EU CanScreen
European Joint Action on Cancer Screening

Stakeholder engagement and knowledge transfer

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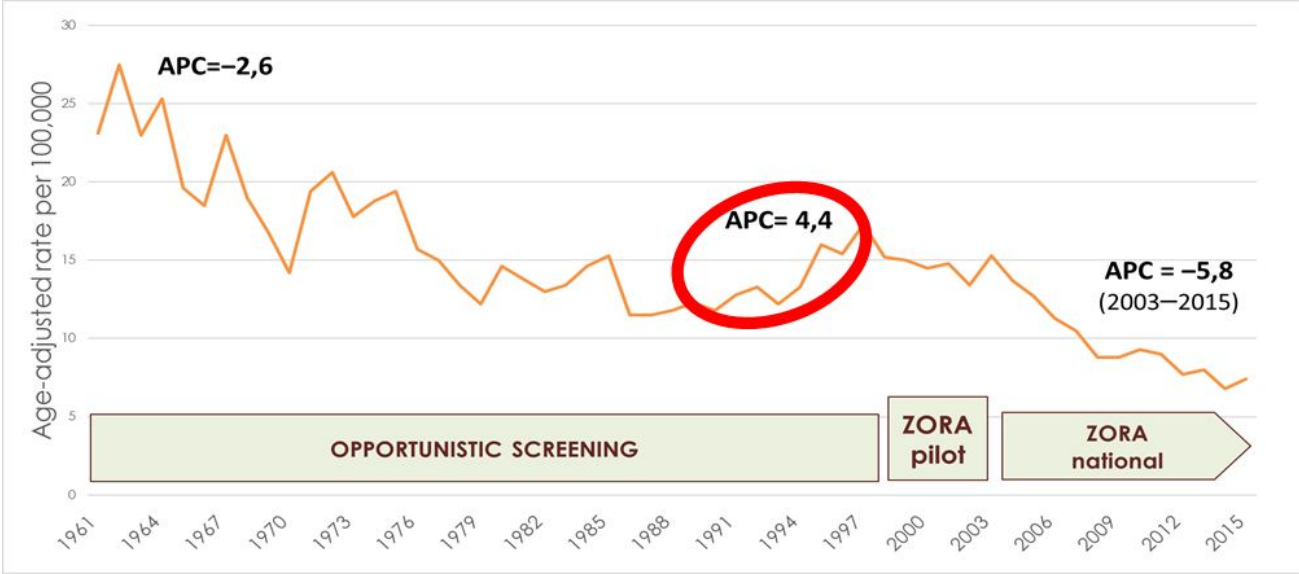
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Lesions learned from opportunistic cervical screening in Slovenia

Opportunistic screening: fewer benefits, more harms, less cost effective

… however, it lasted for decades

WHY?



Why did opportunistic screening persist?

Individual expectations were met

Women obtained a smear

A familiar test offered reassurance.

Clinicians retained discretion

Screening fitted established clinical practice.

Population needs remained less visible

Who was missed?
How much testing was unnecessary?
Did we reached maximum benefits and minimum harms?
Did benefits outweigh harms?
What did the whole system cost?

Longer screening intervals and revised age limits challenged stakeholders' expectations.

We had to explain and defend the change with professionals, women and policymakers, including in parliament.

Stakeholders build the programme together – aligning stakeholders for public value

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Ministry and public authorities

Enable legal background for data use, governance and integration into the health system.

Payer and institutional leaders

Fund clinical pathway and programme coordination. Secure staff and capacity.

Providers and professional societies

Deliver the full pathway and follow guidelines. Take part in quality assurance.

Programme coordination team

Run call–recall, registry, QA and training. Maintain guidance and engagement.

Population, NGOs and civil society

Attend the screening, rise awareness, support informed choice and inclusion.

Research and media

Provide reliable data and evaluation. Support accurate, trusted public information.

Shared outcome: equitable benefits, quality across the pathway and fewer harms

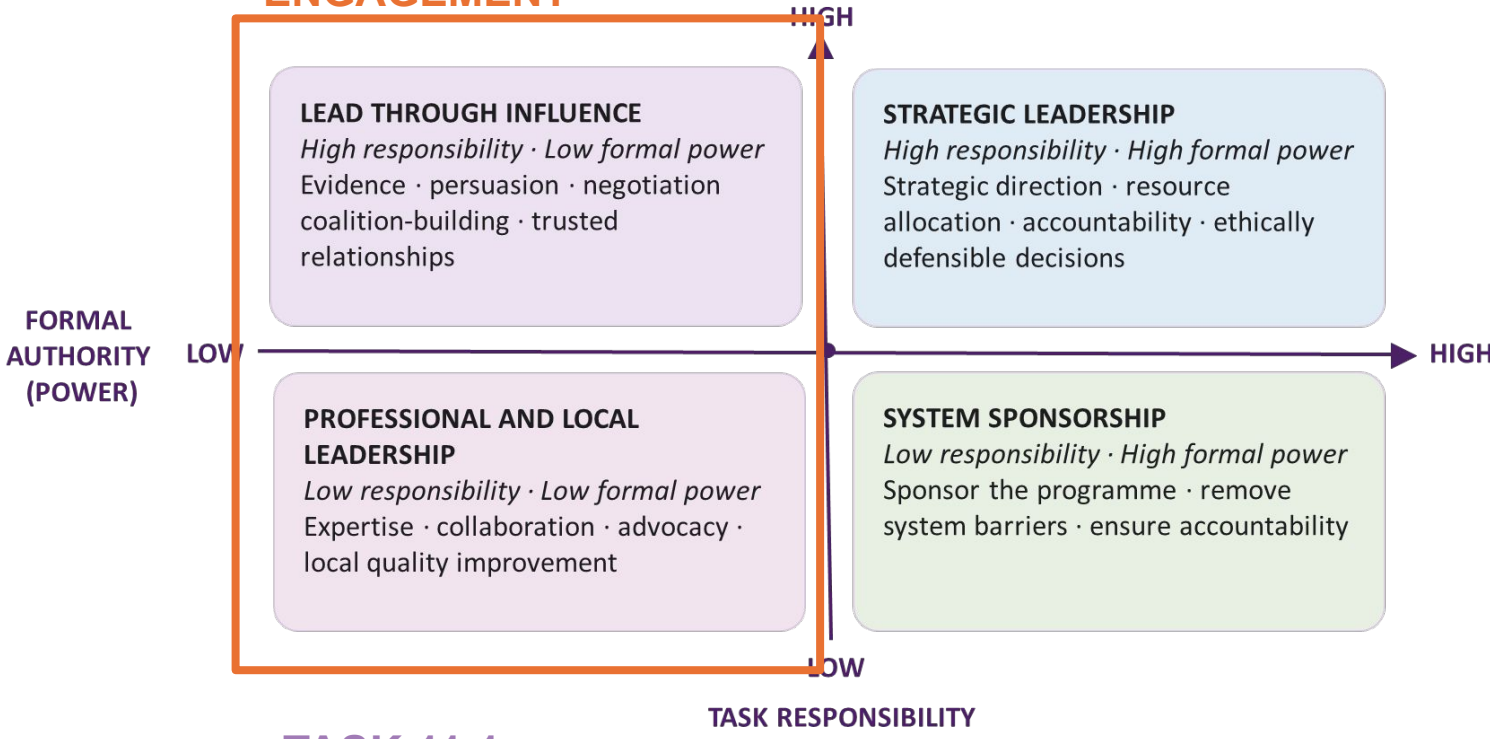
Aligning stakeholders for public value is not easy – distribution or responsibility and authority (power)

Organised, population-based screening programmes is expected to take responsibility for:

- the coherence, quality and performance of the entire screening pathway;
- ensuring that screening is delivered through an organised, population-based and quality-assured approach;
- monitoring outcomes, benefits, harms and inequalities; and
- safeguarding core values, including equity, quality and sustainability.

Yet nobody can control every organisation, resource or decision across the pathway.

WHOLE-SYSTEM RESPONSIBILITY (STEWARDSHIP)
WITHOUT WHOLE-SYSTEM CONTROL



TASK 11.1
Effective leaders need a flexible repertoire of approaches and influence strategies

Who is responsible for alignment of the stakeholders and their engagement?

Engagement needs explicit responsibility

WHO IS ACCOUNTABLE FOR STAKEHOLDER ENGAGEMENT

Programme leadership

Set the direction, mandate and resources. Review whether engagement leads to action.

WHO COORDINATES ACTIVITIES RELATED TO ENGAGEMENT

Programme coordination team with support of NGOs and others

Map stakeholders, maintain relationships, plan communication and follow up commitments.

DELIVERY OF PUBLIC VALUE THROUGH INDIVIDUAL HEALTH SERVICES

Healthcare institutions involved in clinical pathway

Each institution remains responsible for its work.

- **Formal powers remain with the competent ministry, payer, employers and regulators.**
- **Stakeholder alignment and engagement in practice is a leadership responsibility (decisions, negotiation, follow-through) supported by communication expertise.**

Stakeholder engagement is crucial for knowledge transfer into practice

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Example:

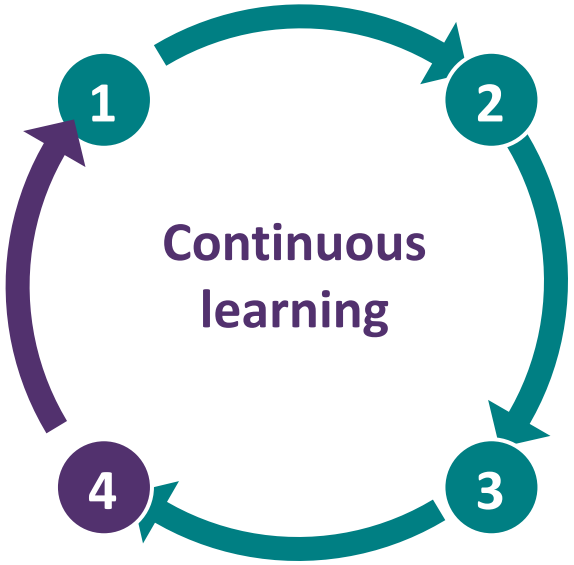
It is not enough to publish the new guideline (prolonged screening intervals), it must be implemented and adhered to by screening providers and target population to change practice.

1 Listen and understand

Whose priorities differ? Who is missing?
What prevents people from acting?

2 Agree and adapt

Discuss the evidence and local context.
Agree roles, standards and feasible changes.



3 Enable implementation

Provide guidance, training, time and resources.
Make the new practice possible.

4 Review and learn

Use data and feedback on reach, quality and harms.
Adjust the approach and share the learning.

Stakeholder engagement takes time and needs planning and continuity.

European engagement sustains national progress

POLITICAL AGENDA

Commission, Council, Parliament and Member States

Keep screening visible through Europe's Beating Cancer Plan and the Council Recommendation.

KNOWLEDGE AND VOICE

European initiatives, professionals and civil society

Develop guidance and QA. Bring implementation experience, people's needs and equity into European decisions.

RESOURCES

EU4Health, Horizon Europe and the Cancer Mission

Support research, innovation, capacity and implementation. Advocate sufficient resources and continuity.

National experience informs EU priorities.
EU support needs national ownership and recurrent funding.

Key messages

Established practice can persist without delivering sufficient value

Slovenia's experience shows why changing expectations matters.

Population benefit depends on the whole screening pathway

Every programme foundation needs stakeholders who fulfil their roles.

Stakeholder engagement is a core leadership responsibility

Whole-system responsibility requires alignment across organisations.

Knowledge transfer succeeds when practice changes

Listen, adapt, enable implementation, then review and learn.

European collaboration strengthens national action

Connect peer learning and policy support with local ownership and funding.

Engagement and knowledge transfer enable equitable screening benefits that last.