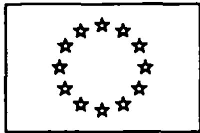

COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 08.09.1999
COM(1999)408 final

REPORT FROM THE COMMISSION

TO THE COUNCIL, THE EUROPEAN PARLIAMENT,
THE ECONOMIC AND SOCIAL COMMITTEE
AND THE COMMITTEE OF THE REGIONS

ON THE EVALUATION OF THE SECOND ACTION PLAN OF THE "EUROPE AGAINST CANCER" PROGRAMME, 1990 - 1994, PLUS 1995.

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Evaluation of the Second Action Plan of the "Europe against Cancer" Programme, 1990 - 1994, plus 1995.

1. INTRODUCTION

1.1. The objectives of this evaluation were to measure the extent to which the specific objectives of the Second Action Plan of the « Europe Against Cancer » Programme (EAC) have been achieved, and to identify how the EAC programme had functioned, in what context it had operated across and within countries, and which factors had facilitated and hampered the efficient and effective implementation of the programme.

1.2. The evaluation is the result of a call for tender launched by the European Commission in 1996. The contract was awarded to the Association of Schools of Public Health in the European Union (ASPHER) in collaboration with the European Public Health Association (EUPHA) and together with the Royal College of Physicians (RCP) and a representative of the Finnish Ministry of Health (FMoH) (as Finland was among the three Member States not yet significantly involved at the time of the second action plan).

1.3. The evaluation was carried out between December 1997 and July 1998. The main report is more than a hundred pages long and the five volumes of enclosures more than eight hundred. The following summary is mainly focused on the conclusions and recommendations of the report.

1.4. The report is available from the Commission Services.

2. CORE OF THE EVALUATION REPORT CARRIED OUT BY ASPHER

2.1. Methodology.

2.1.1. The Europe Against Cancer Programme (EAC) was launched as an initiative that would be meaningful to the citizens of Europe and bring them closer to the Community and tackle a major health issue

2.1.2. The EAC has certainly achieved a high profile in many Member States and has focused attention on cancer as an issue of real public concern. It has also sponsored initiatives that cut across sectors. However, it is less easy to measure its impact on cancer per se, particularly given the time frame involved and the complexity of causal relationships in health issues.

2.1.3. In addition, the EAC has not been a single, uniform programme. It has run as three successive action plans, the third of which is currently underway. The present report evaluates the second action plan which covered the years 1990-1994 and was extended to include the year 1995. Since the second action plan cannot be viewed in isolation from the early years of the programme (1987-1989), it has been set in the wider context of EAC as a whole.

2.1.4. The projects supported were divided into eleven domains or fields of action, which were further sub-divided into 38 targets. Despite

changes over the six years concerned, these main groups have proved sufficiently robust to allow the evaluators involved to review activity over the whole period. These fields of action fit within the four key funding categories and were:

I. Cancer Prevention

IA Prevention of tobacco consumption: including information campaigns targeted at young people, teachers, health professionals and the workplace

IB Diet and cancer: supporting studies of eating habits and cancer, and developing nutrition guidelines

IC Campaign against carcinogenic agents: involving research and actions on exposure to dioxin, ultraviolet radiation and other carcinogens

ID Systematic screening/early diagnosis: supporting pilot screening projects for breast, cervical and colorectal cancer and promoting studies on effectiveness of screening

IE Cancer registers: exchanging experience in registers across Europe to foster best practice

IF Other: this category featured support for quality assessment in radiotherapy and chemotherapy, projects on paediatric oncology and quality of palliative care, among other issues.

II Health Information and Education

IIA Information of the public: featured the updating of the European Code Against Cancer, Europe-wide campaigns and events relating to the "Europe against Cancer"Weeks, as well as information aimed at the workplace

IIB Health education and cancer: focused on raising the awareness of schoolteachers, disseminating European teaching materials and encouraging better diet in schools

III Training of health professionals

IIIA/B Training of doctors & Training of nurses: these two areas were taken together for the purposes of this evaluation and covered the piloting of training schemes in oncology and palliative care and the exchange of experience, best practice and teaching materials

IV. Research and Cancer

This heading was used largely to cover several co-ordination activities of the programme.

2.2. Results.

2.2.1. The recommendations contained in the evaluation report of the First Action Plan have generally been followed, but the implementation may not be as comprehensive and effective as the impression conveyed by the Commission's implementation report of 1995.

2.2.2. The evaluation focused on what the Programme has funded, i.e. the projects. It did not assess the legislative action undertaken in relation to some activities, nor the research projects conducted by other DGs in relation to the programme.

2.2.3. Independent experts with relevant experience undertook the field-of-action evaluations and similarly experienced individuals were appointed to review the programme on a country-by-country basis, presenting their initial findings to a seminar of interested parties before submitting a final report. Members of the core evaluation team carried out interviews with the key individuals involved in the Commission's central management of the programme.

2.2.4. It has to be underlined that the present evaluation took place several years after the completion of a number of the projects and that the whole context, political as well as scientific, may in some cases have changed.

2.2.5. Nevertheless the Second Action Plan has clearly contributed to the breaking down of taboos associated with cancer and has brought particular themes very much to the fore, breast and skin cancer being obvious examples. It is also clear that EAC campaigns concerned with preventing tobacco consumption, with carcinogenic agents and with information for the public and health education all contributed to raising the profile of cancer and prevention activities.

2.2.6. However, they were felt to rely too heavily on small initiatives that suffered badly from a lack of solid evidence that might demonstrate their effectiveness scientifically.

2.2.7. Systematic screening and early detection measures were thought to be more successful, particularly in as much as they were able to extend models of best practice, although there were concerns about quality and the consistency of the parameters used across Member States. There was also agreement that it was time to rely more heavily on national funding in the areas of breast and cervical screening and to move on to address experimental projects at a European level that could inform policy on colorectal, prostate and skin cancer screening.

2.2.8. Cancer registries were also found to have improved over the lifetime of the Second Action Plan but to be ready for a change in emphasis

in programme funding. The need to stress quality issues and to take on wider epidemiological research was also raised in this area.

2.2.9. Quality Assurance as an area was problematic. Although action has been taken in the field of radiotherapy and chemotherapy, there was thought to have been a failure to address quality of life as recommended by the first evaluation.

2.2.10. The training undertaken was fragmented and overly focused on particular skills. It failed to address the wider public health agenda and reflected a lack of coherence in the field of action as a whole. EAC has not succeeded in assisting the process of creating a cadre of cancer prevention specialists in Europe.

2.2.11. However, the field evaluators tended to concur that the bulk of the projects sponsored, even where the outcomes were debatable, had been carried out to the best of the ability of the parties concerned. There was very little sense that there had been any abuse of the processes concerned. There was also an understanding that the relatively small scale of the projects undertaken meant that any losses through failure to deliver were also relatively small. However, there was almost universal concern about the quality of reporting, monitoring and record keeping by the project leaders concerned.

2.2.12. All country experts and many of the field evaluators also drew attention to the difficulties created by the administration of the programme. There were profound concerns about the funding process and the mechanisms for longer term funding, breakdowns or gaps in reporting and the failure to build in appropriate performance measures.

2.2.13. In terms of the EAC specifically achieving a shift in the patterns and reduction in the impact of a major disease group, or more broadly mitigating the threat of cancer to the health status of the EU population, it is much more difficult to analyse and evaluate. Morbidity and mortality associated with cancer are part of an extremely complex and prolonged context beyond the scope of this evaluation. Clearly it is just not possible to attribute variations in morbidity and mortality to the EAC programme; rather, the issue has to be viewed in terms of possible/probable influence and what can be acceptably measured in the short time frame. The first evaluation report rightfully pointed out the usefulness of delineating intermediate objectives that can be more directly related to the actions of the programme.

2.2.14. Thus the state of any cancer prevention programme in Europe is necessarily measured by the extent to which contributing factors are decreasing as a cause for new cases rather than by an actual reduction in deaths: indeed any consequential decline would not necessarily occur in the period that followed the programme and its evaluation. There are various estimates of the relative role of different causal factors in cancer deaths in western, developed

countries. However, it is clear that of total cancer-related deaths, approximately 30 % can be attributed to tobacco and 35 % to dietary factors. This illustrates that the major mechanism for reducing cancer deaths is through a reduction in tobacco consumption and through rather less specific and clear changes in dietary habits. To this end the European Code against Cancer sets out a succinct set of rules which clearly represent the major essential themes.

2.3. Overall recommendations.

2.3.1. It was therefore widely agreed that in order to capitalise on the efforts of the Second Action Plan it will be necessary to reinforce the most effective components of the programme, to ensure it responds to scientific evidence and provides for a systematic and professional dissemination of best practice; and to refocus the management structures to make them as efficient as possible and fully supportive of project work.

2.3.2. The review by experts on a field-by-field basis, in conjunction with the country evaluation, suggests the need for there to be key changes in the focus of particular actions.

2.3.3. There is a need to review the decision-making and priority-setting agenda and to make the scientific basis of approaches and evidence-based decisions entirely transparent.

2.3.4. There should be a refocusing of the interpretation of European interest and Community added value to ensure that there is a balance between the need to encourage on the one hand multi-member undertakings and large projects that are able to bring scientific (and cultural) added value, and on the other hand innovative small projects that might pilot particular schemes and permit the development of best practice in the field.

2.3.5. There ought to be a balance between the inputs of the various interested parties in the scientific content and their inputs into policy or decision making so that there is scope for oncologists and prevention experts and also for national representation and due process.

2.3.6. The evaluation concludes with this list of 38 detailed recommendations.

2.3.7. Focus of the Programme.

1. Redefine the parameters of the programme and institute a clear and visible strategic focus on a more limited number of process objectives.

2. Clarify European Added Value and apply it more effectively.

3. Integrate more effectively European and national prevention priorities. Notably, exploit whatever added joint

action and authority that derives from a common purpose perceived in Member States associated with the European ideal in the field of effective cancer prevention.

4. Encourage attempts to foster public health policy and document the extent to which EAC might support projects that challenge the policies of any given national government.

5. Use informal consultation with a wide group of prominent cancer specialists, including a group of Public Health experts, to advise on policy at the beginning of the planning phase of the next five-year programme.

6. Produce a coherent and relatively homogeneous set of funded actions in line with the strategic focus agreed.

7. Support only those initiatives where the approach taken is supported by scientific evidence appropriate to the initiative and its context.

8. Promote action-oriented R&D with a strong emphasis on 'evidence-based public health', and promote more systematic analysis of theoretical frames, research and experiences in the various key domains of cancer prevention.

9. Continue to support more effectively the fight against tobacco and the studies and initiatives in nutrition, with a more intersectoral approach.

2.3.8. Priorities of the Programme: Large Projects.

10. Prioritise those projects which have a clear European added value and can demonstrate both a partnership between Member States and a concrete contribution to the Europe Against Cancer agenda arising from that partnership.

11. Use multi-member projects to carry out epidemiological studies too large to be conducted in individual countries or where practice in any one country is too homogeneous to allow sensitive investigation, and to further research and development in prevention practice.

12. Use multi-member projects to further changes in the policies and practices of individual Member States and to reach sufficient numbers of people to achieve critical mass in changing attitudes or behaviours in the European population.

13. Provide a multiannual budget and organise a systematic mid-term review by independent evaluator(s) where appropriate, as well as a final evaluation.

14. Check that the dissemination plan actually includes measures to reach and involve the local actors and population.

15. Provide support, possibly in the form of a 'clearing house', for Member States who feel disadvantaged in respect of securing international collaborators.

2.3.9. *Priorities of the Programme: Small Projects.*

16. Allow small, single-site projects (equivalent to those currently costing up to 50,000 ECU), only where these are highly innovative and have a clear role as European pilot schemes likely to demonstrate best practice

17. Require such projects to make detailed provision from the outset for an optimal dissemination of results.

18. Develop separate reporting requirements for small projects so as to minimise bureaucracy and speed up the release of funds.

2.3.10. *Management of the Programme.*

19. Agree explicit programme goals for the Action Plan and review progress towards these goals on a biannual basis.

20. Define intermediate objectives, processes and as far as possible outcomes, in order to contribute to more targeted applications and selection of projects.

21. Involve independent experts (i.e. experts deemed ineligible to receive funding) in the selection process.

22. Secure appropriate national inputs to guide decision-making as regards both priorities and awards made in Member States.

23. Provide better access to information concerning calls for tender (wider dissemination and permanent availability on the Web).

24. Revise the application and selection process to make clear the percentage of co-financing needed, the number of partners from other Member States required in various circumstances, and the criteria for allowing variations in the grant awarding process.

25. Standardise application procedures (forms, deadlines, etc.), which has indeed started to occur recently. Forms should include such items as: definition of needs, description of objectives, theoretical framework, methodology, definition of activities, identification of target population, sampling, treatment and analysis plan and methods, evaluation

criteria, self-evaluation plan, description of arrangements for exploiting project results, type of report expected, duration/geographical extent of the project, etc.

26. Develop mechanisms permitting a more proactive response from the EC when there are not enough projects of quality in an area.

27. Use database software to keep track of projects, classify them by domain and keywords, and be able to present them to the public, via the Programme's INTERNET website, for instance.

28. Fund projects for a three to five year period where the project objectives cannot realistically be achieved within a shorter time scale, on condition that the projects complete a satisfactory interim review.

29. Require all projects applying for funds for a period in excess of three years, and which have a logical lifetime beyond the funding period eligible for European support, to set out clear proposals for replacing EAC support at their mid-term review.

30. Consider the possibility of providing ongoing core funding for projects with a central role in EAC and with a marked European perspective.

2.3.11. Evaluation of the Programme.

31. Build into the application and grant awarding process the specification of clear milestones against which projects can be evaluated.

32. Record information on all proposals submitted and rejected, in sufficient detail to identifythe proposers, the content of the proposal and the reasons for rejection.

33. Record information on all projects funded, using a more detailed format that is consistent year on year and that identifies those projects in receipt of funding for a second/third year, the institution and head of department in which the grant is to be held, the nature of the work to be carried out and the milestones against which progress is to be measured.

34. Make all national bodies/charities applying for funds specify where within the country the actual project work will take place, and record this clearly.

35. Evaluate all projects against the stated milestones and the criteria of efficiency, effectiveness and scientific validity, using external independent assessors.

36. Ensure that the evaluation reports on results, replicability, effectiveness and recommendations are widely disseminated, or at least classified and indexed in some of the available databases. The present sheet for individual project assessment could be used for the presentation. The new European Thesaurus on Health Promotion could be used for the classification. The reports and their conclusions could also be put on the EC's website and then made easy to use by new project managers to enhance their work and actions.

37. Plan external evaluations of the Programme at the beginning of it rather than at the end, as has been the case, and define indicators for process and result evaluation.

2.3.12. Future of the Programme.

38. It is vital to continue funding the EAC beyond the Third Action Plan, incorporating all the above recommendations. The effects of the EAC on tobaccoconsumption, diet and nutrition, as well as changes in professional practices with regard to cancer prevention, will require more than a decade of sustained effort in order to have an enduring impact.

3. COMMENTS OF THE COMMISSION

3.1. It is particularly reassuring to note that the first conclusion of the evaluation made by this independent body stresses that the recommendations of the evaluation of the First Action Plan were indeed taken into account in the implementation of the Second Action Plan.

3.2. The evaluation of this Second Plan appears very positive overall; the few areas criticised had been identified during the running of the Programme and constant improvements were undertaken to remedy them.

3.3. The text of Decision N° 646/96/EC of the European Parliament and of the Council of 29 March 1996 adopting the Third Action Plan to combat cancer within the framework of action in the field of public health (1996-2000) anticipates the conclusions of this evaluation of the Second Plan and is already contributing towards the positive evolution of the Public health Programmes.

3.4. Indeed, the Decision lays down, in particular in its Article 5, a series of measures concerning: an annual work programme indicating the priorities for action (Art.5b); simplification and improvement of the basic administrative procedures (Art.5c); methods, criteria and procedures for the selection of projects (Art.5d); the evaluation procedure (Art.5e); the methods of distribution and transfer of results (Art.5f). Most of these measures have already been, or are in the process of being, adopted by the Commission.

3.5. In the area of scientific expertise, projects are evaluated by a Committee of scientific experts nominated by the Member States. The Commission's

financing proposals are therefore supported scientifically and meet more precisely the identified health needs.

3.6. In the areas of screening, smoking prevention and nutrition, the Programme initiated the pooling-together of national projects in the form of European-wide networks such as "ENSP - European Network for Smoking Prevention" or "Epic - European Prospective Investigation into Cancer and Nutrition", thus avoiding wide dispersion of small amounts of funding and reducing duplication of work.

3.7. This pooling strategy and the need for a European dimension is being continued as other important networks are in the process of being developed, for example in the field of palliative care.

3.8. In the field of training, the Programme supports various projects targeting health professionals (specialists, general practitioners, dentists, nurses, etc).

3.9. The organisation of major media events such as the European Weeks brings together the experience of the national Leagues and Associations and the specialised media expertise of a professional communications firm.

3.10. The concern raised in the evaluation with regard to the transfer of project results has become a principal criterion for their financing. This criterion is also present in all the other Programme actions (for example in the evaluation of the European Weeks).

3.11. Finally, the Third Action Plan now features an evaluation process from the beginning of the Programme and, in particular, an evaluation at the half-way stage, allowing for rapid adjustments to the Programme in line with any recommendations issued.

3.12. The evaluation of the Third Action Plan, which is currently being carried out by same body – ASPHER – , should confirm the numerous improvements made to the "Europe Against Cancer " Programme over recent years.