

# Scientific Support for the European Commission in the field of (public) health

Highlights from the four-year Single  
Framework Contract Chafea/2018/03  
by EUHealthSupport

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## Scientific partners



**NIVEL**  
Research for better care



National Institute for Public Health  
and the Environment  
*Ministry of Health, Welfare and Sport*



**RCSI**  
UNIVERSITY  
OF MEDICINE  
AND HEALTH  
SCIENCES

# Introduction

In the period 2019-2023 the EUHealthSupport consortium was contracted by the **European Commission** to provide scientific and technical support services for managing expert groups in the field of **(public) health**.

The consortium was led by **Nivel** (the Netherlands institute for health services research). Scientific support services were provided together with fellow scientific partners **RIVM** (National Institute of Public Health and the Environment of the Netherlands) and **RCSI** (Royal College of Surgeons - University of Medicine and Health Sciences in Ireland), complemented by additional institutes with expertise on specific topic areas. The contract also included logistic support, which was provided by infeuope S.A. Logistics are not described in detail as this short report focuses on highlights and lessons learned from the wide range of **scientific services**, delivered under the framework contract.

An important factor to consider is that this was the **first ever Single Framework Contract in the area of public health**, implying that the consortium acted as sole provider of scientific support services in a wide range of topic areas.

It is also important to note that the duration of the contract included the COVID-19 pandemic years. The tender specifications were drafted before the pandemic struck, tailored to the Commission's anticipated needs at that time. The consortium's services offer (and expertise covered) reflected and matched these needs. As the pandemic struck, European health systems found themselves under unprecedented pressure. This also changed the intensity and content of the Commission's dialogue with their various expert groups and stakeholders.

Thus, the pandemic triggered additional service requests and expanded the range of actions required. This is also reflected in the types of studies and support activities described in this report. They were often delivered at high speed in order to inform policy making in light of the rapidly changing policy context, requiring flexibility on both sides. The document thus also gives a snapshot of the range of activities by the European Commission in the area of public health, while being informed by scientific evidence and in close conjunction with the various EU level expert groups.



2019 – 2023



6 million



Scientific support



Area of public health

# Topic areas and type of activities

The single framework contract allowed several Directorates-General to request the provision of scientific and/or logistic support services from EUHealthSupport. A total of **16 requests for service** had been launched, all of which had been accepted by the consortium and executed successfully.

Most of the 16 requests were made on behalf of DG Health and Food Safety (**DG SANTE**), but the consortium also provided support to DG Research and Innovation (**DG RTD**) with 3 requests for service and to the Health Emergency Preparedness and Response Authority (**HERA**) with 1 request for service. All contracts were managed by the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) and its legal successor European Health and Digital Executive Agency (**HaDEA**) on behalf of the European Commission services.

Topics of the requests ranged considerably. These included among others:

- Implementation of the General Data Protection Regulation (**GDPR**) in the Member States;
- Disease prevention and health promotion (including **major NCD areas**, mental health, best practice exchange, implementation of research into policy);
- **Cancer** policies (including cancer screening, childhood cancer survivorship, alcohol labelling policies and quality of life of cancer survivors);
- **COVID-19** related studies (including studies on COVID-19 policy responses, post-COVID surveillance, contact tracing, crisis related stockpiling and procurement of medical countermeasures and Long COVID);

- **Pharmaceutical policies;**
- Implementing **EU reference laboratories** in the area of public health.

The broad range of topics implied that for each new request a multidisciplinary team was needed, often consisting of a core group of health systems and health policy experts, collaborating with or making use of expert advice from specialists in each of the areas above. In doing so, the consortium showed its ability to adjust to different topic areas and to conduct activities beyond those originally specified in the framework contract.

In total **60 reports** (incl. discussion papers, factual summary reports, synopsis reports and background documents) were developed, reporting on study outcomes and/or supporting the development of Commission Communications and strategic documents.

Furthermore, a total of **160 expert group meetings** have been supported, of which the majority (140 meetings) took place as online meetings. Besides that, the consortium also accommodated additional requests, such as the organisation of online marketplaces for Member States, and the organisation of large-scale (online) conferences, as described in more detail in the next chapter.

**60** Reports

**160** Meetings

**10** Marketplaces and conferences

# Impact

The EUHealthSupport team commonly provided support in areas that were high on the policy agendas of the European Commission and EU Member States. Support services among others included EU Flagships such as the Europe's Beating Cancer Plan, the EU Mission on Cancer, the Pharmaceutical Regulation, the Regulation on Cross-Border Health Threats, the Healthier Together EU NCD Initiative and the Commission Communication on a Comprehensive approach to Mental Health. The team also provided support to a number of high-profile expert groups of Member States, such as:

- The Steering Group on Health Promotion, Disease Prevention and Management of NCDs (SGPP) and its replacement, the Expert Group on Public Health (PHEG).
- Subgroups falling under the SGPP and/or PHEG, such as the Subgroup on Cancer, Subgroup on Mental Health, Subgroup on Vaccination, Subgroup on NCD Prevention and the Network of Expertise on Long COVID.
- Other expert groups, including the National Competent Authorities on Pricing and Reimbursement (NCAPR) and the Member State Coordination Group on Health Technology Assessment.

It is also worth noting that several Expert Groups requested support across multiple contracts, including the SGPP/PHEG for 3 consecutive requests for service, the Europe's Beating Cancer Plan (via 2 requests) and the Mission on Cancer (also via 2 requests), thus providing continuity of services, while also reflecting satisfaction with services provided.

## Visible impact

In some cases, the contributing activities by EUHealthSupport were explicitly referred to in policy documents, such as:

- The final report on [Assessment of the EU Member States' rules on health data in the light of GDPR](#) was the first ever study that examined national legislation in all EU Member States relating to the use and re-use of health data, while also identifying potential EU level actions to support the cross-border exchange of such data in the EU. The study was referred to in the 2022 Commission proposal for a Regulation on the [European Health Data Space](#), in materials by the Joint Action Towards the European Health Data Space (TEHDAS) and in various third party reports.
- As part of its support services to the SGPP, the team conducted a study on '[Access to financial products for people with a history of cancer in EU Member States](#)' in 2022. The outcomes of the study showed that access to financial products for persons with a history of cancer can vary between European Member States, and that most Member States and key stakeholders would support further exploration of EU level action, including the exchange of practices and experiences and the development of an EU level Code of Conduct. As follow-up to the study the Commission later launched an open call for the development of a [Code of Conduct on fair access to financial products for cancer survivors](#). The project allowed representatives of the financial sectors, consumer patient and healthcare professional associations to discuss key issues to advance the right to be forgotten in Europe.

## Impact behind the scenes

In most other cases, policy support took place behind the scenes, often in support of development of Commission policies and preparatory actions, such as:

- The Guidance Document in support of the Commission [Healthier Together – EU NCD Initiative](#) was co-written. Published in 2022, the document presented a holistic and coordinated approach to prevention and care for five major strands relating to NCDs (health determinants, cardiovascular diseases, diabetes, chronic respiratory diseases and mental health and neurological disorders) in order to set up a basis for implementation of future actions.
- A study report and MS / expert consultations on Mental Health were conducted to support the Commission [Communication on a comprehensive approach to mental health](#) published in 2023.
- A [study report](#) to review the [EU Portal of Best Practice in Public Health](#) was used to revise the EU Best Practice Portal and Best Practice process by DG SANTE in 2023, among others by allowing the identification of both best and promising practices. In addition, recommendations were made to improve the EU Portal, including its collaboration with national portals.
- A study report based on consultations of Member States and stakeholders on vaccine-preventable cancers was used to support the preparation of the [Council Recommendation on vaccine-preventable cancers](#), published in 2024.
- A study report based on Member State and public consultations was used to support the preparation of a [Council Recommendation on strengthening prevention through early detection: A new EU approach on cancer screening, replacing Council Recommendation 2003/878/EC](#) in 2022.
- A study report was prepared to analyse the [Public Consultations in preparation of the establishment of HERA](#) after which the Health Emergency Preparedness and Response Authority (HERA) was established in 2021.
- [A quick scan of virtual networks of patient-controlled digital data](#) was conducted to support the creation of a European Cancer Patient Digital Center for which two follow-up calls for proposals have been launched (in [2022](#) and [2024](#)). The study explored what could be learned from existing initiatives of virtual patient-led networks.
- [A quick scan of cancer infrastructures in Europe](#) was used to support the creation of a [European Network of Comprehensive Cancer Centres](#) under the Europe's Beating Cancer Plan and Mission on Cancer. The quick scan provided an overview of initiatives in Europe that could serve as starting points for such a network.
- A number of meetings were organised to support the establishment of Joint Actions in the area of cardiovascular diseases and diabetes ([JACARDI](#)), plus prevention of cancer and other NCDs ([JAPreventNCD](#)), next to marketplace events to support the exchange of Best Practices.
- A study report was prepared to support the [establishment of EU reference laboratories in the area of public health](#) in 2024.

## Response to COVID-19

The consortium also adapted to the rapidly changing information needs in response to the COVID-19 pandemic, among others by providing:

- A study report on Member States' Responses to the COVID-19 pandemic in the context of European Commission recommendations, which made an inventory of the implementation by EU Member States of recommendations by the Commission relating to the COVID-19 pandemic, using publicly available data.
- A study report to analyse the public consultations on the establishment of HERA as mentioned above.
- Large-scale online conferences on the impact of the COVID-19 pandemic on mental health and on Long COVID.
- A study report on lessons learnt from COVID 19 surveillance and other epidemics, which led to the establishment of the new Joint Action [UNITED4Surveillance](#), led by RIVM.
- A [study report](#) on contact tracing tools and applications and integration within EWRS, which will be used in the upcoming evaluation of the new [Regulation \(EU\) 2022/2371](#) on serious cross-border threats to health.
- A [study report](#) on definitions, guidelines and national surveillance systems on Long COVID in EU Member States.

## Capacity building

A number of activities also contributed to building capacity for a variety of stakeholders, among others by organising training events on the management of medical countermeasures in times of crisis (conducted for HERA), and by communication and dissemination of

Commission policies to Member State audiences and the wider public. Specifically:

- About two thirds of the online meetings were directed to MS audiences, but the consortium also organised focus group meetings with citizens in the field of cancer plus held a number of online stakeholder events, open to all interested parties, on a range of topics, and commonly attended by 100-300 participants.
- As mentioned above, some online meetings addressed far larger numbers of audiences, and specifically a large conference during COVID-19 on [mental health and the pandemic](#) (with close to 2,000 participants), an [EU-US conference on Long COVID](#) (attracting over 800 participants), and a launch event of the [Healthier Together EU NCD Initiative](#) (with close to 600 participants). Most of such larger-scale events also involved an active contribution by the Commissioner for Health and Food Safety or the Director-General for Health and Food Safety.

### Additional activities beyond what was requested

To support the work of the Commission, the consortium regularly conducted additional activities in order to lighten excessive workload at Commission offices and to help ensure a high level of service provision.

- The consortium expanded its support to meetings by also preparing one-pagers to introduce relevant agenda items and drafting annotated agendas to support chairs of meetings.

- The consortium provided technical support during the revision of the above mentioned [EU Portal of Best Practice in Public Health](#), such as revising and updating webpages of the Commission website, modifying EU Best practice submission forms, and preparing materials on best practices to be uploaded on the above mentioned web portal.
- The consortium supported the organisation of additional webinars and a series of bilateral consultation meetings with Member States to provide additional support on top of a study report on the Rolling Agenda with priorities of the Public Health Expert Group.

## Closing message

Over the course of four years the EUHealthSupport consortium provided dedicated scientific support to the European Commission on a broad range of (public) health related topics. EUHealthSupport has thereby contributed to the EU's response to the most pressing health priorities. The COVID-19 pandemic also required the Commission and consortium to be responsive to EU Member States' needs in a way that could not have been anticipated when the original contract was established in response to the 2018 tender specifications. The delivery of services also showcased how scientific evidence can and has been taken up to support the policy making process at the Commission, and particularly if the timing, scope and design of activities are sufficiently flexible to remain in tune with the sometimes rapidly changing information needs in the EU policy landscape.

We would like to express our gratitude to the staff at the Commission and HaDEA for placing their trust in us and for granting us the opportunity to support their work. It has been an inspiring experience, also reinforcing our appreciation for the tremendous work being executed by officers at the Commission and HaDEA. We would also like to pay our tribute to everyone who contributed to the work of EUHealthSupport, either as a core team member or as an expert contributing to a specific study. We also want to thank all of the EU Member State representatives, experts and stakeholders who participated in the many studies that were conducted. Their inputs have been vital for developing scientific reports to support the implementation of the EU4Health Programme and contribute to equipping the EU and its Member States to improve the health of citizens across the EU.

# Annex 1

Overview of all Requests for Service conducted under the Single Framework Contract for the provision of support services for managing expert groups in the field of (public) health (Chafea/2018/Health/03)

Nr	Contract	Title
1	SC 2019 70 01	Experts Workshops screening the Member States' rules on health data
2	SC 2019 70 02	Legal analysis on the assessment of the Member States' rules on health data in the light of GDPR 2019/2020
3	RTD E2-2020	Administrative and scientific support to the Horizon Europe Mission Board on cancer and provision of a final report on its activities
4	SC 2020 71 01	Support to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP)
5	SC 2020 71 02	Administrative help for the organisation of the Stakeholder Consultations of the Europe's Beating Cancer Plan
6	SC 2020 71 08	Support to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP), 2021-2022
7	LC-01693077	Administrative and scientific support to the Horizon Europe mission board on cancer and provision of a final report on its activities
8	SC2021 P2 02	Implementation of the Europe's Beating Cancer Plan – Subgroup on Cancer and Thematic Group on Comprehensive Cancer Infrastructures/Centres
9	SC 2021 P1 01	Lessons Learnt from COVID 19 surveillance and other epidemics
10	LC 0187028	Review of evidence to tackle high-burden under-researched medical conditions
11	SC 2019 70 02	Feasibility study on contact tracing tools and applications used at national and EU level and integration within EWRS, selective exchange module
12	SC 2021 P2 03	Support to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP-3) 2022-2023
13	SC 2021 P3 05	Supporting the National Competent Authorities on Pricing and Reimbursement (NCAPR) in implementing the Pharmaceutical Strategy for Europe's Affordability Agenda
14	SC 2021 P5 03	Services for Administrative, logistic and communication support to the Secretariat of the Member State Coordination Group on Health Technology Assessment*
15	SC 2023 P1 01	Support setting up and implementing the EU reference laboratories in the area of public health
16	SC 2023 P1 02	Training on management of medical countermeasures: public procurement in times of crisis

\* This specific contract focused on logistic support, provided by consortium partner infeuropa S.A.



## Annex 2 Team members per partner institute and subcontractors (including relevant projects)

### Nivel

- Johan Hansen 1 to 16
- Madelon Kroneman 1 to 8, 10 to 13
- Sanne Snoeijs 3 to 16
- Iris van der Heide 3 to 13
- Mieke Rijken 3 to 8
- Mandy Geise 7, 8, 13 and 16
- Ruth Baron 11, 15 and 16
- Eline Verhoeven 1, 2 and 4
- Ilgin Arslan 9 and 11
- Robert Verheij 1 and 2
- Ines Mogami 11 and 12
- Jeroen Kusters 1 and 2
- Ilse Flink 6 and 9
- Monique Heijmans 6
- Rob Timans 6
- Désanne Noordam 6
- Marianne Heins 8
- Chantal Leemrijse 8
- Lilian van Tuyl 10
- Nienke Zinger 10
- Valerie Sankatsing 10
- Liset van Dijk 13
- Laura Schackmann 13

### RIVM

- Vincent Sprengers 4 to 9 and 15 to 16
- Daniela Moye Holz 4 to 9 and 15
- Anne Havermans 15 and 16
- Coen van Gool 9 and 10
- Nicoline Tamsma 6
- Djoeke van Dale 6
- Peter Engelfriet 8
- Eveline van der Wilk 9
- Tessa Hazekamp 9
- Corien Swaan 11
- Tomris Cesuroglu 11
- Mart Stein 11
- Sanne van der Steen 11
- Akke van der Meer 11
- Joeri Buis 11
- Olivia Lewis 11
- Joelle Hoebert 13
- Teresa Meneses Leonardo Alves 13
- Wanda Han 15
- Eefke Weesendorp 15
- Birgitte Blatter various

### RCSI

- Niamh O'Dowd 1 to 14
- Mary Kirwan 1-2, 11 and 13
- Frank Moriarty 13
- Kathleen Bennett 5
- Maeve Mullooly 5

### Other

- Peter Achterberg 1 to 8, 10 to 12
- Petra Wilson (HealthConnectPartners) 1-2, 5-6, 11, 13, 16
- Anett Molnar (HealthConnectPartners) 11 and 13
- Valbona Zefi 3 to 8, 11, 13, 15
- Lydia Rink 3 to 8, 11, 13, 15
- Katy Greenland 3 to 6
- Evert-Ben van Veen 1-2
- Marieke Verschuuren 6
- Kevin Bliet 6
- Susanne van der Meulen 8
- Maarten Lambert (University of Groningen) 12
- Aukje Mantel-Teeuwisse (University of Utrecht) 13
- Rianne van den Ham (University of Utrecht) 13

## Disclaimer

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