

NCDs prevention and health promotion through training, networking and awareness-raising across the EU

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List of acronyms

COPD	Chronic Obstructive Pulmonary Disease
CVDs	Cardiovascular Diseases
EU	European Union
ISS	Italian Istituto Superiore di Sanità (Italian National Institute of Health)
HbA1c	Glycated Haemoglobin
LEA	Livelli Essenziali di Assistenza (Essential Levels of Care)
NCDs	Non-communicable diseases
OECD	Organisation for Economic Co-operation and Development
PNP	Piano Nazionale della Prevenzione (National Prevention Plan)
PNRR	Piano Nazionale di Ripresa e Resilienza (National Recovery and Resilience Plan)
WHO	World Health Organization
WP	Work Package

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1. Introduction

1.1 Project background

Non-communicable diseases (NCDs) are the result of unhealthy lifestyles, e.g. tobacco use, physical inactivity, unhealthy diets, and use of alcohol, leading to metabolic and physiological changes. In European countries, NCDs are responsible for an enormous part of the burden that public health systems in the Member States are facing. The increasing rates of deaths related to NCDs in Europe are concerning, but although running rampant, the complex health issues caused by NCDs can be tackled, if we improve prevention measures and promote health.

The Preventia project aims to contribute to the achievement of three general and transformational objectives: i) to reduce health inequalities across the EU, ii) to decrease the spreading of NCDs across the EU, iii) to foster cooperation and exchanges between the EU Member States.

Through a set of relevant Work Packages and tasks, the project unfolds according to three main dimensions: i) capacity-building and training, ii) networking and cooperation and iii) campaigning and awareness-raising.

The project's specific objectives are to: i) enhance the cooperation and peer-learning of civil society across the EU in the fight against NCDs, with a special emphasis on stakeholders from Ukraine; ii) encourage the exchanges and best practices and mobility opportunities of health and nutrition workforce across the EU; iii) improve health literacy of younger generations on NCDs prevention through training on healthy eating habits and childhood obesity; iv) reduce health inequalities across the EU (and beyond) through inclusive activities for vulnerable groups; v) raise awareness of citizens at large through participatory and interactive campaigns; vi) empower consumers to make better informed and more nutritious food choices through innovative digital tools; vii) analyse and assess national policies related to NCDs prevention; viii) advocate for new EU policy approaches based on the Member States' needs; ix) widely and effectively communicate about the project and give visibility to its activities; x) to promote and disseminate the project deliverables among targeted audience across the EU.

1.2 Overview of the Work Package

The present deliverable (D5.1) falls within Work Package 5 – Policy and advocacy. The objectives of this Work Package (WP) are to: i) analyse and assess national policies related to NCDs prevention, ii) advocate for new EU policy approaches based on the Member States' needs.

A complete list of the project Work Packages is presented in the table below. The Work Package to which the present deliverable belongs is highlighted in green.

Work Package number	Work Package name	Lead beneficiary	Start month	End month
1	Project management	SAFE	1	36
2	Training and twinning	LCI	1	25
3	Tackling health inequalities through inclusion	CEIP	1	36
4	Campaigning and awareness raising	U.DI.CON	1	36
5	Policy and advocacy	SAFE	6	36
6	Communication and dissemination	SAFE	1	36

Table 1: List of Work Packages

This report is part of task 5.1 ‘Assessment of national policies’, which aims at assessing national policies and initiatives when it comes to health promotion and NCDs in partner countries.

The full list of the deliverables belonging to Work Package 5 is reported in the table below. The present deliverable is highlighted in green.

Deliverable number	Deliverable name	Lead beneficiary	Type	Dissemination level	Due month
D5.1	Assessment reports of national policies	SAFE	R — Document, report	PU - Public	18
D5.2	Policy paper on new policy approaches to policy making	SAFE	R — Document, report	PU - Public	30
D5.3	Public health guidelines	SAFE	R — Document, report	PU - Public	34
D5.4	Policy event	SAFE	R — Document, report	PU - Public	36

Table 2: List of deliverables of Work Package 5

1.3 Overview of the deliverable

This deliverable (D5.1) presents an assessment of national policies and initiatives related to health promotion and the prevention of NCDs, with the objective of identifying existing gaps, needs, best practices, and opportunities for enhancement. The analysis focuses on NCD-related policies in four pilot countries participating in the Preventia project, namely Croatia, Greece, Italy, and Lithuania. The report offers a synthesis of the key national policies identified and provides a critical evaluation of policy impact, current shortcomings, areas of need, successful practices, and potential avenues for future improvement.

2. Analysis procedure

2.1 Objectives and scope

The objective of this analysis is to assess national policies and strategic initiatives related to the prevention of NCDs and the promotion of health across four pilot countries: Croatia, Greece, Italy, and Lithuania. The overarching goal is to identify strengths and weaknesses within the current policy landscape, highlight best practices, and propose areas for improvement. This analysis goes beyond a descriptive review of national strategies and aims to provide a critical appraisal of their implementation and impact.

The scope of the analysis encompasses policies, programmes, action plans, and institutional frameworks that are directly or indirectly related to the prevention and management of NCDs. It includes a broad range of interventions, from those specifically targeting the prevention and control of NCDs, particularly cardiovascular diseases (CVDs) and diabetes, to those addressing broader health promotion objectives. These include initiatives focused on obesity and childhood obesity, the reduction of behavioural risk factors, and systemic support within healthcare systems. Particular attention is given to equity considerations, intersectoral coordination, and public awareness strategies, which are essential components in reducing the burden of NCDs.

2.2 Collection and review of existing data

The data collection process relied on a mix of primary and secondary sources to ensure a comprehensive and contextually rich analysis. Primary sources included national policy documents, official action plans, legal frameworks, and implementation guidelines issued by ministries of health or equivalent national bodies. These documents were reviewed to extract key information about objectives, strategic priorities, funding allocations, target populations, and timelines. In parallel, secondary sources such as academic publications, grey literature, reports from international organisations (e.g. WHO, OECD, and European Commission), and national public health data were consulted to contextualise the policies within broader epidemiological and health system trends. Whenever possible, evaluative reports and impact assessments were also analysed to gauge the effectiveness and practical outcomes of the policies under review.

To ensure consistency across the four case studies, a shared data collection template was developed by the task leader and used by all participating beneficiaries. This facilitated the systematic mapping of policy measures and helped align the analytical approach, while allowing flexibility to capture country-specific nuances and priorities.

2.3 Assessment methodology

The analytical approach adopted for this report combined qualitative content analysis with elements of policy evaluation and comparative review. Each national case study began with a comprehensive review of the status of NCDs in the respective country, including key statistics on cardiovascular diseases, diabetes, cancer, obesity and overweight. This epidemiological context served as a foundation for the policy analysis. Subsequently, all relevant NCD-related

policies were identified and mapped. From this pool, key policies were selected in each country based on their relevance and significance to NCD prevention and health promotion. Each selected policy was summarised in a structured table, detailing its official title, implementation period, issuing authority, objectives, implemented activities, planned initiatives, and available resources and funding. The overview of the NCD burden and the summary of selected policies for each partner country are presented in Chapter 3 ‘Background Information on NCD-Related Policies at National Level’.

Subsequently, each selected policy was assessed in terms of its implementation progress and overall impact. The evaluation of implementation focused on several key factors, including adherence to planned actions, barriers and facilitators encountered, associated costs, feasibility, and the level of acceptability among stakeholders. The impact was analysed by examining the policy’s effectiveness in achieving its stated objectives, its ability to promote equity, particularly in reaching vulnerable populations, and any unintended consequences that may have arisen. A dedicated section within the structured assessment table focused on identifying existing gaps, particularly in relation to coverage, resources, and policy. In addition, a needs assessment was carried out, with specific consideration given to the needs of both the general population and the healthcare systems. Special attention was also devoted to identifying best practices, defined as concrete initiatives that demonstrated measurable positive outcomes and showed potential for replication or adaptation in other Member States. Finally, the analysis concluded by outlining opportunities for improvement, with the aim of informing future policy refinement and capacity-building efforts. The assessment of the selected policies, organised by partner country, is presented in Chapter 4 ‘Key Findings’.

Throughout the assessment, the focus remained on providing actionable insights that could inform national policy improvements and support advocacy efforts under the Preventia framework. The resulting analysis not only serves as a snapshot of current efforts but also as a foundation for strategic dialogue and future policy development in the area of NCD prevention and health promotion.

3. Background information on NCD-related policies at national level

3.1 Croatia

3.1.1 State of NCDs in Croatia

Croatia has completed its demographic transition and is now considered an "old" population, with a high proportion of people over 65. This demographic shift poses significant challenges for the country's sustainable development and the healthcare system, which must address the growing needs of an ageing population. Additionally, Croatia has undergone an epidemiological transition, shifting from a time when infectious diseases were the primary health burden to a period where NCDs predominate¹. Nowadays, NCDs contribute the most to the disease burden in Croatia's population, and their increased prevalence can be linked to the ageing of the population, as well as to harmful habits, including smoking, unhealthy diets, a sedentary lifestyle, and the modern way of living, paired with urbanisation². In 2019, over one third of Croatian adults (37 %) reported having at least one chronic condition. The prevalence of chronic conditions varies according to the income group: more than half (55 %) of adults in the lowest income group report having at least one chronic condition, compared with one in four (24 %) among those in the highest income group³.

NCDs are the leading cause of death in Croatia, with ischaemic heart disease being responsible for 243.36 deaths per 100.000 population, followed by stroke, accounting for 125.68 deaths per 100.000 population, and diabetes mellitus, causing 104.43 deaths per 100.000 population in 2021⁴. According to data from the CroDiab Register of people with diabetes, there were 395.058 people with diabetes in Croatia in 2023, and the number of patients is increasing every year. Earlier research shows that in Croatia, only 60% of sick people have a diagnosis, so it is estimated that the total number of sick people is higher than 600.000⁵. Various types of cancer are also responsible for a significant number of deaths in Croatia: lung cancer is the most frequent, with 67 deaths per 100.000 population in 2018 (compared to an EU average of 53), followed by colorectal cancer, with 52 deaths per 100.000 population, compared to an EU average of 31. The overall mortality rate from cancer in Croatia is among the highest in the EU, with an age-standardised mortality rate of 324 deaths from cancer per 100.000⁶ population.

According to EU estimates⁷, behavioural risk factors were responsible for 44% of all deaths in Croatia in 2019, with more than one fifth (22%) being attributable to dietary risks, including low consumption of fruit and vegetables and high consumption of sugar and salt. This figure is above the EU average, reaching 17%. In 2019, nearly one in four (23%) adults were obese,

¹ Ministry of Health of the Republic of Croatia (2020). Action Plan for the Prevention and Control of Non-Communicable Diseases 2020-2026. Available at: [Link](#)

² Croatian Institute of Public Health (N.A.). Division for epidemiology and prevention of noncommunicable chronic diseases. Available at: [Link](#). Accessed on 28 August 2024

³ European Commission (2021). State of Health in the EU: Croatia, Country Health Profile 2021. Available at: [Link](#)

⁴ WHO (2021). Global health estimates: Leading causes of death. Available at: [Link](#). Accessed on 30 August 2024

⁵ Croatian Institute of Public Health (N.A.). Diabetes. Available at: [Link](#). Accessed on 28 August 2024

⁶ European Commission (2021). State of Health in the EU: Croatia, Country Health Profile 2021. Available at: [Link](#)

⁷ *Ibid.*

against the EU average of 16%. The overweight and obesity rates among 15-year-olds reached 18% in 2018, while 35% of children aged 8.0 to 8.9 are overweight or obese⁸. It is estimated that in 2019, 40% of adults and over 70% of adolescents did not eat at least one fruit daily, while 39% of adults and 77% of adolescents reported not consuming vegetables daily. Socioeconomic disparities have a significant impact on obesity rates, with people with only a low level of secondary education being twice as likely to be obese compared to those who have a university degree⁹.

Data on behavioural and biomedical risks clearly indicate the need for increased health promotion activities in the areas of proper nutrition, physical activity and obesity prevention in all age groups of the population, along with continuous promotion of sexual and mental health. Considering all the above, NCDs have become a priority of the Croatian public health system, and a number of political and strategic documents have been adopted for the purpose of preventing these diseases.

3.1.2 Mapping of national policies, programmes, action plans and strategies

A summary of the most relevant NCDs-related policies adopted in Croatia can be found in the tables below.

Title	National Health Development Plan¹⁰
Period	2021-2027
Issuing Authority	Ministry of Health
Objectives	Improving the healthcare system and care outcomes as a key national priority.
Implemented Initiatives/Actions/Policies	The document is in the implementation phase. The public is not aware of the activities carried out so far.
Planned Initiatives/Actions/Policies (if any)	<ul style="list-style-type: none"> Improving the financial sustainability of the health system through coordination measures. Integration of space, equipment and human resources to reduce fragmentation in management and increase efficiency. Further digitalisation of the health system and health services. Improving management capacities by establishing an information management system to enable more effective data analytics and better use of data in healthcare management. Enhancing managerial, analytical and operational capacities by investing in health administration education, with an emphasis on economic competencies. Ensuring sufficient health and non-health workforce to deal with current and future challenges in healthcare.

⁸ CroCOSI (2021). World Health Organization Regional Office for Europe: Childhood Obesity Surveillance Initiative, Croatia 2018/2019 (CroCOSI). Available at: [Link](#)

⁹ European Commission (2021). State of Health in the EU: Croatia, Country Health Profile 2021. Available at: [Link](#)

¹⁰ WHO (2021). National Health Development Plan for the period of 2021 to 2027. Available at: [Link](#)

	<ul style="list-style-type: none"> • Strengthening the response to crisis situations in the healthcare system. • Improvement of health care for vulnerable groups. • Revitalisation of the Institute of Immunology for self-sufficiency in vaccine and blood production preparations.
Resources and funding	State budget. The total budget is not specified in publicly available documents.

Title	Action Plan for Prevention and Control of Non-Communicable Diseases 2020-2026¹¹
Period	2020-2026
Issuing Authority	Ministry of Health
Objectives	<ul style="list-style-type: none"> • Increase awareness of risk behaviour for the development of NCDs. • Prevent the development of diseases and improve the quality of life of people in the Republic of Croatia. • The Plan actively targets high-risk groups and individuals, and includes specific objectives, such as the reduction of physical inactivity by at least 10% by 2026.
Implemented Initiatives/Actions/Policies	The document is still in the preparation phase and has not been officially adopted.
Planned Initiatives/Actions/Policies (if any)	<ul style="list-style-type: none"> • Establish a management body that will monitor and coordinate the implementation of the Action Plan for NCDs. • Introduction of food labelling that enables consumers to make a "healthy choice". • Strengthen policies to reduce trans fatty acids in food. • Reduce average daily salt intake by 30% at the population level. • Implement school nutrition policies, including national guidelines for student nutrition in primary schools, lessons about healthy eating, and removal of vending machines. • Reduce added sugars in food and carbonated beverages. • Expand the number of schools implementing enhanced physical activity programmes (improve

¹¹ Ministry of Health of the Republic of Croatia (2020). Action Plan for the Prevention and Control of Non-Communicable Diseases 2020-2026. Available at: [Link](#)

EC and WHO (2021). Croatia: Physical Activity Factsheet 2021. Available at: [Link](#)

	<p>playgrounds, daily 10-minute exercise programme, Olympic Games curriculum).</p> <ul style="list-style-type: none"> • Develop and expand networks of "walking trails" for physical activity for all age groups.
Resources and funding	State budget. Specific budgetary allocations are not publicly detailed in the available documentation

Title	National Programme "Healthy living"¹²
Period	2015 - ongoing
Issuing Authority	Croatian Institute of Public Health
Objectives	<ul style="list-style-type: none"> • Raise awareness about risk behaviours that contribute to chronic NCDs and influence key health determinants. • Prevent the development of diseases and improve overall quality of life in Croatia.
Implemented Initiatives/Actions/Policies	<p>The five components of this programme, which include individual projects, are:</p> <ul style="list-style-type: none"> • Health Education (project Polygons, project 10□ exercise, Recommended menus for primary and secondary schools). • Health Tourism (project Walking to Health). • Health and Nutrition (guarantee stamp "Healthy Living", Proper Nutrition Programme in Schools). • Health and Workplace (project Health-Friendly Company). • Health and Environment (project Volunteers in Parks). <p>Some of the various projects developed as part of the "Healthy living" national programme include:</p> <ul style="list-style-type: none"> • "Healthy Living" guarantee stamp: marking products with the programme's guarantee brand to stimulate manufacturers to develop or adjust their products in accordance with the EU recommended criteria for energy and nutritional intake. • "Volunteer in Parks": promotes physical activity and social inclusion of the elderly, children with

¹² EC and WHO (2018). Croatia: Physical Activity Factsheet 2018. Available at: [Link](#)

EC and WHO (2021). Croatia: Physical Activity Factsheet 2021. Available at: [Link](#)

European Commission (2024). Croatia: Healthy lifestyles and healthy nutrition. Available at: [Link](#). Accessed on 29 August 2024

Healthy Living (2024). Healthy living project website. Available at: [Link](#). Accessed on 29 August 2024

Ministry of Health of the Republic of Croatia (N.A.) Living Healthy. Available at: [Link](#). Accessed on 29 August 2024

	<p>developmental difficulties, ethnic minorities and other vulnerable groups.</p> <ul style="list-style-type: none"> • “Walking to Health”: encourages physically inactive people to include regular walking in their lives by setting organised groups with a professional leader. • “Health-friendly company”: provides certification to companies that support workers in maintaining healthy lifestyles during office hours and promote active transport to work.
Planned Initiatives/Actions/Policies (if any)	Promotion of proper nutrition and physical activity to prevent excessive body weight and obesity activities in progress.
Resources and funding	State budget, co-financed by the European Social Fund. Total project amount: HRK 30,373,299.36 (≈ EUR 4,030,536.83) / Amount of EU support: 85%.

Title	Action Plan for the Prevention of Obesity in the Republic of Croatia for the Period of 2024 to 2027¹³
Period	2024-2027
Issuing Authority	Ministry of Health
Objectives	<ul style="list-style-type: none"> • Raise awareness about risk behaviour for the development of obesity • Prevent disease development and improve the quality of life of people in the Republic of Croatia.
Implemented Initiatives/Actions/Policies	The document is in the implementation phase. The public is not aware of the activities carried out so far.
Planned Initiatives/Actions/Policies (if any)	<ul style="list-style-type: none"> • Develop physical activity guidelines. • Create healthy recipes to promote physical activity. • Establish nutrition guidelines and introduce food labels to help consumers to make healthier choices. • Creation of criteria for food in vending machines and criteria for their placement in public spaces. • Develop and disseminate educational materials for obesity prevention. • Launch media and public campaigns to raise awareness and reduce the stigmatisation of overweight individuals • Establish a multisectoral integrated monitoring system for nutrition by life periods. • Coordinating obesity prevention and treatment centres (specialised clinics for eating disorders and obesity).

¹³ Ministry of Health of the Republic of Croatia (2024). Action plan for the prevention of obesity. Available at: [Link](#)

	<ul style="list-style-type: none"> • Development of guidelines for the organised diet of the working population.
Resources and funding	State budget. The publicly available documentation does not specify the total budget amount.

Table 3: Key NCD-related policies in Croatia

3.2 Greece

3.2.1 State of NCDs in Greece

The state of NCDs in Greece is deeply concerning, as they continue to be the primary drivers of morbidity and mortality nationwide. According to the National Action Plan for Public Health¹⁴, the country faces significant challenges, including rising morbidity due to lifestyle-related factors, a high prevalence of smoking, and increasing rates of overweight and obesity. These issues contribute to the declining health of the population and place considerable pressure on the healthcare system. Additionally, mortality from NCDs, such as cardiovascular diseases, cancer, and chronic obstructive pulmonary disease, has been aggravated by deteriorating socio-economic conditions over the past decade as well as lack of robust education and prevention programs.

Cardiovascular diseases remain the leading cause of death in Greece; however, mortality rates from diabetes, certain types of cancer, respiratory diseases, and kidney disorders have also increased¹⁵. The prevalence of risk factors such as smoking and obesity is significantly higher among individuals with lower educational levels, contributing to a wide socio-economic health disparity within the population. Notably, 42% of deaths in Greece are attributed to behavioural risk factors (compared to 39% in the EU), including smoking, dietary risks, alcohol consumption, and low physical activity. Dietary risks, combined with low physical activity, account for approximately 21% of deaths, while around 4% can be attributed to alcohol consumption. It is noteworthy that in 2019, 40% of deaths in Greece were attributed to behavioural risk factors, a percentage similar to the EU average. About 22% of all deaths were linked to smoking — both active and passive — which is significantly higher than the EU average. Unhealthy diets, including low consumption of fruits and vegetables and high intake of sugar and salt, were estimated to be responsible for approximately 15% of total deaths in Greece, slightly lower than the EU average of 17%¹⁶.

Overall, cardiovascular diseases, cancer, chronic obstructive pulmonary disease, and diabetes account for 77% of the disease burden and are responsible for 85% of premature deaths. Major risk factors influencing the incidence and prevalence of these conditions include obesity, smoking, and lack of physical activity.

According to the Annual Health Report of the Organisation for Economic Co-operation and Development (OECD)¹⁷, significant challenges persist in the health sector. Trends in risk factors

¹⁴ Ministry of Health Greece. National Action Plan for Public Health. Available at: [Link](#). Accessed on 30 March 2025

¹⁵ European Commission (2021). State of Health in the EU: Greece, Country Health Profile 2021 Available at: [Link](#)

¹⁶ European Commission (2023). State of Health in the EU: Greece, Country Health Profile 2023. Available at [Link](#)

¹⁷ European Commission (2021). State of Health in the EU: Greece, Country Health Profile 2021. Available at: [Link](#)

require the implementation of national cancer screening programs, the enforcement of smoking bans in public spaces, and the promotion of lifestyle changes, particularly in diet and physical activity. It is noteworthy that life expectancy in Greece has surpassed the EU average; however, there is a significant disparity between genders and between individuals with lower and higher educational levels. Despite this, the number of years lived without health problems is decreasing.

Moreover, a report by the World Health Organization (WHO)¹⁸ highlights that Greece's healthcare system is heavily focused on hospital-based treatment rather than prevention. There is no specific referral system in place, and a stable network of public health services is essentially non-existent. This emphasis on treatment over prevention further exacerbates the challenges in addressing the growing burden of NCDs in the country.

3.2.2 Mapping of national policies, programmes, action plans and strategies

A summary of the most relevant NCDs-related policies adopted in Greece can be found in the tables below.

Title	National Action Plan for the Prevention and Management of Diabetes and Its Complications¹⁹
Period	2012-2015
Issuing Authority	Ministry of Health & Social Solidarity - Hellenic Diabetes Association - National Diabetes Centre
Objectives	<ul style="list-style-type: none"> • Reduce the incidence of diabetes through public awareness and lifestyle interventions. • Improve the quality of life for people with diabetes through effective management and care. • Reduce the frequency and severity of diabetes-related complications.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • Public awareness and prevention of Type 2 Diabetes Action: Promote healthy eating, prevent obesity, and facilitate exercise. • Inform and raise awareness among healthcare workers' action: Training healthcare professionals on the prevention and management of Type 2 Diabetes. • Improve specialised care provided Action: Upgrade existing, Diabetes Centres and Clinics and establish new ones focused on Type 2 Diabetes.

¹⁸ World Health Organization. Regional Office for Europe (2016). Greece: highlights on health and well-being. Available at: [Link](#)

¹⁹ National Action Plan for the Prevention and Management of Diabetes and Its Complications (2012). Available at: [Link](#)

Planned Initiatives/Actions/Policies (if any)	Improve the Health Level of Citizens and Health-Related Quality of Life Efforts towards the rational allocation of resources.
Resources and funding	EUR 33.695.314

Title	National Action Plan to Combat Childhood Obesity²⁰
Period	2022-2026
Issuing Authority	Ministry of Health of Greece, in collaboration with UNICEF
Objectives	<ul style="list-style-type: none"> • Reduce the percentage of obesity among children aged 2 to 14 from 37.5% (2019) to 24.5% by 2030. • Promote healthy eating habits and physical activity among children and adolescents.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • "Food for Action" Toolkits: Educational materials for students, teachers, and parents to promote healthy nutrition and physical activity. • Free Health Services: Free clinical assessments and counselling for children aged 0-17 and their families, focusing on health, development, and nutrition. • Creation of a European Centre for Obesity Prevention: Headquartered in Athens, this centre aims to develop and share evidence-based knowledge and best practices in combating childhood obesity.
Planned Initiatives/Actions/Policies (if any)	Awareness Events: A series of events titled "Great Celebration for Exercise and Nutrition" held in various cities across Greece to raise awareness among children and their families about healthy eating and exercise.
Resources and funding	Funded by the National Recovery and Resilience Plan "Greece 2.0," supported by the European Union through the NextGenerationEU fund.

Title	National Action Plan for Nutrition and Eating Disorders²¹
Period	2008-2012
Issuing Authority	Ministry of Health & Social Solidarity
Objectives	<ul style="list-style-type: none"> • Promote healthy eating, prevent and manage eating disorders, combat obesity, and reduce all nutrition-related diseases in the general population.

²⁰ Ministry of Health of Greece (N.A.). National Action Plan to Combat Childhood Obesity. Available at: [Link](#). Accessed on 31 March 2025

²¹ Ministry of Health of Greece (2011). National Action Plan for Nutrition and Eating Disorders 2008 - 2012. Available at: [Link](#)

	<ul style="list-style-type: none"> • Implement legislative regulations and actions to support targeted awareness programs and improving access to support services.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • Enhanced food labelling: introduce clear, standardised labelling on packaged foods to provide information on nutritional content, allergens, and additives. • Promotion of the Mediterranean diet: i) organise awareness campaigns on the health benefits of the Mediterranean diet, ii) collaborate with schools, workplaces, and communities to promote Mediterranean foods. • Nutritional education programs: i) conduct educational workshops and school programs on balanced nutrition, ii) train healthcare and food industry professionals on the impact of dietary choices. • Promotion of food safety standards: i) ensure food safety compliance across the supply chain, ii) educate consumers on safe food handling, storage, and hygiene. • Encouragement of physical activity: i) develop community-based fitness and sports programs for all age groups, ii) improve public spaces to support physical activity opportunities. • Prevention of eating disorders and obesity: increase access to resources and counselling for those at risk, especially children and adolescents.
Planned Initiatives/Actions/Policies (if any)	Highlighting and promoting new social standards and behaviours.
Resources and funding	Funding from the state budget (49.81%, EUR 12,742,526) and the European Social Fund (ESF) (51.19%, EUR 13,362,000)

Title	Action Plan Against Smoking²²
Period	2021-2025
Issuing Authority	Ministry of Health
Objectives	Health promotion and prevention, protection of non-smokers, smoking cessation support.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • Development and integration of educational material into school programs. • Implementation of a reward policy for innovative anti-smoking actions.

²² Ministry of Health – General Secretariat of Public Health (2021). National Action Plan for Public Health 2021-2025. Available at: [Link](#)

	<ul style="list-style-type: none"> • Improvement of the existing legal framework with a pilot evaluation of effectiveness. • Creation of a national map of smoking cessation clinics and introduction of certification for these clinics.
Planned Initiatives/Actions/Policies (if any)	<ul style="list-style-type: none"> • Continuous development and adaptation of public awareness and education strategies. • Creation of a Registry of Volunteer Organisations to support the rights of non-smokers. • Enhancement of accessibility to smoking cessation services.
Resources and funding	EUR 14.472,00, Recovery Fund, ESF 2021-2027, ☐☐ Direct EU4HEALTH, HORIZON HEALTH

Table 4: Key NCD-related policies in Greece

3.3 Italy

3.3.1 State of NCDs in Italy

According to the Italian National Institute of Health (Istituto Superiore di Sanità - ISS), about 24 million people in Italy are afflicted by NCDs²³. These diseases have a significant impact on both quality of life and life expectancy. All age groups are affected, although the most vulnerable segments of the population are the elderly, with more than 85% of people over 75 years of age suffering from chronic diseases, and women, especially after the age of 55²⁴.

It is therefore essential to improve knowledge about the mechanisms and risk factors of the development of chronic diseases, and the possible strategies and programs for the prevention and treatment of these conditions to ensure healthy aging of the population.

The ISS addresses these diseases from multiple perspectives. Its activities include conducting population-based surveys on risk factors for chronic diseases across different age groups, from children to adults and the elderly. Additionally, the ISS explores new biomarkers for early diagnosis and treatment. It also assesses the efficacy and safety of innovative biomedical technologies for treating cardiovascular diseases, autoimmune disorders, and endocrine-metabolic conditions such as diabetes mellitus, thyroid disorders, and growth hormone deficiencies. Furthermore, the ISS develops strategies and care models for patients with chronic diseases while investigating factors that contribute to healthy ageing. Other key areas of interest include epidemiological research, as well as the assessment, rehabilitation, and maintenance of physical, motor, and sensory functions in the elderly. Lastly, health literacy

²³ Istituto Superiore di Sanità (2022). Chronic Diseases and Healthy Ageing. Available at: [Link](#). Accessed on 31 March 2025

²⁴ Istituto Superiore di Sanità (2022). Chronic non-communicable diseases (MCNT): the challenge of the century, also for our country. Available at: [Link](#). Accessed on 31 March 2025

remains a major focus, with the ISS working to establish a harmonised system for sharing health indicators across the European population, particularly in high-risk areas²⁵.

Cardiovascular diseases are the leading cause of death, morbidity and disability, and carry a very high social and economic burden. They are responsible for 44% of all deaths, and account for 23.5% of Italian pharmaceutical expenditure²⁶.

The research activities of the ISS in this area are based on surveys on the adult population for the assessment of risk factors, health education, analysis of the heart-brain interaction, study of atrial fibrillation and identification risk indicators, study of medical devices, study of immunological, inflammatory and thrombotic mechanisms of cardiovascular diseases and research of new biomarkers for the prevention and therapy of these pathologies. Particular attention is paid to studying gender differences in these contexts²⁷.

Diabetes is another social health emergency, given the high prevalence of cases in the population and the serious complications affecting the retina, kidneys, and the nervous, musculoskeletal, and cardiovascular systems²⁸. In 2023, nearly 3.7 million Italians suffered from diabetes mellitus, representing a significant increase since 2010, when 2.9 million people were affected by the disease. The prevalence of diabetes varies by age group, as the disease is much more common among the elderly than among younger generations. In 2021, about 1.1 million individuals aged 65 to 74 years and approximately 1.4 million individuals aged 75 years and over were affected by diabetes mellitus²⁹.

The ISS's activities in this area are based on clinical research and studies focused on identifying functional, motor, visual, and biochemical biomarkers for efficient and sustainable screening and follow-up. Additionally, it conducts epidemiological studies using administrative data to monitor the prevalence of diabetes, its risk factors, such as lifestyle and socio-economic status, and its main complications in diabetic individuals and cohorts from the general population³⁰.

The Italian Ministry of Health inserted the study and the fight against NCDs among the macro-objectives of the national health agenda for the period 2020-2025³¹. The management of NCDs requires a multidisciplinary and multi-sectoral approach, encompassing a wide range of coordinated activities at various levels. Engaging different sectors of civil society is essential to prevent the onset of these diseases, identify and provide appropriate care for individuals at risk or in the early stages, and slow disease progression through behavioural interventions.

In this sense, the integrated and comprehensive approach of the 2020-2025 National Prevention Plan (Piano Nazionale della Prevenzione - PNP)³² integrates community-based interventions, which include health promotion, intersectoral participation, and targeted programs for defined settings, with individual-based interventions, such as counselling on lifestyle modifications provided in the context of essential levels of care. These are personalised according to individual risk factors, considering the subject's stage of change. The consolidation of interventions has focused on high-risk conditions to address NCDs and

²⁵ Istituto Superiore di Sanità (2022). Chronic non-communicable diseases. The numbers we don't see. Available at: [Link](#). Accessed 20 March 2025

²⁶ Istituto Superiore di Sanità (N.A.). Heart project: Cardiovascular diseases. Available at: [Link](#). Accessed on 20 March 2025

²⁷ Istituto Superiore di Sanità (2022). Cardiovascular diseases. Available at: [Link](#). Accessed on 20 March 2025

²⁸ Italian Ministry of Health (2021). State of knowledge and new findings in the field of diabetes mellitus. Available at: [Link](#)

²⁹ Statista (2024). Number of individuals suffering from diabetes in Italy from 2010 to 2023. Available at: [Link](#). Accessed 22 March 2025

³⁰ Istituto Superiore di Sanità (2022). Diabetes. Available at: [Link](#). Accessed on 20 March 2025

³¹ Italian Ministry of Health (N.A.). Approach to chronic diseases through prevention. Available at: [Link](#)

³² Italian Ministry of Health (2024). National Prevention Plan. Available at: [Link](#)

align with the pathways outlined in the PNP. Efforts should be directed toward expanding territorial coverage of these interventions, with a particular emphasis on more targeted actions for vulnerable populations.

3.3.2 Mapping of national policies, programmes, action plans and strategies

A summary of the most relevant NCDs-related policies adopted in Italy can be found in the tables below.

Title	National Plan for Chronic Diseases³³
Period	2020-2025
Issuing Authority	Ministry of Health
Objectives	<ul style="list-style-type: none"> • Strengthen the intersectoral approach, also within the structures of the National Health Service (SSN), recognising the need to involve the civil society and the private sector to mobilise all available resources, in line with the Sustainable Development Goals of the 2030 Agenda. • Implement and consolidate the life-course approach, investing from the first 1000 days of life, to protect and promote physical and mental health, and to support healthy and active ageing as well as good quality of life in old age. • Plan preventive actions and health promotion from a gender perspective to promote greater appropriateness of interventions. • Promote continuous interdisciplinary training of healthcare workers, also aimed at offering brief lifestyle counselling in opportunistic healthcare settings. • Implement appropriate prevention and health promotion processes through multiprofessional interventions, also involving proximity figures, such as family members and community nurses, professionals who act proactively in the individual's living environment, in a network with all social and health services, and social actors in the territory. • Improve the setting-based approach, fostering greater interaction, dialogue, and participation among all settings. • Consolidate interventions aimed at identifying risk conditions for chronic NCDs and directing them towards appropriate "care management," favouring

³³ Ministry of Health of Italy (2016). National Plan for Chronic Diseases. Available at: [Link](#)

	<p>the connection with the National Plan for Chronic Diseases (PNC).</p> <ul style="list-style-type: none"> • Implement and extend the territorial coverage of interventions, with particular attention to those aimed at vulnerable people.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • Screening for common cancer types has been strengthened, with widespread implementation across most regions to facilitate the early detection of breast, cervical, and colorectal cancer. • Nationwide campaigns on the importance of regular cancer screenings and early diagnosis. • The scaling-up of special focus programs on diabetes and cardiovascular diseases was undertaken. Screening for high-risk groups and life-style modifications in the form of a healthy diet and regular physical activity were incorporated into the programme. • In view of the national focus on obesity, efforts have been made to ensure that nutritional, pharmacological, and surgical treatments are more accessible. Campaigns on healthy eating have also been initiated.
Planned Initiatives/Actions/Policies (if any)	N.A. (the PNP ends in 2025)
Resources and funding	EUR 200.000.000 (total budget of the National Prevention Plan)

Title	Italy's National Recovery and Resilience Plan (PNRR Salute)³⁴
Period	2021 - 2026
Issuing Authority	Ministry of Economics and Finance
Objectives	<ul style="list-style-type: none"> • Shift the focus from hospital-centred care to community-based services by enhancing local health centres, home care, and telemedicine. This transition is crucial for NCD management, as it will improve prevention, early diagnosis, and continuous monitoring of chronic conditions such as diabetes, cardiovascular diseases, and respiratory illnesses. • Invest in digital tools and infrastructure to enhance data sharing, patient records, and remote consultations, improving the management of NCDs through better coordination among healthcare providers and more effective remote patient monitoring. Additionally, the plan includes

³⁴ Ministry of Health of Italy (N.A.). National Recovery and Resilience Plan. Available at: [Link](#). Accessed on 2 April 2025

	<p>modernising and upgrading healthcare facilities, which can indirectly benefit NCD patients by improving access to diagnostic and treatment services.</p> <ul style="list-style-type: none"> • Promote active ageing and social inclusion programs that aim to prevent and manage NCDs by increasing physical activity, social participation, and mental well-being. • Invest in social infrastructure such as sports facilities and green spaces, which may facilitate healthier lifestyles and reduce the risk factors for NCDs. • Invest in prevention, early detection, and access to treatment of cardiovascular diseases to reduce the burden of heart diseases and stroke. • Improve the control and complications of diabetes may be achieved through the promotion of healthy lifestyles, access to programs for diabetes management, and use of digital health tools. • Enhance programs of cancer prevention, access to screening, early diagnosis and research. • Invest in community-based care and telemedicine to improve management of chronic respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD).
<p>Implemented Initiatives/Actions/Policies</p>	<ul style="list-style-type: none"> • "Casa della Comunità" (Community Home Initiative): establishment of a network of community health centres to offer comprehensive health and social services. Centres closer to home providing primary care, prevention programs, and chronic disease management services, therefore, facilitating better access to care for NCD patients. These include: the provision of programs on healthy lifestyles, nutrition, and physical activity that aim at diminishing the risk factors of NCDs. • Expansion and strengthening of home care services for those suffering from chronic conditions and disabilities. This allows for better management of NCDs at a domiciliary level, thus reducing the need for hospitalisation and enhancing the quality of life of patients with heart failure, COPD, and diabetes. • Digitalisation of the Italian Healthcare System using new technologies included the Electronic Health Records allowing quick access to relevant information and communication, and thus improve coordination among health professionals dealing with NCD patients and platforms allowing for remote consultation, monitoring, and management of NCD patients.

	<ul style="list-style-type: none"> Finance research in health and life sciences, including those relevant to NCDs, personalised medicine, with treatment tailored to a person's genetic and clinical profile. Development of innovative approaches to prevent, diagnose, and treat NCDs. Development of national guidelines and protocols for NCD management. This ensures standardised and evidence-based care for NCD patients throughout the country. Implementation of screening programs for early detection. Community-based promotion of physical activity to reduce the risk factors of NCDs and improve the health status.
Planned Initiatives/Actions/Policies (if any)	N.A.
Resources and funding	EUR 162.070.000

Title	Diabetes National Plan³⁵
Period	2013 - ongoing
Issuing Authority	Ministry of Health
Objectives	<ul style="list-style-type: none"> Raise awareness regarding risk factors, such as unhealthy diets, physical inactivity, and obesity, to avoid the onset of Type 2 diabetes, especially among high-risk groups. Secondary Prevention to detect early stages of diabetes by routine screening of people, especially those with higher risk, such as overweight people or persons with a previous family history of diabetes. Ensure equal opportunities for diabetes care and treatment in the various regions of Italy. Introduce integrated care pathways for diabetes management into clinical practice ensure multidisciplinary care teams involving general practitioners, diabetologists, dietitians, and other healthcare professionals. Promote personalised care plans for people with diabetes, considering lifestyle, preference, and socio-economic status. Strengthen patient education to enable patients to manage their diabetes and prevent complications. Develop strategies aimed at reducing the burden of complications such as cardiovascular diseases, kidney disease, retinopathy, neuropathy, and other

³⁵ Ministry of Health of Italy (2012). Diabetes National Plan. Available at: [Link](#)

	<p>complications arising from diabetes. Provide regular monitoring and follow-up care to prevent and support early treatment of these complications.</p> <ul style="list-style-type: none"> • Promote healthy eating and regular physical activities among the general population and patients with diabetes. Introduce community-based interventions for weight reduction and smoking cessation. Support research on the causes of diabetes, complications, and new forms of treatment. Promote the adoption of new technologies to improve diabetes management, such as continuous glucose monitoring systems and telemedicine. • Ensure equal access to quality care to reduce inequalities in diabetes healthcare, especially in socio-economically deprived areas and rural settings. • Integrate of diabetes care into broader health policies including obesity prevention, cardiovascular health promotion, and chronic disease management.
<p>Implemented Initiatives/Actions/Policies</p>	<ul style="list-style-type: none"> • National awareness programs regarding diabetes, healthy nutrition, and exercise for preventing Type 2 diabetes. • Targeted early testing for diabetes through early intervention programs at the level of primary care. • Integrated care protocols for individualised care and follow-up for persons with diabetes. • Implementation of telemedicine programs for extended access to care for persons with diabetes, specifically in rural and underprivileged communities. • Patient programs for trainings in disease management, including medication compliance and testing. • In-service training for workers in the field for continuous improvement in care for persons with diabetes. • Targeted interventions for controlling and preventing diabetes in youth and adolescents. • Complication prevention programs for cardiovascular disease, kidney failure, and neuropathy. • Research grants for new drugs and technology for care for persons with diabetes.
<p>Planned Initiatives/Actions/Policies (if any)</p>	<ul style="list-style-type: none"> • Primary prevention will be achieved by promoting healthy lifestyle and combating obesity.

	<ul style="list-style-type: none"> • Secondary prevention will be achieved by national screening for type 1 diabetes in paediatric age groups. • Improvement in care and treatment by updating standards of care, using new technologies, and personalising therapies. • Support of scientific research in seeking new treatments and better understanding of the disease. • Training and information for a better quality of care and increased awareness among the population regarding diabetes.
Resources and funding	N.A.

Title	Obesity Fund³⁶
Period	2025-2027
Issuing Authority	Ministry of Health
Objectives	<ul style="list-style-type: none"> • Recognise obesity as a disease and include it in the Essential Levels of Care (LEA) and in the National Plan for Chronic Diseases. • Promote healthy lifestyles at the local level, starting with municipalities. • Fight social stigma and health inequalities. • Ensure equitable access to care across the entire national territory, including nutritional, pharmacological, and surgical therapies.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • Various campaigns on healthy eating, physical activity, and healthy nutrition centred on children and families have been conducted in Italy. These campaigns, such as "Guadagnare Salute" (Gain Health), had the goal of reducing the prevalence of obesity by modifying lifestyles. • School-Based Programs have traditionally been a very important setting for the promotion of healthy behaviours, given that the activities have encompassed nutrition education, daily physical exercise, and decreasing unhealthy food choices. The Ministry of Health has collaborated with schools to ensure these aspects are included in school curricula. • Over the years, programs such as "Frutta nelle Scuole" (Fruit in Schools) have been implemented to promote the consumption of fruits and vegetables among children. These initiatives are part of broader efforts to prevent childhood

³⁶ Istituto Superiore di Sanità (N.A.). Obesity. Available at: [Link](#). Accessed on 30 March 2025

	<p>obesity by encouraging healthy eating from a young age.</p> <ul style="list-style-type: none"> • Collaboration with the Agricultural and Food Sectors: initiatives have, in general, been done in the setting of a broader campaign against obesity, which include efforts to have locally sourced, fresh, and healthy food readily available in institutional settings within communities, schools, and hospitals. • All regional governments within various cities invest in providing better public places that would include more parks and physical sports facilities within their jurisdictions; the objective is to engage different generations -older or young - in doing different forms of exercise. • Initiatives such as "Sport di Tutti" (Sport for All) aimed at increasing physical activities among people, particularly children and youths, to help reduce obesity and its comorbidities. • Obesity Prevention and Treatment in Primary Care: health professionals, especially general practitioners, have been called upon to screen for obesity and provide early intervention programs. In the last years, the Italian National Health Service has initiated several programs aimed at managing obesity in primary care with dietary counselling and medical support. • Care Pathways: For the morbid forms of obesity, healthcare has developed multidisciplinary approaches where dietitians, endocrinologists, and psychologists try to give broad care for obese individuals. • Monitoring and Research on Childhood Obesity, with initiatives such as "OKkio alla SALUTE" (Health Watch), a surveillance system to keep track of childhood obesity in Italy. The data collected through the schools over the last three years has thus helped in the policies and interventions made regarding the upward trend seen regarding childhood obesity. • Governmental grants have emerged regarding research proposals focused on the origins of obesity and its outcomes and on testing novel strategies for prevention and treatment.
<p>Planned Initiatives/Actions/Policies (if any)</p>	<ul style="list-style-type: none"> • Prescription of physical activity: it is planned to introduce the possibility for doctors to prescribe physical activity as a therapeutic treatment, integrating physical exercise into the Essential Levels of Care (LEA). • Educational programs in schools: there will also be the introduction of school programs for nutrition

	<p>education and promotion of physical activity, directed at raising awareness among the new generations of the importance of healthy lifestyles.</p> <ul style="list-style-type: none"> Regional initiatives: the Italian Regions, through their Regional Prevention Plans, will carry out specific interventions for health promotion and the prevention of obesity, adapting the strategies proposed to local needs.
Resources and funding	EUR 1.200.000 million (EUR 200.000 in 2025)

Table 5: Key NCD-related policies in Italy

3.4 Lithuania

3.4.1 State of NCDs in Lithuania

In Lithuania, NCDs are the leading cause of death and illness. According to official data, in 2023 more than 82% of all deaths were caused by NCDs, with cardiovascular diseases being the most prevalent, accounting for 52.1% of all deaths, followed by malignant neoplasms (21%), digestive system diseases (5.2%), and respiratory diseases (2.7%). Older adults are most affected, and more than 75% of individuals aged 65 and above report at least one chronic condition.³⁷

Among NCDs, cardiovascular diseases and diabetes mellitus represent the greatest public health burden in Lithuania. Cardiovascular diseases are the primary cause of death and disability, largely driven by modifiable lifestyle factors such as an unhealthy diet, physical inactivity, tobacco use, and excessive alcohol consumption. Diabetes prevalence is also increasing. In 2023, approximately 157,000 people were diagnosed with diabetes mellitus, corresponding to 562.2 cases per 10,000 population.³⁸

To address these challenges, Lithuania has implemented five national prevention programs, namely the Cardiovascular disease prevention programme, the Cervical cancer prevention programme, the Breast cancer early detection programme, the Prostate cancer early detection programme, and the Colorectal cancer early detection programme. These programs are publicly funded and provided through the primary healthcare system. Blood glucose testing is included in the cardiovascular programme, enabling early identification of prediabetes and diabetes.³⁹

The national policy framework for NCD prevention is defined in the Health promotion and preservation development programme 2022–2030, approved by the Government of Lithuania. This programme focuses on strengthening public health and reducing the burden of chronic diseases by promoting healthy lifestyles, reducing behavioural risk factors such as smoking, unhealthy diet, and physical inactivity, and supporting targeted interventions for vulnerable

³⁷ Information centre of Higiene Institute (2024). Causes of death 2023. Available at: [Link](#)

³⁸ Public Health Monitoring Information System (N.A.). Morbidity and prevalence. Available at: [Link](#)

³⁹ State Health Insurance Fund under the Ministry of Health of Lithuania (2024). Disease Prevention Programmes. Available at: [Link](#). Accessed on 25 May 2025

groups.⁴⁰ The programme also aims to increase health literacy and improve early detection of NCDs through intersectoral actions in schools, municipalities, and communities. These objectives are aligned with broader national goals outlined in the National progress plan 2021–2030.

Moreover, the Institute of Hygiene conducts regular monitoring of behavioural and biological risk factors, including tobacco and alcohol use, poor nutrition, physical inactivity, overweight, high blood pressure, and elevated blood glucose. These data inform prevention policy and help prioritise interventions for high-risk populations.⁴¹

3.4.2 Mapping of national policies, programmes, action plans and strategies

A summary of the most relevant NCDs-related policies adopted in Lithuania can be found in the tables below.

Title	Health Promotion and Preservation Development Programme 2022–2030⁴²
Period	2022-2030
Issuing Authority	Government of the Republic of Lithuania
Objectives	<ul style="list-style-type: none"> • Reduce avoidable mortality through preventive measures. • Improve the population's self-assessment of health. • Reduce suicide rates. • Decrease the life expectancy gap between men and women. • Increase healthy life expectancy for both men and women. • Strengthen public mental health and psychological resilience. • Ensure better access to quality public health services, especially in regions. • Promote healthier lifestyles and reduce risk factors related to NCDs. • Reduce social and regional health disparities.

⁴⁰ Official Gazette of the Seimas of the Republic of Lithuania (2022). Health promotion and preservation development programme 2022–2030. Available at: [Link](#)

⁴¹ Higienos Institutas (2022). Lifestyle monitoring. Available at: [Link](#). Accessed on 26 May 2025

⁴² Official Gazette of the Seimas of the Republic of Lithuania (2022). Health promotion and preservation development programme 2022–2030. Available at: [Link](#)

<p>Implemented Initiatives/Actions/Policies</p>	<ul style="list-style-type: none"> • Policy measures on risk factors, including measures to reduce salt and saturated/trans-fat consumption, restrictions on marketing to children and breast-milk substitutes, promotion of physical activity through public education campaigns, investments in safe infrastructure and monitoring of physical activity levels, establishment of management guidelines for NCDs, counselling provision for heart attacks and strokes prevention, implementation of a Food and Nutrition strategy to promote healthy eating, and execution of educational campaigns to promote healthier habits related to nutrition, physical activity and smoking. • Expansion and centralisation of cancer screening, e.g.: enlarge the eligibility for breast cancer screening, send personal invitations via email, mail and SMS for cervical and breast cancer screening, distribute self-test kits for colorectal cancer screening.
<p>Planned Initiatives/Actions/Policies (if any)</p>	<ul style="list-style-type: none"> • Improving the management of health threats and risk factors. The objective is to reduce the impact of harmful behavioural, environmental, and biological risk factors on public health by increasing health literacy, promoting healthy lifestyle habits, and strengthening preventive measures against NCDs. Strengthening mental health and developing prevention and control of psychoactive substance use and other addictive behaviours. The objective is to improve the population's mental health, reduce suicide rates and the prevalence of addictions (alcohol, tobacco, drugs, behavioural addictions), enhance psychological resilience, and reduce stigma associated with mental health issues. Improving the accessibility of quality public health services in the regions. The objective is to reduce health disparities between regions by ensuring accessible, high-quality, and evidence-based public health services for all population groups, especially vulnerable ones, in every municipality across the country.
<p>Resources and funding</p>	<p>State budget and European social fund. Over EUR 111 million.</p>

Title	Cardiovascular Disease Prevention and Early Diagnosis Programme⁴³
Period	Implemented since 25 November 2005, it is a permanent (open-ended) programme.
Issuing Authority	Ministry of Health of the Republic of Lithuania
Objectives	Reduce morbidity and mortality from cardiovascular diseases.
Implemented Initiatives/Actions/Policies	<ul style="list-style-type: none"> • Cardiovascular risk factor assessment. • Risk classification and follow-up actions. • Development of individual prevention plans. • Provision of free preventive services through public healthcare financing.
Planned Initiatives/Actions/Policies (if any)	<ul style="list-style-type: none"> • Further development of individual prevention plans. • Improvement of service accessibility and public awareness. • Updating of risk assessment systems. • Integration with other preventive health programmes.
Resources and funding	Financed through the Compulsory Health Insurance Fund budget. While the overall allocation for preventive programmes (including CVD) increased to EUR 251 million, the exact portion allocated to CVD remains publicly unconfirmed.

Title	National Agenda on Drug, Tobacco, and Alcohol Control⁴⁴
Period	2023-2035
Issuing Authority	Seimas of the Republic of Lithuania (Parliament of Lithuania)
Objectives	<ul style="list-style-type: none"> • Reduce the availability and demand for narcotic drugs, tobacco, and alcohol in Lithuania. • Prevent the initiation of use, especially among children and young people. • Promote healthy lifestyles and increase public awareness of the harmful effects of substance use. • Improve early intervention, treatment, rehabilitation, and social reintegration services for people with substance use disorders.

⁴³ State Health Insurance Fund under the Ministry of Health of Lithuania (2024). Disease Prevention Programmes. Available at: [Link](#). Accessed on 25 May 2025

⁴⁴ Government of the Republic of Lithuania (2023). National Agenda on Drug, Tobacco, and Alcohol Control. Available at: [Link](#)

	<ul style="list-style-type: none"> • Strengthen interinstitutional and cross-sectoral cooperation in substance use prevention and control.
<p>Implemented Initiatives/Actions/Policies</p>	<ul style="list-style-type: none"> • Mandatory prevention programs have been implemented in schools, and an Early Intervention Programme is available for youth. • Educational and awareness-raising initiatives are conducted in workplaces and entertainment venues. • Addiction treatment services are being expanded, along with mental health strengthening efforts. A naloxone programme has been launched to reduce overdose deaths. Low-threshold services are being developed for harm reduction, and alternative sanctions for minor offenses are being considered. • Public education on new substances (e-cigarettes, heated tobacco products) is emphasised. • Programs for socially vulnerable groups are being strengthened, including scientific research, monitoring, quality assurance, and inter-institutional cooperation for socially vulnerable people.
<p>Planned Initiatives/Actions/Policies (if any)</p>	<ul style="list-style-type: none"> • Development of a National monitoring system: strengthen the data collection and monitoring system to track substance use trends and evaluate the effectiveness of prevention measures. • Expansion of early intervention services: broaden access to early identification and support for individuals at risk of substance use, particularly in schools and primary care settings. • Integration with mental health services: enhance coordination between addiction treatment services and mental health care to ensure comprehensive support. • Targeted prevention for youth and vulnerable groups: implement more tailored education and prevention programmes for young people, socially excluded groups, and families at risk. • Digital outreach tools: introduce digital platforms and mobile applications for prevention education, anonymous help-seeking, and self-assessment.
<p>Resources and funding</p>	<p>The programme operated on an EUR 371,900 annual budget in 2024, mostly financed by the municipality and supplemented by national subsidies, institution-generated revenue, and minor external funding.</p>

Table 6: Key NCD-related policies in Lithuania

4. Key findings

This chapter explores how selected NCD-related policies have been implemented across the four pilot countries. It delves into the realities of putting these policies into practice, examining not only how closely they followed initial plans, but also how feasible and acceptable they proved to be on the ground. Key aspects such as cost, barriers, and enabling factors are considered to provide a well-rounded view of each policy's journey from design to execution.

In addition to evaluating their implementation, the chapter investigates the real-world impact of these initiatives. This includes an assessment of their overall effectiveness, any unintended consequences that may have arisen, and how these outcomes have affected health equity. Gaps in coverage, resources, and policy alignment are also explored, alongside an analysis of unmet needs within both the population and the healthcare system.

Finally, the chapter highlights examples of best practices and identifies opportunities for strengthening future efforts, offering insights that may inform more equitable and effective policy development in the future.

4.1 Croatia

Title	National Health Development Plan ⁴⁵
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • As part of the National Health Development Plan, efforts are being made to enhance the healthcare system from within, including initiatives to make it a more attractive workplace. However, the impact of digitalisation remains unclear, and its effects have not yet been disclosed to the public. • The part aimed at reducing the percentage of morbidity and mortality was upgraded with Action Plans, including the Action Plan for Healthcare Development, the Action Plan for Prevention and Control of NCDs, among others.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The plan has improved digital health tools and primary care access, but Croatia still faces high preventable mortality and lags behind EU health outcomes. • Low medication adherence leads to significant pharmaceutical waste and limits the effectiveness of chronic disease management efforts. Major health challenges faced include the ineffective results of health promotion and disease prevention measures, uneven care outcomes, the financial unsustainability of certain care services or parts of the system, limited access to care in terms of time and geography, the disconnection of service providers leading to patients being shuffled

⁴⁵ WHO (2021). National Health Development Plan for the period of 2021 to 2027. Available at: [Link](#)

	<p>through the system, and the lack of a quality management system.</p> <ul style="list-style-type: none"> • Geographic and socioeconomic disparities in healthcare access persist, though workforce redistribution and targeted reforms aim to reduce these gaps.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Coverage gaps: it is necessary to promote these implementation activities to the public, encouraging their active participation in preventive measures. • Resource gaps: lack of human resources in the entire health system. • Policy gaps: Action Plans closely related to the National Plan are not adopted in a timely manner, evaluations of what has been done are either not available or do not satisfy the expected format.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • Citizens rarely get involved in preventive activities, although there is a great need for it. They only recognise the importance of prevention when they fall ill. • The healthcare system is overwhelmed with urgent cases, and there is a shortage of staff, making it challenging to manage detailed implementation under these circumstances. This issue can be addressed by hiring nutritionists and other related professionals.
<p>Best practices</p>	<p>At this stage of implementation, no best practices have yet been identified under this Development Plan.</p>
<p>Opportunities for improvement</p>	<p>The insufficient implementation of previous health strategies and plans, which failed to bring about reforms that could adequately address past challenges, highlights the need for a shift in strategic planning principles. This change is essential to make the most of the period ahead and to finally halt and reverse negative health trends. Going forward, there should be an even greater emphasis on the continuous evaluation of the implementation of planned measures and on monitoring health outcomes, which are the key results of all efforts.</p>

<p>Title</p>	<p>Action Plan for Prevention and Control of Non-Communicable Diseases 2020-2026⁴⁶</p>
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans 	<ul style="list-style-type: none"> • The Action plan for Prevention and Control of Non-Communicable Diseases 2020-2026 is still in a “draft” version, thus there is no national plan

⁴⁶ Ministry of Health of the Republic of Croatia (2020). Action Plan for the Prevention and Control of Non-Communicable Diseases 2020-2026. Available at: [Link](#)

<ul style="list-style-type: none"> • Barriers and facilitators • Cost • Feasibility • Acceptability 	<p>currently being implemented in the country. Moreover, the evaluation of the previous period is not available to the public, therefore it is not possible to compare what has been done against what needs to be done.</p> <ul style="list-style-type: none"> • In the “draft” version of the plan, general activities and indicators are visible, but the plan does not offer tools for achieving the goals, which leads to questioning its feasibility. • The draft of the new plan is very similar to the plan of the previous period, which might suggest that there may be little to no innovation, change, or improvement, and that shortcomings from the previous period have not been addressed. • The plan includes key measures such as reduction of salt and sugar intake, increase of physical activity and improvement of school nutrition. However, the implementation of such measures results uncertain.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<p>The policy is not effective, given all the above-mentioned shortcomings. Due to the deficient implementation of the policy, we might expect an increased spread of NCDs as an unintended consequence.</p>
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Coverage gaps: unknown information, no report available. • Resource gaps: lack of human resources in the entire health system. • Policy gaps: currently there is no active policy and no public report.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • To improve the health status of the country’s population, the preventive action offered by the Action Plan is highly necessary to reduce the NCDs-related rates of morbidity and mortality. A series of educational workshops, video materials and other promotional materials would contribute to raise citizens’ awareness. This is mentioned in the draft Action Plan, but it should be strengthened and implemented. • The healthcare system is overwhelmed with urgent cases, and there is a shortage of staff, making it challenging to manage detailed implementation under these circumstances. This issue can be addressed by hiring nutritionists and other related professionals.
<p>Best practices</p>	<p>At this stage of implementation, no best practices have yet been identified under this Action Plan.</p>
<p>Opportunities for improvement</p>	<p>The plan should be adopted promptly and should define concrete tools to achieve its goals.</p>

Title	National Programme “Healthy Living”⁴⁷
Implementation: <ul style="list-style-type: none"> Adherence to plans Barriers and facilitators Cost Feasibility Acceptability 	<ul style="list-style-type: none"> This programme is implemented continuously. The programme is known to the general public and the results of its implementation are under continuous monitoring. The programme is implemented by the Ministry of Health and the Croatian Institute of Public Health.
Impact: <ul style="list-style-type: none"> Effectiveness Unintended consequences Equity 	<ul style="list-style-type: none"> The programme offers a series of educational and promotional activities that have a positive impact on health. The programme is not selective (i.e., it does not target risk groups specifically), but it is effective on the whole population. No unintended consequences have been identified.
Existing gaps: <ul style="list-style-type: none"> Coverage gaps Resource gaps Policy gaps 	<ul style="list-style-type: none"> Coverage gaps: there should be more activities, but there are budget restrictions. Resource gaps: unknown data. Policy gaps: no policy gaps have been identified. The programme is aligned with the country’s needs.
Needs assessment: <ul style="list-style-type: none"> Population Healthcare system 	<ul style="list-style-type: none"> Given the statistics on death rates related to unhealthy lifestyles in Croatia, the implementation of this and similar policies is essential, as it impacts the entire population. The healthcare system is overburdened, and prevention can help alleviate some of the pressure.
Best practices	The "Volunteers in the Park" initiative was launched under the National Project "Healthy Living" to give children the opportunity to enjoy active outdoor activities that are both fun and beneficial to all aspects of their health.
Opportunities for improvement	Activities within this programme should be more intense and even more visible by the public, in order to encourage citizens to live a healthy lifestyle.

Title	Action Plan for the Prevention of Obesity in the Republic of Croatia for the Period of 2024 to 2027⁴⁸
Implementation: <ul style="list-style-type: none"> Adherence to plans Barriers and facilitators Cost Feasibility 	<p>When examining adherence to the plan and its feasibility, several paradoxes emerge:</p> <ul style="list-style-type: none"> On the one hand, the document outlines guidelines for healthy diets for children, yet on the other, meals in school canteens are known for providing foods high in starch and sugar, while

⁴⁷ Healthy Living (2024). Healthy living project website. Available at: [Link](#). Accessed on 29 August 2024

⁴⁸ Ministry of Health of the Republic of Croatia (2024). Action plan for the prevention of obesity. Available at: [Link](#)

<ul style="list-style-type: none"> • Acceptability 	<p>vending machines typically sell sugary energy drinks and other processed food products.</p> <ul style="list-style-type: none"> • The plan includes the introduction of food labelling to help consumers make healthier choices. However, in practice, these labels are often misused, misleading consumers under the guise of being "healthy" when they are not. Stronger regulations and enforcement are needed in this area.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • A negative outcome is the failure to implement many measures, resulting in no tangible impact on citizens. The programme falls under the jurisdiction of the Ministry of Health and the Croatian Institute of Public Health. • The total cost is not disclosed and is only broken down by individual measures.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Coverage gaps: the policy is difficult to implement in practice. • Resource gaps: the financial resources allocated for the measures are inadequate for implementation. • Policy gaps: the measures are very ambitious and unrealistic. Consequently, a large part of them has not been achieved. For example, junk food vending machines are still widely spread, and misleading advertising of food products continues.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<p>Given the high obesity rates in Croatia, there is a pressing need to implement this policy. It is essential to develop practical measures that can effectively reach the target population and help reduce the incidence of non-communicable diseases.</p>
<p>Best practices</p>	<p>At this stage of implementation, no best practices have yet been identified under this Action Plan.</p>
<p>Opportunities for improvement</p>	<p>In creating a plan for the next period, measures should be more realistic, better defined and aligned with available resources. The proposed measures are highly ambitious and do not consider the necessary resources, with some of them even being contradictory.</p>

Table 7: Analysis of NCD-related policies in Croatia

4.2 Greece

<p>Title</p>	<p>National Action Plan for the Prevention and Management of Diabetes Mellitus and Its Complications⁴⁹</p>
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • Facilitators undertook adequate training of the parties involved and ensured strong support from the administration, which enhanced the effectiveness and adaptability of the programme to the needs of the population. • The feasibility of the programme was assessed based on its ability to be implemented under the existing conditions and resources, demonstrating that resource management and adaptability were sufficient for its success. • As mentioned in the Action Plan, the acceptance of the programme by stakeholders and the community was crucial, as their active participation and support contributed to the effective implementation and sustainability of the programme.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The effectiveness of the programme was generally high, as the initially set goals were achieved. Some groups or individuals may have benefited less due to the limited adaptation of actions to their specific needs. • Limitations were highlighted in the fully equitable distribution of opportunities, particularly in disadvantaged areas or groups.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Gaps were observed in population coverage, with some areas or groups not being granted adequate access to the services provided. This led to inequalities in access and effectiveness of the interventions, with certain individuals or communities not benefiting from the programme. • The absence of a unified and coordinated health strategy makes it challenging to ensure a holistic approach to the management of diabetes mellitus.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • The lack of individualised programs and supportive services highlights the need for more targeted interventions. • Inadequacies were observed in the healthcare system's infrastructure, staff training, and resource availability, which limit the effectiveness of care for individuals with diabetes mellitus.
<p>Best practices</p>	<ul style="list-style-type: none"> • Patient education programs on the prevention and management of Diabetes Mellitus: empower patients with knowledge and skills to manage their condition; promote healthier lifestyles and

⁴⁹ Hellenic Diabetes Association (N.A.). Available at: [Link](#). Accessed on 8 October 2024.

	<p>improve medication adherence; reduce the incidence and severity of diabetes complications.</p> <ul style="list-style-type: none"> • Development of up-to-date education programs for healthcare professionals: ensure healthcare professionals stay informed on new treatments and guidelines; equip providers with evidence-based practices for high-quality care; enhance early diagnosis and effective treatment of diabetes. • Establishment of a network of model diabetes centres for specialised treatment and case management: provide access to advanced, multidisciplinary care for complex patient needs; serve as models for best practices in diabetes management; improve health outcomes through coordinated care and monitoring of high-risk patients.
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • Implementation of a structured and multidimensional care model that includes monitoring, education, complication prevention, and psychosocial support. • Collaboration among doctors, nurses, dietitians, and other healthcare professionals is crucial for the success of diabetes management. • Customisation of therapeutic interventions to meet the individual needs of each patient, taking into account factors such as age, activity level, and comorbidities.

Title	National Action Plan to Combat Childhood Obesity⁵⁰
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • The programme largely follows its outlined objectives. Key actions of the programme have already been implemented, including the development of the “Food for Action” educational toolkit, the provision of free medical services, and the establishment of the European Centre for Obesity Prevention, which are all aligned with the initial goals. • Collaboration with partners like UNICEF supports implementation; however, local engagement may vary. • Funding is secured, but transparency on exact costs could be improved. • Actions are feasible with existing infrastructure. • Acceptability appears high, especially within schools and public health services.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness 	<ul style="list-style-type: none"> • Targets are clear and ambitious, focusing on long-term health outcomes.

⁵⁰ Ministry of Health of Greece (N.A.). National Action Plan to Combat Childhood Obesity. Available at: [Link](#). Accessed on 31 March 2025

<ul style="list-style-type: none"> • Unintended consequences • Equity 	<ul style="list-style-type: none"> • No unintended consequences have been reported. • Universal access supports equity, but rural areas may need closer monitoring.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • More data is needed on whether all regions are equally covered. • Specific resource allocation is not clearly outlined. • Policy support could be strengthened at the municipal level.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • The target population is well-defined (children and adolescents aged 0–17 and their families), but engagement strategies could be expanded. • The healthcare system supports the initiative but may need more training for front-line professionals.
<p>Best practices</p>	<ul style="list-style-type: none"> • Use of toolkits in schools: developed by experts, these age-appropriate educational materials are integrated into the curricula of all levels of compulsory education (kindergartens, primary, and secondary schools). The toolkits promote healthy eating and physical activity through engaging activities, such as encouraging the consumption of nutritious breakfasts and increased fruit and vegetable intake. Parents also receive tailored resources to support healthy habits at home. • Free counselling and health assessments: children aged 0–17 and their families have access to free medical consultations for personalised assessments of health, development, and nutritional status. Overweight or obese children receive tailored support from trained healthcare professionals, including doctors and dietitians, to address diet, physical activity, and health behaviours. • Community-based physical activity initiatives: the programme offers free nationwide sports activities, including basketball tournaments and other sports like football, aimed at increasing physical activity among children in an enjoyable manner. • Alignment with national dietary guidelines: the programme aligns with Greece's National Dietary Guidelines for children and adolescents, which provide evidence-based recommendations on food groups, portion sizes, meal frequency, and physical activity. These guidelines are disseminated in public schools and endorsed by national health authorities.
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • Improve data collection and evaluation. • Increase outreach in remote areas. • Clarify funding details and expand local partnerships.

Title	National Action Plan for Nutrition and Eating Disorders ⁵¹
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • Compliance was satisfactory, although there were challenges that affected the full and smooth implementation of the actions. • Deviations from original plan: inability to reach all social groups, with an emphasis on the more remote or vulnerable populations, was a significant obstacle to the comprehensive implementation of the plan. • As mentioned in the Action Plan, the collaboration with organisations, such as the Centre for Disease Control and Prevention and the National School of Public Health, contributed to strengthening awareness and education efforts. • The participation of universities and technological institutions advanced research and development of new strategies for implementing the actions. • The funding amount was deemed sufficient for the implementation of most of the plan's actions. However, evaluating the effectiveness of certain actions was challenging due to the lack of clear indicators or evaluation methods.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The implementation of the actions faced challenges concerning equity, particularly for the more vulnerable or remote social groups. • Inequalities in access to support services were often observed, especially in areas with limited access to healthcare services. The focus mainly on urban areas left various rural and remote regions outside the scope of implementation. Public awareness efforts were significant; however, access to services and information was not always equitably distributed. Actions to promote healthy eating were not equally effective across all social strata, resulting in disparities in the understanding and application of the recommendations.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Remote or socially isolated areas faced difficulties in accessing services and programs, which reduced the overall effectiveness of the plan. • Regarding administrative processes, implementation could be improved through a more flexible approach. Simplifying bureaucratic procedures could facilitate the execution of actions, reducing complexity and delays caused by existing administrative requirements.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • The plan focused on actions targeting children and youth, promoting healthy eating in schools through educational programs. The aim was to

⁵¹ Ministry of Health of Greece (2011). National Action Plan for Nutrition and Eating Disorders. Available at: [Link](#)

	<p>establish positive dietary habits from childhood and reduce the risk of eating disorders, such as obesity. For the broader population, the plan included awareness campaigns on proper nutrition, physical activity, and food safety.</p> <ul style="list-style-type: none"> • Despite efforts to improve the therapeutic approach to obesity, significant shortcomings were observed in the healthcare system, such as limited services in rural areas and a lack of specialised personnel.
<p>Best practices</p>	<ul style="list-style-type: none"> • Action Plans within the school environment: through structured programs, students learn about proper nutrition in an age-appropriate way. These programs promote self-esteem and body acceptance, integrating nutritional education into children’s daily routines. Involving educators enhances effectiveness and ensures the sustainability of these practices. • Prevention and early intervention: early identification of eating disorders reduces the risk of serious and long-term issues. Prevention programs help identify individuals vulnerable to eating disorders, allowing them to receive support early. Early interventions improve recovery rates and contribute to the mental and physical health of those affected. • Public awareness campaigns: raising public awareness fosters understanding of the importance of healthy nutrition and the risks associated with eating disorders. Through media campaigns, the goal is to reduce social stigma and enhance understanding of the issue. These campaigns create a supportive environment where people feel encouraged to seek help without fear or shame. They promote a culture of prevention that encourages healthy eating habits within the community.
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • Development of services in remote areas. • Continuous training and education of healthcare professionals. • Integration of nutrition education into the school curriculum.

<p>Title</p>	<p>Action Plan Against Smoking⁵²</p>
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators 	<ul style="list-style-type: none"> • The Action Plan Against Smoking presents a comprehensive approach to promoting health and preventing smoking, improving protection

⁵² Ministry of Health of Greece (2022). The new Strategic Plan for Public Health. Available at: [Link](#). Accessed on 10 October 2024

<ul style="list-style-type: none"> • Cost • Feasibility • Acceptability 	<p>for non-smokers, and supporting smoking cessation.</p> <ul style="list-style-type: none"> • The goals cover key areas such as public awareness, education, and strengthening legislation.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • Data from the evaluation is not yet available as the Action Plan is still in progress. The Plan's multidimensional approach, which includes education, awareness, protection for non-smokers, and support for smoking cessation, enhances its chances of success. • The Plan has the potential to promote health equity by targeting the protection of non-smokers and supporting all citizens in quitting smoking. • It is essential to ensure that the actions are accessible to all social groups, including vulnerable populations such as individuals with low income or those living in remote areas.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<p>Data from the evaluation is not yet available as the Action Plan is still in effect.</p>
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • The Action Plan targets a broad audience, including parents, pregnant women, educators at all levels, and children aged 6-12 years. • The Action Plan identifies gaps in the healthcare system, such as the lack of specialised smoking cessation clinics, limited access to treatments, and the need for training healthcare professionals on contemporary prevention strategies.
<p>Best practices</p>	<ul style="list-style-type: none"> • Awareness and information campaigns through social media and digital applications: target younger populations active on social media; dispel myths about smoking and promote cessation resources; foster a smoke-free culture and increase public awareness of smoking dangers. • Creation of targeted educational materials: tailor information to specific groups (youth, pregnant women, etc.); increase relevance and comprehension of smoking risks; support informed decision-making and community-based interventions. • Integration of prevention strategies into standard education: provide consistent and accurate tobacco information in schools; cultivate anti-smoking attitudes from an early

	<p>age; equip students to resist peer pressure related to smoking.</p> <ul style="list-style-type: none"> Establishment and strengthening of smoking cessation clinics: offer counselling, resources, and medical interventions for quitting; increase likelihood of successful quit attempts; reduce smoking prevalence and promotes healthier lifestyles.
<p>Opportunities for improvement</p>	<p>Certification programs for smoking cessation trainers:</p> <ul style="list-style-type: none"> Established curricula ensure all trainers cover essential topics, leading to better outcomes for participants. Ensure trainers possess the necessary knowledge and skills. Certified trainers are more likely to apply scientifically validated practices, increasing the likelihood of participant success in quitting smoking. Well-trained trainers can provide better interventions, leading to increased rates of smoking cessation among participants.

Table 8: Analysis of NCD-related policies in Greece

4.3 Italy

	<p>Title</p>	<p>National Plan for Chronic Diseases⁵³</p>
<p>Implementation:</p> <ul style="list-style-type: none"> Adherence to plans Barriers and facilitators Cost Feasibility Acceptability 		<ul style="list-style-type: none"> The effective execution of the Plan depends on its alignment with the National Health Service (Servizio Sanitario Nazionale) strategies for integrating chronic disease treatment and management across different levels of healthcare, particularly at the territorial and community levels. Key challenges in implementing the Plan include limited financial resources and regional disparities, given Italy's health federalism, which delegates the management and execution of national health plans to regional authorities. Moreover, fragmented care coordination and resistance to multidisciplinary treatment approaches and alternative interventions pose significant barriers. On a positive note, the strength of the institutions involved in the Plan's implementation is a valuable asset. The training of healthcare professionals is well-organised, and

⁵³ Ministry of Health of Italy (2016). National Plan for Chronic Diseases. Available at: [Link](#)

	<p>networks linking social and healthcare services are in place.</p> <ul style="list-style-type: none"> • The Plan's feasibility is evident and could be ensured through strong political commitment, regional collaboration, and adequate resource allocation. Its success relies on the regions' capacity to address disparities and effectively integrate national chronic disease prevention and treatment strategies into regional healthcare systems. • Regarding the acceptability of the Plan, resistance from certain stakeholders may arise due to entrenched habits and established practices.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The plan is expected to improve the management of chronic diseases through better coordination of care, early interventions, and personalised care approaches. By promoting prevention, health promotion, and community-based care, it aims to reduce hospital admissions and healthcare costs while improving patient outcomes and quality of life. • Potential unintended consequences include the risk of overburdening community health workers if resources are insufficient or unevenly distributed. Additionally, maintaining consistent quality across regions may be challenging, potentially resulting in service gaps or uneven implementation. The Plan has the potential to reduce health disparities by prioritising vulnerable populations and expanding territorial healthcare coverage. However, regional differences in healthcare infrastructure and resource availability could pose challenges in ensuring equitable access to chronic disease management services across Italy, particularly in underserved areas.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • The COVID-19 pandemic has exposed the fragility and inadequacy of territorial healthcare in supporting citizens. However, such weakness must serve as the foundation for rebuilding a new National Health Service (SSN) capable of effectively addressing both health emergencies and the everyday management of healthcare needs. • The issue of resources, especially for personnel, remains critical and requires greater commitment. Without sufficient doctors, nurses, and social-health professionals, as well as proper training, the new community healthcare centres risk becoming empty shells. • It is essential to integrate existing structures and initiatives under a unified objective: establishing

	<p>true continuity of care between home, community, and hospital settings.</p>
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • The Asvis XX Report on Chronicity Policies⁵⁴ reveals that the primary issue in the implementation of policies concerns access to information, followed by pain management, humanisation of care, hospital care, admissions, access to medical records, day/semi-residential care, and residential care. The report's survey addresses a critical issue: social inequalities, which have a profound impact on the management of chronic and rare diseases, family dynamics, and personal and professional relationships. • The findings reveal significant barriers to accessing care, including lack of disease recognition, difficulty maintaining employment due to illness, discomfort in disclosing the condition and its implications, services not covered by the Essential Levels of Care (LEA), inadequate or hard-to-reach social and healthcare services, financial difficulties, lack of information or guidance on navigating the system (such as seeking assistance, joining waiting lists, or finding appropriate care facilities), insufficient social support, challenging social environments, and difficulties balancing work responsibilities due to a family member's illness.
<p>Best practices</p>	<ul style="list-style-type: none"> • Integrated, multidisciplinary teamwork, leveraging community resources and family nurses, provides individualised and proactive care. Effective collaboration between healthcare and social services offers crucial support, particularly for those with the greatest needs. • Technology, including telemedicine, enhances access to care and ensures continuity of treatment. • Continuous professional training for healthcare personnel and prioritises patient-centred care to improve health outcomes and quality of life.
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • Reducing regional disparities in healthcare access by prioritising underserved areas to ensure equal access for all patients. • Increasing funding for community-level interventions, multidisciplinary care teams, and telemedicine to improve chronic disease management and reduce hospital admissions. • Investing in workforce training and staffing, with a particular focus on family and community

⁵⁴ Cittadinanzattiva - National Coordination of Associations of the Chronically Ill (2022). 20th Report on Chronicity Policies. Available at: [Link](#)

	<p>nurses, to strengthen chronic care at the local level.</p> <ul style="list-style-type: none"> • Enhancing disease control and expanding access to interventions while improving patient and caregiver training for better self-management and reduced healthcare burdens. • Strengthening collaboration between healthcare and social services to provide holistic care that addresses both clinical and social determinants of health. • Improving performance measurement systems to enable data-driven enhancements in the plan's implementation. • Expanding targeted interventions for socio-economically disadvantaged populations to improve their access to and utilisation of chronic disease treatments.
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Title	Italy's National Recovery and Resilience Plan (PNRR Salute)⁵⁵
Implementation: <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • Italy faces significant challenges in chronic disease management, particularly in achieving territorial unification of care, integrating digital healthcare solutions, and advancing prevention efforts under the NextGenerationEU Recovery Plan. Regional disparities remain a major obstacle, with Southern regions being the most affected, limiting equitable access to care. • Key enablers include the expansion of digital health solutions and funding for regional healthcare systems, such as 'Case della Comunità' (community health centres). However, healthcare expenditures remain substantial, with ongoing investment required for infrastructure and professional training. • The Plan's feasibility is strongly supported by EU funding, though regional variations exist in the implementation of organised care models. • Overall acceptability is high, with both physicians and patients prioritising greater access and digital treatment options. The strategy focuses on closing healthcare gaps while ensuring sustainable expenditure to enhance chronic disease management.
Impact: <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The PNRR (National Recovery and Resilience Plan) can help improve the management of NCDs through enhanced prevention campaigns, increased use of telemedicine, and the implementation of joint treatment plans, such as

⁵⁵ Italian Ministry of Health (N.A.). National Recovery and Resilience Plan. Available at: [Link](#). Accessed on 2 April 2025

	<p>those offered by 'Case della Comunità' (community health centres).</p> <ul style="list-style-type: none"> • A broader adoption of early diagnosis, electronic health records, and multidisciplinary treatment can lead to more effective care and fewer hospitalisations. However, centralising healthcare services in 'Case della Comunità' may lead to longer wait times for appointments due to increased demand. The process of digitalising healthcare could create barriers for those who struggle with technology, such as elderly patients and residents in rural areas with limited internet access and lower digital literacy. • There remains the risk of unequal access between wealthier and poorer regions. Wealthier areas are better positioned to implement solutions quickly and offer more services, potentially leaving marginalised populations, especially in under-resourced or rural regions, with fewer advantages. Effectively managing these disparities will be crucial for the success of the Plan.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Access to healthcare services varies greatly between regions, especially between urban and rural areas. It might be challenging for patients with NCDs to receive consistent and quality care in rural locations, because of the lack of specialised services, digital health access, and healthcare infrastructure. • There is still insufficient medical personnel, especially in community and primary care settings. Especially in areas with weaker economic capacity, financial resources might not be enough to meet all of the healthcare needs of NCD patients. • There is frequently a lack of coordination between national and regional governments, which results in an uneven application of the Plan. Regulations pertaining to the integration of telemedicine and digital healthcare systems might not adequately address the issue.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • Stronger primary care services are essential for providing ongoing, coordinated care to patients with NCDs. This can be achieved through multidisciplinary teams, community health centres, and improved coordination between social services and healthcare. • To improve NCD treatment and expand access to care, especially in underserved or rural areas, it is crucial to increase digital integration across the healthcare system. This would enable a more

	<p>effective use of telemedicine, remote monitoring, and electronic health records, enhancing both care delivery and patient management.</p> <ul style="list-style-type: none"> Addressing regional disparities in healthcare quality and access is also key. For Southern and remote regions of Italy, providing adequate infrastructure, medical personnel, and resources to meet the growing demand for NCD treatment may prove to be particularly challenging.
<p>Best practices</p>	<ul style="list-style-type: none"> In community health centres (Case della Comunità), financed by the PNRR, multidisciplinary teams consisting of general practitioners, specialists, nurses, and social workers, collaborate to take care of patients with NCDs. This all-encompassing strategy guarantees ongoing care and reduces service fragmentation. Promoting patient-centred care, where personalised treatment plans are tailored to address not only the patient's physical health needs but also their emotional and social well-being, is crucial. This holistic approach ensures that care is aligned with the individual's overall life circumstances, improving both treatment outcomes and the patient's quality of life.
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> To lessen the burden of NCDs, preventive care programs that emphasise lifestyle modifications and early detection can be expanded. Chronic condition treatment and coordination would be enhanced by fortifying primary and community care with integrated multidisciplinary teams in community health centres. Equitable access may be ensured by addressing regional inequities through better infrastructure, mobile health units, and hiring medical experts. Furthermore, increasing cooperation between sectors, such as the commercial sector and social services, can attract additional funding. Lastly, concentrating on sustainability and long-term investment will guarantee these programs' ongoing efficacy.

<p>Title</p>	<p>Diabetes National Plan⁵⁶</p>
<p>Implementation:</p> <ul style="list-style-type: none"> Adherence to plans Barriers and facilitators 	<ul style="list-style-type: none"> Key barriers to effective implementation include limited resources, uneven regional healthcare infrastructure, and the complexity of engaging multiple sectors in the "Health in All Policies" approach. On the other hand, facilitators include

⁵⁶ Ministry of Health of Italy (2012). Diabetes National Plan. Available at: [Link](#)

<ul style="list-style-type: none"> • Cost • Feasibility • Acceptability 	<p>strong intersectoral cooperation, clear guidelines within predefined programs, and ongoing training for healthcare professionals and communities to ensure effective engagement with these initiatives.</p> <ul style="list-style-type: none"> • Securing long-term funding and making efficient use of available resources are crucial for the financial sustainability of the PNP (National Prevention Plan). While preventive programs may require significant upfront investments, their long-term benefits, such as reducing the burden of chronic diseases and improving overall health outcomes, make them cost-effective in the long run. • If regional governments align their efforts with national frameworks, the PNP's life-course approach, implemented across diverse settings like schools, workplaces, and communities, becomes achievable. While regional disparities may pose challenges, the plan's flexibility allows for region-specific adaptations that account for local resources and needs. • The success of the PNP depends on its inclusivity and engagement with local communities. Public and healthcare professional acceptance will be higher if the plan ensures patient-centred, evidence-based, and accessible care. Additionally, emphasising equity and integrating social services alongside healthcare providers can help garner support from a broad range of stakeholders.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • By encouraging early identification, preventative measures, and integrated treatment across several healthcare settings, Italy's Diabetes National Plan has been successful in enhancing the management of diabetes and lowering its consequences. Better clinical results and a higher standard of living for patients have resulted from the greater integration of primary and specialty care. • Despite the plan's widespread success, there may be unforeseen repercussions, such as unequal access to care, especially in underserved or rural areas. • There can be an excessive dependence on standardised procedures that might not adequately take into consideration each patient's distinctive requirements, especially those with complicated medical histories or comorbidities.

<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Notable coverage gaps exist, especially in rural and isolated locations, where access to specialist services and diabetes treatment is restricted. There may not be enough medical facilities or qualified personnel in some areas to offer complete diabetes care, which might result in disparities in treatment throughout the nation. Moreover, the absence of technology (such as digital health tools), inadequate financing for preventative care initiatives, and inadequate infrastructure to support ongoing diabetes management, such as patient monitoring and diabetes education programs, are examples of resource gaps. • Certain areas might not have enough specialised medical professionals, which makes it more difficult to give the best treatment possible. Although a broad framework is in place, there are still gaps in how diabetes treatment is integrated with other social and medical services. Care is frequently fragmented as a result of inadequate coordination between primary care physicians, specialists, and social support agencies. • Initiatives to prevent and control diabetes need to be better coordinated with policies that address the socio-economic determinants of health, such as access to nutritious food, money, and education.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • The plan seeks to standardise diabetes-related activities across Italy to ensure a consistent diagnostic and therapeutic approach. It focuses on preventing type 2 diabetes in at-risk populations through lifestyle changes, while type 1 diabetes prevention remains unfeasible. The goal is to maintain the physical, psychological, and social well-being of individuals with diabetes through early diagnosis, proper treatment, and the prevention of complications that drive high costs. • Collaboration among diabetes care teams, general practitioners, paediatricians, nursing staff, and diabetes associations is key to providing coordinated, efficient, and cost-effective care. The plan aligns with international and European guidelines, updating previous national policies and strengthening Italy's health and prevention strategies.
<p>Best practices</p>	<p>For people who are at risk of type 2 diabetes in particular, the approach encourages prevention through lifestyle modifications. In order to provide integrated and ongoing care, diabetes care teams, general practitioners,</p>

	<p>paediatricians, and nursing staff must work together. Preventing issues that lower healthcare costs and affect quality of life is the main goal. It supports national preventative efforts and is in accordance with international and European health norms.</p>
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • Although specialised care has improved over time and is generally of high quality, several critical challenges remain. Data indicate that many patients who start insulin therapy still have glycated haemoglobin (HbA1c) levels above target even after one or two years, raising serious concerns about clinical inertia in adjusting medication. This reflects both insufficient intensification of therapy to achieve optimal metabolic control and a reluctance to initiate insulin treatment when necessary. • Another key issue is therapeutic appropriateness, particularly for older and vulnerable patients who continue to receive medications such as secretagogues and sulfonylureas, which increase the risk of hypoglycaemia. Additionally, significant regional and centre-specific differences in treatment approaches and outcomes highlight the urgent need for more standardised and equitable care across healthcare settings⁵⁷.

<p>Title</p>	<p>Obesity Fund⁵⁸</p>
<p>Implementation:</p> <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • Italy will become the first country in the world to pass a law dedicated to the prevention and treatment of obesity. The proposed legislation, which was approved by the Chamber of Deputies in May 2025,⁵⁹ recognises obesity as a disease and include it in the Essential Levels of Care (LEA) and the National Plan for Chronic Diseases. • Currently, the implementation of the Obesity Fund has played a crucial role in promoting healthy lifestyles at the local level, starting with municipal initiatives. Its added value is evident in addressing both social stigma and healthcare inequalities related to obesity. • To maximise its impact, it is essential to ensure equitable access to care nationwide, including nutritional support, pharmacological treatments,

⁵⁷ Italian Diabetology Society (2016). Diabetes in Italy. Available at: [Link](#)

⁵⁸ Istituto Superiore di Sanità (N.A.). Obesity. Available at: [Link](#). Accessed on 30 March 2025

⁵⁹ Italian Chamber of Deputies (2022). Preparatory work on draft legislation: 'Provisions for the prevention and treatment of obesity'. Available at: [Link](#)

	<p>and surgical interventions, so that all individual (regardless of region) can receive appropriate and comprehensive obesity care.</p> <ul style="list-style-type: none"> • Adherence to obesity treatment plans in Italy may vary depending on patient engagement and access to healthcare. Key obstacles include socio-economic disparities, cultural perceptions of obesity, and resource shortages in certain regions. Conversely, effective public health campaigns and collaborations with communities and schools serve as key enablers. • While the cost of implementation is significant — depending on the scope and approach (e.g., therapeutic treatments vs. preventive education) — the feasibility of these programs is generally higher in urban areas with stronger healthcare infrastructure but more challenging in rural regions. Programs that are accessible and culturally responsive tend to have high acceptance rates, ensuring broad community participation.
<p>Impact:</p> <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • By recognising obesity as a chronic condition and ensuring access to a comprehensive range of treatments, the proposed obesity law in Italy is expected to enhance the effectiveness of obesity prevention and treatment. This could lead to better patient outcomes and reduced long-term healthcare costs. • Potential unintended consequences include increased pressure on the healthcare system and regional disparities in access to specialised treatments. To address this, the legislation aims to promote equitable access to care nationwide, helping to reduce healthcare inequalities and bridge gaps between different socioeconomic groups.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Despite being a big step forward, Italy's new Obesity Fund still has several shortcomings. There are still coverage gaps since the fund might not be enough to guarantee that everyone has access to obesity treatments, particularly in rural or underdeveloped areas. The efficiency of the Fund in providing complete care may be limited by resource shortages in the availability of specialist healthcare practitioners, such as bariatric surgeons, psychologists, and nutritionists. • Clearer instructions on how the money will be distributed and managed to address regional imbalances, as well as ensuring long-term sustainability and incorporation into national

	<p>public health plans, are among the policy gaps in the new fund.</p>
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • Both the population and the healthcare system must be considered in the needs assessment for Italy's Obesity Fund. • Given the growing incidence of obesity in every age category and geographical areas, the demands of the general population are significant. There is a particular need for treatment alternatives for individuals with disorders related to obesity, including diabetes and cardiovascular diseases, as well as preventive initiatives aimed at children and adolescents. • From the standpoint of the healthcare system, better resources and infrastructure are required to support the treatment of obesity. These include improved communication between primary care and specialist services, more access to specialised clinics, and training for medical personnel. To guarantee fair access to care across the nation, the system must also address regional discrepancies.
<p>Best practices</p>	<p>The Obesity Fund is already a best practice, thanks to the uniqueness of its funding and the specificity of its target and objectives. The establishment of the Fund for the prevention and treatment of obesity is a strong signal from Italian institutions, recognising obesity as a national priority. Through this initiative and the approval of the proposed dedicated law, Italy positions itself at the forefront of the fight against this condition, promoting concrete and accessible interventions for citizens of all ages.</p>
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • There are several areas where the Italian Obesity Fund might be improved to increase its efficacy. To address regional disparities in care accessibility, the Fund's scope should be extended to enable more extensive national coverage, especially in disadvantaged rural regions. Another crucial area is enhancing resource allocation by increasing financing for medical specialists like bariatric surgeons and nutritionists. Preventive measures should also be strengthened by improving cooperation between public health organisations, municipality governments, and educational institutions, particularly for younger populations. • The Fund's long-term success would also be ensured by regular monitoring and evaluation of its effects and flexible rules that may be adjusted in response to results.

	<ul style="list-style-type: none"> • Lastly, combining individualised treatment plans with digital health technologies may improve patient outcomes and management even more.
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Table 9: Analysis of NCD-related policies in Italy

4.4 Lithuania

Title	Health Promotion and Preservation Development Programme 2022–2030 ⁶⁰
Implementation: <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • The Health Promotion and Preservation Development Programme 2022–2030 is aligned with Lithuania National Progress Plan and focuses on managing health risks, strengthening mental health, and improving access to public health services. • Implementation is supported by strong political commitment and integration with national strategies. • Challenges include low health literacy, regional disparities, and stigma related to mental health. • The programme is feasible due to existing infrastructure and planned monitoring mechanisms. • The programme is funded with over EUR 111 million from state and EU sources. • Public acceptability is promoted through education, community engagement, and improved service access.
Impact: <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The programme aims to reduce preventable mortality and improve population health through targeted prevention and health promotion. Early data suggest progress in areas such as mental health awareness, risk factor reduction, and increased accessibility of public health services. • Unintended consequences include limited engagement from vulnerable groups due to stigma, low health literacy, and behavioural resistance. • Equity remains a challenge, as rural populations and lower-income groups experience reduced access to services and benefit less from health improvements, indicating a need for more inclusive outreach and support strategies.
Existing gaps: <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Coverage gaps persist due to unequal participation across regions and population groups, particularly in rural and socially disadvantaged areas. • Resource gaps include shortages of qualified health professionals and limited use of digital tools to support outreach and follow-up.

⁶⁰ Official Gazette of the Seimas of the Republic of Lithuania (2022). Health promotion and preservation development programme 2022–2030. Available at: [Link](#)

	<ul style="list-style-type: none"> The programme aligns with national strategies, policy gaps remain in terms of fully integrating health promotion with other NCDs initiatives and ensuring regular, data-driven evaluation of outcomes to guide improvements.
<p>Needs assessment:</p> <ul style="list-style-type: none"> Population Healthcare system 	<ul style="list-style-type: none"> Lithuania faces a high burden of NCDs, with significant population-level risk factors such as unhealthy diets, physical inactivity, smoking, and alcohol consumption. Vulnerable groups, including older adults, especially men, and low-income or rural residents, are particularly affected and often under-engaged in preventive services. The healthcare system provides universal coverage and a network of public health institutions, but equitable access remains difficult, especially in remote areas. Strengthening primary prevention, improving health literacy, and enhancing coordination across services are essential to meet the population's evolving health needs.
<p>Best practices</p>	<ul style="list-style-type: none"> Integrated strategic planning: the programme is part of the National progress plan 2021–2030, aligning health promotion with broader national development goals. This integration ensures coherence across sectors and facilitates coordinated action to address health challenges. Focus on mental health and substance use prevention: a significant emphasis is placed on strengthening mental health services and preventing the use of psychoactive substances. This targeted approach addresses pressing public health concerns and aims to improve overall well-being. Enhancement of regional health services: the programme aims to improve access to quality public health services, particularly in regional areas. By addressing regional disparities, it seeks to ensure equitable health outcomes across the country. Alignment with sustainable development goals (SDGs): the programme's objectives are aligned with the United Nations 2030 Agenda for sustainable development, reinforcing Lithuania's commitment to global health and well-being targets. Emphasis on health literacy and public engagement: recognising the importance of informed communities, the programme includes initiatives to enhance health literacy and encourage public participation in health promotion activities.
<p>Opportunities for improvement</p>	<p>Considering that the Programme is relatively new and its implementation has only recently begun, there is</p>

	currently insufficient data to comprehensively assess its impact.
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Title	Cardiovascular Disease Prevention and Early Diagnosis Programme⁶¹
Implementation: <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • The Programme has been consistently implemented since 2005 in accordance with the Ministry of Health's regulations. Updates and adjustments (e.g., 2022 revision) demonstrate a strong commitment to maintaining and improving adherence. Primary healthcare institutions follow standardised protocols for screening, risk assessment, and follow-up intervals. • Facilitators: nationwide coverage through primary healthcare services. Funding guaranteed through the Compulsory health insurance fund. Clear clinical protocols and regular updates, free services increase population participation. • Barriers: regional disparities in access and service quality. Low participation among certain groups (e.g., men, rural populations). Limited public awareness and preventive motivation. Workforce limitations in smaller municipalities. • Cost: the Programme is entirely funded through the Compulsory Health Insurance Fund. All services are free for insured individuals, including risk assessment, lab tests, and individual prevention plans. • Feasibility: the Programme is highly feasible within the existing Lithuanian primary healthcare system. Standardised tools (e.g., SCORE risk charts) and national coordination enable practical implementation. • Acceptability is generally high among healthcare providers due to clear structure and funding. However, patient acceptability varies; those who participate appreciate the free screening. Increased awareness campaigns could further boost participation and acceptability, especially in under-screened populations.
Impact: <ul style="list-style-type: none"> • Effectiveness 	<ul style="list-style-type: none"> • Concerning effectiveness, the Programme has improved blood pressure control in primary healthcare services. However, key risk factors

⁶¹ State Health Insurance Fund under the Ministry of Health of Lithuania (2024). Disease Prevention Programmes. Available at: [Link](#). Accessed on 25 May 2025

<ul style="list-style-type: none"> • Unintended consequences • Equity 	<p>such as obesity, smoking, and poor diet remain highly prevalent.</p> <ul style="list-style-type: none"> • Low participation rates may indicate gaps in awareness or access. Many individuals underestimate their cardiovascular risk, which reduces engagement. Lifestyle changes such as increased physical activity or improved diet are inconsistent. • Participation in the Programme has been uneven between men and women, with the latter group being more actively interested. Moreover, services covered by the Programme are less accessible to residents of rural areas. Socio-economic differences also influenced participation in the programme.
<p>Existing gaps:</p> <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<ul style="list-style-type: none"> • Participation remains low, with only around 46% of the target population taking part to the Programme in 2022, and engagement is particularly limited among men and rural residents. • Regional disparities are also influenced by shortages of healthcare professionals, which hinder access to screening services in certain areas. • The programme makes limited use of digital tools for patient follow-up and personalised care.
<p>Needs assessment:</p> <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • Lithuania continues to experience a high burden of cardiovascular disease, with risk factors such as obesity, hypertension, smoking, and physical inactivity remaining widespread. Preventive engagement is limited, particularly among middle-aged men and rural residents. • The healthcare system provides universal coverage and free preventive services under the Compulsory Health Insurance Fund. However, workforce shortages in some regions, limited outreach, and insufficient use of digital tools constrain the full potential of the Programme.
<p>Best practices</p>	<ul style="list-style-type: none"> • Structured risk-based screening and follow-up: the Programme employs a systematic approach to assess cardiovascular risk through clinical evaluations and laboratory tests. Based on the identified risk level, individuals are scheduled for follow-up assessments at intervals of 1, 2, or 4 years. High-risk individuals receive personalised prevention plans, including lifestyle recommendations and specific health targets.

	<ul style="list-style-type: none"> • Integration with primary healthcare services: implemented through primary healthcare institutions, the Programme ensures accessibility across the country. Family doctors play a central role in conducting assessments, providing counselling, and coordinating care, facilitating early detection and management of cardiovascular risks. • Continuous Programme evaluation and adaptation: regular assessments of the Programme's effectiveness have led to adjustments in target age groups and risk assessment protocols. • Emphasis on lifestyle modification: the Programme prioritises lifestyle interventions, such as promoting healthy diets, increasing physical activity, and smoking cessation. These measures aim to address modifiable risk factors contributing to cardiovascular diseases. • Data-driven policy implementation: insights from the Programme have informed national health policies, leading to initiatives like alcohol control measures, which have been associated with reductions in cardiovascular mortality rates.
Opportunities for improvement	<ul style="list-style-type: none"> • Increase participation and outreach, especially among men and rural populations. • Enhance digital follow-up tools and integrate the Programme with other NCD prevention efforts.

Title	National Agenda on Drug, Tobacco, and Alcohol Control⁶²
Implementation: <ul style="list-style-type: none"> • Adherence to plans • Barriers and facilitators • Cost • Feasibility • Acceptability 	<ul style="list-style-type: none"> • The implementation of National Agenda on Drug, Tobacco, and Alcohol Control has progressed unevenly. While key programs like early intervention and school-based prevention are in place, gaps remain in national coordination and coverage. • Major barriers include lack of sustainable funding, weak intersectoral cooperation, limited-service access in rural areas, and social stigma. • The National Agenda is funded by the state budget, but current resources meet only part of the actual needs.

⁶² Government of the Republic of Lithuania (2023). National Agenda on Drug, Tobacco, and Alcohol Control. Available at: [Link](#)

	<ul style="list-style-type: none"> • Feasibility is supported by existing infrastructure and professional capacity, though hampered by operational and funding issues. • Acceptability is strong in education and health sectors but weaker in workplaces and communities, with some resistance to harm reduction measures.
Impact: <ul style="list-style-type: none"> • Effectiveness • Unintended consequences • Equity 	<ul style="list-style-type: none"> • The National Agenda has led to moderate improvements in substance use prevention and harm reduction. • Early intervention programs, school-based prevention, and naloxone distribution have contributed to increased awareness and some reduction in substance-related risks. • The full impact is limited by inconsistent implementation, low service coverage in rural areas, and persistent social stigma.
Existing gaps: <ul style="list-style-type: none"> • Coverage gaps • Resource gaps • Policy gaps 	<p>Several rural areas and vulnerable groups lack access to essential services such as prevention programs, addiction treatment, and harm reduction (e.g. naloxone, needle exchange). There is also a shortage of specialists and stable funding.</p>
Needs assessment: <ul style="list-style-type: none"> • Population • Healthcare system 	<ul style="list-style-type: none"> • Rural and high-risk groups lack access to prevention, treatment, and support. • Healthcare services are fragmented, and addiction care is limited. More targeted and accessible services are needed.
Best practices	<p>Lithuania has successfully introduced a national early intervention programme and implemented school-based prevention activities.</p> <p>The “Naloxone distribution initiative” is another positive step.</p> <p>There is growing alignment with EU and WHO guidelines, and some local municipalities are actively developing cross-sector partnerships.</p>
Opportunities for improvement	<p>Improving geographic and population-based coverage of services, establishing long-term financing models, strengthening inter-institutional coordination, expanding digital prevention tools, and developing tailored interventions for students and working adults would enhance programme effectiveness.</p>

Table 10: Analysis of NCD-related policies in Lithuania

5. Analysis and conclusions

5.1 Country analysis

5.1.1 Croatia

The analysis of Croatia's national policies on NCDs reveals several persistent gaps in both policy design and operational implementation. One of the most pressing issues is the delayed adoption of strategies, which has often undermined the timely execution of public health measures. Of all the initiatives examined, only the National Programme "Healthy Living" stands out as having been properly implemented, with a publicly available budget. This exception highlights a broader concern around transparency; while new initiatives are frequently announced, details regarding their follow-up and actual implementation are rarely made accessible to the public. As a result, citizens remain largely informed only of what is planned rather than what is achieved.

A further challenge lies in the financing of preventive services. Prevention Counselling Centres, which could play a vital role in reducing the burden of NCDs, are not funded by the national government. Instead, their operation is left to non-governmental organisations and local authorities, resulting in uneven territorial coverage and limited long-term sustainability. Compounding these issues, some of the measures introduced, particularly those targeting obesity prevention, have proven too ambitious in relation to the resources available. Their scope and scale often exceed the practical capacities of the institutions responsible for implementation, making them difficult to translate into tangible outcomes.

Another recurring shortfall is the limited collaboration between healthcare professionals and the wider public. In many cases, there is a lack of structured multisectoral partnerships or communication channels that would allow for consistent, accessible health education and engagement. This disconnect contributes to low public awareness and limited community involvement in prevention efforts.

Nonetheless, a positive outcome can be found. The "Volunteers in the Park" initiative, launched as part of the "Healthy Living" programme, has successfully created spaces where children can participate in outdoor activities that are both enjoyable and beneficial to their health. It offers a compelling model of how health promotion can be embedded in community life in a way that is inclusive, engaging, and effective. This case illustrates the potential of well-designed, community-oriented programmes to drive progress in NCD prevention, even within constrained systems.

5.1.2 Greece

In examining Greece's national policies, several structural and strategic gaps become apparent. A key challenge lies in the coordination and coherence of actions across the health system. While a range of initiatives and plans exist, their implementation often lacks the integration needed to ensure consistent and effective outcomes. This is closely tied to the limited cross-sectoral collaboration, which remains underdeveloped. Without such cooperation, efforts remain fragmented and their impact diluted.

Furthermore, the role of public health beyond the hospital setting is yet to be fully realised. The broader functions of public health, such as community outreach, prevention, and health promotion, require greater emphasis and investment. Aligning existing NCD strategies with the priorities of other key sectors would not only enhance policy coherence but also ensure that health objectives are embedded across different levels of governance and daily life.

Despite these limitations, Greece also offers several promising opportunities for progress. Several best practices demonstrate the potential of community-based approaches, particularly those that are inclusive and freely accessible to children. These initiatives promote healthy lifestyles early on and are complemented by educational programmes aimed at healthcare providers, helping to build long-term capacity within the health system. Importantly, there is a strong foundation of public support for health-related policies in Greece. A generally high level of acceptance and active participation by the population plays a crucial role in the successful implementation of interventions.

5.1.3 Italy

Italy's policy analysis reveals several critical gaps that hinder the full realisation of health objectives. A primary concern is the limited financial resources allocated to the implementation of some of the policies, notably the National Plan for Chronic Diseases, which constrain their scope and effectiveness. This challenge is compounded by significant disparities in policy execution across the country. Noticeable unevenness of implementation can be noticed between rural and urban areas, as well as between Northern and Southern regions. The latter category faces a scarcity of tools and infrastructure necessary for effective implementation.

Another area requiring improvement is the integration of digital technologies within the healthcare system. Increased digital innovation and connectivity are essential for enhancing the efficiency and reach of preventive and treatment services. Alongside this, the country grapples with a limited number of healthcare providers, which further strains the capacity to deliver comprehensive care across the nation.

Italy also presents promising opportunities for advancing its NCD and obesity policies. The national recovery plan's holistic approach to healthcare, which embraces not only physical health but also emotional and social well-being, represents a forward-thinking framework that could foster more integrated and patient-centred care. Additionally, the establishment of a dedicated Obesity Fund signals a targeted commitment to both preventing and treating obesity, offering the potential to mobilise resources and coordinate efforts more effectively.

5.1.4 Lithuania

In Lithuania, the national strategies on health reflect both structural challenges and emerging areas of opportunity. One of the central issues is unequal access to health services and preventive programmes, particularly in remote and rural areas. Although key policies are in place, population-level participation remains inconsistent. Individuals in less accessible regions often face logistical and systemic barriers, which limit their ability to benefit from available interventions.

Moreover, there is a particularly limited engagement among men and individuals with lower incomes. This disparity suggests that some policies may not be sufficiently tailored or accessible to vulnerable and hard-to-reach groups. In addition, workforce shortages and

limited health sector resources further constrain the capacity of the system to implement prevention and treatment programmes at scale, weakening the overall impact of national efforts.

Nonetheless, Lithuania's policy landscape also demonstrates meaningful opportunities for progress. There is a notable emphasis on mental health and substance abuse within current strategies, which represents an encouraging sign of a more comprehensive and integrated approach to public health. Furthermore, the focus on school-based prevention initiatives and broader lifestyle improvements reflects a long-term investment in shaping healthier behaviours from an early age. These efforts, if supported by more inclusive outreach and stronger infrastructure, could help build a more equitable and effective framework for tackling NCDs and obesity.

5.2 Cross-country comparison of key trends and variations

All four countries analysed recognise the growing burden of NCDs and have developed strategic frameworks aimed at promoting health and preventing NCDs. Prevention policies are generally underpinned by similar goals: reducing behavioural risk factors (such as poor diet, physical inactivity, tobacco use, and alcohol consumption), improving early detection, and addressing health inequalities. Health promotion through education, awareness campaigns, and school-based interventions also features prominently across the four countries.

Another shared challenge lies in the persistent implementation gaps. Although all countries have strategic plans in place, their execution often falls short due to limited funding resources, workforce shortages, and weak intersectoral coordination. Rural and vulnerable populations remain particularly underserved, highlighting systemic equity issues. While efforts have been made to expand community-based initiatives and decentralised services, their reach and impact vary considerably, influenced by regional infrastructure (including urban-rural divide) and socio-economic disparities.

However, differences emerge in how countries structure and deliver their policies. For example, Italy and Lithuania have invested in large-scale digital health and community care reforms, including telemedicine and integrated service models, while Greece and Croatia continue to rely heavily on centralised, hospital-focused care. Italy's use of the National Recovery and Resilience Plan to support its NCD agenda is unique among the group, providing a significant funding boost and policy momentum.

Policy maturity also varies. Lithuania and Italy exhibit more advanced screening programmes and clearer links between national and regional strategies. In contrast, Croatia and Greece often face delays in policy adoption or struggle with fragmented implementation, despite expressed high-level of commitment.

In terms of stakeholder engagement and evaluation, Lithuania stands out for its structured monitoring and data collection, while other countries still face challenges in evaluating policy impact and ensuring transparency. Additionally, the visibility and accessibility of prevention campaigns differ: Croatia has implemented broad public campaigns (e.g. "Healthy Living"), while in Greece, despite well-designed initiatives, outreach in rural and lower-income areas remains a concern.

Overall, while the pilot countries share common policy goals and face similar structural challenges, they differ in the maturity, resourcing, and operational execution of their NCD strategies. These insights underscore the importance of tailored support at the EU level, as

well as opportunities for mutual learning and cross-national policy transfer across Member States.

5.3 Policy recommendations

Based on the comparative analysis of NCD prevention strategies across Croatia, Greece, Italy, and Lithuania, several preliminary policy recommendations emerge that can help strengthen national efforts and promote greater alignment with EU-level objectives.

1. Strengthen implementation and accountability mechanisms

While national strategies for NCD prevention exist across all pilot countries, implementation often falls short due to fragmented delivery and weak oversight. To address this, governments should establish clear implementation plans with defined timelines, responsible actors, and performance indicators. Independent evaluation bodies or public reporting mechanisms can enhance transparency and support continuous improvement.

2. Improve intersectoral coordination and local-level integration

The success of NCD prevention hinges on coherent action across health, education, transport, agriculture, and social services. Policy frameworks should therefore mandate cross-sectoral collaboration, supported by joint funding streams and integrated governance structures. Municipal and regional authorities should be empowered to adapt national strategies to local needs, particularly in underserved areas.

3. Secure sustainable and equitable funding for prevention

Many prevention programmes are underfunded, especially those targeting rural and vulnerable populations. Countries should prioritise long-term, ring-fenced investment in preventive care and public health infrastructure. Dedicated funding (for example, Italy's Obesity Fund) can serve as a model for other Member States, provided mechanisms are in place to ensure equitable distribution and regional reach.

4. Expand and professionalise the prevention workforce

Human resource shortages are a shared challenge across countries. Investments in training community health workers, dietitians, school health professionals, and general practitioners are critical to scale preventive services. Workforce planning should account for the need to reach remote populations and should include incentives to retain professionals in underserved regions.

5. Embed digital tools for prevention, monitoring, and follow-up

Digital infrastructure remains underutilised in most pilot countries. Expanding the use of electronic health records, risk assessment tools, telehealth services, and mobile applications can improve coverage, follow-up, and personalisation of care. National digital health strategies should explicitly include NCD prevention and health promotion components.

6. Address inequalities in access and participation

Disparities in service uptake, especially among vulnerable groups, persist across all contexts. Tailored communication strategies, culturally sensitive outreach, and structural enablers are needed to engage these populations more effectively.

7. Prioritise data collection, evaluation, and policy learning

Systematic evaluation of programmes remains limited. Countries should invest in better data collection systems and define outcome indicators aligned with national health goals. EU support could facilitate cross-country comparisons and peer learning through a structured knowledge-sharing platform.

8. Promote school- and community-based prevention as entry points

Promising practices in all countries highlight the effectiveness of embedding health promotion in schools and communities. These settings provide inclusive, early-intervention opportunities that can be scaled with proper coordination, resources, and evaluation.

9. Recognise obesity as a chronic disease and integrate it into national health strategies

Obesity should be formally recognised as a chronic disease and treated as such within national healthcare systems. This recognition would help reduce stigma, promote early diagnosis, and ensure consistent access to appropriate care, including nutritional counselling, behavioural interventions, pharmacological treatments, and, where necessary, surgical options. Integrating obesity into essential care packages and chronic disease frameworks would enable a more structured and multidisciplinary approach to prevention and management. National policies should also address the social determinants of obesity and prioritise actions that reduce health inequalities related to socioeconomic status, education, and access to healthy environments.

10. Foster EU-level support and policy coherence

Finally, EU institutions can play a catalytic role by aligning funding mechanisms, fostering mutual learning, and encouraging Member States to adopt evidence-based practices. The establishment of shared benchmarks and voluntary targets may also help accelerate progress and reduce disparities across EU Member States.

5.4 Conclusions

The assessment of national NCD-related policies in Croatia, Greece, Italy, and Lithuania reveals a shared commitment to tackling the growing burden of NCDs through prevention and health promotion. While the four countries vary in terms of policy maturity, implementation capacity, and resource allocation, they also exhibit common challenges, including fragmentation, underfunding of preventive services, and persistent health inequalities.

The Preventia project is positioned to play a vital role in addressing these gaps by fostering cooperation and network-building among EU Member States. Through the implementation of activities such as school training, community workshops, and awareness-raising campaigns, Preventia aims to enhance health literacy from an equity perspective. These initiatives are designed to be inclusive, participatory, and adaptable, ensuring replicability across different national contexts, languages, and cultures.

This initial policy analysis lays the groundwork for further reflection and evidence-based recommendations that will be developed in future deliverables. In particular, D5.2 “Policy Paper on New Policy Approaches to Policymaking” and D5.3 “Public Health Guidelines” will deepen the policy assessment presented here. These documents will offer practical and actionable guidance for national and EU-level stakeholders by: i) providing evidence-based recommendations for innovative and effective public health policies; ii) presenting guidelines that support Member States in developing, implementing, and scaling NCD prevention strategies, including examples of best practices from across the EU. These policy documents, alongside broader project results, will be presented at a dedicated policy event in Brussels in

2026, aimed at engaging EU policymakers and stimulating high-level dialogue on future directions for NCD prevention across Europe.

By combining robust policy analysis with on-the-ground activities and EU-level advocacy, Preventia seeks to contribute meaningfully to a more coordinated, inclusive, and effective approach to NCD prevention throughout the European Union.

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