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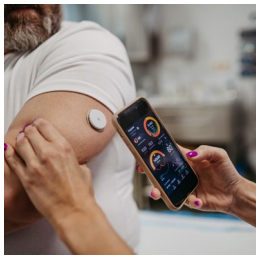
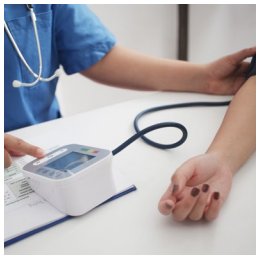
European Federation of Pharmaceutical Industries and Associations

Investing in a Healthier, More Resilient Europe

Tackling the NCD Challenge from Prevention to Cure



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EXECUTIVE SUMMARY

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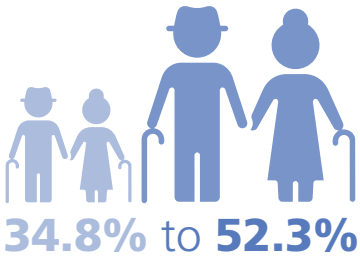
Non-communicable diseases (NCDs) are Europe's largest health challenge and a growing economic risk. They account for 88–90% of all deaths in Europe. In 2023 alone, five major NCDs cost the EU an estimated €530 billion — more than 3% of EU GDP. Nearly 1 in 3 Europeans aged 50+ live with two or more chronic conditions (multimorbidity) — and this prevalence is rising in several European countries[1].



Demographic ageing and workforce shortages are increasing pressure on health systems and public finances. By 2050 the old-age dependency ratio for the EU is forecast to increase from 34.8% in 2024 to 52.3%[2].

This is no longer only a public health issue — it is a macroeconomic and resilience challenge. Without structural reform, rising chronic disease prevalence will further constrain labour participation, productivity and fiscal sustainability. Conversely, healthier longevity can significantly moderate long-term public expenditure growth.

This paper sets out a concrete, system-level roadmap built on four pillars:

1. Pivot to Prevention.

Up to 60% of NCDs are preventable. Europe must scale evidence-based screening programmes reduce the high burden of undiagnosed disease, and expand adult immunisation. Earlier diagnosis dramatically improves survival and reduces treatment costs. Secondary prevention — including risk-factor management and treat-to-target strategies — can prevent avoidable hospitalisations and premature deaths.

2. Deliver a Continuum of Care.

Hospital-centric models are not sustainable for chronic, multimorbid populations. Investment in strong primary care, multidisciplinary integrated care models, and standardised patient pathways is essential. Clear outcome targets — including patient-reported outcomes — and value-based financing frameworks should replace volume-driven incentives to improve disease control and system efficiency.

3. Bring Innovation to Patients.

Europe must maintain a competitive and predictable research, regulatory and intellectual property framework to incentivise investment in medicines, diagnostics and digital health. At the same time, structural and budgetary barriers to timely and equitable access across Member States must be addressed. Precision medicine, advanced therapies and next-generation prevention tools can significantly reduce long-term disease burden if implemented effectively.

4. Accelerate Digital Transformation.

Digital health technologies, AI-enabled diagnostics, remote monitoring and interoperable health data systems can reduce inefficiencies, improve care coordination and alleviate workforce shortages. The implementation of the European Health Data Space is central to enabling data-driven prevention, research and care integration.

Key recommendations to tackle the NCDs burden in Europe

CHALLENGE	KEY RECOMMENDATION
People living with hidden risk factors for developing NCDs or with early stages of undiagnosed disease.	Invest in evidence-based screening programmes at scale, such as cancer screening, cardiometabolic health checks, early detection of neurodegenerative disease and chronic lung conditions.
People living with NCDs face higher risks from infectious diseases.	Fund life-course immunisation programmes.
Patients living with diagnosed NCDs get insufficient follow-up and escalation of treatment when needed.	• Shift care from hospitals to primary and community care. • Implement integrated care models to support patients with multimorbidity including dementia and other neurodegenerative conditions. • Set up standardised care pathways and set targets based on clinical and patient-reported outcomes.
Patients being insufficiently involved in the management of their own disease.	Involve patients in care pathway design and invest in health literacy.
Delayed access and insufficient uptake of medicines.	Increase spending on innovative medicines and ensure guideline-directed medical care.
Lack of effective treatment options for some diseases and conditions.	Incentivise research and clinical trials for new treatments through a world-class IP protection framework and streamlined regulatory system.
Health data systems do not support integrated care and research.	Invest in the digitalisation of health systems, including to support the implementation of the European Health Data Space.

Investing in health should be embedded in economic governance frameworks at EU and national level. Prevention and early detection, healthcare delivery reform and access to the latest innovative treatments and vaccines can generate substantial returns through reduced downstream costs and improved productivity. Multi-year financing, increased coordination between health and finance ministries, and EU-level support mechanisms are critical to overcoming short-term budgeting cycles and enable strategic investments.

Europe cannot meet its competitiveness, geopolitical and demographic challenges without addressing NCDs at scale. Incremental, disease-specific measures are insufficient. A coherent strategy — integrating prevention, care reform, innovation and digitalisation — can transform health from a cost driver into a strategic economic asset.

The time to act is now, to make a healthy choice for Europe's future.

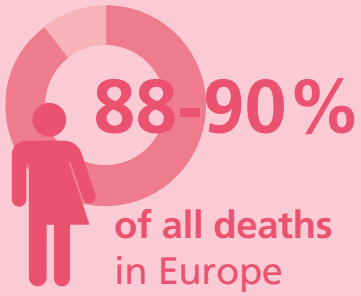

8,450
18.3
5.53
80
143.00
21,489

INTRODUCTION

2

Every person in Europe will either be impacted personally or have a close family member affected by chronic and non-communicable disease (NCD), such as cardiovascular disease, cancer, chronic respiratory disease, diabetes and obesity or experience mental health conditions and neurological disorders including Alzheimer's disease and other dementias.

Thanks to decades of scientific progress, we now have more tools and knowledge than ever before to diminish the burden from these diseases. Yet rates are rising.



NCDs killed 8.4 million Europeans in 2023 alone. Each year, non-communicable diseases account for 88–90% of all deaths in Europe. Most of those deaths came too early and could have been prevented. The average survival rate for NCDs after the diagnosis ranges from just one year for some cancers to 15+ years for cardiovascular disease. The treatment and management of NCDs is estimated to cost the EU approximately €530 billion in 2023 alone[3].

A decade ago, the European Union (EU) together with countries across the world recognised the urgent need for action. The UN Sustainable Development Goals (SDGs) set a target to reduce by 2030 by one third premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health and well-being. Despite numerous efforts, progress towards improving public health and reducing preventable deaths remains off track. In Europe, the annual decline in mortality from NCDs is falling short of the minimum reduction needed. Between 2015 and 2022, premature mortality decreased by an estimated 14% for men and 17% for women – well below the 33% target[4].

We have a choice: Continue with piecemeal and fragmented commitments and initiatives focused on individual chronic diseases that are failing to bend the rising curve of ill-health or act urgently and with purpose to invest in integrated solutions at scale that help populations live healthier for longer.

To address this challenge effectively, we need a paradigm shift in the way we approach health and funding of health systems. 'Health is wealth' must be more than words; patient and population health should be recognised as an asset – both in our personal lives and for our societies. Viewing public health systems merely as an expense does not reflect the reality. Instead, investing in health should be understood as an investment in a stronger, more resilient and prosperous future.

BREAKING THE CYCLE: CONFRONTING THE NCD BURDEN

3

Growing healthcare demand and a workforce under pressure

Europe's ageing population is putting health and social care systems, workforces, and economies under pressure. Although life expectancy at age 65 now is around 20 years, a significant proportion of these years are spent in ill-health, meaning that a growing number of Europeans need health and care services.

Nearly 1 in 3 Europeans aged 50+ live with two or more chronic conditions (multimorbidity) — and this prevalence is rising in several European countries[5].

The mounting costs for public health and social care budgets become even more urgent as the demographic ageing - a higher proportion of people above retirement age - also means less monetary contributions to fund health systems and other public policies, either from health insurance premiums or through taxes. By 2050 the old-age dependency ratio for the EU is forecast to increase from 34.8% in 2024 to 52.3%[6]. Meaning there will be approximately 52 elderly people (65+) for every 100 working-age individuals in the EU.

The growing demand for healthcare services not only puts the system under pressure but also leads to a constant growth of public healthcare expenditure which is higher than the growth of GDP. In 2022, nearly one-third (31%) of EU citizens reported receiving some form of health-related social protection benefit. Notably, this proportion increases significantly with age and the prevalence of chronic illnesses[7]. In 2022, the European Union's social protection expenditure on health accounted for 8.3% of the region's GDP[8]. By 2050, expenditure on health benefits is projected to rise as high as and 11% of EU's GDP[9], reflecting an ageing population and an estimated 16% increase in chronic disease from the current figures[10].

The increasing demand for healthcare services is occurring alongside a concerning shortage in the health workforce. Nearly all European countries are experiencing significant shortages of healthcare professionals, including doctors or nurses. In 2022 alone, the total shortage of healthcare professionals was estimated at approximately 1.2 million[11]. A substantial portion of the current healthcare workforce is approaching retirement age, further exacerbating the situation. Across Europe increase in NCDs and decrease in formal healthcare availability directly correlates with a rise in reliance on families and informal carers[12]. Consequently, having a potential negative impact on the economic viability of these families and society at large.

A shackle on Europe's economic growth

NCDs hamper economic growth in Europe as they also impact many people of working age[13]. Sickness leads to people not being able to work as they need to stay at home or in hospital ("absenteeism"), working at lower capacity due to pain, fatigue or other conditions ("presenteeism") or in the worst-case premature death. All this negatively impacts economic growth, as fewer people in working age can participate in the labour force or otherwise contribute to society.

Early onset of diseases like diabetes, hypertension, obesity and mental illness are growing among younger people. This trend threatens to overwhelm health systems earlier as chronic care that starts in youth often continues for a lifetime. NCDs account for 70-80% of disease burden in adolescents. In particular, we observe increases in mental health issues, rising obesity and type 2 diabetes in children and young adults[14]. In the UK for example, there has been a significant rise in type 2 diabetes diagnoses among people under 40, with a recent report indicating a 39% increase in cases over a six-year period. This is outpacing the growth in cases among those over 40[15].

Europe saw a 79% increase in cancers in people under 50 between 1990 and 2019, the age group 20-49 now accounts for a significant proportion of new cancer cases especially in breast, colorectal, thyroid and cervical cancers. Breast cancer is the most common early-onset cancer in women under 50 in Europe, with colorectal cancer increasing at 2–4% rate annually in those aged 20–49[16]. Equally concerning, chronic respiratory diseases including asthma and COPD are emerging earlier in life[17].

It is also important to recognise the interlink of many NCDs such as obesity and serious chronic diseases such as cardiometabolic diseases, which are now recognized as the leading cause of death globally[18]. Among these diseases, downstream complications drive much of the disease burden, worsening patient outcomes and potentially increasing economic costs by up to 7 times[19].

When you add up the direct healthcare costs of treating NCDs and the cost to the economy when people can no longer participate in the labour force, the overall economic burden of NCDs is staggering. In 2023, the cost of 5 NCDs – stroke, ischemic heart disease, type 2 diabetes and breast cancer – amounted to €530 billion for the EU countries, which represents 3.13% of the EU's combined GDP. Of this amount, around 60% are direct healthcare costs, and the rest the cost of absenteeism, presenteeism and premature mortality. However, the real costs are likely even higher if you also take into account the costs of early retirement, informal caregiving, productivity losses, medical transport, and social assistance[20].

The conclusion is clear – Europe cannot afford to let this slow-moving health crisis continue, especially not in the current economic and geopolitical climate. For Europe to be able to deal with challenges such as declining competitiveness, health security and pandemic preparedness, investment in green and digital technologies and strengthening of Europe's defense, we need healthy populations that can actively participate in and contribute to society. This requires inclusive systems that enable people living with chronic conditions to fully participate in and contribute to society.

FROM PREVENTION TO CARE TO CURE: A ROADMAP FOR A HEALTHIER EUROPE

4

By taking decisive action at both individual and population levels, the impact of NCDs on health systems and societies can be significantly reduced.

1. A substantial portion of the disease burden can be prevented or reduced by addressing key risk factors throughout the life course through prevention, early detection and diagnosis, enabling timely intervention for those at-risk developing disease or serious complications.
2. Hospital-centred health systems should be reformed to deliver integrated care services close to people and patients, anchored in a robust primary care system and guided by monitoring, follow-up and clear outcome targets.
3. Health systems should enable rapid uptake of innovative advances in prevention and treatment which can provide new and more efficient tools to reduce the burden of NCDs, improve quality of lives for patients and treat previously untreatable conditions.
4. Digital health innovation and artificial intelligence present unprecedented opportunities to enhance efficiency and quality throughout health systems, as well as empower patients to manage their own health.

These four pillars need to be underpinned by a people-centric approach to health system design, where people and patients have the health information and empowerment necessary to manage their own health, and take part in healthcare prioritisation and decision-making at all levels.

The table below outlines how the solutions in this paper correspond to the key challenges posed by Non-Communicable Diseases in Europe.

1. Pivot to prevention

Preventing disease from breaking out in the first place or intervening at the early stage of a disease to prevent serious complications, is the best way to save lives and unnecessary costs. In order to fully tackle the burden of NCDs in Europe, health systems need to pivot to a more proactive approach to prevention and preventive care, early detection and management of risk factors through appropriate interventions, with the objective of safeguarding long-term physical and cognitive health and delay the onset of morbidity curve. By making prevention and early detection a cornerstone of NCD policy, addressing the root causes of diseases before they manifest into serious conditions, one can improve outcomes across populations and ease the considerable economic burden on healthcare systems and societies.

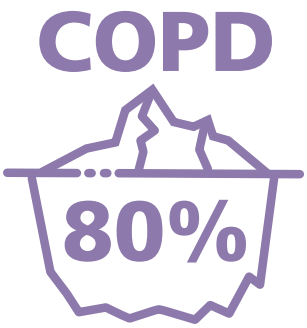
Why early detection and intervention is a game-changer for healthier societies

An estimated 60% of NCDs in Europe are preventable, particularly those linked to modifiable risk factors such as lifestyle and environmental factors[21]. When people develop risk factors for NCDs, such as high BMI, high blood pressure or blood sugar levels, there is a critical window of opportunity to address this immediately through appropriate interventions, including management and treatment, thereby preventing the onset of disease or serious complications. For this reason, in parallel to reducing risk factors through primary prevention strategies, health systems can only win the battle against NCDs through robust programmes for early detection and intervention.

Through screening and early diagnosis, health systems can identify individuals with asymptomatic or early-stage disease—particularly among high-risk groups— including at stages where pathological changes may be present before clinical symptoms emerge, allowing timely intervention so that prompt treatment can limit severity, avoid complications, and improve long-term outcomes.

Undiagnosed disease – a major challenge for Europe

- Approximately 26 million adults in Europe are living with undiagnosed diabetes.
- More than 50% of Alzheimer's disease cases in Europe remain undiagnosed, and of those who are diagnosed, the average time from first symptoms to formal diagnosis is 3.5 years[22].



- For obesity the diagnosis gap is estimated between 25-30%.
- 80% of COPD cases in Europe remain undiagnosed.

Secondary prevention strategies should therefore be implemented at scale to allow health systems to diagnose NCDs at an early stage to allow timely interventions that would help to slow down disease progression, including in conditions where underlying pathology may be present before clinical symptoms or functional impairment become apparent. Effective secondary prevention will:

- Delay functional decline and keep patients in good health for longer
- Limit health system costs as it allows for out-patients management, saving high in-hospital care costs
- Avoid increased pressure on the health workforce
- Improve productivity and workforce participation

DID YOU KNOW?

- Studies show active, targeted COPD case-finding identifies 70% more new cases compared to only 2.2 per 100 via traditional "opportunistic" testing[23].
- In breast cancer, five-year survival is ~98% at stage I (described as "almost 100%") versus ~25% at stage IV[24].
- Economic analyses in Europe show that treating stage IV breast cancer typically costs around double what is spent at stage I (Germany: +95–96%), with pooled and country studies indicating ≥100% higher in some contexts (e.g., pooled review +109%; Portugal +138%)[25].
- In colon cancer, stage I cost is estimated at approximately €8,644, whereas stage IV patients' annual costs may exceed €22,400 (i.e. ~2.6× higher)[26].
- Enhancing secondary prevention of cardiovascular disease by increasing the proportion of patients achieving risk factor targets from 43% to 70% in France, Germany, Italy, Spain, Denmark, Poland and the UK could prevent 67,170 fatal CV events (heart attack and stroke) per year. This equates to 671, 700 avoided events over the next ten years via improved management of hypertension, hyperlipidaemia and diabetes, which contributed to 1.5%, 10% and 59% of the avoided fatal events respectively[27].
- For COPD and advanced-stage management costs are estimated to be more than twice those for early-stage care[28].
- For progressive neurodegenerative diseases, earlier intervention may interrupt disease progression prior to the occurrence of extensive brain injury leading to better outcomes[29].
- It has been estimated that the English National Health Service could save £68b over 25 years by diagnosing and treating individuals with six high CV risk conditions, primarily by preventing diabetes complications[30].
- Comorbidities drive much of the obesity burden, worsening patient outcomes and increasing economic costs by up to 7 times[31].

Good practice NHS, UK Health Check

In England, the NHS Health Check is a preventative primary care intervention to identify individuals at risk for diabetes, heart disease, stroke and kidney disease and dementia, and has shown an average risk reduction between 20-40% and a 23% reduction of all-cause and cardiovascular mortality.

Immunisation across the NCD continuum: preventing disease onset and reducing complications

Individuals already living with NCDs are more susceptible to infections and face higher risks of severe complications, hospitalisation, and antibiotic use. In this context, vaccination becomes an important tool for a comprehensive prevention strategy. For instance, vaccination against respiratory viruses helps reduce complications in people with CVD, who are 6 times more likely to suffer a heart attack if diagnosed with influenza[32]. For example, influenza infection has substantially increased the short-term risk of acute cardiovascular events, highlighting the role of vaccination in preventing first events[34].

Immunisation is not only a protective measure for people already diagnosed with NCDs, but also a powerful tool for the primary prevention of NCDs in healthy populations, by preventing infections that can trigger or cause chronic diseases later in life. An estimated 40% of cancers can be prevented through vaccination25.

In oncology, vaccines target risk factors such as infections with the Human Papillomavirus (HPV) and hepatitis B virus (HBV), which are linked to cervical, anal, oropharyngeal, vulvar, vaginal, penile and liver cancers respectively. Ongoing innovation in cancer vaccines is expanding as well beyond HPV and HBV, exploring immunotherapies that can prevent and treat various types of cancer.

Promoting Participation in Prevention and Early Detection

Patient engagement – understood as the active involvement of patients and caregivers in healthcare decision-making, research and treatment development – is essential for improving NCD outcomes and ensuring sustainable, patient-centred healthcare systems[35].

Meaningful patient engagement can transform screening from a clinical intervention into a participatory, person-centred process through co-design, personalisation and accessibility.

Effective engagement strategies include co-designing screening pathways with patients, culturally sensitive communication campaigns, and leveraging digital tools that empower individuals to assess their own risk and understand the purpose and benefits of early detection. Moreover, patient advocates and organisations can help

identify barriers to access— ranging from distance and transportation to fear and stigma — and promote trust in the healthcare system. Patient organizations can also play a critical role in shaping national prevention programs, ensuring they include patient education, lifestyle support, and access to essential medications.

Good practice - Oncology

Denmark's national cancer screening programmes for breast, cervical, and colorectal cancers have achieved high rates of participation in part due to patient-centric features. Breast cancer screening reached 83% participation within a year of invitation, supported by personalised digital communication and easy rescheduling. Similarly, the colorectal cancer programme, which mails home-based immunochemical tests to individuals aged 50–74, has maintained stable participation rates around 60%, demonstrating how accessibility and user-friendliness can bolster uptake. These cases underscore how thoughtful patient engagement can translate into broader reach, earlier diagnoses, and improved public health outcomes[36].

Similar results have been observed in Sweden where self-sampling kits led to faster elimination of cervical cancers[37]

Good practice - Cardiovascular health

England's NHS Health Check programme offers personalised risk assessments to adults aged 40–74, combining clear risk communication with tailored lifestyle advice and digital tools that empower individuals to engage proactively with their health[38]. Countries across Europe are increasingly offering Cardiovascular Health Checks, for instance Poland[39] and Greece[40], with the view to detect disease at earlier stages.

Good practice - Chronic Respiratory Diseases

Finland's national lung health programmes have achieved substantial results through patient-centric design and sustained engagement. The Asthma Programme, launched as part of a stepwise national strategy, reduced emergency visits by 46% within a decade and eliminated asthma-related deaths in children. Participation was driven by accessible primary care pathways, personalized education, and easy-to-follow treatment plans. Similarly, COPD management was strengthened through integrated care models and community-based support, cutting inpatient days from 160,000 to under 40,000 and reducing disability days dramatically. Recent innovations, such as Nature Step in daycare, combine healthy diets, reduced food waste and exposure to natural environments, reinforcing prevention from early childhood. These cases underscore how long-term, patient-focused strategies can translate into earlier diagnosis, better disease control and significant cost savings for health systems[41].

Good practice - Alzheimer's disease

The DACSP Early Detection Blueprint for Cognitive Impairment is a good practice example of how healthcare systems can operationalize early cognitive screening in routine care. Developed by the Davos Alzheimer's Collaborative, the Blueprint provides a practical, modular framework to help systems plan, implement, and evaluate early detection programs, particularly in primary care. Its real-world relevance is illustrated by case studies such as Indiana University School of Medicine / Indiana University Health (USA) and Kobe University (Japan), where healthcare teams applied the Blueprint to strengthen early identification of cognitive impairment within their local health system contexts. These examples demonstrate how the Blueprint can be adapted across different countries and care settings while maintaining a consistent, evidenceinformed approach to early detection[42].

KEY RECOMMENDATIONS

European Level

- Develop and regularly update EU Council recommendations on screening for major NCDs, such as cancer screening and health checks for cardiometabolic conditions, supporting and monitoring their implementation in Member States. Gradually expand to the other major NCDs.
- Support exchange of best practices and data gathering tools and mechanisms established in relevant EU and WHO initiatives.
- Allocate funding in the next Multiannual Financial Framework to enable strategic investments in screening and early diagnosis.
- Support Patient Organisations to bring the voice of patients to health policies that support early diagnosis, updated screening recommendations and improved screening methods.

KEY RECOMMENDATIONS

National and Regional Level

- Implement and fund screening programs as recommended by the EU and international clinical guidance, in collaboration with national health workforce and patient organisations, taking into account best practices from countries with high participation rate.
- Ensure sustainable funding for life-course immunisation programs.
- Improve local and regional access to biomarker-based diagnostics for NCDs.
- Ensure incentives for healthcare providers and professionals to deliver preventive healthcare.

2. Delivering a continuum of care for patients

Even with effective primary and secondary prevention strategies, many Europeans will develop one or several chronic diseases. They will require tailored treatment, continuous monitoring and multidisciplinary support to manage their own conditions to maintain a high quality of life and prevent serious complications. The traditional hospital-centric model is not well-suited for supporting people living with chronic disease, and especially not for people living with several chronic diseases. NCD management is most effective when delivered close to patients, within their communities, where care can be personalised, accessible, and continuous. This approach not only enhances patient outcomes but also reduces the burden on hospitals by shifting routine care and chronic disease management to primary care settings.

Investing in primary care as the cornerstone of integrated NCD management

Primary care is often the first point of contact people and patients have with the health system and plays a vital role for both secondary prevention and continuity of care. Good access to primary care services can reduce the number of emergency department visits and hospitalisations and shortens the length of hospital stay[43]. This is particularly important for chronic conditions with long, progressive trajectories, where diagnosis is often delayed by several years and early opportunities for intervention are missed. Hospital services are resource-intensive and expensive and should be used only for those treatments and care that could not be delivered in an outpatient setting with sufficient quality and safety.

It is estimated that emergency visits for low-urgency problems that could have been better dealt in primary care settings, account for about 20% of all visits in Italy and France, over 30% in Portugal and more than 50% in Belgium and Slovenia[44]. Investing in primary care can significantly improve outcomes for those living with NCDs while also reducing healthcare costs. Strengthening primary care enables:

- early detection diagnosis and intervention: timely identification and management of health conditions before they become severe.
- person-centred care: comprehensive management of multiple comorbidities, including cognitive; ensuring that physical and mental care is tailored to individual patient needs.
- reduced health inequalities: enhanced access to healthcare services for underserved populations, minimising disparities in timely diagnosis and continuity of care.

Integrated care models, that link services to provide a more coherent, patient-centred and efficient care are particularly valuable for management of complex conditions and multimorbidity. In many integrated care models, care is delivered through multidisciplinary teams (MDTs) composed of care professionals with different specialties (e.g. doctors, nurses, physiotherapist, social workers) that ensures a coordinated care pathway for people with NCDs. This is supported by implementation of well-functioning information sharing systems (electronic health records and digital tools).

A benefit of well-functioning primary and integrated care is the potential for early action in order to stop or slow the development of NCDs and related complications thereby saving lives, reducing the risk of premature deaths delaying disability and dependency and lowering downstream healthcare and social costs.

DID YOU KNOW?

- Enabling holistic, evidence-based and individualized obesity care, could save as much as 60% of health expenditure related to obesity for years to come[45].
- High BMI is responsible for over 120 million adult person-years lost each year to diabetes, stroke, coronary heart disease and cancer indicating that, the health benefits and the socioeconomic value of acting early in treating and managing obesity could be even more substantial[46,47].
- COPD affects approximately 36 million people in Europe and accounts for around 6% of total EU healthcare spending, with cumulative direct and indirect costs projected between €4.5 trillion and €12 trillion in Western Europe by 2050[48] (COPD Index, ERS; The Lancet; OECD/EU Health Report).
- Across Europe and other highincome settings, people with cognitive decline are diagnosed with dementia an average of 3.5 years after symptoms first appear, and only around 50–65% of cases are ever formally diagnosed, meaning that up to half of people may miss timely, primarycareled intervention, care planning and followup that could reduce avoidable hospitalisations and longterm costs[49].
- Chronic Kidney Disease (CKD) affects nearly 100 million people in Europe and costs European health systems an estimated €140 billion annually, not including productivity losses. Early primary care detection, including systematic screening and integrated care management is critical as up to 90% of people with CKD are unaware, they have it, delaying treatment and increasing downstream cost and mortality risk[50].

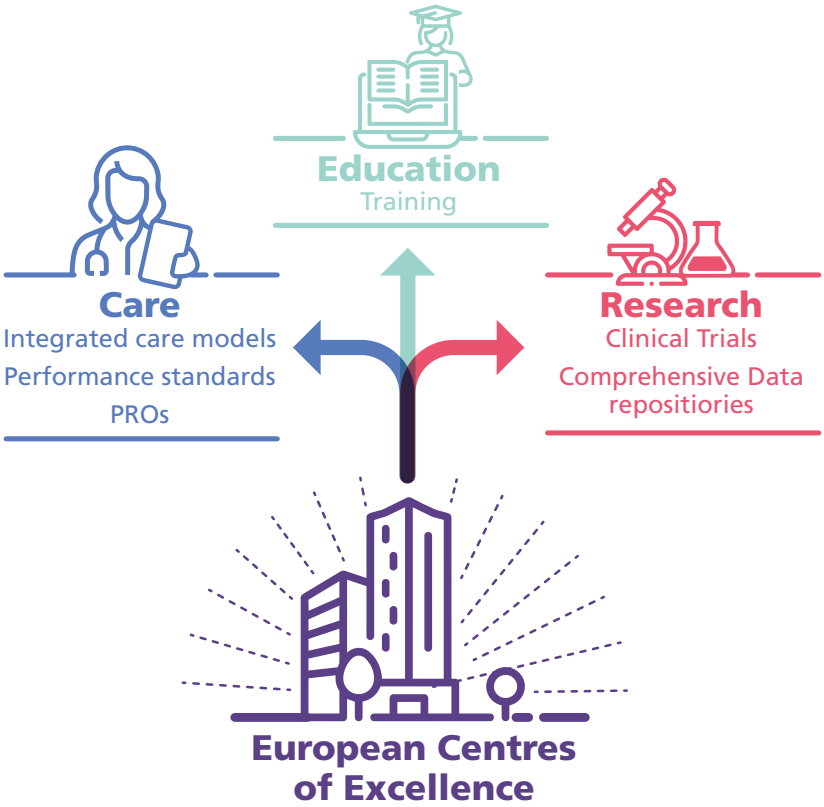
Investing in European Comprehensive Centres of Excellence

Medical conditions that require highly specialised knowledge, multidisciplinary teams, and complex infrastructure should be treated in or with the support of Comprehensive Centres of Excellence (CCoE). Their purpose would be to raise care standards, ensure equitable access to specialised services, and accelerate innovation uptake. They should serve as both knowledge generators and implementation leaders, bridging clinical excellence with public-health goals. Implementation should prioritise the establishment of nationally designated centres—linked through European or regional networks—that deliver advanced clinical and research capacity by connecting research, clinical trials and implementation.

Furthermore, through concentration of high-cost and specialised services, reduction of duplication and improvement of outcomes they would contribute to more efficient use of limited resources, strengthened care quality and contribute to health systems sustainability.

Role of the Centre of Excellence in European healthcare landscape:

- Clinical leadership and referral hub - patients with rare or complex conditions are referred to these centres. They can offer second opinions, advanced diagnostics, or treatments not available elsewhere.
- Standard-setting and best practices - development of clinical guidelines, protocols, and care pathways that can be replicated or adapted by other institutions.
- Research & innovation - engage in cutting-edge research, clinical trials, translational medicine, and adoption of new technologies.
- Education and capacity-building - train clinicians, researchers, and allied health professionals.
- Quality improvement and benchmarking - monitor outcomes, compare performance, and often mentor or audit other institutions.
- Cross-border cooperation and equity - by integrating into European networks (like ERNs), help ensure that patients in less-resourced regions or countries can access expertise elsewhere in Europe.



DID YOU KNOW?

- In EU, every year approx. 370,000 citizens get colorectal cancer diagnosis. The best hospitals that employ integrated care models have 5-year overall survival rate of 85% compared to an average of 50% across the EU. If all patients were treated in the best hospitals, approx. 130,000 EU citizens would not die every year.

Europe's Beating Cancer Plan as a blueprint

Europe's Beating Cancer Plan illustrates how a network of Comprehensive Cancer Centres (CCCs) can operationalise excellence at scale. Through flagship initiatives like the EU Network of CCCs and the CCI4EU capacity-building programme, the plan aims that by 2030, 90 percent of eligible patients can access a certified centre. Early evidence from countries such as the Netherlands and France shows that centralising complex cancer care within accredited centres and embedding national audits measurably improves survival and quality of life.

France — NETSARC/NETSARC+ national sarcoma reference-centre network

What changed: Since 2010 the French National Cancer Institute funded a network of 26 sarcoma reference centres with mandatory expert pathology review and multidisciplinary tumour boards (MDTBs) before treatment; a nationwide database tracks outcomes.

What improved: Multiple analyses report improved nationwide survival, higher compliance with clinical guidelines, and better outcomes for patients operated in reference centres versus elsewhere[51].

Germany — certified cancer centres (DKG) and colorectal cancer survival

What changed: German Cancer Society (DKG) certification sets structural/process standards and audits centres regularly.

What improved: Large population-based studies show better survival for patients treated in certified centres vs. non-certified hospitals in colorectal cancer, supporting certification as a lever for outcomes[52].

Designing standardised pathways that deliver what matters to patients

Even with correct diagnosis, many NCD patients suffer from poor control of their disease leading to sub-optimal health outcomes.

- A study tracking Europeans with Type 2 Diabetes between 2009 and 2010 found that only half of the individuals maintained acceptable glycaemic levels. Moreover, just 6% were able to achieve all three targets for glycaemia, blood pressure, and cholesterol.
- More recent data further highlights this issue, showing that only about 39% of individuals with diabetes in Europe and the United States have their condition adequately controlled[53].
- Similarly, COPD control remains poor even after diagnosis. The COPD Index shows that frequent exacerbations and hospital admissions persist due to low adherence to inhaler therapy and limited access to pulmonary rehabilitation. Countries with high hospitalization rates, such as Denmark, Ireland, and the UK (>400 per 100,000), illustrate the consequences of inadequate disease control despite treatment availability[54].
- Similarly, outcomes remain suboptimal for people living with cognitive decline even after diagnosis. A large European study across eight countries found that within just three months, 18.5% of people with dementia living at home and 13.8% of those in nursing homes experienced at least one hospital admission, often for conditions that could be better managed through coordinated, postdiagnostic care pathways[55].

DID YOU KNOW?

Non-adherence impacts up to 50% of patients with chronic conditions like diabetes and hypertension, leading to worse outcomes, more comorbidities, and billions in avoidable costs. In Europe, non-adherence is estimated to cost between €80–125 billion annually and causes around 200,000 premature deaths per year59.

Several factors contribute to the lack of effective control over chronic diseases, including:

- delayed treatment initiation: for example, insulin therapy for diabetes often begins more than a year — sometimes several years[56] — after hyperglycemia is first detected; in most European countries it takes between 2 and 4 years to be diagnosed with Multiple Sclerosis[57] Endometriosis takes on average 6.6 years, rare diseases 4.7 years, and dementia is diagnosed on average 3.5 years after first symptoms appear, and only around 50–65% of cases are ever formally diagnosed[58].
- suboptimal monitoring: inadequate follow-up and insufficient use of monitoring tools prevent timely adjustments to treatment plans.
- failure to intensify treatment: physicians may hesitate to adjust or intensify treatments, even when existing therapies are not achieving target outcomes.
- inadequate hospital discharge and transitions of care: incomplete discharge summaries, or weak handoffs to primary/community care can cause care interruptions, therapy errors and avoidable readmissions.
- poor adherence to treatment.

Well-designed care pathways are essential for the effective management of non-communicable diseases (NCDs) because they provide a structured, coordinated approach to care that ensures patients receive the right interventions at the right time. By mapping the entire journey—from prevention and early detection through diagnosis, treatment, follow-up, and long-term management—patient pathways reduce fragmentation across different levels of care and health services. They help standardise best practices, promote timely referrals, and encourage multidisciplinary collaboration between healthcare providers. For patients, pathways improve access, continuity, and quality of care, empowering them to better understand and manage their condition. For health systems, they optimize resource use, enhance efficiency, and support monitoring of outcomes, making them a critical tool in addressing the growing burden of NCDs sustainably and equitably. Care pathways should where relevant provide incentives for healthcare professionals to ensure patients reduce their risk factors and reach relevant clinical or patient-reported endpoints, through treat-to-target strategies.

Case study – UK, Treat to Target

In the UK, the Treat to Target (T2T) schemes that emphasise achieving pre-defined, measurable goals with regular assessments and timely adjustments of therapies, have been utilised in the treatment of several chronic conditions such as Rheumatoid Arthritis, Inflammatory Bowel Diseases and Type 2 Diabetes.

Many health systems measure efficiency by comparing inputs (such as number of doctors or hospital beds) and outputs (such as number of surgeries performed or patients discharged), rather than focusing on health outcomes that matters for patients. Using a definition of efficiency that related inputs to outputs can lead to a faulty interpretation of the data.

Good practice - Danish Chronic Care packages

Danish proposal for Chronic Care packages under the 'Healthcare Close to You' reform introduces structured frameworks for services offered to citizens with chronic diseases (e.g. chronic obstructive pulmonary disease, type 2 diabetes, and heart disease) and new rights within the local healthcare system to ensure freedom of choice and expedited treatment. Specific initiatives to facilitate this include chronic care packages, and the right to fast access to specialists and digital healthcare services.

Instead, European countries should implement clear and standardised frameworks for measuring quality and patient-centred outcomes as a way to continuously improve healthcare delivery. Linking financing to standardised and comparable real-life or proxy outcomes - such as hospital readmission rates, complications rates, premature mortality, and patient-reported quality of life – can drive greater efficiencies in health systems and provide stronger incentives for improved quality of care. This approach, known as value-based healthcare, ensures that funding is allocated based on the effectiveness of care delivered, rather than the volume of services provided. By aligning financial incentives with health outcomes, healthcare providers are encouraged to prioritize patient well-being, reduce preventable complications, minimize unnecessary hospitalizations, and focus on delivering high-value, patient-centred care[60]. This model fosters accountability, enhances transparency, and supports sustainable health system financing[61,62].

Good practice - Chronic Disease Hubs in Ireland

Chronic Disease Hubs in Ireland are located across number of counties and provide patients with faster access to specialised care close to home, reducing reliance on hospital-based services. The Chronic Disease Hubs enable direct referrals from GPs for conditions such as diabetes, asthma, and COPD, minimising hospital visits. The shift to community-based care has significantly reduced hospital waiting lists. For instance, 83% reduction at Galway University Hospitals and 71% at Roscommon University Hospital. The multidisciplinary approach of the hubs, which includes specialized teams—nurses, podiatrists, dietitians, social workers —empowers patients to manage their conditions effectively with personalised medicine and care plans. Positive testimonies from patients highlight the benefits of timely and coordinated care.

Case study – The Health Outcomes Observatory (H2O)

Initiatives such as The Health Outcomes Observatory (H2O) funded by the Innovative Medicines Initiative have established a robust ecosystem where patients play a central role in contributing health data. By utilising H2O-accredited digital tools, patients can track and share their health outcomes, providing valuable insights that can optimise their own care and, with consent, contribute to broader healthcare improvements.

Embedding patient engagement in care design, delivery, monitoring & evaluation

Patient engagement in the design, delivery and design of healthcare services plays a crucial role towards the successful adherence and treatment results. Patients not only release the burden from the healthcare providers by often taking an active role in their own diseases management (navigating the system, papers, health literacy, practical organisation) but also generate invaluable insights in drug development process (real world evidence support).

On an individual level service design, shared decision-making between patients and healthcare providers ensures that care is tailored to individual needs, while digital health solutions enable continuous monitoring and early intervention. Engaged patients can also provide valuable feedback on treatment effectiveness, allowing healthcare providers to refine care strategies.

In terms of collective participation, patient engagement also strengthens health system evaluation in the context of NCDs by involving patients in assessing care quality, safety reporting, and satisfaction surveys. This feedback provides valuable insights into system performance, enabling continuous improvement. For example, patient-reported outcomes (PRO) can be used to evaluate the quality of diabetes care across clinics, PROs are increasing used in a number of therapeutic areas in research and clinical practice to understand the effects that the disease and its treatment have on patients[63].

Case study – Implementation of valuebased healthcare in memory clinics (Germany)

A peerreviewed evaluation of valuebased healthcare implementation in two German memory clinics demonstrated that systematically collecting and acting on patientreported experience and outcome measures (PREMs and PROMs) led to measurable improvements in what mattered to patients. Specifically, redesigning diagnostic pathways based on patient feedback reduced time to diagnosis from several months to approximately 3–4 weeks, significantly improving patient and caregiver experience without increasing costs. This illustrates how valuebased approaches can improve quality, efficiency, and patientcentredness in Alzheimer's care

In digital health, patient involvement ensures that electronic health records (EHRs) are user-friendly and that telehealth platforms support the self-management of NCDs, especially for older adults with multiple chronic conditions. When it comes to health communication, engaging patients in designing awareness campaigns on NCD prevention, treatment adherence, and lifestyle modification helps ensure messages are clear, culturally relevant, and trustworthy.

Finally, patient engagement in multi-stakeholder decision-making ensures that their perspectives are considered in health technology assessments (HTA), funding boards, and system reform committees. This integration of patient voices in decision-making fosters more transparent, patient-centred NCD policies

KEY RECOMMENDATIONS

European Level

- Support Member States in reforming their healthcare systems through strategic funding and reform support, enabling the transition from hospital-centred systems to people-centred, integrated healthcare with strong focus on primary care and prevention
- Support European networks of Comprehensive Centres of Excellence for managment of NCDs.
- Establish standardised European health outcomes sets for major diseases, building on initiatives such as IMI H2O, and continue to develop Quality Assurance Schemes covering the entire patient pathway.
- Support training programmes focused on the interconnectedness of NCDs to train Healthcare Professionals across Europe in supporting patients with interlinked conditions in primary and secondary care, thereby optimising the quality of care and management.

KEY RECOMMENDATIONS

National and Regional Level

- Invest in a strong primary care as the backbone of a well functioning healthcare system and improve care coordination for patients with multimorbidity and complex health needs, including through scaling up existing disease management programmes and creating incentives for collaboration between different providers (e.g. primary care, hospital and specialist care and long-term/social care).
- Implement standardised care pathways for all major NCDs, centred on monitoring and achieving clinical endpoints and patient-centred outcomes throughout the care journey.
- Include patient representatives and organisations in health decision-making bodies at the national, regional, and local levels, allowing them to contribute to integrated and people-centred care delivery planning
- Use standardised data on health outcomes to assess and compare healthcare providers and care pathways in order to identify unwarranted variations, drive implementation of best practice and quality improvement initiatives

3. Bringing new and better solutions to patients

Innovative medicines and diagnostics have helped to greatly improve the lives of people living with chronic conditions, and science and innovation will continue to play a key role in addressing unmet health and patient needs.

EFPIA members are constantly investing in research and development to better prevent, manage and even cure non-communicable diseases. The pharmaceutical industry is currently working on development of over 12,700 medicines and vaccines, and in 2023 invested €50 billion only in Europe. Of the clinical trials initiated in 2023, 29% were in oncology, 7% each in neurology and endocrinology (such as diabetes and obesity) and 6% in cardiovascular disease. Technologies under development in clinical trials include:

- Vaccines against Ebstein-Barr Virus, which is implicated in onset of NCDs such as cancer and auto-immune conditions such as Multiple Sclerosis[64,65].
- Gene therapies against elevated lipoprotein (a)-levels, which is an inherited risk factor for cardiovascular disease.
- The next generation of obesity management medication, offering improved efficacy and reduced side-effects.
- Anti-interleukin treatments against Chronic Obstructive Pulmonary Disease (COPD)[66]

Precision medicine approaches are also improving the treatment and management of NCDs, by improving prevention and patient stratification, improving efficiency, reducing side effects and optimising resource allocation[67].

Continued investment in Research and Development in Europe that helps to address NCDs requires strong and predictable incentives for innovation, including a competitive intellectual property framework, a future-proof and effective regulatory system and a value-based approach to pricing and reimbursement that rewards innovation and promotes rapid and broad patient access.

There is an uneven uptake of diagnostics and innovative medicines across Europe, with patients in many countries facing considerable delays. In order to improve the lives of people living with NCDs, it is therefore important to not only incentivise research and development but also address barriers to access to new innovative therapies and vaccines at EU and national level.

Good practice - Spain accelerating access to Alzheimer's diagnostic through blood-based testing

The Alzheimer's and Other Cognitive Disorders Unit at Clínic Barcelona Hospital serves as a regional hub for AD diagnosis and care, managing over 900 new cases and 2,500 follow-ups annually. Its multidisciplinary team of clinicians, nurses, therapists, social workers and scientists delivers personalised care through specialised programmes, such as genetic counselling and early-onset AD support, alongside 4,500 annual cognitive therapy sessions. As the first hospital in Spain to adopt the p-tau217 blood test, the unit is pioneering a paradigm shift toward more holistic, less invasive, and cost-effective approaches to improving the quality of care (43). G With around 100 evaluations performed per month, the p-tau217 test enabled a confirmatory diagnosis in 78% of cases— either ruling in or ruling out AD—reducing reliance on invasive procedures, improving patient experience and optimising healthcare resources for early intervention.

KEY RECOMMENDATIONS

European Level

- Robust research funding into unmet medical needs and investment in collaborative research and public-private partnerships to drive translational research.
- Improve the European clinical trials ecosystem to simplify, speed up and truly harmonise the EU framework in particular for multi-country clinical trials.
- Ensure robust funding and resources for EMA and European Medicines Regulatory Network to ensure access to expertise across diseases and conditions, and facilitate the involvement of patient experts and advocates.
- Recognise the value of health for the European economy within the EU's economic and social policy coordination and guide Member States on how to utilise the New Economic Governance Framework for health investments with a proved Return on Investment.

KEY RECOMMENDATIONS

National and Regional Level

- Increase use of biomarkers and patient-centred endpoints (such as quality of life, patient satisfaction with treatment and functionality) in regulatory and HTA decision-making to facilitate breakthrough and incremental innovation in major NCDs.
- Ensure that national and regional treatment guidelines and processes are keeping pace with the latest international clinical guidance.
- Increase funding of innovative therapies and diagnostics, and adopt innovative payment models when needed to address uncertainties around value or budget impact (including subscription models and outcomes-based agreements).
- Invest in healthcare infrastructure and diagnostic pathways to support introduction of innovative therapies, including biomarker testing for precision medicine.

Digital Solutions cut health systems costs by 15%-20%

4. Digitalised healthcare system

Digital transformation is becoming an essential enabler of sustainable healthcare systems. As Europe faces a rising burden of non-communicable diseases (NCDs), increasing multimorbidity and growing shortages of healthcare professionals, digital health technologies can help health systems shift from reactive treatment to proactive, data-driven and patient-centred care. A 2022 OECD report estimated that digital solutions could cut health system costs by up to 15–20% through efficiency gains. However, realizing this potential requires strategic governance, investment in digital infrastructure, and a focus on equity and ethics. With the right safeguards and alignment, digital health can be a catalyst for more resilient and people-centred healthcare across Europe.

Digital tools enabling earlier detection and diagnosis

Digital technologies are increasingly supporting earlier identification of chronic diseases by enabling scalable screening tools and more accessible diagnostics. Earlier detection is particularly important for many NCDs, where pathological changes may occur years before clinical symptoms appear.

Digital cognitive assessment platforms, for example, allow rapid screening for early cognitive impairment in primary care settings. Such tools can support clinicians in identifying patients at risk of neurodegenerative diseases earlier, enabling timely interventions and improved care planning. Similarly, AI-enabled diagnostics and digital biomarker tools are helping identify early signs of disease across therapeutic areas including cardiovascular disease, metabolic disorders and liver disease.

Good practice - Mindmore, Sweden

Leveraging a modular digital platform to enhance AD detection through at-home cognitive testing

Mindmore® is a clinically validated digital platform from Sweden that converts conventional paper based cognitive assessments into an intuitive digital format. Developed with input from clinicians and patients, its modular design allows flexible integration into care pathways with minimal disruption. By enabling more accessible and faster testing, it facilitates early detection and more efficient cognitive screening in primary care settings. Already adopted in over 100 clinics across Scandinavia and recommended in national care protocols, the platform has been validated in more than 40 academic studies and consistently outperforms traditional paper-based tools (14,15). Mindmore is currently aiming to roll out its scalable, evidence-based approach to routine, proactive cognitive testing across Europe. It improves efficiency and reduces costs, saving health systems €150 per test while increasing patient throughput by 119%. At the 21 clinics within Stockholm's city borders alone, these improvements have translated into annual savings of at least €2 million.

AI-supported clinical decision-making

As medical knowledge continues to expand, clinicians face increasing challenges in keeping pace with evolving clinical guidelines and treatment recommendations. For many chronic conditions, treatment guidelines span hundreds of pages and are frequently updated, making it difficult for healthcare professionals to consistently apply the latest evidence in clinical practice.

Artificial intelligence offers significant potential to support healthcare professionals by translating complex clinical evidence into practical decision-support tools. AI systems can analyse clinical data, interpret guidelines and assist clinicians in identifying the most appropriate treatment strategies for individual patients.

By bridging the gap between complex medical evidence and everyday clinical practice, AI-supported decision tools could significantly increase the proportion of patients receiving guideline-directed therapies, improving outcomes while reducing inefficiencies within health systems.

Remote monitoring and home-based care

Digital technologies are also transforming the management of chronic diseases by enabling care to be delivered closer to patients' homes. Remote monitoring tools—including connected medical devices, wearable sensors and mobile health applications—allow healthcare professionals to track patients' health status continuously and intervene earlier when signs of deterioration appear.

These technologies are particularly valuable for managing long-term conditions such as diabetes, cardiovascular disease, chronic respiratory diseases and neurological disorders. By enabling continuous monitoring and timely interventions, remote care solutions can reduce avoidable hospitalisations, support treatment adherence and improve quality of life for patients living with chronic conditions.

Remote monitoring also allows healthcare systems to make more efficient use of limited resources by shifting routine follow-up and disease management from hospitals to primary care and community settings. For patients, digital health tools can provide greater autonomy and convenience, enabling them to participate more actively in managing their own health.

Good practice - the Netherlands, digital support for home care

Buurtzorg combines nurse-led home care with a digital system that enables patients to co-create and view their care plans, fostering shared decision-making and improving satisfaction and continuity68. These examples underscore how thoughtful engagement strategies—whether through co-design, intuitive communication, or shared care planning—can make digital and home-based care more person-centred, effective, and scalable.

Unlocking the value of health data for research and innovation

Digitalisation also enables the development of health data ecosystems that can accelerate medical innovation and support better healthcare planning. Secure and interoperable health data systems allow researchers and clinicians to analyse large datasets, generate real-world evidence and identify new insights into disease progression and treatment outcomes.

The implementation of the European Health Data Space (EHDS) will play a central role in enabling the secure and ethical use of health data across Europe. By facilitating access to anonymised health data for research, innovation and policymaking, EHDS can support the development of new medicines, diagnostics and digital health tools while strengthening Europe's position as a global leader in health innovation.

Good practice - Diacare project, Catalunya, Spain

Diacare is a project seeking benefit for people with type 2 diabetes as well as their personal and healthcare environment via digital support and devices. The project is supported by the regional political bodies, pharmaceutical industry and scientific expert groups. Diacare is a system for real-time care that supports the self-management of people with diabetes via personalised features. Via the Diacare platform, profiles of the respective users are created to record their individual needs in dealing with diabetes. People using Diacare get digital personal assistance helping with daily decisions, such as what to buy in the supermarket and setting incentives for physical activity. People with diabetes also report about their physical and psychological wellbeing, so that all actions can be put in correlation with how their overall well-being evolves. If necessary, therapeutic measures will be adapted as soon as possible. Diacare is not managed by an anonymous algorithm; the person using Diacare can always contact a case manager for assistance.

Building a digitally enabled health system

Realising the full potential of digital health requires coordinated investment in digital infrastructure, interoperability and digital skills across health systems. Health data must be secure, accessible and interoperable across care settings, allowing information to flow seamlessly between healthcare providers while maintaining the highest standards of privacy and data protection.

At the same time, digital tools must be designed with patients and healthcare professionals in mind to ensure usability, trust and adoption in real-world clinical practice. For patients, the success of these tools depends on how well they align with patients' needs, preferences and daily lives. Co-designing digital solutions with patients, incorporating feedback mechanisms and ensuring intuitive, accessible interfaces are essential to foster trust and sustained use.

By embedding digital innovation across prevention, diagnosis, treatment and research, Europe can build health systems that are more resilient, efficient and patient-centred. Digital health will be a critical component of Europe's ability to tackle the growing burden of non-communicable diseases while improving health outcomes and ensuring the long-term sustainability of healthcare systems.

Digital innovation in action – European initiatives transforming NCD care

Across Europe, public–private research partnerships are developing the next generation of digital health tools to improve prevention, diagnosis and management of chronic diseases. Several initiatives supported through the Innovative Health Initiative (IHI) illustrate how digital technologies and advanced analytics can translate into practical solutions for patients and healthcare systems - transform chronic disease management across Europe by enabling earlier diagnosis, more personalised treatments and better clinical decision-making.

GUIDE-AI – AI-powered clinical guideline navigation

GUIDE-AI is developing artificial intelligence tools that help clinicians quickly identify guideline-recommended treatments for chronic conditions such as heart failure, chronic kidney disease, asthma and COPD. By using large language models to interpret complex clinical guidelines, the project aims to increase the proportion of patients receiving evidence-based treatments while reducing the cognitive burden on healthcare professionals.

AD-RIDDLE – digital platform for early Alzheimer's detection

The AD-RIDDLE project is creating a modular digital platform combining cognitive testing, biomarker diagnostics and decision-support algorithms to enable earlier detection and management of Alzheimer's disease. The platform will include digital risk-assessment tools for the public and referral pathways to healthcare services, supporting earlier intervention and improved care planning.

CLAIMS – AI-supported personalised care for multiple sclerosis

The CLAIMS project is developing a digital diagnostic and decision-support platform that integrates clinical trial data and real-world patient information. Using advanced AI models, the platform will help clinicians predict disease progression and identify optimal treatment strategies for individual patients.

iCARE4CVD – data-driven precision medicine for cardiovascular disease

iCARE4CVD is analysing data from more than one million cardiovascular patients using advanced analytics and artificial intelligence. The project aims to identify patient subgroups and determine which treatments are most effective for each group, supporting more personalised care and improved outcomes.

KEY RECOMMENDATIONS

European Level	Promote the effective access and use of health data to fuel research and development of new treatments; this would involve phased implementation of the European Health Data Space (EHDS) and AI Act in consultation with stakeholders, including patient organisations and the private sector.
	Ensure that AI governance will have suitable and risk-based guidance for oversight that is tailored to the regulatory status and specific context of use.
	Support building capacity among patient organisations and healthcare professionals to: (i) increase the uptake and deployment of digital health tools, such as patient portals, telemedicine services, and health apps, (ii) increase active participation in data collection initiatives that can better inform health policy decisions.

KEY RECOMMENDATIONS

National and Regional Level	Invest in digitalisation of health systems, including integrated Electronic Health Records, patient and disease registries, and enable data-linkage through a Unique Patient Identifier to make it possible to link data from different care providers and settings, enabling integrated care, identification of multi-morbidities and unintended poly-pharmacy.
	Deploy integrated platforms (“patient portals”) for giving patients access to their own data and general health information to improve health literacy.
	Invest in digital health solutions to enable patients to monitor and manage their conditions in a home setting.

Call to action – A healthy investment for Europe

Across Europe, demographic change is putting increased pressure on public finances at a time when urgent investments are needed to meet environmental and technological change in an unstable geopolitical environment. Increased longevity and lower birthrates mean that fewer and fewer people contribute to the economic growth that underpins societal prosperity for all.

Health is one of the most important factors for determining how Europe will be impacted by this development. Projections show that if future longevity gains are spent in good health, the increase in public expenditure on healthcare can be cut by more than half.

Europe's economy is already facing the burden of non-communicable diseases (NCDs)— in 2023, 5 major NCDs caused the EU 1.5 million deaths and €530 billion in economic losses, which is more than 3% of the EU's combined GDP. If we don't change course, the future is even more troubling: by 2050, annual NCD deaths are expected to increase by 50%, and new cases by 16%, reaching 7.4 million annually.

Interventions
not only pay for themselves but also have a net benefit to the economy.

Facing this reality, keeping people healthy and catching disease early before serious complications have occurred is not only the right thing to do for the individual, but an imperative to ensure Europe's future prosperity and resilience. And the benefits for taking action are clear. Studies show that for every euro invested in early detection and treatment of NCDs and chronic diseases such as cardiovascular disease, obesity, diabetes and breast cancer, the returns from reduced healthcare costs and improved productivity range from 1.1 euros to 4.9 euros. Meaning that the interventions not only pay for themselves but also have a net benefit to the economy. This underscores the broader importance of health investments, not just in improving population health but also in supporting governments' abilities to manage long-term sustainable finances amid competing priorities.

We have a choice to transform health from a cost centre into a strategic investment, driving societal resilience, productivity, and well-being. The roadmap outlined in this document offers a concrete path forward built on prevention, person-centred care, innovation, and digital transformation.

Health as Economic Strategy

For a secure, stable and prosperous Europe, health must be integrated as a pillar of economic policy. Investing in prevention and early detection, strengthened primary care, innovative medicines and diagnostics as part of a comprehensive strategy to tackle the NCDs challenge is not merely a public health priority—it is a macroeconomic imperative.

Paradoxically, the constant upwards pressure on age-related healthcare costs stems from chronic underinvestment on interventions and reforms that would deliver long-term value, a result of systemic short-termism in budgeting frameworks and fragmented health governance.

This could be overcome by:

- **Protection and expansion of investment** in health and innovation through multi-year, strategic financing frameworks.
- **Embedding economic analysis** to assess long-term benefits of health interventions, not just immediate treatment costs.
- **Strengthening collaboration** between health and finance ministries to align funding with economic growth and national resilience strategies.
- **Realisation that health needs to be viewed as a long-term investment** in human capital—on par with climate, energy, and digital transformation.

Anchor change in EU-Level Frameworks

While healthcare financing is a responsibility of national and regional governments, the EU can support through several means.

1. Recognise the importance of population health for economic growth within the EU's economic and social policy coordination.
2. Provide guidance to Member States on how to use the flexibilities in the New Economic Governance Framework to plan health investments that have a positive economic return beyond the annual budget cycle.
3. Support strategic health system investments through the next Multi-Annual Financial Framework, including in programmes for immunisation and screening and for reforms shifting care from hospitals to primary and community care.

Scale Proven Innovations Across Borders

Europe is rich in local best practices, but these remain unevenly adopted. The EU should accelerate the cross-border scaling of innovations through funding, regulatory alignment, and shared evaluation tools. The proposed European Comprehensive Centres of Excellence could lead this knowledge diffusion and capacity-building mission.

Health as a Common European asset

With demographic pressure rising and geopolitical and economic challenges mounting, health must be treated as a strategic asset—every bit as vital as digital, defense, and energy. Tackling NCDs is not only about preventing disease—it is about protecting Europe's future. A healthy population is a precondition for all other priorities, be it economic growth, societal resilience or security. Investing in health also drives the innovation eco-system, creating high-value jobs in a knowledge-intensive sector.

EFPIA and its members share a commitment to play our part in making health central to Europe' success.

The tools are available. The evidence is clear. The time to act is now to make a healthy choice for Europe's future.

References

1. Bezerra de Souza, D. L., Oliveras-Fabregas, A., Espelt, A., Bosque-Prous, M., de Camargo Cancela, M., & Teixidó-Compañó, E., et al. (2021). Multimorbidity and its associated factors among adults aged 50 and over: A cross-sectional study in 17 European countries. PLOS ONE, 16(2), e0246623. *https://doi.org/10.1371/journal.pone.0246623*
2. Meaning there will be approximately 52 elderly people (65+) for every 100 working-age individuals in the EU; Sources: OECD Statistics on Dependency Ratios (2023-2025), European Commission (2024) Ageing Report, UN DESA World Population Prospects (2024)
3. RHC. (2025). The case for investing in a healthier future for the European Union.
4. World Health Organization. (n.d.). SDG target 3.4 dashboard. *https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.4-noncommunicable-diseases-and-mental-health*
5. Bezerra de Souza, D. L., Oliveras-Fabregas, A., Espelt, A., Bosque-Prous, M., de Camargo Cancela, M., & Teixidó-Compañó, E., et al. (2021). Multimorbidity and its associated factors among adults aged 50 and over. PLOS ONE, 16(2), e0246623. *https://doi.org/10.1371/journal.pone.0246623*
6. European Commission. (2024). Ageing Report
7. Eurostat, EU-SILC 2023, OECD. (2023) Health Statistics
8. Eurostat. (n.d.). Healthcare expenditure statistics – overview. *https://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_expenditure_statistics_-_overview*
9. European Commission. (2024). Ageing report and "Healthier Together" projections
10. RHC. (2025). The case for investing in a healthier future for the European Union.
11. Health care workers refers to doctors, nurses and midwives; Source: OECD. (2024). Health at a glance 2024
12. Vandenberghe, D., & Albrecht, J. (2020). The financial burden of non-communicable diseases in the European Union: A systematic review. European Journal of Public Health, 30(4), 833–839. *https://doi.org/10.1093/eurpub/ckz073*

    Zavrnik, C̆., Danhieux, K., et al. (2021). Scaling-up an integrated care for patients with non-communicable diseases in Slovenia and Belgium.

    González-de Paz, L., Real, J., Borrás-Santos, A., et al. (2016). Associations between informal care, disease, and risk factors: A Spanish population-based study. Journal of Public Health Policy, 37, 173–189. *https://doi.org/10.1057/jphp.2016.3*
13. In the UK, research shows significant rise of Type 2 Diabetes diagnosis among people under 40 – 39% increase over a six-year period which outpaces the growth in cases over 40.
14. World Health Organization Regional Office for Europe. (2022). Adolescents' health under threat from growing burden of NCDs. *https://www.who.int/europe/news/item/23-09-2022*
15. Diabetes UK. (2024). Reverse the Trend; Reducing type 2 diabetes in young people *https://www.diabetes.org.uk/sites/default/files/2024-05/Reverse%20the%20Trend%20-%20Reducing%20type%202%20diabetes%20in%20young%20people.pdf*
16. International Agency for Research on Cancer. (2023). Early onset cancer rise. *https://www.iarc.who.int/news-events/early-onset-cancer-rise-2023*
17. In Europe, asthma prevalence among children is around 9%, and COPD - traditionally seen in older adults - is now being detected in younger age groups. Sources: References: (1) WHO Regional Office for Europe. Chronic respiratory diseases and health equity by 2050: a spotlight on chronic obstructive pulmonary disease and asthma in the WHO European Region. Copenhagen: WHO; 2025. (2) Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease (GBD) Compare. 2021.
18. Eroglu, T., Capone, F., & Schiattarella, G. G. (2024). The evolving landscape of cardiometabolic diseases. eBioMedicine, 109, 105447. *https://doi.org/10.1016/j.ebiom.2024.105447*

19. Pearson-Stuttard, J., DeKoven, M., de Laguiche, E., et al. (2022). Cost progression over 8 years for individuals with obesity-related complications. ECO/IFSO-EC Congress on Obesity.

Bray, G., et al. (2017). Obesity: A chronic relapsing progressive disease process. Obesity Reviews, 18(7), 715–723.

20. RHC. (2025). The case for investing in a healthier future for the European Union.

21. World Health Organization Regional Office for Europe. (2025). Avoidable mortality, risk factors and policies for tackling NCDs.

22. Alzheimer Europe. (2019/2022). Dementia in Europe yearbook.

World Health Organization. (2021). Global status report on public health response to dementia.

Delrieu, J., et al. (2022). Alzheimer's clinical trials and anti-amyloid therapies. Journal of Prevention of Alzheimer's Disease, 9(3), 393–399. https://doi.org/10.14283/jpad.2022.48

23. National Institute for Health and Care Excellence. (2018). Confirming COPD diagnosis (NG115). *https://www.ncbi.nlm.nih.gov/books/NBK560119/*

24. Cancer Research UK. (2020). Cancer statistics (England, 2016-2020).

25. Khan, S. A., Hernandez-Villafuerte, K., Hernandez, D., & Schlander, M. (2022). Stage-wise costs of breast cancer in Germany. Frontiers in Public Health, 10, 946544. *https://doi.org/10.3389/fpubh.2022.946544*

26. Mar, J., et al. (2017). The cost of colorectal cancer according to TNM stage. Cirugía Española. *https://doi.org/10.1016/j.cireng.2017.01.001*

27. London School of Economics & EFPIA. (2020). Improving secondary prevention of cardiovascular disease. *https://www.lse.ac.uk/business/consulting/assets/documents/How-can-we-improve-secondary-CVD-prevention- LSE-EFPIA.pdf*

28. World Health Organization Regional Office for Europe. (2025). Chronic respiratory diseases and health equity by 2050.

29. *Maximizing the benefit and managing the risk of anti-amyloid monoclonal antibody therapy for Alzheimer's disease: Strategies and research directions - ScienceDirect*

30. WHO Europe / PMC article. What are the cost-savings and health benefits of improving detection and management for six high cardiovascular risk conditions in England? An economic evaluation *https://pmc.ncbi.nlm.nih.gov/articles/PMC7488844/*

31. Pearson-Stuttard, J., et al. (2022). Cost progression for obesity complications. ECO Congress. Bray, G., et al. (2017). Obesity as a chronic disease. Obesity Reviews.

32. World Health Organization. (2023). Framework for meaningful engagement of people living with NCDs. *https://www.who.int/publications/i/item/9789240073074*;

World Health Organization. (2021). Nothing for us, without us. *https://www.who.int/publications/i/item/nothing-for-us-without-us-opportunities-for-meaningful-engagement-of-people-living-with-ncd*s;

World Health Organization. (2016). Patient engagement: Technical series. *https://apps.who.int/iris/bitstream/handle/10665/252269/9789241511629-eng.pdf*

33. Kwong, J. C., Schwartz, K. L., Campitelli, M. A., et al. (2018). Acute myocardial infarction after influenza infection. New England Journal of Medicine, 378(4), 345-353. *https://doi.org/10.1056/NEJMoa1702090*

34. Hansen, T., et al. (2022). Breast cancer screening participation. eLife, 11, e81522. *https://elifesciences.org/articles/81522*

Hansen, Tina, et al. 2022. "Improving Participation in Breast Cancer Screening: A Danish Nationwide Randomised Study." eLife 11: e81522. *https://elifesciences.org/articles/81522*; Pedersen, Anette Fischer, et al. 2022. Danish Colorectal Cancer Screening Programme: Implementation and Impact. eLife. *https://elifesciences.org/articles/81808.pdf*; Danish Health Authority (Sundhedsstyrelsen). 2024. National Screening Programme. *https://www.sst.dk/en/english/Healthcare-professionals/Healthcare-planning-and-quality-of-care/National-screening-programme*; Andersen, Berit, et al. 2023. "Participation in Mammography Screening in Denmark During the COVID-19 Pandemic: A Nationwide Population-Based Study." eLife 12: e83541. *https://elifesciences.org/articles/83541*

35. World Health Organization (WHO). WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases and Mental Health Conditions. Geneva: WHO, 2023. *https://www.who.int/publications/i/item/9789240073074*; World Health Organization (WHO). Nothing for Us, Without Us: Opportunities for Meaningful Engagement of People Living with NCDs. Geneva: WHO, 2021. *https://www.who.int/publications/i/item/nothing-for-us-without-us-opportunities-for-meaningful-engagement-of-people-living-with-ncds*; World Health Organization (WHO). Patient Engagement: Technical Series on Safer Primary Care. Geneva: WHO, 2016. *https://apps.who.int/iris/bitstream/handle/10665/252269/9789241511629-eng.pdf*;
36. Hansen, Tina, et al. 2022. "Improving Participation in Breast Cancer Screening: A Danish Nationwide Randomised Study." eLife 11: e81522. *https://elifesciences.org/articles/81522*; Pedersen, Anette Fischer, et al. 2022. Danish Colorectal Cancer Screening Programme: Implementation and Impact. eLife. *https://elifesciences.org/articles/81808.pdf*; Danish Health Authority (Sundhedsstyrelsen). 2024. National Screening Programme. *https://www.sst.dk/en/english/Healthcare-professionals/Healthcare-planning-and-quality-of-care/National-screening-programme*; Andersen, Berit, et al. 2023. "Participation in Mammography Screening in Denmark During the COVID-19 Pandemic: A Nationwide Population-Based Study." eLife 12: e83541. *https://elifesciences.org/articles/83541*
37. World Health Organization Regional Office for Europe. (2022). HPV self-sampling in Sweden. *https://www.who.int/europe/news/item/08-09-2022-hpv-self-sampling-in-sweden-leading-to-faster-elimination- of-cervical-cancer*
38. Public Health England. (2020). NHS health check programme review. *https://www.gov.uk/government/publications/nhs-health-check-programme-review*;
39. Euractiv. (2023). Poland launches free adult health checks. *https://www.euractiv.com/section/health-consumers/news/poland-launches-free-adult-health-checks-to-boost-early-disease-detection/*
40. Ekathimerini. (2023). Free blood tests under national health plan. *https://www.ekathimerini.com/in-depth/society-in-depth/1262622/free-blood-tests-offered-under-national-health-action-plan*
41. Haahtela, T., et al. (2004). Asthma programme in Finland. Thorax.
42. *Early detection program for cognitive impairment | DAC-SP Early Detection Blueprint*
43. World Health Organization. (2016). Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions (ACSCs). *https://iris.who.int/handle/10665/348972*
44. EFPIA. (2020). Strengthening health systems through smart spending
45. Erixon et al. (2014). Investing in obesity treatment to deliver significant healthcare savings: Estimating the healthcare costs of obesity and benefits of treatment. European Centre for International Political Economy.
46. World Obesity Federation. (2024). World obesity
47. Yuen, M., Earle, R., & Kadambi, N. (2016). A systematic review and evaluation of current evidence reveals 236 obesity-associated disorders. New Orleans: The Obesity Society.
48. COPD Index, ERS; The Lancet; OECD/EU Health Report
49. Orgeta, V., Roche, M., Del-Pino-Casado, R., & Leung, P. (2025). Time to diagnosis in dementia. International Journal of Geriatric Psychiatry.
50. Ferro, C. J., Wanner, C., Luyckx, V., et al. (2025). A call for urgent action on chronic kidney disease across Europe. The Lancet Regional Health - Europe.
51. Blay, J. Y et al. (2024). Improved nationwide survival of sarcoma patients with a network of reference centers. Annals of Oncology, 35(4), 351-363. *https://doi.org/10.1016/j.annonc.2024.01.001*
52. Bierbaum, V., Bobeth, C., Roessler, M. et al. Treatment in certified cancer centers is related to better survival in patients with colon and rectal cancer: evidence from a large German cohort study. World J Surg Onc 22, 11 (2024). *https://doi.org/10.1186/s12957-023-03262-9*
53. PwC and EFPIA (2023) Revealing policy barriers in diabetes care

54. *COPD Index - Evaluating Countries Approaches to COPD*

55. *512877-020-01835-x.pdf*

56. PwC and EFPIA (2023) Revealing policy barriers in diabetes care

57. EMSP (2022) Assessing the Impact of Multiple Sclerosis Symptoms (IMSS) on the quality of life of people with MS to provide personalised care and support; available at: *https://emsp.org/projects/impact-of-multiple-sclerosis-symptoms-imss/*

58. Orgeta V, Leung P, Del-Pino-Casado R, et al._Time to diagnosis in dementia: a systematic review and meta-analysis._ International Journal of Geriatric Psychiatry. 2025. _*https://doi.org/10.1002/gps.6228*

59. Servier. (2023). Unlocking the potential of therapeutic adherence as a priority for a forward-looking approach to healthcare policies

60. World Health Organization. (2021). Value-based health care: A global overview. WHO Regional Office for SouthEast Asia. *https://www.who.int/publications/i/item/9789290220121*

61. OER Collective. (2023). Funding models in healthcare services. In Value-based health care (Chapter 3). *https://oercollective.caul.edu.au/value-based-health-care/part/chapter-3-chapter-3-funding-models-in-healthcare-services*/

62. Ryan, A. M., & Shortell, S. M. (2022). The Medicare hospital value-based purchasing program: Time for reexamination. Nursing Outlook, 70(3), 400-403. *https://doi.org/10.1016/j.outlook.2021.12.001*

63. D'Amico E, Haase R, Ziemssen T. Review: Patient-reported outcomes in multiple sclerosis care. Mult Scler Relat Disord. 2019 Aug;33:61-66. doi: 10.1016/j.msard.2019.05.019. Epub 2019 May 27. PMID: 31154262.

64. Shannon-Lowe, C., Rickinson, A. B., & Bell, A. I. (2017). Epstein-Barr virus-associated lymphomas. Philosophical Transactions of the Royal Society B, 372. *https://doi.org/10.1098/rstb.2016.0271*

65. Bjornevik, K., Cortese, M., Healy, B. C., et al. (2022). Epstein-Barr virus and multiple sclerosis. Science, 375(6578), 296-301. *https://doi.org/10.1126/science.abj8222*

66. EFPIA Pipeline Review 2024; *https://www.efpia.eu/media/mezjxddv/2024-pipeline-review.pdf*

67. EFPIA and CRA (2021) Adoption of precision health and precision medicine approaches in addressing population health needs in Europe *https://www.efpia.eu/media/zv5ppxry/adoption-of-precision-health-and-precision-medicine-approaches-in-addressing-population-health-needs-in-europe.pdf*

68. Gray, B. H., & van Ginneken, E. (2012). Buurtzorg Nederland model. The Commonwealth Fund. *https://www.commonwealthfund.org/publications/issue-briefs/2012/jun/buurtzorg-nederland-new-model-new-era-community-nursing*; KPMG International. 2016. Value-Based Healthcare: A Global Assessment. https://assets.kpmg/content/dam/kpmg/pdf/2016/02/value-based-healthcare.pdf

69. European Commission. (2024). Economic report. *https://economy- finance.ec.europa.eu/document/download/d182f8d0-14fd-489b-8ca5-059d1a6babc4 en*

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