness in cancer prevention depends on strategies that reflect both individual risk profiles and broader social conditions influencing health. Although survey results indicate that cancer prevention is the domain with the highest integration of an equity perspective (64% on average), countries should continue to promote personalised risk assessments, expand equitable access to screening programmes, and strengthen initiatives that encourage healthier behaviours in line with the European Code Against Cancer (<https://cancer-code-europe.iarc.who.int/>). Creating enabling environments—such as healthy schools, workplaces, and well-designed urban spaces—and improving health literacy across diverse populations further ensures that prevention efforts reach those most at risk. Together, these actions help reduce social gradients in cancer incidence and support healthier outcomes for the entire population.

### **5. Ensure equitable and inclusive access to innovative, high-quality cancer treatment across all stages of care**

Fair access to effective cancer treatment requires addressing the social, geographic, and economic barriers that limit patients' ability to receive timely and high-quality care. OriON has shown that cancer treatment is the second domain with the highest equity integration (62% on average). However, countries should expand equitable access to surgery, radiotherapy, and systemic therapies; promote telemedicine and remote monitoring while addressing digital divides; and ensure that innovations in personalised medicine benefit all population groups. Strengthening National Comprehensive Cancer Centres is also essential to deliver coordinated, integrated care nationwide. By combining these measures, countries can improve treatment outcomes, reduce gaps in quality and access, and ensure that innovation translates into equity.



## **6. Advance equity in cancer survivorship, rehabilitation, and palliative care through comprehensive, person-centred, and socially responsive support systems**

Equity in survivorship, rehabilitation, and palliative care remains the domain with the lowest integration of an equity perspective, averaging 50%. This underscores the need for policies and support systems that address the diverse social and economic realities of patients and their families. Key actions include developing personalised survivorship care plans that address social vulnerabilities, supporting return-to-work pathways adapted to different employment contexts, and strengthening measures that protect informal carers through flexible work arrangements, financial support, and psychosocial services. Ensuring equitable access to high-quality palliative and end-of-life care is also essential to uphold dignity and reduce inequalities. Together, these efforts contribute to more comprehensive and equitable support across the cancer care continuum.

## **CONCLUSIONS**

These recommendations draw on the integration of multiple European initiatives on cancer policy and the findings of the OriON JA survey. European countries are making significant progress in strengthening the quality and equity dimensions of their NCCPs, and this document aims to support policymakers in continuing along that path. The recommendations provide a common framework for action; however, each country should consider its specific context, resources, and population needs to develop cancer policies that are both equitable and effective. To reduce the overall burden of cancer, it is essential that cancer policy remains high on the European political agenda. Sustained commitment, adequate resources, and coordinated efforts at both the European and national levels are crucial to addressing persistent inequities and ensuring that all individuals have access to high-quality cancer prevention, care, and support. Therefore, these recommendations can serve as a guide for action for national and European policymakers to tackle social inequalities in cancer prevention and control in Europe. However, implementing the recommendations will require appropriate resources, first and foremost to adapt them to each country, taking into account the population profile as well as the social and economic context. For the recommendations to be successful, it is necessary that social inequalities in cancer are placed at the top of the European public health agenda, therefore maximising the impact of future EU initiatives on cancer.



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## APPENDIX 1: SPECIFIC RECOMMENDATIONS REGARDING EQUITY IN NCCPs

The following Appendix provides a consolidated overview of specific recommendations to integrate equity perspective in NCCPs, divided into four domains: Capacity building, Prevention, Treatment and Survivorship, rehabilitation and palliative care.

The recommendations are presented in order of priority, taking into account the current level of integration across the countries analysed in the equity section of OriON WP5 survey.

(A summary table of the current *level of integration of each of the specific equity recommendations at European and country level* is presented in Appendices 2 and 3.)

### CAPACITY BUILDING

#### 1. Foster knowledge exchange on tackling inequalities

The recommendation least followed by countries (23%) is to promote national and international exchanges of good practices in tackling social inequalities in cancer to strengthen policy learning and innovation. Facilitating the sharing of successful strategies, programmes, and interventions allows countries to learn from each other, avoid duplication of efforts, and accelerate the implementation of effective, evidence-based policies.

#### 2. Assess policy impact on equity

Conducting systematic health equity impact assessments of NCCP interventions is essential to ensure that they reduce, rather than reinforce, existing inequalities. This recommendation should be strongly promoted, as only 33% of countries currently evaluate the equity impact of their interventions across different population groups.

#### 3. Integrate equity indicators

Equity in cancer prevention and control should be considered a key element in evaluating the quality of NCCPs. NCCPs should therefore incorporate indicators and quality criteria related to cancer equity, taking into account the impact of social determinants of health on cancer outcomes. This recommendation should be strongly promoted, given that only 37% of countries currently include equity indicators.



#### **4. Include social determinants of health (SDH) in cancer information systems**

Incorporating variables on social determinants of health into national and regional cancer information systems is essential for analysing social inequalities in cancer outcomes. Currently, only 40% of countries are promoting the inclusion of such variables, which would enable data to be disaggregated by factors such as sex/gender, education, or socioeconomic status, and allow comparisons between regions and countries from an equity perspective.

#### **5. Map existing inequalities**

Analysing and monitoring existing social inequalities in cancer at the national (and regional) level is essential to identifying gaps. Regularly updating data on social inequalities across the cancer continuum enables the design of evidence-based policies to address them. As fewer than half of countries (43%) currently map cancer inequalities, it is a priority to include this objective in NCCPs.

#### **6. Build professional capacity on equity**

Introducing systematic training for cancer professionals on equity-sensitive approaches, focusing on recognising and addressing social determinants of health, is currently promoted by only 43% of countries. This approach should be strongly reinforced, as it contributes to care that is more equitable, improves patient experiences, and strengthens the capacity of health systems to implement policies and interventions that effectively reduce inequalities in cancer prevention, diagnosis, treatment, and survivorship.

#### **7. Monitor citizen and patient perspectives**

Collecting and using patient-reported outcome and experience measures (PROMs and PREMs) is essential to identifying barriers in access to cancer prevention, treatment and rehabilitation services from an equity perspective. Integrating citizen and patient voices enables the design of inclusive, patient-centred policies and interventions, and improves the quality of and satisfaction with care. This recommendation is only followed by half of countries (47%) and should therefore be emphasized.

#### **8. Strengthen multidisciplinary cancer workforce**

Given that cancer inequalities result from a complex interaction of social factors, a multidisciplinary cancer workforce is essential to effectively address equity in cancer care. Currently, only about half of countries (53%) are promoting multidisciplinary approaches. Therefore, efforts should be made to support collaboration across different disciplines, including medicine, public health, social sciences, technology, education, humanities, law, and economics.

#### **9. Adopt a Health in All Policies approach**

Ensuring that cancer policies involve sectors beyond health — such as education, environment, agriculture, finance, and taxation — is essential to address the broader social



determinants of health. Currently, just over half of countries (57%) engage sectors beyond health, mainly education, research and academia, social welfare, and the environmental sector. However, effectively reducing inequalities also requires collaboration with additional sectors, such as economic and taxation authorities, agriculture, and the private sector.

#### **10. Support informed decision-making**

NCCPs should promote informed decision-making by empowering patients and citizens. This should be done by facilitating accessible, understandable, and culturally adapted cancer information and resources to make informed choices regarding cancer prevention and control. Most countries (60%) are supporting informed decision-making, but efforts should be made at European level to enhance countries to follow this recommendation.

#### **11. Promote social participation**

Involving citizens and patients in the design, implementation, and evaluation of cancer policies is crucial to ensure inclusivity, responsiveness and social acceptability. The majority of countries (70%) are empowering communities to participate in setting priorities in NCCPs development, mainly including patient associations. Effort should be made to also include civil society organizations beyond the patient associations.

#### **12. Set explicit equity objectives**

Incorporating objectives to address social inequalities in cancer and applying proportionate universalism to balance universal access with targeted support for vulnerable groups, is crucial for setting priorities and allocating resources to reduce cancer inequalities. While most countries (80%) include equity objectives in their NCCPs, it remains necessary to encourage those that do not to adopt them, and to support those that do in prioritizing these objectives effectively.

### **PREVENTION**

#### **13. Promote personalised prevention**

Encouraging personalised risk assessments that integrate various cancer risk factors, including the social determinants of health, will enable targeted and effective prevention strategies. Currently, only 31% of countries are promoting personalised prevention. To reach those most at risk and reduce inequalities in cancer incidence and outcomes, it is strongly recommended to prioritise personalised prevention approaches.

#### **14. Ensure equitable screening access**

Guaranteeing equity in access to cancer screening programmes requires universal, population-based programmes as a foundation. In addition, proportionate efforts must be made to address barriers faced by socially disadvantaged groups. As only 57% of countries



currently promote a proportionate universalism approach in cancer screening, further efforts are needed to implement this approach across all countries.

#### **15. Encourage healthy behaviours**

Promoting equitable access to health promotion initiatives targeting tobacco, alcohol, diet, and physical activity consistent with the European Code Against Cancer recommendations is currently supported by 73% of countries. Ensuring fair access to these initiatives supports healthier lifestyles across all social groups and helps reduce cancer-related inequalities.

#### **16. Promote healthy environments**

Encouraging policies that develop healthy living environments, such as healthy schools, workplaces, and urban spaces, is strongly followed by most of European countries (80%). Promoting such environments helps prevent cancer, supports healthy behaviours across the population, and contributes to reducing health inequalities. The most often promoted healthy environment are healthy schools and kindergartens. More emphasis should be placed on other healthy environments, such as urban planning measures and green spaces.

#### **17. Improve health literacy**

Developing programmes to enhance health literacy on cancer risk factors, tailored to different social groups in line with the principles of proportionate universalism, is already well established in the majority of countries (79%). Strengthening health literacy empowers individuals to make informed decisions about cancer prevention and contributes to reducing inequalities in cancer outcomes.

### **TREATMENT**

#### **18. Guarantee equitable telemedicine access**

Ensuring equitable access to telemedicine and remote monitoring across the cancer pathway, while addressing digital literacy and infrastructure gaps, is one of the less widely implemented recommendations (36%). Expanding access to these digital tools enhances continuity of care, improves patient outcomes, and helps reduce inequalities across different population groups.

#### **19. Ensure equitable access to personalised medicine**

Expanding access to personalised medicine, applying proportionate universalism to prevent disparities in access to innovative treatments, is currently implemented by 58% of countries. Ensuring equitable access allows all patients to benefit from advances in diagnostics and therapies, improves treatment outcomes, and helps reduce inequalities in cancer care.

#### **20. Develop comprehensive cancer centres**

Supporting the creation and promotion of National Comprehensive Cancer Centres to provide coordinated, high-quality, and equitable cancer care is already followed by 77% of countries.



Establishing such centres ensures integrated services across prevention, diagnosis, treatment, and survivorship, improves patient outcomes, and helps reduce disparities in access to quality cancer care.

### **21. Guarantee equity in access to timely, high-quality treatment**

Ensuring equitable access to surgery, radiotherapy, and systemic therapy, with measures to overcome geographic, financial, and social barriers, is supported by 79% of countries. Promoting such access improves treatment outcomes, supports patient-centred care, and helps reduce disparities in cancer care across different population groups.

## **SURVIVORSHIP, REHABILITATION AND PALLIATIVE CARE**

### **22. Protect informal carers**

Promoting measures that improve work-life balance for informal carers, including flexible work options, financial support, and psychosocial services, is the least widely implemented recommendation (30%). Supporting carers in this way reduces stress, improves their wellbeing, and ensures they can continue providing care without exacerbating social and economic inequalities.

### **23. Support personalised survivorship care**

Developing personalised survivorship care plans that account for patients' social circumstances, in line with proportionate universalism principles, is currently implemented in 39% of countries. Such plans ensure that survivors receive care which is tailored to their needs, improve long-term outcomes, and help reduce inequalities in post-treatment support.

### **24. Facilitate return to work**

Introducing supportive policies and programmes to help cancer survivors return to work, tailored to social vulnerabilities and employment contexts, is currently implemented by less than half of countries (46%). These initiatives facilitate reintegration into the workforce, improve long-term quality of life, and help reduce social and economic inequalities among cancer survivors.

### **25. Ensure equitable access to palliative care**

Guaranteeing equitable access to palliative and end-of-life care services, ensuring dignity, quality, and support for all patients and families, is one of the most widely implemented recommendations (86%). Providing such care improves quality of life, supports families, and helps reduce disparities in access to compassionate and comprehensive end-of-life services.



## APPENDIX 2: LEVEL OF INTEGRATION OF THE SPECIFIC EQUITY RECOMMENDATIONS AT EUROPEAN LEVEL

Table 1 represents the level of integration of the specific equity recommendations at European level described in Appendix 1. The “Widely integrated” recommendations are those adopted by 70% or more of the countries analysed in the OriON JA WP5 survey. The “Moderately integrated” recommendations have a level of integration between 50% and 69.9%. Lastly, the “Less integrated” recommendations are those present in less than 50%.

**Table 1. Integration of specific equity recommendations at EU level.**

Domain	Recommendations	Widely integrated	Moderately integrated	Less integrated
CAPACITY BUILDING	1. Foster knowledge exchange on tackling inequalities			●
	2. Assess policy impact on equity			●
	3. Integrate equity indicators			●
	4. Include social determinants of health (SDH) in cancer information systems			●
	5. Map existing inequalities			●
	6. Build professional capacity on equity			●
	7. Monitor citizen and patient perspectives			●
	8. Strengthen multidisciplinary cancer workforce		●	
	9. Adopt a Health in All Policies approach		●	
	10. Support informed decision-making		●	
	11. Promote social participation	●		
	12. Set explicit equity objectives	●		
PREVENTION	13. Promote personalised prevention			●
	14. Ensure equitable screening access		●	
	15. Encourage healthy behaviours	●		
	16. Promote healthy environments	●		
	17. Improve health literacy	●		
TREATMENT	18. Guarantee equitable telemedicine access			●
	19. Ensure equitable access to personalised medicine		●	
	20. Develop comprehensive cancer centres	●		
	21. Guarantee equity in access to timely, high-quality treatment	●		
SURVIVORSHIP, REHABILITATION AND PALLIATIVE CARE	22. Protect informal carers			●
	23. Support personalised survivorship care			●
	24. Facilitate return to work			●
	25. Ensure equitable access to palliative care	●		



### APPENDIX 3: INTEGRATION OF SPECIFIC EQUITY RECOMMENDATIONS AT NATIONAL LEVEL

Table 2 represents the integration at the national level of each specific equity recommendation described in Appendix 1. The green dots represent integrated recommendations by each country. The red ones represent those not integrated. The yellow line shows the cases where the answers were marked as “Not applicable”.

**Table 2. Integration of each specific equity recommendation at the national level.**

COUNTRIES	EQUITY RECOMMENDATIONS BY DOMAIN																								
	CAPACITY BUILDING										PREVENTION					TREATMENT				SURVIVORSHIP, REHABILITATION AND PALLIATIVE					
	Foster knowledge exchange on tackling inequalities	Assess policy impact on equity	Integrate equity indicators	Enhance cancer information systems	Map existing inequalities	Build professional capacity on equity	Monitor patient perspectives	Strengthen the cancer workforce	Adopt a Health in All Policies approach	Support informed decision-making	Promote social participation	Set explicit equity objectives	Promote personalised prevention	Ensure equitable screening access	Encourage healthy behaviours	Promote healthy environments	Improve health literacy	Guarantee equitable digital health access	Ensure equitable access to personalised medicine	Develop comprehensive cancer centres	Guarantee equity in access to timely, high-quality treatment	Protect informal carers	Support personalised survivorship care	Facilitate return to work	Ensure equitable access to palliative care
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Austria	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Bulgary	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Croatia	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Cyprus	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Czech Republic	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Denmark	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Estonia	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
France	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Greece	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hungary	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Iceland	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Ireland	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Italy	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Latvia	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lithuania	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Luxembourg	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Malta	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Moldova	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Netherlands	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
North Macedonia	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Norway	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Poland	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Portugal	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Romania	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Slovak Republic	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Slovenia	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Spain	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sweden	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Turkey	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Ukraine	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

