JA PreventNCD

Joint Action Prevent Non-Communicable Diseases

POSITION PAPER

Investing in Health

Securing EU funding for health promotion and NCD prevention in the next Multiannual Financial Framework

JA PreventNCD | June 2026

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Position statement

The JA PreventNCD Consortium calls on European Union institutions and Member States to ensure that the 2028–2034 Multiannual Financial Framework provides clear and adequate funding for health promotion, non-communicable disease prevention, and health equity. This requires earmarking for health promotion in the European Competitiveness Fund (ECF), a stronger prevention focus in National and Regional Partnership Plans (NRPPs), health promotion and prevention embedded in the new Union Civil Protection Mechanism, a standalone Health Cluster in Horizon Europe, and performance indicators that measure prevention, equity, and long-term population health outcomes.

Why must the next EU budget invest in health promotion and disease prevention?

Health is a strategic component of economic prosperity and an invaluable resource for society. There will be no competitive and cohesive Europe without a healthy population[1] and inclusive health systems. The Treaty of Lisbon has enhanced the importance of health policy, indicating that "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities" (Article 168 of TFEU). The EU plays an important role in improving public health, preventing non-communicable diseases, and ensuring health equity. To this end, the future of MFF needs to ensure EU funding to achieve a "high-level of human health protection", reduce health inequalities, and ensure healthy living and well-being for all, at all ages.

National public health authorities acknowledge and recognise the increasing need to cooperate, share expertise and best practices to support evidence-based decision-making to promote the health of EU citizens.

Rising trends of non-communicable diseases (NCDs) hamper resilience and future prosperity

Non-communicable diseases (NCDs) represent a growing burden on European society that cannot be ignored. Public health situation in the area of chronic diseases, including obesity, which is and will negatively impact the competitiveness of the EU Member States, is alarming. Data reported by Member States shows that cardiovascular diseases (CVD) alone cause 1.7 million premature deaths among EU citizens every year, affect 62 million people, and cost the EU economy €282 billion annually.[2] Notably, more than three-quarters of these deaths are preventable. Yet over a quarter of Europeans are not physically active enough[3], almost 9% of the population cannot afford a healthy diet[4], alcohol consumption continues to drive NCDs[5], and tobacco is being replaced by a 45% surge in vaping[6] creating new waves of risk. Mental health adds further urgency: depression, anxiety and chronic stress are both drivers and consequences of NCDs[7], but remain chronically underfunded across Member States.

According to the OECD (2025),[2] overweight and its associated chronic diseases, such as diabetes, cardiovascular diseases and cancer, reduce life expectancy in OECD countries by nearly 3 years on average by 2050. 8.4% of the health budget of OECD countries will be spent on treating the consequences of overweight over the next thirty years.[8] At that baseline, being overweight reduces employment and workers' productivity.[2,8] The impact can be quantified as equivalent to a reduction in the workforce of 54 million people per year across the 52 countries analysed, also including the EU28.[2,8] The economic losses include the costs of medical care, lost or reduced productivity, lost working days, mortality, and permanent disability, as well as the broader socio-economic impacts of obesity (e.g., increased social transfers and income losses due to absenteeism and sick leave).[2,8] These combined effects reduce GDP by an average of 3.3% in both OECD countries and EU28 Member States. [8]

The outlook for the future strengthens the case for action, especially because the disease burden in children and adolescents is increasing at a rapid pace. On the other hand, the share of Europeans aged 65 and over is projected to rise from 22% to 29% by 2050, potentially driving a 90% increase in CVD prevalence.

Additionally, social and regional inequalities reinforce the need for European Union-level action. In Bulgaria, men lose nearly three times more potential life years to CVD than the European Union average, highlighting persistent gaps in health outcomes across the Union.[9]

The European Commission's Safe Hearts Plan recognises the need to invest in efforts to reduce the social and economic impact of non-communicable diseases.[10]

Further, the EU Beating Cancer Plan has established a strong precedent for integrated, cross-sectoral action on NCDs. Upstream determinants of health are further recognised across the European Pillar of Social Rights, the recently adopted Anti-Poverty Strategy, the Strengthened European Child Guarantee, and the EU Affordable Housing Plan, all of which address the social and economic conditions that shape health outcomes, including exposure to the marketing of tobacco, alcohol, and unhealthy foods, particularly among children, which the Safe Hearts Plan directly seeks to address.

Finally, cancer is expected to reduce average life expectancy in the EU by nearly two years by 2050, compared to a scenario without cancer.[11] These trends should not be seen solely as health challenges, as they pose a significant threat to the resilience of European society across the life course, from children and young people to older adults.

The JA PreventNCD Consortium's call to action

Building on its role in ensuring Member States strengthen non-communicable disease prevention and health promotion, the JA PreventNCD Consortium calls on European Union institutions and Member States to urgently ensure that the next Multiannual Financial Framework makes health promotion and disease prevention visible, adequately funded, and measurable. Competent Authorities, representing Member States in the Consortium, are convinced that the health and wellbeing of every EU citizen, especially children and adolescents, should be protected and promoted to enable the EU as a whole to achieve the essential ground for a prosperous future.

Sustainable NCD prevention requires long-term investment not only in prevention interventions themselves but also in capacity building, workforce development, intersectoral governance, and implementation infrastructure at national, regional, and local levels. Strengthening these capacities is essential to ensure that evidence-based prevention policies can be effectively implemented and sustained over time.

Call 1: Secure EU funding for health promotion and NCD prevention throughout the MFF

1.1 European Competitiveness Fund (ECF) A clearly defined health allocation must be earmarked within the ECF to support NCD prevention, health promotion, and the implementation of the EU's Safe Hearts Plan and European Beating Cancer Plan. The Commission proposal merges 14 existing programmes, including EU4Health, into the ECF, a single investment capacity worth €451 billion. However, the proposed framework does not include earmarking for health promotion and NCD prevention. Currently, health initiatives would fall under the broad "Health, biotech, agriculture and bioeconomy" policy window, with an indicative allocation of €20 billion, but with no specific share defined for health nor for health promotion. Furthermore, where the ECF Regulation references health, it does so through a competitiveness lens rather than health promotion or disease prevention.

In the absence of funding focused on prevention and health promotion within a One Health framework, the prevention of non-communicable diseases risks being systematically side-lined in a fund designed primarily to support industrial business competitiveness, thereby wrongly overlooking the vital importance and impact of human capital on competitiveness.

1.2 Public health, health promotion, and NCD prevention objectives should be explicitly integrated into every **National and Regional Partnership Plan (NRPP)**, translated into concrete measures, and monitored through clear reporting mechanisms. With approximately €865 billion proposed for NRPPs over 2028–2034, these Plans represent a major lever for population-level health investment.

However, the proposed 14% social target remains too broad to guarantee dedicated action on health promotion and disease prevention. Member States should therefore be required to show how their Plans contribute to disease prevention, health promotion, health equity, and resilient health systems. Particular attention should be given to strengthening local and regional capacities, as municipalities and local authorities play a pivotal role in shaping the environments where people live, learn, work and age, and in implementing prevention policies in practice.

1.3 The proposed MFF merges the current EU4Health's programme related to health preparedness and response component into the **new Union Civil Protection Mechanism (UCPM)**, with a combined budget of €10.7 billion.[12] While Article 2(b) of the proposed Regulation acknowledges the need to strengthen understanding of climate-change-related disaster risks and public health, and to foster prevention and preparedness, this commitment should be better translated into clear funding objectives. The UCPM must move beyond emergency response to embed health promotion, NCD prevention, and health equity into its core objectives, thereby reducing vulnerabilities before crises occur rather than responding only to them once they do.

1.4 The next **Horizon Europe programme** should secure ring-fenced funding for Health equivalent to the current Cluster 1, under Pillar 2. It should have a protected focus on non-communicable disease prevention, health promotion, and health inequalities, aligned with the Safe Hearts Plan and the prevention pillar of Europe's Beating Cancer Plan. The proposed Horizon Europe Regulation for the upcoming Multiannual Financial Framework follows the same logic of the ECF and places health within Pillar II on "Competitiveness and Society", clustered with biotechnology, agriculture, and bioeconomy. This creates similar risks of dilution as under the European Competitiveness Fund, where health research competes with broader priorities for competitiveness and industrial innovation. A dedicated Health Strand on health prevention within a One Health approach would help ensure sufficient investment in disease prevention and health promotion implementation research, including behavioural, environmental, and commercial determinants of health, and population-level interventions for all.

Call 2: Improve the MFF Performance Regulation so that it measures NCD prevention, health equity, and long-term population health outcomes.

2.1 Introduce a transversal Wellbeing Economy and One Health Horizontal Principle and strengthen the coefficients.

The Performance Regulation should include horizontal principles to reflect the Wellbeing Economy and One Health Approach and strengthen the relevant %-based coefficients framed around One Health in climate (35%) and Wellbeing in social (14%) to better align with the ambition of health equity objectives and NCD prevention and health promotion. This would make health, wellbeing, health promotion, and disease prevention more visible across the next Multiannual Financial Framework and help ensure that EU investments contribute to health equity, non-communicable disease prevention, and population health across the life course, thereby greatly enhancing EU competitiveness potential.

2.2 Strengthen performance indicators for health, NCD prevention, and equity

Performance indicators should better capture whether EU investments contribute to health promotion, disease prevention, reduce inequalities, and improve health outcomes. They should:

- go beyond expenditure tracking by capturing measurable and longer-term health outcomes;
- include the prevention of non-communicable diseases by addressing key risk factors and health determinants, including unhealthy diets, physical inactivity, childhood obesity, harmful alcohol and tobacco use, and unhealthy sleeping patterns and screen time;
- address the wider socio-economic and environmental determinants of health, such as cross-sector action and enabling environments (e.g., housing, education, transport, working conditions, reducing poverty, preventing obesity, food environments);
- include explicit equity indicators and better data disaggregation to monitor improvements in equitable access to services and programmes, and reductions in health inequalities.

2.3 Suggested amendments to strengthen health relevance across selected intervention fields:

453, *Performance of health systems (excluding infrastructure and digitalisation):* the current indicator set emphasises service provision, equipment, training and overall user numbers. However, it does not measure the delivery of disease prevention and health promotion through primary care or equitable access.

Suggestions for amending: Additional output and results indicators are needed to move beyond merely counting services/training and to monitor whether the intervention actually improves equitable access and the delivery of disease prevention and health promotion in primary care. These new indicators are essential for capturing changes that matter to people, such as access to health services, waiting times, unmet medical needs, and disparities between population groups and regions.

455, *Health promotion and disease prevention, excluding health impacts of climate change:* is strong on vaccination and screening coverage, but it does not include any behavioural risk factors such as tobacco, alcohol and unhealthy food.

Suggestions for amending: To move beyond counting campaigns and clinical coverage, indicators should capture whether disease prevention and health promotion efforts are implemented and taken up beyond vaccination and screening. This includes participation in evidence-informed programmes addressing key non-communicable disease risk factors, such as unhealthy diets, tobacco use and alcohol consumption, as well as mental health promotion, wellbeing approaches, equitable reach across socioeconomic and territorial groups, and progress on enabling environments and 'Health in All Policies'.

27, *Support for the distribution of agricultural products to schools (EU School scheme):* the current indicators measure reach through the number of children, but they also need to capture health promotion, prevention and equity by measuring the frequency and duration of provision and accompanying measures in education processes and in school and local community settings, whether disadvantaged schools and children are reached, and the contribution to healthier school food environments, rather than participation alone.

Suggestions for amending: Counting the number of children reached is not enough. Indicators need to show whether the scheme is delivered in ways that support health promotion, prevention and equity. They should capture what matters for health impact in practice, including whether disadvantaged farmers, communities, schools and children are reached, how frequently fruit and vegetables are provided, the impact of the scheme on the social cohesion in rural communities, impact on waste management and environmental education in schools, and whether accompanying education on healthy eating is implemented.

EU School scheme is one of the most promising EU wellbeing policies, representing a best practice case of collaboration among agriculture, education and health sectors across the EU. Public procurement of food for schools, hospitals and other public institutions should also be recognised as a strategic policy tool to improve food environments, reduce health inequalities and support sustainable local food systems.

448, *Health and safety at work:* the indicators focus mainly on training and general health and safety conditions, but do not capture psychosocial risks, work-related mental health, safe and enabling environment for breastfeeding mothers or support for workers living with chronic conditions.

Suggestions for amending: To strengthen Europe's resilience and competitiveness, indicators should capture changes that matter to workers, including a reduction in psychosocial risks and work-related mental health harms, safe and enabling conditions for breastfeeding mothers as well as the availability and uptake of occupational health support for people living with chronic conditions, disaggregated by sector and workplace characteristics.

457, *Prevention of climate-induced health impacts:* relies on campaigns and broad population- or asset-benefiting measures, but there are no indicators that capture concrete actions addressing environmental risk factors for health, equitable reach and protection of vulnerable groups.

Suggestions for amending: Amendments are needed to ensure that indicators reflect practical climate-health preparedness and protection. This includes the existence and testing of climate-health response protocols, the coverage of early warning and protection measures, and the reach and follow-up support provided to vulnerable groups during heat, poor air quality, flooding and climate-sensitive infectious disease risks, among others.

The detailed suggestions for improving the indicators are presented in the ***Annex*** section.

Other relevant intervention fields where performance indicators could be improved for health

#	Intervention field
135	Promotion of sport and physical activity
293	Remediation of water pollution (e.g. nutrients, pesticides, pharmaceuticals, PFAS, plastics, chemicals)
371	Health Research
450	Addressing material deprivation through food and/or material assistance to the most deprived, including accompanying measures (not in case of disasters)
452	Services to combat malnutrition (stunting, wasting, micronutrients deficiencies, obesity)
454	Digitalisation in health care
466	Gender equality, non-discrimination, equal opportunities and representation*
469	Long-term care
470	Pension systems and active ageing
471	Poverty, social inclusion and social protection
473	Social policy and regulatory framework
474	Food security policy and administrative management
476	Social inclusion of young people
479	Measures to address child poverty

About the joint action JA PreventNCD

The Joint Action Prevent Non-Communicable Diseases (JA PreventNCD) is an EU-funded initiative designed to reduce the burden of cancer and NCDs across Europe by supporting coordinated strategies that target both personal and societal risk factors. Its core goal is to reduce fragmentation and duplication of efforts among Member States, and to help national authorities identify and scale up the most effective prevention approaches. Launched in January 2024 under the EU4Health Programme, it brings together more than 20 Member States with a specific focus on tackling social inequalities in health. The Joint Action supports and advances actions at the Member States level, European Union initiatives aimed at addressing non-communicable disease challenges, including the European Union's Safe Hearts Plan and Europe's Beating Cancer Plan.

References

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Note: Data from the US show negative trends in the health of US children and adolescents over the past 17 years, which will cause a catastrophic increase in the burden of disease costs, a decrease in population wellbeing, and a reduced ability to work effectively among the active population. Data also show that there is no competitiveness without system-level investments in population health and in health systems.

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[12] European Commission - REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the Union Civil Protection Mechanism and Union support for health emergency preparedness and response, and repealing Decision No 1313/2013/EU (Union Civil Protection Mechanism) – 16 July 2025: https://eur-lex.europa.eu/resource.html?uri=cellar:a65e66da-630b-11f0-bf4e-1aa75ed71a1.0001.02/DOC_1&format=PDF

Annex

MFF 2028–2034 intervention fields and indicators

This annex presents suggested amendments to selected intervention fields and indicators to better capture health promotion, non-communicable disease prevention, health equity and long-term population health outcomes.

The suggestions are organised by intervention field. Each section presents the relevant policy area, output indicators, result indicators and rationale for the proposed amendments.

Reading note: Existing indicator wording is shown in black. Suggested amendments and additions are shown in red. Text shown with strikethrough is proposed for deletion or replacement.

Abbreviations:

- CCM: climate change mitigation
- CCA: climate change adaptation and resilience
- ENV: environment
- SOC: social

* Intervention field with gender equality as a principal objective ('gender equality score 2').
** Where appropriate, a more specific intervention field may be assigned if additional information becomes available with the implementation of the activity.

ANNEX | INTERVENTION FIELD #453

Performance of health systems (excluding infrastructure and digitalisation)

Social | Health | CCM 0% | CCA 0% | ENV 0% | SOC 100%

Output indicators

- Number of new or improved services implemented that provide affordable access to essential health services;
- Number of equipment or mobile assets purchased;
- Number of health staff trained – by gender and by age;
- Number of health staff trained on prevention protocol;
- Number of new or supported services implementing measures to improve access to health care, such as waiting times, and reduce unmet medical needs, with targeted measures for vulnerable groups;

Result indicators

- Annual users of new or modernised health care services by gender, age and by territorial dimension (urban and rural region);
- Number/percentage of targeted population covered by prevention programme and services in primary care (e.g. vaccination; screening invitation and follow-up; non-communicable disease risk assessment and preventive interventions for obesity, cardiovascular diseases, cancer and mental health);
- Reduction of waiting time for first access to essential health services (primary care/prevention services);
- Reduction in the reporting of unmet medical needs (e.g., due to cost, distance or waiting time);

Rationale for the amendments

Additional output and result indicators were included to move beyond just numbering services/training, to monitor whether the intervention actually improves equitable access and prevention delivery in primary care. These new indicators are essential for capturing changes that matter to people, such as access to health services, waiting times, unmet medical needs, and disparities between population groups and regions.

Reading note: black = existing wording | red = suggested amendment/addition | strikethrough = proposed deletion/replacement

ANNEX | INTERVENTION FIELD #455 - Page 1 of 2

Health promotion and disease prevention, excluding health impacts of climate change

Social | Health | CCM 0% | CCA 0% | ENV 0% | SOC 100%

Output indicators

- Number of health campaigns carried out ~~– by campaigns involving a medical examination or treatment (screening programmes, vaccination…) and information and promotion campaigns;~~ by type: Screening invitations and follow-up communication, and lifestyle risk prevention (nutrition, physical activity, tobacco and alcohol reduction), including mental health promotion where relevant;
- Number of people reached by health promotion campaigns, by age group and gender;
- Number of evidence-informed actions addressing major NCD risk factors (tobacco use, harmful alcohol use, unhealthy diet, physical inactivity), including through cooperation with other sectors, where feasible by target group;
- Number of cross-sector Health in All Policies initiatives implemented (e.g. formal partnerships/joint actions between health and transport/urban planning/education/agriculture/social services) to improve enabling environments for health;
- Number of municipalities, regions or national authorities with established intersectoral governance mechanisms and trained personnel to implement health promotion and NCD prevention policies.

Result indicators

- Vaccination coverage for children (e.g. measles);
- Vaccination coverage for adults (e.g. seasonal influenza, human papillomaviruses) – by gender;
- Screening coverage for breast, cervical and colorectal cancer screening programmes – by gender and by socioeconomic status proxy (e.g. education level or deprivation status) where feasible;
- Number/percentage of participating/eligible people in evidence-based prevention programmes targeting major non-communicable disease risk factors, and delivered through setting and community-based approaches (e.g. school/workplace/community programmes, outreach in disadvantaged areas, access support) – by age group and gender, and where feasible by socioeconomic status proxy;
- Population covered by Cancer Registries reporting information on cervical, breast, colorectal and paediatric cancer stage at diagnosis – by gender;
- Number of 1-year olds fully immunised with EU support;
- Number of Member States/regions applying a Health in All Policies approach in prevention policy design, demonstrated through formal intersectoral governance arrangements and routine health equity impact consideration;

Reading note: black = existing wording | red = suggested amendment/addition | strikethrough = proposed deletion/replacement

ANNEX | INTERVENTION FIELD #455 - Page 2of 2

Health promotion and disease prevention, excluding health impacts of climate change

Social | Health | CCM 0% | CCA 0% | ENV 0% | SOC 100%

Result indicators, continued

- Number/percentage of people with access to health-promoting environments (e.g. availability of healthy and affordable food, safe walking and cycling infrastructure, smoke free public spaces), where feasible, disaggregated by socioeconomic status;
- Number/percentage of eligible population receiving evidence-informed risk assessment and preventive follow-up in primary care;
- Reduction of childhood overweight/obesity among programme participants (medium-term);
- Change in validated mental health risk scores among programme participants (medium-term).

Rationale for the amendments

Additional output and result indicators were included to move beyond counting campaigns and clinical coverage and to show whether prevention efforts are implemented and taken up beyond vaccination and screening. They are essential to capture changes that matter for people, such as participation in evidence-informed prevention programmes, action on major non-communicable disease risk factors and mental health promotion, equitable reach through socioeconomic and territorial disaggregation, and progress on enabling environments and ‘Health in All Policies’ approaches.

ANNEX | INTERVENTION FIELD #27

Support for the distribution of agricultural products to schools (EU School scheme)

Agriculture and fisheries | Agriculture | CCM 0% | CCA 0% | ENV 0% | SOC 40%

Output indicators

- Number of children receiving EU School Scheme products – by school level (pre-primary/primary/secondary where relevant) and by territorial dimension (urban/rural or region);
- Number of schools participating in the EU School Scheme, including number of schools in disadvantaged areas (as defined nationally);

Result indicators

- Share of children benefitting of the EU school scheme (within the target group), including breakdown by socioeconomic status proxy (e.g. school deprivation index/area deprivation) where feasible;
- Share of participating children receiving fruits and vegetables at least X times per week through the scheme (minimum nutrition quality/intensity proxy);
- Share of participating schools implementing accompanying education measures on healthy eating (where applicable under the scheme);

Rationale for the amendments

Additional indicators were included to move beyond counting children reached and to show whether the scheme is delivered in a way that supports prevention and equity. They are essential to capture what matters for health impact in practice, including whether disadvantaged schools and children are reached, the frequency and intensity of fruit and vegetable provision, and whether accompanying education on healthy eating is implemented.

Reading note: black = existing wording | red = suggested amendment/addition | strikethrough = proposed deletion/replacement

ANNEX | INTERVENTION FIELD #448

Health and safety at work

Social | Employment and labour market | CCM 0% | CCA 0% | ENV 0% | SOC 100%

Output indicators

- Number of labour inspectorates staff trained – by gender and by age;
- Number of workers/managers trained in occupational health and safety – by gender and by age;
- Number of enterprises supported to introduce and implemented measures for health and safety at work;
- Number of workplaces supported to assess and reduce psychosocial risks and to implement occupational health and safety measures, including work-related mental health promotion and prevention – disaggregated by sector/size (and, where relevant, by workforce gender and age);
- Number of workplaces implementing occupational health support measures for workers with chronic conditions (occupational health assessment, workplace adjustments, graded return to work, rehabilitation support) – disaggregated by sector and size where feasible;

Result indicators

- Number of employees benefiting from additional or improved health and safety conditions in their work environment;
- Number/percentage of employees benefiting from improved psychosocial working conditions (e.g., reduced excessive workload, improved job control, improved social support);
- Reduction in reported psychosocial risks at work (e.g., work stress, bullying/harassment, burnout risk) among employees (survey-based);
- Number/percentage of employees with chronic conditions receiving occupational health support measures (occupational health assessment and follow-up, workplace adjustments, graded return to work, rehabilitation support) – by gender and age where feasible;

Rationale for the amendments

To move beyond counting training and general workplace measures and to show whether health and safety action translates into improved working conditions amendments were added. They are essential to capture changes that matter for workers, including reduced psychosocial risks and work-related mental health harms, as well as the availability and uptake of occupational health support for people living with chronic conditions, with disaggregation by sector and workplace characteristics.

Reading note: black = existing wording | red = suggested amendment/addition | strikethrough = proposed deletion/replacement

ANNEX | INTERVENTION FIELD #457

Prevention of climate-induced health impacts

Social | Health | CCM 0% | CCA 100% | ENV 0% | SOC 100%

Output indicators

- ~~Number of health campaigns carried out – by campaigns involving a medical prevention (screening programmes, vaccination…) and information and promotion campaigns;~~
- Number of climate-health risk communication and prevention campaigns and other interventions carried out – by type: (i) heat-health, (ii) air quality, and (iii) climate-sensitive infectious disease risks; and by targeted risk group (older people, people with chronic disease, outdoor workers, children);
- Number of local health systems/authorities with established and tested climate-health response protocols and referral pathways (e.g. heat-health action plans linked to health and social services; early warning triggers; outreach procedures);

Result indicators

- ~~Value of assets and / or Population benefitting from climate resilience measures;~~
- Population covered by operational climate-health protection measures (e.g. early warning, targeted outreach, and access to cooling/clean air spaces and health advice) – by age group and by territorial dimension (urban/rural or region);
- Share of vulnerable population reached during climate-health alerts (older people, people with chronic disease, low-income households), with documented follow-up support where needed (e.g. referral, check-in, access support);

Rationale for the amendments

To capture changes that matter for people, including the existence and testing of climate-health response protocols, coverage of early warning and protection measures, and the reach and follow-up support provided to vulnerable groups during heat, air quality and climate-sensitive infectious disease risks, amendments were necessary.

Reading note: black = existing wording | red = suggested amendment/addition | strikethrough = proposed deletion/replacement

JA PreventNCD

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The Joint Action Prevent Non-Communicable Diseases **(JA PreventNCD)** is a unique collaborative effort on prevention initiated by the European Commission and participating countries to provide strategic guidance and unified efforts in preventing non-communicable diseases (NCDs). Its primary aim is to reduce the burden of NCDs by addressing common risk factors at both personal and societal levels.

Learn more at **www.preventncd.eu** or scan the QR code below

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