JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Filtered
FROM SILOS TO SYNERGIES TO PREVENT NCDs

PEACHD
Piloting European Action on Cancer Health Determinants

ShowUp 4Health

ELISAH
European Linkage of Initiative from Science to Action in Health

Stronger together: European collaboration to center health equity in cancer and other NCD prevention

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Summary:

This policy brief examines how collaboration between Member States, through the Joint Action PreventNCD, and civil society and health research organizations, through EU4Health Action Grants - PEACHD, ELISAH, FILTERED & ShowUp4Health, can strengthen Europe's capacity to prevent noncommunicable diseases and reduce social inequalities in health. It highlights how coordinated action can provide added value and support the delivery of Europe's Beating Cancer Plan, the EU NCD Initiative Healthier Together and the new EU Safe Hearts Plan for cardiovascular health.

The document provides evidence-informed policy recommendations to address social inequalities in NCD prevention. The recommendations aim to support decision-making at the EU, national, regional, and local levels, and to identify priorities for further research.

Keywords: Equity, Social Inequalities, Population-based approach, Community-driven approach, Synergies

Introduction

Non-communicable diseases (NCDs) such as cancer, cardiovascular disease, diabetes, chronic respiratory disease, and mental disorders are the leading causes of illness and premature death in Europe,[1,2,3] accounting for over 75% of the disease burden and four in five premature deaths.[4]

Most NCDs are preventable, as their main risk factors - tobacco use, air pollutants, unhealthy diets, alcohol consumption, and physical inactivity - are shaped by modifiable social, environmental and commercial determinants.[4,5]

Effective prevention requires more than information campaigns. Behaviour change is difficult when choices are shaped by deeper socioeconomic, environmental and commercial factors beyond an individual's control.[6] What is good for business is too often detrimental to health, and commercial products and industry practices are estimated to account for nearly one in four NCD deaths in Europe.[7,8]

The burden of NCDs is unevenly distributed. People with lower socioeconomic status face higher risks, poorer outcomes, and greater barriers to prevention and care. Risk behaviours often cluster together and are concentrated in low income and other marginalised groups, leading to multiple concurrent health challenges.[9]

EU initiatives such as Healthier Together[10], Europe's Beating Cancer Plan[11] and the Safe Hearts Plan recognise that these disparities persist both between and within Member States. People in disadvantaged socioeconomic groups, migrants, and ethnic minorities face higher exposure to risk factors, poorer access to care, and worse outcomes. Socioeconomic status, encompassing education, occupation, and income, has a cumulative effect on health, influencing living conditions, exposure to pollution, and affordability of healthy food and recreation.[12]

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Lower-income groups are disproportionately exposed to commercially influenced risks like cheap ultra-processed foods and workplace carcinogens - deepening health inequalities.[13] Across the EU, individuals with low education are more than twice as likely to report poor health as those with higher education.[12] Policies also insufficiently reach children and young people in disadvantaged settings, allowing early-life inequities to persist and shape health trajectories into adulthood.

Migrants and displaced populations face higher NCD risks. Europe hosts over 13 million refugees and 1.3 million asylum seekers, including 4.3 million Ukrainians under temporary protection - most of them women and children.[14,15] Many migrants face language, cultural and economic barriers to health-promoting services, while resettlement and survival often take priority. Preventive and screening services are frequently overlooked, perpetuating social inequalities in NCD prevention and care.

Gender also shapes exposure to risk factors and health inequalities. Men and women differ in risk patterns and help-seeking, and interventions that address gendered experiences, such as the compounded disadvantage of migrant women or mothers from marginalized ethnic groups, are more effective in reducing health gaps.[16]

An intersectional approach is essential. Socioeconomic status, gender, ethnicity, age, and other factors interact to influence privilege, risk exposure and access to prevention. A “one-size-fits-all” model may be economically attractive, but risks entrenching inequalities. Prevention must be context-specific, co-designed with affected communities, and cross-sectoral addressing root causes such as housing, education, and employment.

The costs of inaction are high. NCDs reduce productivity, increase healthcare expenditure, and limit social and economic participation.[17] Strengthening prevention across the full action spectrum - from population to individual measures, can improve well-being, reduce pressure on health systems, and advance equity.

Coordinated action is critical. Both major EU strategies highlight civil society's role. Europe’s Beating Cancer Plan emphasises empowering citizens in prevention,[11] while Healthier Together promotes multi-sector partnerships for aligned action across government levels and stakeholders.[10]

Together, these trends call for a stronger, equity-driven prevention ecosystem – linking different levels of the action spectrum, from population level to individual level, in a cohesive and reinforcing way. Shared evidence, cross-sector collaboration and coherent policies can amplify impact, making prevention more effective, sustainable and capable of reducing persistent health inequalities across Europe.

Policy Problem

Europe faces large and persistent social inequalities in outcomes and NCD burden, both between and within countries. Over the past decade, many Member States have seen widening health gaps or a levelling down of the social gradient in physical and mental health despite strong EU ambitions.[7] This stagnation means that many Europeans are still unable to reach their full health potential, with preventable illness, reduced quality of life, and premature deaths occurring for avoidable reasons. These weaknesses disproportionately harm groups experiencing social disadvantage.

Although it has long been recognised that reducing social inequalities in health requires action beyond the health sector, siloed approaches persist; and limited coordination between key sectors such as housing, education, employment and environment continue to hinder effective responses to the drivers of these inequalities.

Without stronger trans-national and cross-sector collaboration - and without embedding equity across the entire prevention spectrum, from policy to individual practice - Europe will fail to meet the goals of Europe’s Beating Cancer Plan and the EU NCD Initiative, and social inequalities will likely continue to widen.

Project strategies to center equity in Cancer and NCD prevention

A key objective of **JA PreventNCD** is to strengthen our understanding of how policies and interventions can reduce social inequalities in health. The project summarises existing evidence, strengthen monitoring, and applies a Health Equity Tool across activities to systematically integrate equity in planning, implementation and evaluation. It pilots' community- based and health-literacy interventions to reduce social inequalities targeting different groups and settings and analyses the equity impact of structural policy measures. Capacity building, training, and strategic guidance support partners in applying equity-oriented approaches, while inclusive communication ensures broad and effective reach. Overall, a health-equity lens guides all efforts to ensure sustainable impact beyond the project period.

ELISAH aims to identify, through gap analysis, spatial inequalities in the distribution of breast cancer rates, exposure to pollution, land use and green-space access, and to propose actions to reshape disadvantaged city neighbourhoods. ELISAH pilots digital and in person interventions on women to stimulate lifestyle changes monitoring the inclusion at recruitment and during programme development of low socio-economic status people. A specific intervention is dedicated to the increase of risk factor awareness and breast cancer screening participation in internally displaced people in Ukraine. An equity perspective is embedded in every part of ELISAH and all the work package work synergistically together on inequalities.

Discussion

The five synergy initiatives developing this brief take different approaches, all aimed at reducing health inequities in cancer and NCD prevention across the prevention spectrum. Addressing social inequalities in health requires strong population-level and structural prevention measures - such as fiscal policies, regulation of commercial determinants, and healthier environments - which are proven to reduce the unequal distribution of risk factors across socioeconomic groups.[18] These measures are essential for addressing the commercial and social determinants that disproportionately affect disadvantaged groups, but they must be complemented by evidence-based and tailored community- and individual-level approaches to ensure that no population is left behind.

The project approaches of JA PreventNCD, PEACHD, ELISAH, ShowUp4Health and FILTERED illustrate how tailored, evidence-based interventions, strengthened health literacy and peer education, and integrated services can reach groups facing socioeconomic disadvantage who are often missed by universal health promotion measures. By ensuring that information, services and preventive actions are understandable and usable for all groups, health literacy turns universal measures into truly equitable ones. Integrating health literacy principles into policy design, communication strategies and service delivery helps organizations remove barriers and reach populations with lower literacy or higher vulnerability.

Together, these approaches can create synergies and result in further coordinated action: shared tools for equity assessment, joint advocacy against commercial determinants, inclusive and rights-based interventions, that bridge health, social, and community systems. Our synergy efforts are based on the recognition that reducing health inequalities in cancer and NCD prevention demands coordinated action, where the impact of collaborating projects exceeds what each could accomplish independently.

The European Commission emphasizes that preventing cancer and other NCDs requires shared action between Member States and civil society organizations. The EU Initiative Healthier Together stresses that reducing inequalities depends on engagement of civil society, and local stakeholders closest to the people most affected.[10] This is not aligned with the emerging trend of decreasing EU funding of civil society health organizations in Europe. Overcoming current barriers, such as siloed governance, limited cross-sector cooperation, commercial actors' influence, and shrinking prevention and civil society budgets, demands a more coordinated European approach.

The **ShowUp4Health** project works to reduce health inequalities in the prevention of NCDs focusing on disadvantaged groups such as Roma communities and internally displaced persons. By linking the social and healthcare sectors, the project provides integrated services, strengthens health literacy and trust, and tests through pilot programmes how socio-economic factors can be incorporated into NCD prevention to promote equitable access.

The goal of **FILTERED (From sILos To synErgies to pRevEnt ncDs)** is to stimulate collaborative advocacy, health promotion, action, and accountability for the prevention of NCDs with a special focus on alcohol, tobacco and unhealthy foods and drinks. FILTERED promotes equity in NCD prevention by addressing the commercial determinants that disproportionately affect low-income and marginalised groups and aims to strengthen civil society capacity to advocate for population-wide, structural prevention measures rather than focusing solely on individual behaviour change.

PEACHD (Piloting European Action on Cancer Health Determinants) focusses on primary prevention of cancer and other NCDs: building on the WHO-EU BRIEF approach to reduce multiple behavioural risk factors, such as smoking, alcohol use, unhealthy diet and physical inactivity, through screening and brief motivational interventions. PEACHD develops and pilots large-scale implementation strategies, serving people living with low socioeconomic status, migrants, and Ukrainian refugees, in three European countries: Czech Republic, Poland and Spain.

Collaboration between Joint actions and action grant projects can ensure that EU investments build on each other rather than working in parallel, leading to stronger and more sustainable prevention systems across the EU. By aligning structural policies with person-centred delivery models, ensuring civil-society engagement, and embedding equity tools and data across initiatives, Member States can accelerate progress and avoid fragmented or duplicative action. Through the action grant projects, civil society organisations play a crucial role in advocating for fair prevention measures, reaching populations most in need, and strengthening cross-sectoral collaboration.

A synergistic prevention ecosystem - linking population-level policies with targeted support and integrated services - offers the most promising path for achieving the ambitions of Europe’s Beating Cancer Plan and the EU NCD Initiative, and for ensuring added value in the work towards closing the health-inequality gap.

Recommendations

These concrete, evidence-informed proposals, have been developed in collaboration, and reflect the collective experience of the participating projects, on what is needed to strengthen Europe’s capacity to address equity in NCD prevention.

Recommendations for EU-level policy makers

- **Make health and equity central and aligned across EU policy initiatives:**
  Embed NCD prevention and health promotion across the Multiannual Financial Framework, EU4Health, Horizon Europe, and related initiatives. Align the European Beating Cancer Plan, Healthier together, EU Cardiovascular Health Plan, and others on specific diseases within a unified prevention-focused strategy.

- **Coordinate cross-sector efforts:**
  Foster multisectoral partnerships spanning housing, education, work, transport, and environment; and collaborate with regional and local authorities to address inequalities in living environments such as atmospheric, water and soil pollutant levels, green-space access, and urban design.

- **Strengthen and sustain funding mechanisms that facilitate for collaboration between members states, civil society and youth organizations and non-conflicted research institutions:** Continue funding action and operating grants to support implementing prevention policies and actions, ensuring funding of youth advisory groups and youth-led activities in EU projects, and with due attention to conflicts of interest and independence from commercial agents' influence.

- **Strengthen protection against commercial determinants of health:** Implement coherent, evidence-based fiscal and regulatory measures to reduce the influence of harmful commercial practices shaping exposure to tobacco, alcohol, and unhealthy food and beverages. Ensure that policy-making processes are safeguarded from conflicts of interest and supported by independent, non-conflicted research

Recommendations for national or regional-level policy makers

- **Assess and address health equity impacts:** Require systematic use of equity assessment tools for new policies and interventions and ensure the active participation of people living in vulnerable settings in their planning, development, deployment and evaluation.

- **Strengthen and sustain civil society engagement:** Provide long-term funding for community and advocacy organisations, including youth groups, without conflicts of interest, that promote equitable participation in health policymaking.

- **Implement robust population-level prevention measures:** Use fiscal and regulatory tools - taxation linked to harm, pricing, availability and marketing restrictions, and mandatory front-of-pack warnings - to reduce consumption of tobacco, alcohol, and unhealthy foods, especially among children and vulnerable groups.

- **Promote data-driven, locally responsive action:** Share detailed geographic information on NCD risks and outcomes to inform local strategies and adapt prevention efforts to regional realities

- **Strengthen the capacity of the prevention and health promotion workforce:** Build the capacity of health professionals, community health workers, and outreach workers operating in disadvantaged areas by providing technical knowledge and skills that enhance the quality and specialization of services, promote equity in service delivery, and ensure effective and meaningful interventions.

Recommendations for Local and Community-Level coordinators

- **Embed prevention where people live their lives and build trust through integrated social-health services:** Locate and integrate preventive policies and actions, such as brief interventions, and health promoting workshops and organisational policies, within care systems, schools, workplaces, and community settings; with special attention to those institutions serving disadvantaged groups.

- **Design adaptable, inclusive interventions:** Use flexible, standardized tools that can be shaped to reflect cultural and contextual diversity, and implemented through evidence-based strategies, to ensure prevention programmes can reach and benefit disadvantaged populations.

- **Co-design interventions, evaluation methods and implementation strategies with diverse stakeholders including children and young people:** (gender, age, culture, mobility, and literacy) that promote equitable access, respect, exploring motivation, and empowerment to bring about sustainable lifestyle changes.

- **Strengthen health literacy and community empowerment:** Enhance health literacy by providing access to information, knowledge and skills that enable informed decision-making and the adoption of healthy behaviours.

Recommendations for research

- **Policy impact evaluation:** Study the differential effects and impacts that specific social and public health policies, including deployment, evaluation and scale-up, have on various different socio-economic or marginalized groups.
- **Investigate spatial determinants – physical and environmental factors:** Deepen research into how urban design, air quality, and access to green spaces, service and other community assets affect NCD risks, especially for disadvantaged populations.
- **Advance equity-sensitive, participatory research:** Develop and co-design robust, intersectional methodologies, interventions, implementation and evaluation strategies with affected communities.

Conclusion

Reducing inequalities in cancer and NCD prevention requires aligning structural, population-wide policies with targeted, community-driven approaches that ensure no group is left behind.

The five projects demonstrate how complementary action generates added value beyond what individual initiatives can achieve alone, highlighting the essential roles of both Member States - through Joint Actions - and civil society in ensuring fair and effective prevention.

The policy recommendations outlined above call for EU-level alignment of prevention strategies and funding mechanisms, sustained national investment in equity assessment and robust regulatory measures, and locally co-designed interventions and integrated research projects, that reflect lived realities. Strengthening civil society engagement and advancing equity-focused research are essential to inform and sustain this work. By fostering coordinated action across levels of governance and sectors, Europe can build a more coherent prevention ecosystem and make meaningful progress toward the EU's aim to reduce health inequities.

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