

# JA ORION

supporto al Registro Europeo sulle  
Diseguaglianze nella prevenzione e cura  
del cancro

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- The initiative is in response to **flagship No 9 of Europe's Beating Cancer Plan (EBCP)**, which established the **European Cancer Inequalities Registry (ECIR)** to identify trends, disparities, and inequalities in cancer prevention and care between and within European Member States and regions
- ORION JA is specifically oriented to **cancer plans**, ie to monitor implementation of the Europe's Beating Cancer Plan (EBCP) and to assess and improve National Cancer Plans ☐ **focusing on cancer inequalities**

**Flagship 9:** In 2021, the Commission will establish a **Cancer Inequalities Registry**. It will identify trends, disparities and inequalities between Member States and regions. Alongside regular qualitative assessments of the country-specific situation, the Registry will identify challenges and specific areas of action to guide investment and interventions at EU, national and regional level under Europe's Beating Cancer Plan.

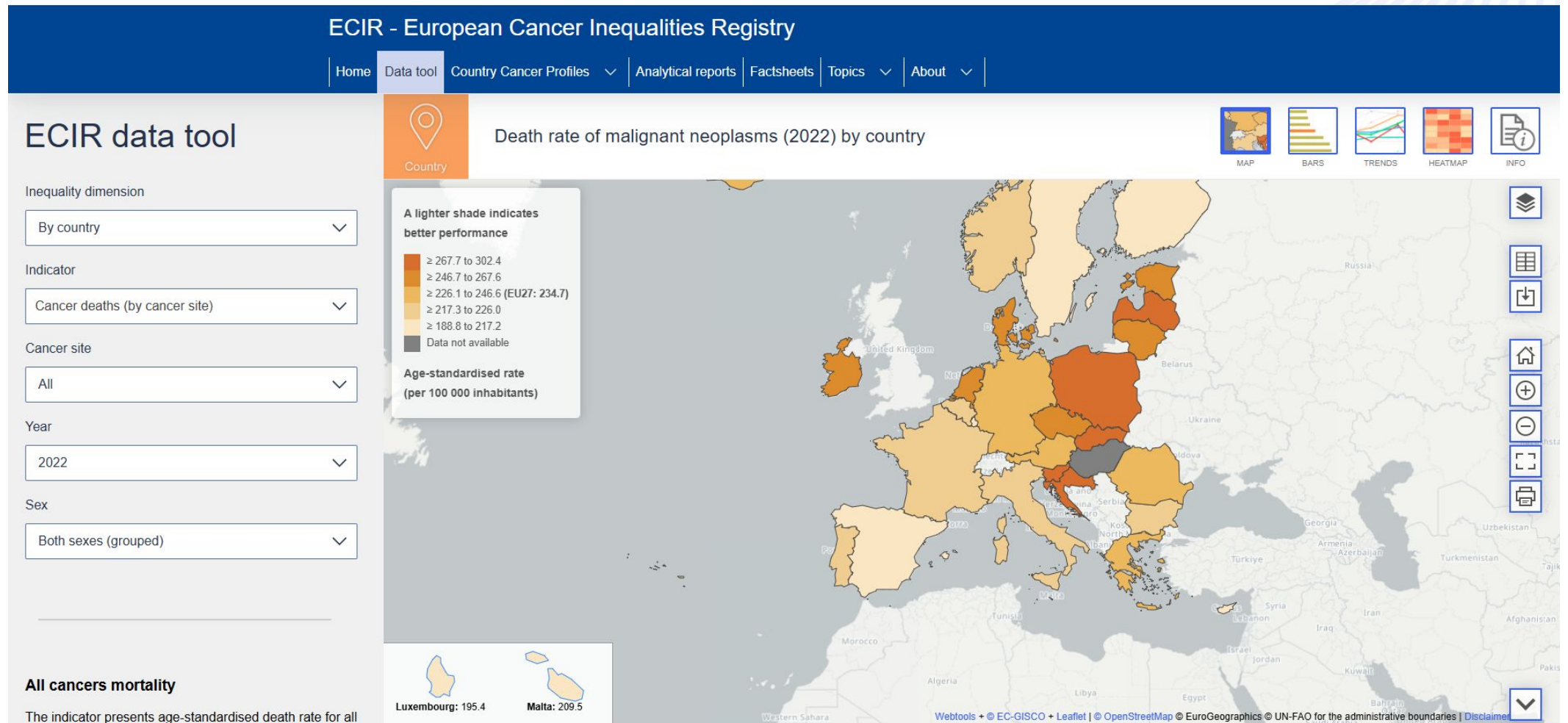
# EUROPEAN CANCER INEQUALITIES REGISTRY (ECIR)

## 1. On-line Data Tool (quantitative information)

<https://cancer-inequalities.jrc.ec.europa.eu/>

To explore inequality indicators by inequality dimension (*country, sex, education, income,...*)

Relying on official sources EUROSTAT, WHO, IARC, ECIS and OECD data



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# EUROPEAN CANCER INEQUALITIES REGISTRY (ECIR)

<https://cancer-inequalities.jrc.ec.europa.eu/>

## 2. Qualitative reports

- Periodic reports with **country cancer profiles** based on data analysis and interviews with national experts and stakeholders
- Analytical reports
- Factsheets

### Publications



#### Country Cancer Profiles

The Country Cancer Profiles aim to identify inequalities in cancer prevention and care for each EU Member State, Norway and Iceland. Available are the newly published 2025 as well as the 2023 profiles. Inequalities can also be discovered dynamically through the Performance Tracker.



#### Analytical reports

The Analytical Reports examine policies and actions to tackle cancer trends and inequalities across the EU.



#### Factsheets

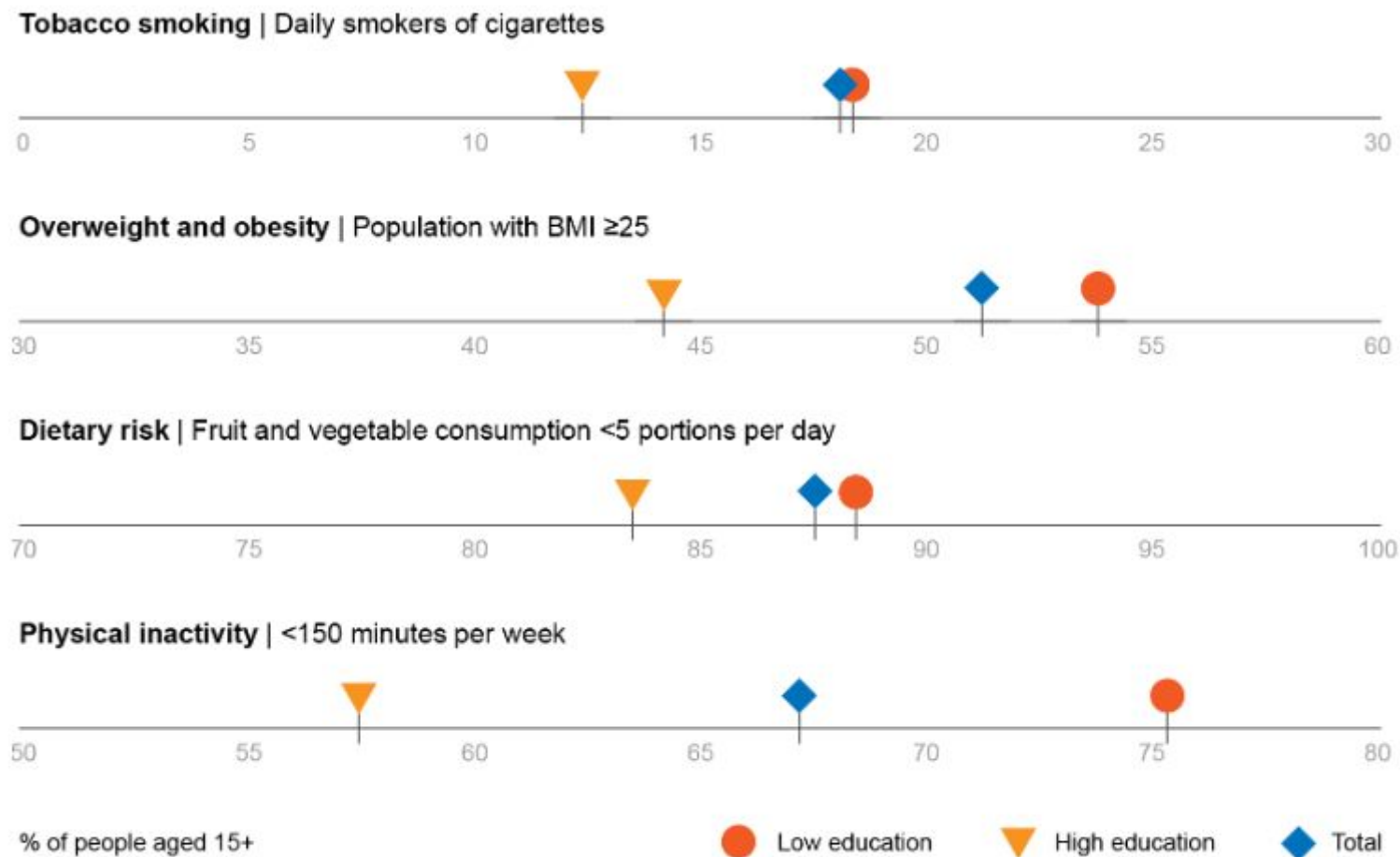
The Cancer Inequalities Factsheets provide a unique view on specific cancer-related inequalities in the European Union.



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# Analytical report 2025, Prevalence of Risk Factors by Education level



Source: Eurostat (EHIS, 2019)



# ORION JOINT ACTION

OFFICIAL WEBSITE: [HTTPS://WWW.IDIKA.GR/JAORION/](https://www.idika.gr/jaorion/)

## Duration

- January 2024 – December 2025

**FINAL CONFERENCE**  
**Bruxelles 16 Dec 2025**  
**Hybrid**

## Work Packages (WP)

- WP1: Coordination (Slovenia)
- WP2: Dissemination (Greece)
- WP3: Evaluation (Croatia)
- **WP4: Sustainability and implementation – support to the monitoring and analysis of the implementation of EBCP (Belgium)**
- **WP5: Analysis of the developments in National Cancer Control Programmes (NCCPs) (Slovenia)**

## Consortium

- 23 partners from **17 countries**
- Coordinator: Slovenian National Institute of Public Health (NIJZ)

# WP4 SUPPORT TO MONITORING THE IMPLEMENTATION OF EBCP

The main aim is to **develop and validate a monitoring framework** for the **uptake of EBCP in EU MS**

## Step 1

- Definition of the monitoring framework
  - Scoping review
  - Involving MS, JA partners and external experts (Delphi exercise)
  - Including the **cancer inequalities** perspective
  - Covering 4 themes

# MONITORING FRAMEWORK OF EBCP UPTAKE

## THEMES



### RELEVANCE

**Is EBCP high on the national policy agenda?**

Evaluate EBCP alignment with priorities identified at the national level



### STAKEHOLDER ENGAGEMENT

**How active are EU-MS in EBCP?**

Assess the extent of EU-MS participation in various EBCP initiatives/projects.



### AWARENESS

**How aware are stakeholders in EU-MS of the EBCP?**

Evaluate the degree of awareness among key actors, and capture dissemination levels about EBCP in the EU-MS.



### KNOWLEDGE INTEGRATION

**Are EBCP outputs/recommendations being sustainably used in EU-MS?**

Evaluate how deliverables and recommendations from EBCP projects are integrated into EU-MS health systems and across sectors/policies.



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# WP4 SUPPORT TO MONITORING THE IMPLEMENTATION OF EBCP

The main aim is to **develop and validate a monitoring framework** for the **uptake of EBCP in EU MS**

## Step 2

- Validating and testing the framework in 3 pilot MS
  - Piloting: **Italy, Slovenia, Belgium**
  - Involving MS and stakeholders: survey using the framework complemented by **in-depth interviews**
  - **Multi-stakeholder** meeting to discuss and present interviews results
  - Workshop with **patient organizations**: present the framework, get input

## SWOT Analysis Diagram



### STRENGTHS

- Strong alignment with national priorities
- EBCP guides National Cancer Plan
- Key focus areas positively recognized
- Strong engagement in EU projects
- High contribution on cancer screening and networks

### WEAKNESSES



- Excessive dilution of funds reducing effectiveness
- Industrial lobbying hindering primary prevention
- Gaps in digitalisation, telemedicine, rare cancer networks funding
- Limited health data interoperability and standards



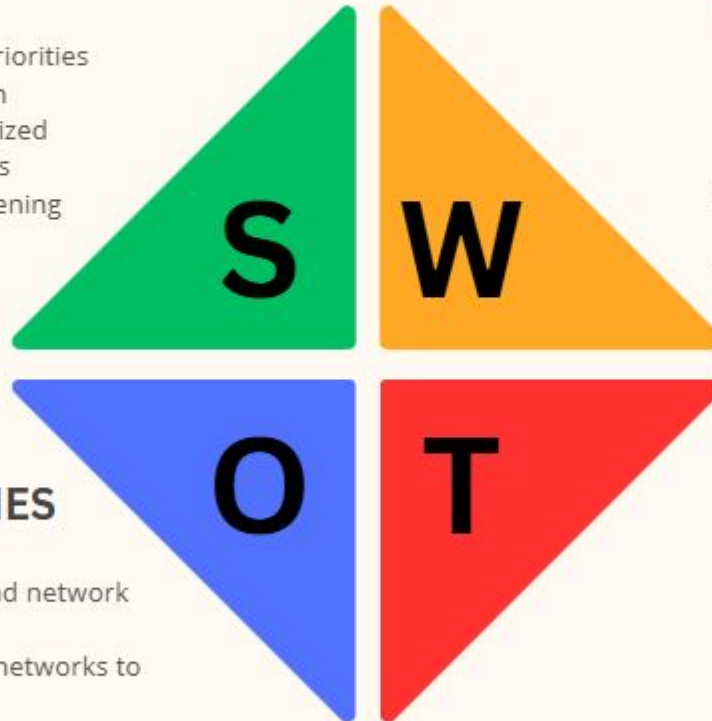
### OPPORTUNITIES

- Development of national hubs and network infrastructures
- Leveraging existing professional networks to steer implementation
- Reducing health inequalities
- Increasing research/training among non-oncologist professionals

### THREATS



- Lack of dedicated national funding to integrate EBCP innovations
- Limited stakeholder and expert engagement
- Long-term impact and sustainability of the EBCP's outcomes



# WP5 SUPPORT IMPROVEMENT OF NATIONAL CANCER CONTROL PLANS

The main aim is to pave the way for **improving the quality** of National Cancer Control Programmes\* (NCCPs) with a special focus on cancer inequalities

- Survey and report on the development of NCCPs in EU
  - Covering 3 sections: **general characteristics**, **quality**, **inequality**
  - 34 countries involved

WHO\* definition:

NCCP is a public health programme designed to reduce cancer incidence and mortality, improve quality of life of cancer patients, through the systematic and **equitable** implementation of evidence-based strategies for the prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources

*\* World Health Organization. National Cancer Control Programmes: Policies and Managerial Guidelines. Geneva: World Health Organization; 2002 :180*

# COUNTRIES WITH NCCP AND OTHER DOCUMENT RELEVANT FOR ACTION ON CANCER

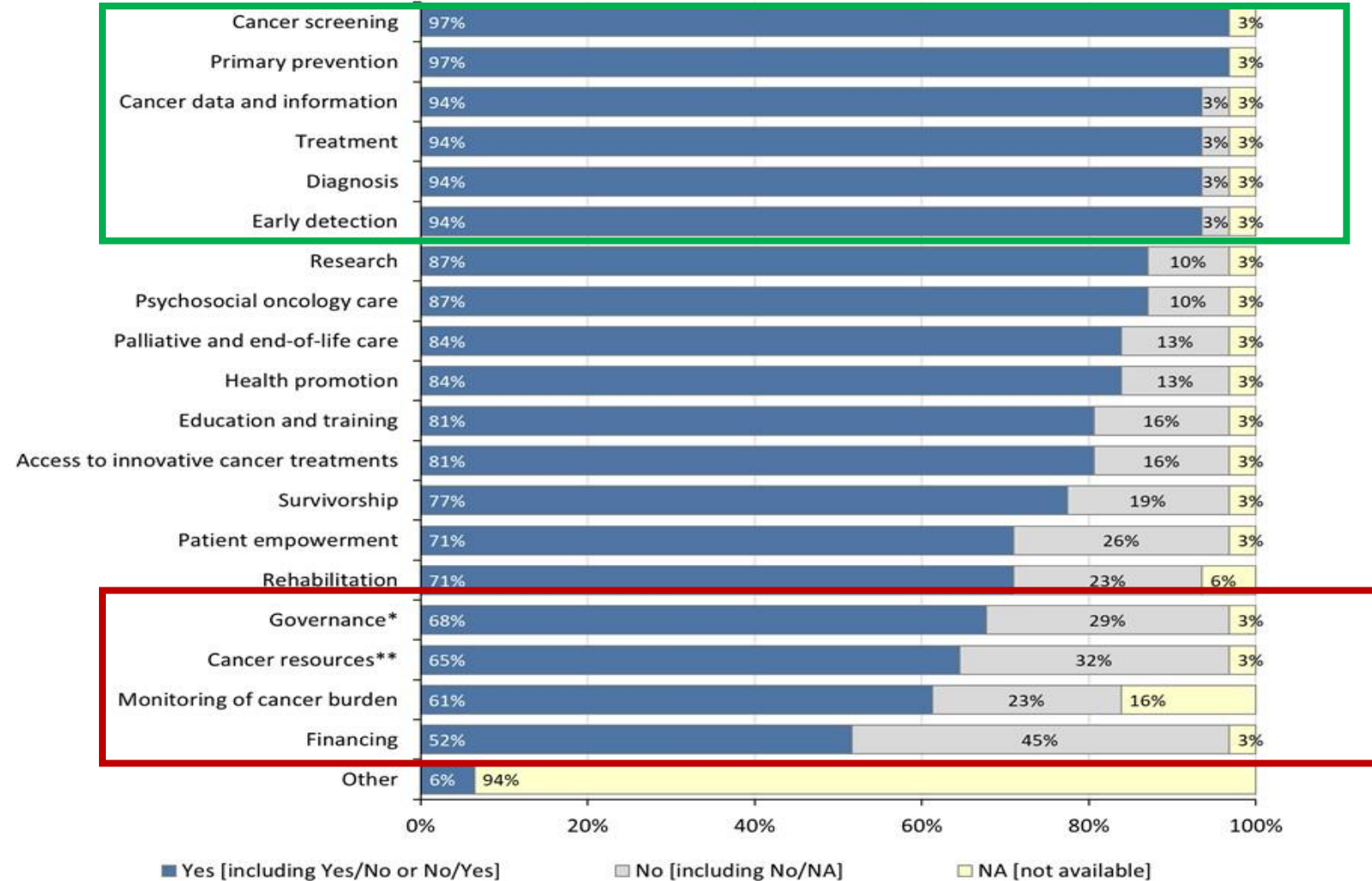
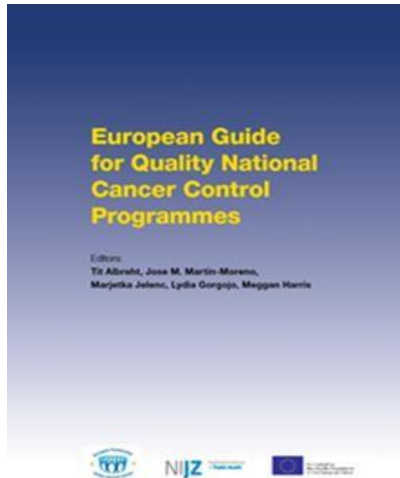
Q4. In your country is there any other policy document that is relevant for action on cancer?

Category responses	Number of countries (in per cent)	Countries
Countries with other policy relevant documents [Yes]	17 (54.8%)	Austria, Croatia, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Norway, Poland, Romania
Countries without other policy relevant documents [No]	14 (45.2%)	Bulgaria, Cyprus, Czech Republic, Denmark, Iceland, Lithuania, Moldova, North Macedonia*, Portugal, Slovak Republic, Slovenia, Spain, Turkey and Ukraine
The number of participating countries	31 (100.0%)	

Countries without an operational NCCP/Cancer document in 2024:

- **3 countries - 8.8%** Belgium, Finland and Montenegro

# ADOPTION OF THE EU GUIDE BY RECOMMENDATION AREA



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# ANALYSING NATIONAL CANCER CONTROL PLANS FOCUS ON INEQUALITIES

## Methods

### 25 Equity questions, in 4 domains

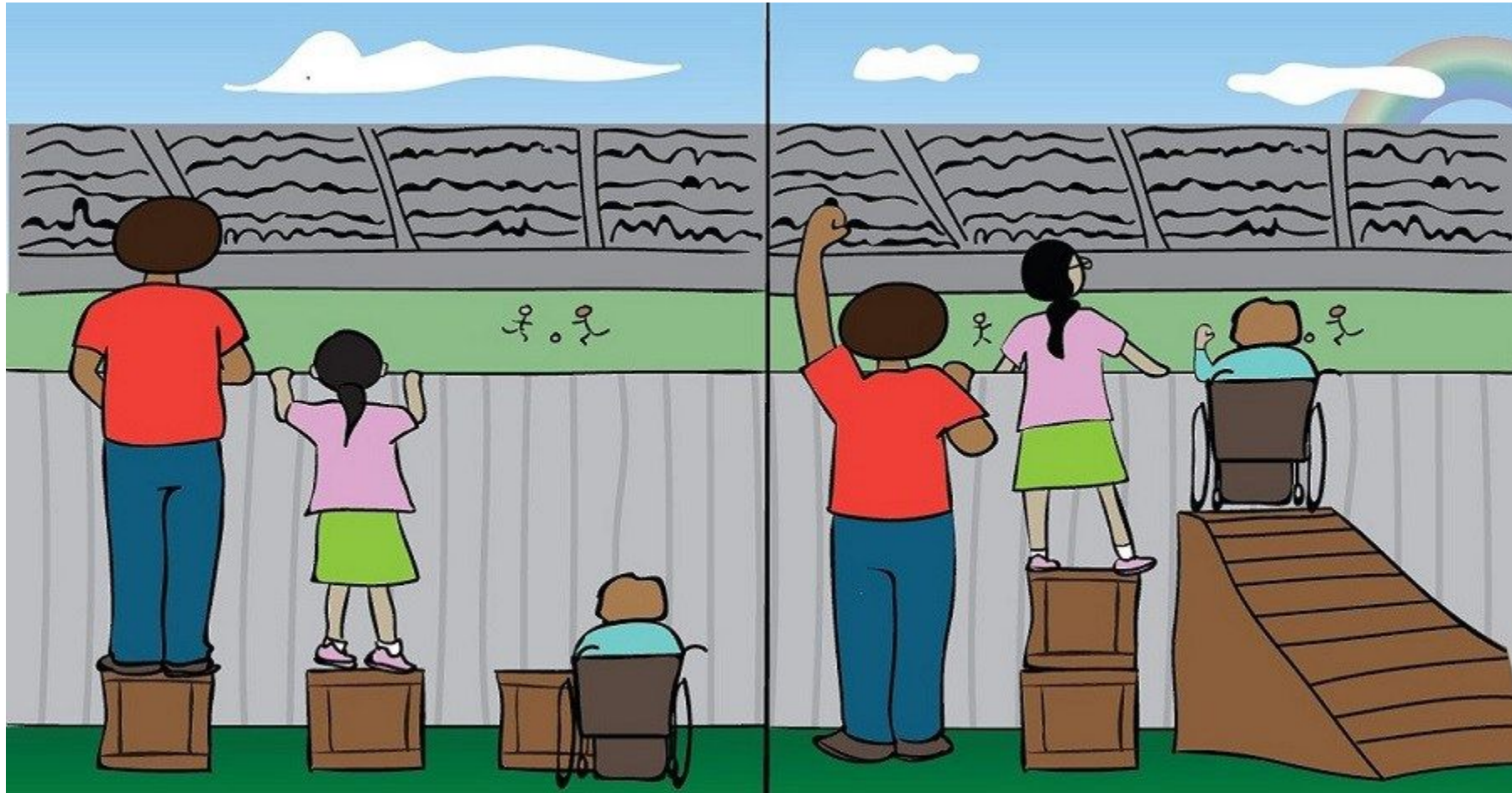
- A. Capacity building
- B. Primary and secondary prevention
- C. Treatment
- D. Survivorship, rehabilitation and palliative care



CONCLUSION	RECOMMENDATION
<p><b>Equity perspective (mean)</b> in NCCPs in Europe <b>is low (&lt;60)</b>, with significant diversity between countries.</p>	<p><b>Efforts</b> must be made to ensure the inclusion of the equity perspective in all countries to <b>prevent the existing inequalities</b> in incidence and mortality <b>from worsening</b>.</p>
<p>The <b>universal approach</b> is the most prevalent approach.</p>	<p>Proportional <b>efforts</b> must be made according to the needs of each group to <b>achieve proportional universalism</b>.</p>
<p><b>Age, gender, and territory</b> are the most considered social determinants of health.</p>	<p>Attention must also be given to <b>disabled and institutionalized populations</b>.</p>
<p><b>Survivorship</b> is the domain with the <b>least equity perspective</b>, after the transversal <b>Capacity building</b> domain.</p>	<p>Efforts should be made to <b>improve equity for survivors</b> and their <b>families</b> and <b>caregivers</b>.</p>

# EQUALITY

# EQUITY



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