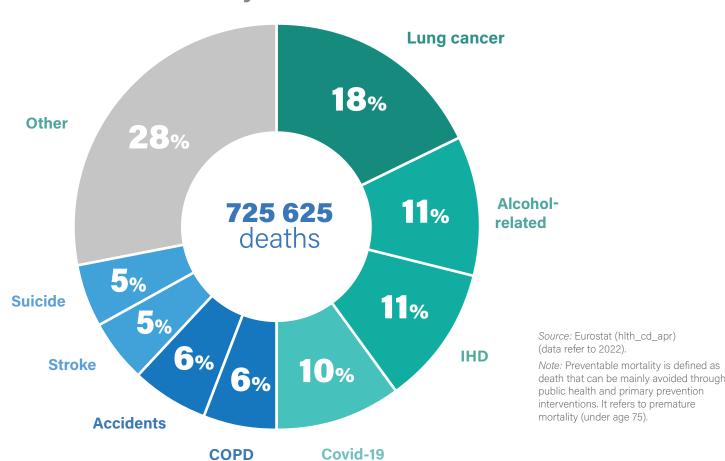
## Synthesis Report 2025: Health Policy Reform Trends in the EU

Over 725 000 lives could have been saved with effective prevention in 2022 — Non-communicable diseases are the top cause of preventable illness and early death in the EU

**Preventable mortality distribution across the EU** 



Non-communicable diseases (NCDs) also accounted for an estimated **2.4 million** potential productive **life years lost in 2022** alone.

Multisectoral policies aim to tackle risk factors like:



Consumption of tobacco and nicotine products



Harmful alcohol consumption



**Poor diets** 



Obesity



**Physical inactivity** 

Primary care is under pressure from rising demand, workforce shortages and uneven distribution of services



**35%** of European adults report a long-standing illness or health problem, rising to **60%** among people aged over 65.



Only 20% of doctors work as general practitioners.



**3%** of adults across the EU reported unmet needs for primary care in 2024 – the share was twice that or more in some countries.

Policy responses by Member States aim to create more integrated, accessible and patient-centred systems by:

- Changing care models and expanding multidisciplinary teams in primary care
- Reforming education and training of primary care professionals
- Offering financial and non-financial incentives to implement new care models and to attract and retain more primary care professionals

Balancing affordability, timely access and innovation of medicines is challenging



Over **60%** of retail pharmaceutical spending in the EU is covered publicly, but this ranges from over **80%** in some countries to less than **50%** in others.



In early 2025, **1 in 2** medicines approved between 2020 and 2023 were available to patients. **Time to reimbursement** averaged **578 days** after EU marketing authorisation – up from 531 days a year earlier.



Generic uptake has risen from **39%** of volume in 2010 to **51%** in 2023.

EU countries pursue multifaceted reforms to ensure affordability and innovation:

- Expanding coverage and easing out-of-pocket burdens
- Accelerating access to innovative medicines
- Improving pricing and reimbursement systems
- Promoting the use of generics and biosimilars

Most Member States offer some form of electronic health records, yet gaps and inequalities in access persist across countries and by socioeconomic status

Source: Eurostat database (isoc\_ci\_ac\_i). Data pertain to 2024. Note: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).

The digital transformation has accelerated across Europe. ICT investments, up 30% from pre-pandemic levels, aim to strengthen infrastructure, interoperability, governance, and workforce digital skills. While all Member States provide some form of electronic health record (EHR) access, only around 28% of EU citizens access their EHRs, with substantial disparities across countries and socioeconomic groups.