**Vytenis Povilas Andriukaitis,** *Member of the Commission***.** – Madam President, this is probably my last speech before this Chamber, so allow me to be a little bit personal. Anyway, I believe I have full legitimacy to get personal when speaking about cancer. I know first‑hand the emotional and physical consequences of this disease, having lost three beloved brothers. I know how it feels when you are face to face with a diagnosis and you know it is too late.

Therefore, let me be clear. If we want to get serious about beating cancer, we need to start putting our money into the remedies that cannot be prescribed only by a doctor or health commissioner. It is a political question. I agree with you, Mr Weber: these remedies are in the hands of those who make policies on risk factors and determinants – commercial, social and political determinants – which facilitate risk factors. These remedies are in our own hands as well, when we smoke, eat junk food or abuse alcohol. And it is about the economy of well-being – I agree with Madam Minister.

In 2014, when I took up my position as Commissioner for Health and Food Safety, I announced that one of my major priorities was the promotion and protection of health and the prevention of diseases. I preached for this but the paradigm shift is yet to come. However, we have worked hard and we have achieved some tangible results. Tobacco consumption fell, through legislation and anti‑smoking campaigns. European Union legislation on chemicals, pesticides and exposure to carcinogens, including at work, was upgraded. We have spread the word on prevention, particularly thanks to the improvement of the European Code Against Cancer. The European Cancer Information System (ECIS) is now up and running and accessible – it monitors geographic patterns and cancer trends – along with national cancer plans to be adopted.

In recent years we have seen continuous improvement in the coverage and quality of national screening programmes for breast, cervical, and colorectal cancer. As you know, October is a month dedicated to breast cancer and I have my ribbon especially for that occasion.

Better vaccination coverage will impact on infections and cancers caused by the human papillomavirus (HPV) and hepatitis B. In this context, I am proud to inform you that last week the Commission, together with the World Health Organisation (WHO), organised the first global vaccination summit, where immunisation against HPV was placed high on the agenda. Also, since March 2017, we have established 24 European reference networks, of which four are dealing specifically with rare and complex cancers, especially in children. This is across the European Union.

We took a major step forward in terms of alcohol nutrition labelling and finally came to a consensus. I have cooperated fully with the European Cancer Organisation to help increase awareness. The new Regulations on Medical Devices entered into force on 25 May 2017. Furthermore, we have taken the ambitious decision to evaluate jointly the EU Orphan Regulation and the EU Regulation on Medicines for Children because cancer treatment for children is a very challenging issue. This work is not finished: we will continue to add to it.

I wish I could have done more, as we are facing important societal challenges, such as an aging population with multimorbidity. There is a growing cost of non-communicable diseases and new treatments, and unfortunately we are still only spending about three percent of our resources on prevention. This is a drop in the ocean. We need to increase this amount and make sure that what we spend is spent effectively.

One way to achieve this is by sharing best practices between Member States. The European Union Steering Group on Health Promotion, Disease Prevention and Management of Non‑Communicable Diseases is very valuable in this respect as it identifies Member States’ priorities and highlights best practices that can be transferred, scaled up and implemented with European Union support. The Commission’s Best Practice Portal has proved to be a powerful tool as it picks up top-quality practices that can be adapted and reproduced across Europe. The interactive EU Health Policy Platform also helps civil society, including patients’ organisations and health professionals, to promote debate about public health concerns and especially concerns related to cancer.

We also deliver the State of Health in the EU cycle that will help Member States to create better health care policies for those who suffer from cancer. Communicating risks to citizens and enabling healthy choices are vital parts of any prevention strategy. We have put a lot of effort, including in relation to healthy food, into the common agricultural policy, and so on.

Technological and scientific developments offer immense potential when it comes to cancer prevention, treatment and care. For example, we can expect a future where we will have much more precise treatments based upon the genomic signature of the patient. I am very glad that we have already started the European ‘1+ Million Genomes’ Initiative.

Investment in research and innovation has been a long-standing priority for the Commission. Through its Framework Programme for Research, the Commission has invested some EUR 2.8 billion since 2007 on prevention, diagnostics, therapeutics, cost‑effectiveness and the quality of life of patients and cancer survivors.

From 2021 onwards, Horizon Europe will promote open science and maximize the potential for innovation. In the proposal for Horizon Europe, the Commission has introduced the mission approach, which would help to build coalitions to address the most pressing global European challenges including cancer. One of the first mission areas identified for Horizon Europe is action on cancer to mobilise a broad spectrum of stakeholders, including citizens, patients and all those who care for them.

I also believe that the work that began with the European reference networks for rare diseases can pave the way to a better ecosystem for patients, with big data, artificial intelligence, universities and industry working together building big ecosystems, or maybe some health ‘collider’, especially addressing cancer. I will be more than happy to see that in the future.

I want to say a few words on an ongoing initiative that plays a key role in the discussions about innovation. The Commission’s proposal for a regulation to strengthen European Union cooperation on health technology assessment (HTL) aims to facilitate access to innovative health technology, and access to treatment is a major issue today. The proposal has already passed the European Parliament scrutiny process. I count on your continued support to make this initiative a success and I would like the Finnish Presidency to finalise the work on this issue.

All these are important steps in the right direction, but it is essential that this progress, this innovation and these developments reach the patients who need them the most. I am pleased to see that the Commissioner‑designate’s mission letter focuses on ways to help ensure that Europe has a supply of affordable medicines to meet its needs. I am also delighted that the Commission’s new President-elect has included the Europe’s Beating Cancer Plan in her political priorities. This is a very important message.

Cancer is a relentless disease. Let’s not give up. I thank this House for its support during my time in office. I also seize the opportunity to encourage the Council of the European Union and all the institutions to renew our common determination and political will in the fight against cancer, as was done back in the 1990s when François Mitterrand gave impetus to the Europe against Cancer initiative and it helped us very much for a long time. We must continue to work together to prevent cancer, promote health and improve treatment and care. I look forward to hearing your views.

*(Applause)*