Europe's Beating Cancer Plan

A wide-ranging plan facing an uncertain future

CURIA RATIONUM

EUROPEAN
COURT
OF AUDITORS

Contents

Timeline

Audit team

Main messages

Why this area is important

01 Cancer is the second leading cause of death in the European Union, where it is responsible for nearly 1.1 million deaths each year[1]. One in two EU citizens will be diagnosed with cancer during their lifetime, and the number of new cancer cases is expected to go on rising due to Europe's ageing population and lifestyle-related risk factors[2].

02 The impact of cancer extends beyond individuals and families: it places a significant burden on healthcare systems, labour markets, and economies. The total economic impact of cancer in the EU is estimated to be over €100 billion per year[3].

03 To help address this growing challenge, in 2021 the Commission launched Europe's Beating Cancer Plan (EBCP), the aim of which is to reduce the cancer burden for patients, their families and health systems. With an initial budget of €4 billion from the 2021-2027 multiannual financial framework, the EBCP takes a comprehensive approach to tackle the four key stages along the disease pathway: prevention, early detection, cancer care and treatment, and quality of life for patients and survivors.
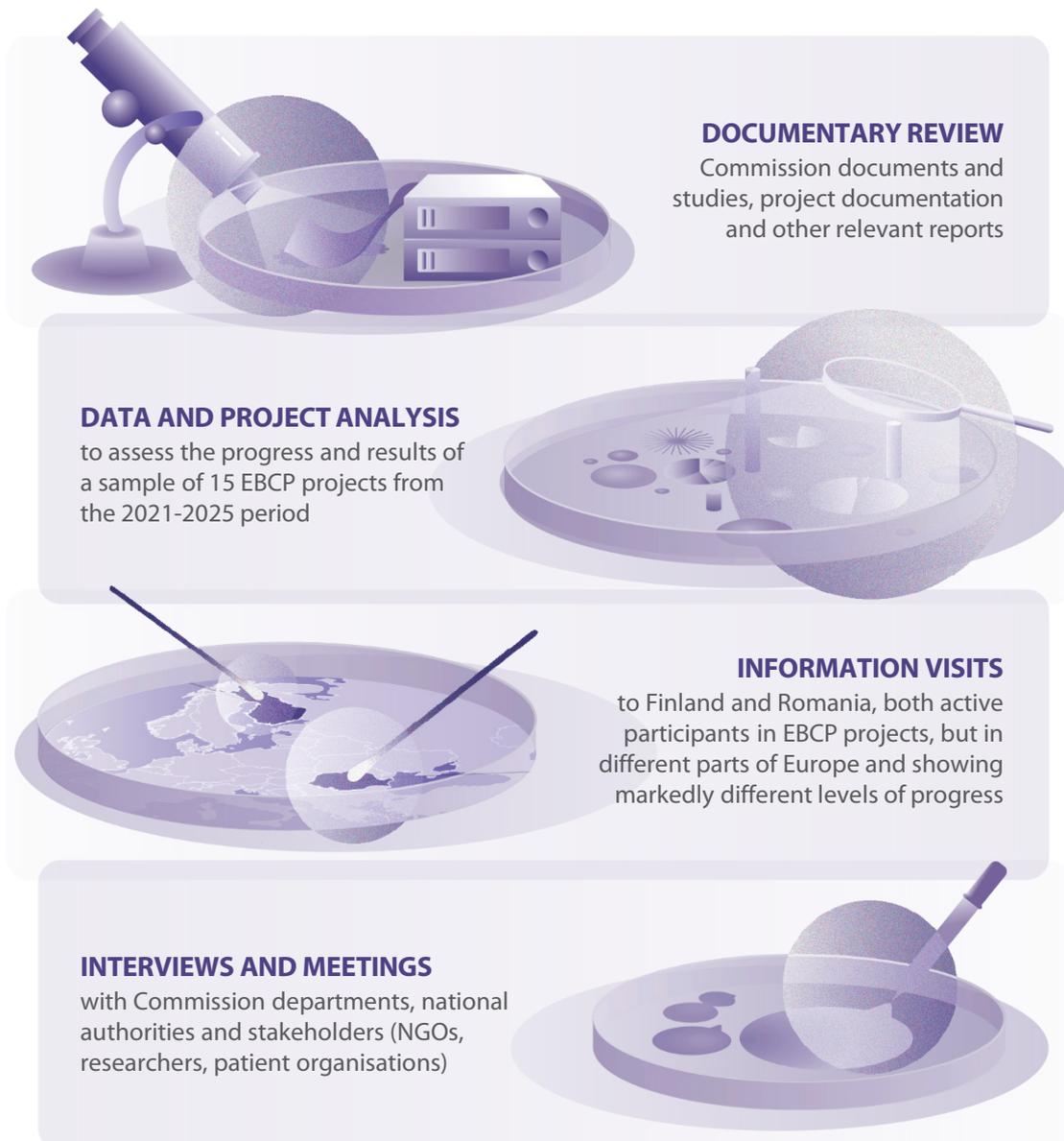
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[1] Eurostat, Cancer statistics.

[2] European Network of Cancer Registries, Cancer burden in Europe: estimates 2022 and up to 2040.

[3] SWD(2021) 13 of 3 February 2021.

04 The EBCP is structured around 42 actions, 10 of which are labelled flagship initiatives. As well as the four key action areas, there are links to three cross-cutting themes (new technologies, cancer inequalities, childhood cancer). The actions range across multiple policy areas, such as the environment and social inclusion, and promote research and innovation, digitalisation, data sharing and synergies with other EU and national policies. Under each action, the Commission offers funding for projects, which can be proposed and implemented by a wide range of public and private bodies, including non-profits and academic institutions.

05 The objective of this audit was to assess the EBCP's effectiveness as an EU-wide response in the fight against cancer. Specifically, we examined the design of the EBCP, how the 10 flagship initiatives and related projects are being implemented, and whether they appear to be sustainable. We also looked at the Commission's monitoring arrangements. As the EBCP's results will materialise in the long term, our conclusions focus on implementation progress and conditions for future effectiveness, rather than on impact. A special focus of the audit was on reducing cancer inequalities between and within member states; however, progress in this area also depends on factors outside the EBCP's direct influence.

06 We obtained the evidence for our assessment from a range of sources, as shown in *Figure 1*.

Figure 1 | Audit approach

DOCUMENTARY REVIEW
Commission documents and studies, project documentation and other relevant reports

DATA AND PROJECT ANALYSIS
to assess the progress and results of a sample of 15 EBCP projects from the 2021-2025 period

INFORMATION VISITS
to Finland and Romania, both active participants in EBCP projects, but in different parts of Europe and showing markedly different levels of progress

INTERVIEWS AND MEETINGS
with Commission departments, national authorities and stakeholders (NGOs, researchers, patient organisations)

Source: ECA.

07 We chose this audit topic because cancer is a major public health concern in the EU. The challenges of prevention, early detection and providing good quality cancer care vary between member states. Cancer has a huge impact on member states' health systems, the EU economy and society as a whole.

08 We expect our work to inform the Commission about the effectiveness of EBCP actions up to the end of 2024. We also highlight ways in which the EBCP might better achieve its

objectives, outlining good practices but also weaknesses in implementation. Our observations could help the Commission to improve its strategic focus and strengthen the coherence and impact of EU action against cancer, including in the context of preparations for the next multiannual financial framework. For more background information, and details on the audit scope and approach, see *Annex I*.

What we found and recommend

09 We found that the EBCP is contributing to the coordination and implementation of member states' efforts in the fight against cancer. However, its effectiveness risks being compromised by the absence of a monitoring framework, uncertain sustainability and an unclear outlook after 2027.

10 Regarding the EBCP's **design**, we found that it built on previous European cancer initiatives and expanded on their scope. Although there was no prior impact assessment, there was extensive consultation with stakeholders. The EBCP proposed generic objectives for all key action areas and cross-cutting themes, but more specific sub-objectives for only some of them (paragraphs *20-23*).

11 Actions were identified for implementation within a specific timeframe, some of them highlighted as flagship initiatives. The EBCP had an initial budget of €4 billion, but it was not specified how this amount was to be distributed across objectives and actions. The EU4Health budget for 2025-2027 has been reduced by €1 billion following the mid-term revision of the 2021-2027 multiannual financial framework (long-term budget), and it is not clear what the impact will be on the EBCP's further implementation. It is also unclear how the EBCP will be financed under the EU's proposed next multiannual financial framework, which does not specifically mention it. As of October 2025, more than €2.7 billion of the initial €4 billion budget had been committed (paragraphs *24-26*).

12 We found that the EBCP contains measurable targets for only a few sub-objectives in three areas (prevention, early detection, care). Actions and targets cover different time horizons and may extend beyond 2027, the last year of the current multiannual financial framework. It is therefore unclear when many actions and objectives will be assessed (paragraphs *27-29*).

13 Regarding **implementation**, the EBCP led to the creation of a large number of EU-wide initiatives, platforms, portals and networks. The projects we reviewed have added-value potential, but we found potentially overlapping features between similar projects. The volume of initiatives and variety of funding instruments make it challenging to spot overlaps (paragraphs *32-35*).

14 We found examples of projects that, though useful, were not taken up by the member states so could not produce sustainable results. On the matter of **sustainability**, while some key EU-funded initiatives were designed for the long term, the continuity and lasting success of others will depend on uncertain national follow-up and funding (paragraphs *36-38*).

≫ Recommendation 1

Tailor key initiatives to member states' needs and capacities

The Commission should:

(a) identify and assess potential overlaps between projects funded within the framework of Europe's Beating Cancer Plan, and identify and promote future synergies;

(b) work with member states to identify ways of ensuring the sustainability of projects;

(c) using the results obtained through the key initiatives, prioritise a core set of EU-wide initiatives that can be expected to maximise impact and better address inequalities.

Target implementation date: 2027

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15 The Commission monitors cancer inequalities through the European Cancer Inequalities Registry, which benchmarks member states against each other and can incentivise new national initiatives by highlighting inequalities within or between member states. The Registry provides data that can be used to identify national disparities, but only for the most common cancer types. Despite some progress in addressing national inequalities, therefore, they persist for human papillomavirus (HPV) vaccination rates and breast cancer screening rates, for example. The Registry also has some regional disparity data gaps which similarly limit its usefulness (paragraphs *42-50*).

16 Regarding **monitoring**, we found that the Commission uses an 'implementation roadmap', which is publicly available and updated once a year, to keep track of detailed milestones and key deliverables for all the EBCP actions as far as 2025. The Commission's February 2025 mid-term review increased transparency about the EBCP's progress (paragraphs *53-54*).

17 At present, however, the Commission has no arrangement for assessing the EBCP's achievements. Since the impact of any EU cancer initiatives will only be visible in the long

term, it is not clear when an evaluation of the EBCP would best be done (paragraphs *55*-*56*).

> ## » Recommendation 2
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> ### Strengthen monitoring and evaluation of Europe's Beating Cancer Plan
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>
> The Commission should:
>
> (a) set up a monitoring framework, comprising output, result and, when feasible, impact indicators for all actions and objectives, so that it can assess the progress and impact of Europe's Beating Cancer Plan in all member states;
>
> (b) use this framework to evaluate the results, relevance and contribution of these actions, including to reducing inequalities within and between member states.
>
> **Target implementation date:**
>
> **(a) 2027 for the monitoring framework; (b) 2030 for the evaluation.**

02

A closer look at our observations

Design of Europe's Beating Cancer Plan – broad in scope, but post-2027 financing is uncertain

18 We assessed the design of Europe's Beating Cancer Plan (EBCP). We expected the Commission to:

- have built upon previous strategies on cancer and be working closely with member states and stakeholders;

- have set relevant and measurable objectives and targets;

- have identified actions through which to achieve those objectives, and to have set clear deadlines and committed the necessary funding.

19 Our assessment was based on a desk review of the EBCP and supporting documents, including previous European cancer plans going back as far as the end of the 1980s. We also interviewed staff at the Commission, as well as national authorities, project beneficiaries and stakeholders during our information visits to Finland and Romania.

20 We found that the EBCP built on previous European cancer plans (*Box 1*) but added to their scope (*Table 1* in *Annex I*). It tackles the entire disease pathway by proposing actions in all key areas – prevention, diagnosis, treatment, and life as a cancer survivor. It also focuses on three cross-cutting themes – research, innovation and new technologies; cancer inequalities; and childhood cancer. New aspects are a focus on the quality of life of cancer survivors, and heightened attention to cancer inequalities and childhood cancer. The plan also integrates actions on alcohol and nutrition labelling, including proposals on the labelling of alcoholic beverages and front-of-pack nutrition information (*Annex II*,

actions 7(2) and 8(2)), areas previously assessed in our 2024 special report on food labelling.

> **Box 1**
>
> **Examples of elements taken from previous European cancer plans**
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> The 1987-1989 action plan proposed further research to clarify the possible link between papillomavirus and cancer and, in the longer term, develop vaccines. Twenty years later, the 2009-2013 action plan proposed surveying all recommendations made in the EU on the implementation of human papillomavirus (HPV) vaccination. The EBCP targets vaccination of at least 90 % of girls in the EU, and a significantly increased percentage of boys, by 2030 (*Table 1*).
>
> The 1987-1989 action plan promoted systematic screening for the early diagnosis of breast and cervical cancer. The 1990-1994 plan extended breast cancer screening pilot programmes, with monitoring to help member states determine a general screening policy. The 2009-2013 plan targeted 100 % screening of the groups at risk of breast, cervical and colorectal cancer by 2013. The EBCP target is to ensure that breast, cervical and colorectal screening is available in 2025 to 90 % of the eligible EU population (*Table 1*).

Source: 'Europe against cancer' programme: action plan 1987-1989; 'Europe against cancer' programme: action plan 1990-1994; European Partnership for Action Against Cancer 2009-2013; Europe's Beating Cancer Plan 2021.

21 There was no specific impact assessment in advance of the EBCP. However, we found that all stakeholders were consulted: national authorities, non-governmental organisations, the general public, companies and business associations, patient organisations, associations of health professionals, the scientific community and expert associations, the public health community, the healthcare industry, and international agencies. The many stages of consultation included online public feedback and questionnaires, meetings with stakeholders and surveys of member state authorities.

22 We found that the EBCP has served as a trigger for policy change in several member states. After it was adopted, four member states developed new national cancer plans, while 10 countries updated their existing plans[4]. This shows that EU-wide coordination and tools under the EBCP can be a catalyst for national action, which was also confirmed by the stakeholders and national authorities we visited. While long-term results will depend on

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[4]   European Commission, Study on mapping and evaluating the implementation of the Europe's Beating Cancer Plan (2025), p. 7.

national uptake, there is evidence that EU support has helped with the formulation of national strategy and promoted a policy focus on cancer outcomes.

23 The EBCP contains objectives and sub-objectives for each key area and cross-cutting theme (*Figure 2*). Two areas (early detection and quality of life) and two cross-cutting themes (cancer inequalities and childhood cancer) do not have sub-objectives, so remain more generically worded than the other areas and themes.
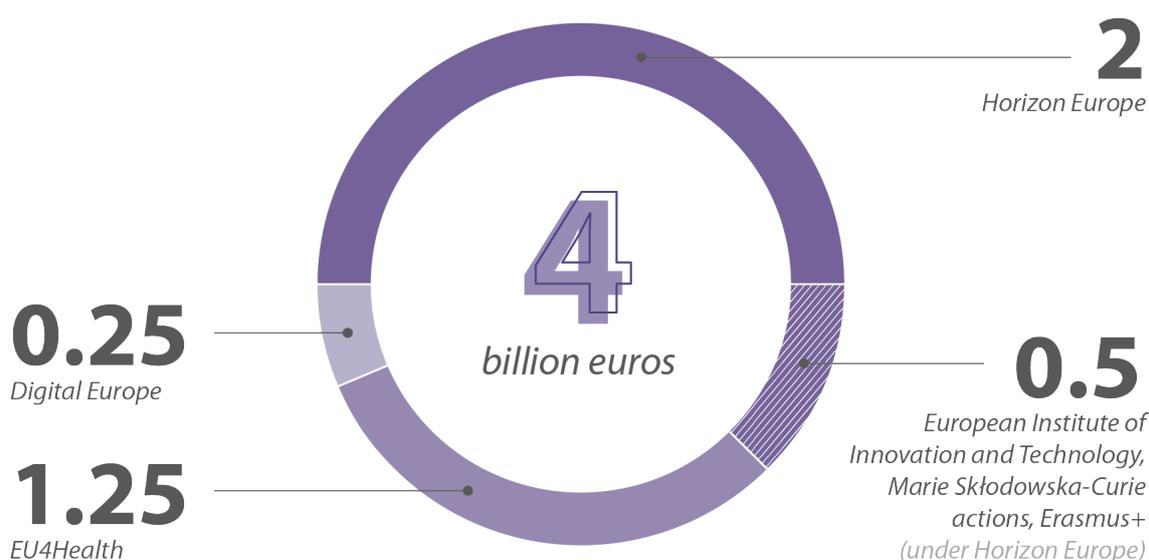
Figure 2 | Objectives and sub-objectives of the EBCP

Source: ECA, based on Europe's Beating Cancer Plan.

24 For each objective the EBCP lists actions to be implemented within a specific timeframe (*Annex II*). Ten of the 42 actions in total are identified as flagship initiatives. The Commission selected all actions, including flagships, through a regular process of internal consultation, also taking account of feedback from stakeholders and member states (paragraph *21*).

25 The EBCP had an initial budget of €4 billion to finance its implementation (*Figure 3*) from the 2021-2027 multiannual financial framework. However, the Commission did not specify how this amount was to be distributed across the 7 objectives and 42 actions. The Commission has explained that, for reasons of complexity (multiple actions financed from a range of EU sources under different management modes), only indicative budgets could be calculated at the design stage. As of October 2025, more than €2.7 billion had been committed.

Figure 3 | Budget of Europe´s Beating Cancer Plan, 2021-2027 (in billion euros)

2
Horizon Europe

0.25
Digital Europe

1.25
EU4Health

4
billion euros

0.5
European Institute of Innovation and Technology, Marie Skłodowska-Curie actions, Erasmus+
(under Horizon Europe)

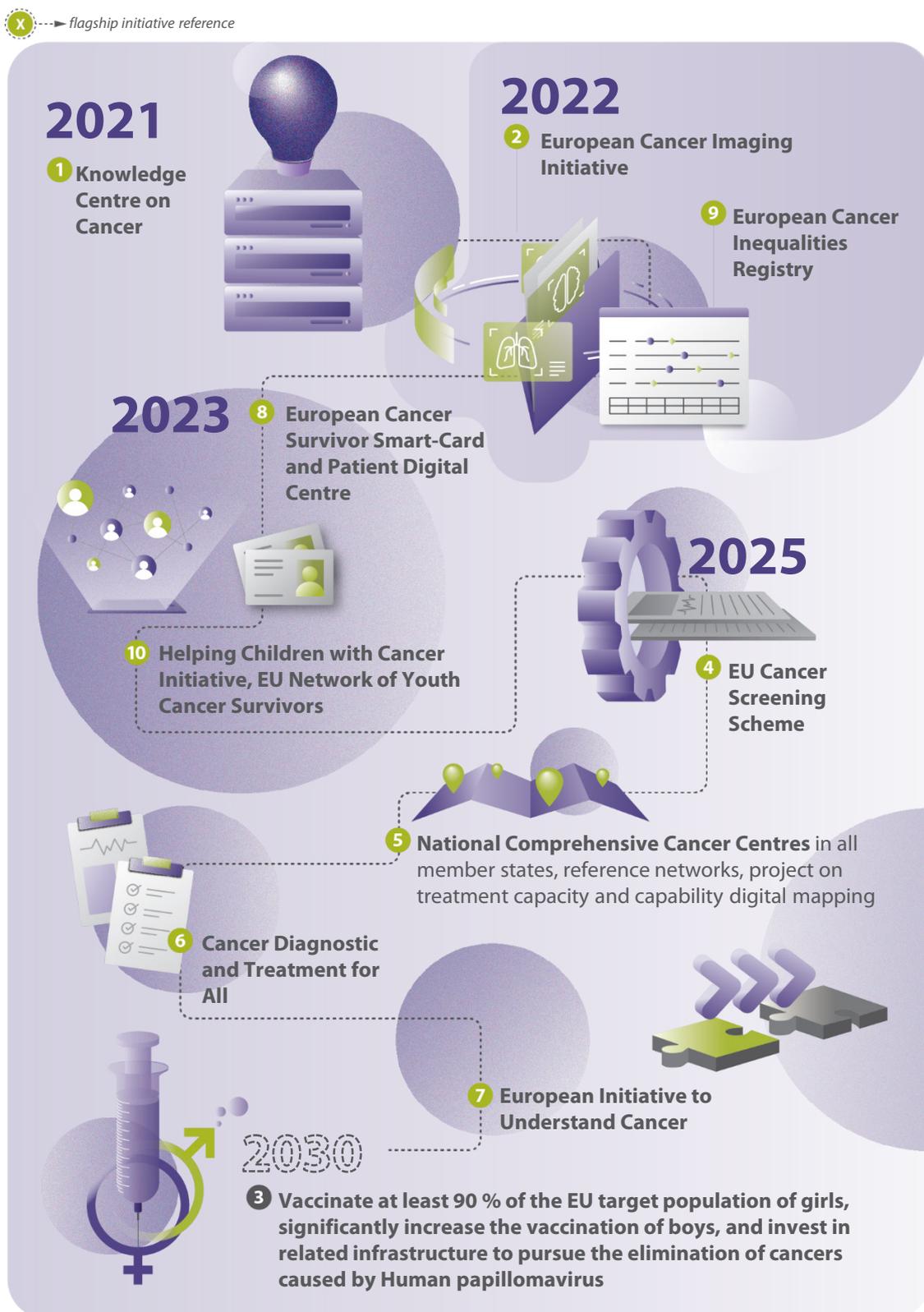*Source:* ECA, based on Europe´s Beating Cancer Plan, section 9.

26 Following the mid-term revision of the 2021-2027 multiannual financial framework in February 2024, the overall EU4Health budget for 2025-2027 was reduced by over 35 %[5], an amount which was used to finance other EU priorities. This has meant adjustments across the entire health portfolio, which includes action on cancer. The Commission was unable to specify which aspects of the EBCP have been impacted by this reduction, or how it will affect the implementation of EBCP actions. These uncertainties could undermine the

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[5]   European Commission, Review of Europe's Beating Cancer Plan (2025), section 2.4.

EBCP's ability to achieve its objectives within the proposed timeframe. It is also unclear how the EBCP will be financed under the next multiannual financial framework (MFF), which is currently under discussion. Additional funding for cancer support may also be provided through other EU funding instruments, such as the Resilience and Recovery Facility and cohesion funding, but these are outside the EBCP.

27 Because of the complexity and varied nature of EBCP initiatives, there is no single 'end-date' or unified timeline for all actions. Those that are intended to bring about behavioural changes in the general population may require more time, whereas others can be completed sooner. The last deadline for the implementation of EBCP actions is 2030 (*Figure 4*), while that for the achievement of targets is 2040 (*Table 1*). These differences in timeframes make it unclear when the assessing of objectives will be carried out.

Figure 4 | EBCP flagship initiatives and major milestones

X ┄┄► *flagship initiative reference*

2021
① Knowledge Centre on Cancer

2022
② European Cancer Imaging Initiative
⑨ European Cancer Inequalities Registry

2023
⑧ European Cancer Survivor Smart-Card and Patient Digital Centre
⑩ Helping Children with Cancer Initiative, EU Network of Youth Cancer Survivors

2025
④ EU Cancer Screening Scheme
⑤ **National Comprehensive Cancer Centres** in all member states, reference networks, project on treatment capacity and capability digital mapping

⑥ Cancer Diagnostic and Treatment for All

⑦ European Initiative to Understand Cancer

2030
③ Vaccinate at least 90 % of the EU target population of girls, significantly increase the vaccination of boys, and invest in related infrastructure to pursue the elimination of cancers caused by Human papillomavirus

Source: ECA, based on Europe's Beating Cancer Plan.

28 There are measurable targets for six of the 17 EBCP sub-objectives (*Table 1*), although one of these targets ('significantly increase the vaccination of boys by 2030') is not quantified. As the remaining 11 sub-objectives lack targets, it is not possible to assess their impact. In no case does the EBCP state how the achievement of targets is to be monitored.

Table 1 | Measurable targets linked to specific and operational EBCP objectives

Objective or sub-objective	Target
1.1. Improving health literacy on cancer risks and determinants	Make at least 80 % of the population aware of the European Code against Cancer by 2025.
1.2. Achieving a tobacco-free Europe	Help create a 'tobacco-free generation' where less than 5 % of the population uses tobacco by 2040, compared to around 25 % today. The interim goal is to reach the WHO target of a 30 % reduction in tobacco use by 2025 compared with 2010, corresponding to a smokers population of around 20 % in the EU.
1.3. Reducing harmful alcohol consumption	Achieve a reduction of at least 10 % in the harmful use of alcohol by 2025.
1.7. Preventing cancers caused by infections	Vaccinate at least 90 % of the EU target population of girls, and significantly increase the vaccination of boys, by 2030.
2. Improving early detection of cancer	Help member states ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screening are offered screening by 2025.
3.1. Delivering higher-quality care	Ensure that 90 % of eligible patients have access to national comprehensive cancer centres in every member state by 2030.

Source: Europe's Beating Cancer Plan.

29 The EBCP is broad in scope, as it covers the entire disease pathway. It was designed after extensive stakeholder consultation. However, most objectives do not have quantifiable targets, and actions and targets cover different time horizons and may extend beyond 2027, the last year of funding under the current multiannual financial framework. The large number of actions makes the plan harder to implement coherently. It is therefore unclear when certain actions and objectives will be assessed. The Commission's financial plans for the EBCP after 2027 remain uncertain.

Flagship initiatives launched as planned, but some duplication of effort and sustainability concerns

30 We assessed whether a sample of projects met the needs of member states as outlined in the EBCP. We expected the Commission to:

- have promoted and selected projects which, being aligned with member states' needs, were able to support, coordinate and complement member states' efforts to fight cancer both effectively and efficiently;

- be working with member states and healthcare providers to provide operable EU-wide infrastructure so as to ensure the sustainability of EBCP projects and capitalise on results even after the EBCP has been wound up.

31 We reviewed the implementation of the 10 flagship initiatives to determine whether they were addressing member states' needs effectively. We visited the authorities in Finland and Romania to discuss the two countries' needs in the fight against cancer and the role of the EBCP. We also interviewed Commission staff, project leaders and other stakeholders involved in implementation. We sampled 15 projects to assess how well they were addressing the EBCP objectives, review their governance models and gauge what was being done to maintain and capitalise on their results.

32 The milestones set for the flagship initiatives related to the launch of platforms, portals and networks. All these milestones were reached, as scheduled, by the end of 2024, and each initiative has now moved on to further objectives. However, a 2025 study by the European Parliament found delays in other areas such as cancer prevention, health literacy, childhood obesity, and survivor support tools. Nevertheless, we found that the tools we audited have added-value potential, since they capitalise on research results and centralise information that is useful for researchers, hospitals, patients and carers. *Box 2* gives one example of a platform that provides value in the fight against cancer.

Box 2

Flagship 2 – European Cancer Imaging Initiative

The European Cancer Imaging Initiative provides the infrastructure for artificial intelligence models to help with cancer diagnosis. It is putting together an 'atlas' of anonymised cancer-related images and making them accessible to hospitals, researchers and innovators. With €18 million in EU funds, it aims to include more than 60 million images, covering different cancer types, from at least 15 countries by 2026.

The platform is intended to facilitate the development and validation of AI tools that can be used to support and enhance cancer diagnosis and treatment. The specific objectives are:

● to capitalise on the recent advances and successes of AI systems in helping medical professionals to detect and diagnose cancer;

● to support the piloting and development of innovative computer-aided tools for greater accuracy and reliability in cancer imaging;

● to showcase how medical images can be made accessible without raising concerns of ethics, trust, security or personal data protection.

33 However, similar projects highlight the risks of overlaps and duplication of effort. For example, **flagship 10** – Helping children with cancer – resulted in the creation of two networks for young survivors:

● EU Network of Youth Cancer Survivors (EU funding: €5 million), a knowledge centre and interactive social networking platform for young cancer survivors, focusing on quality of life, cancer care for adolescents and young adults, and equality, diversity and inclusion;

● Outdoor Against Cancer Connects Us (EU funding: €2.5 million), a network of young cancer survivors that promotes healthy lifestyle habits, such as outdoor sports and exercise and healthy eating.

The Commission is now in the process of setting up a single network to combine and replace the two existing networks for young cancer survivors.

34 Several EU-funded projects are developing separate mobile applications for cancer patients and the general public, potentially with overlapping features (*Box 3*). While each app has a slightly different focus, they all provide digital tools to support individuals in the areas of cancer prevention, care and survivorship. Simultaneously funding multiple apps with similar goals and target groups – but with no clear plan for interaction between them, or for sustainability – could mean duplication of spending and effort on the same objectives, which would be an inefficient use of EU funds. It may also produce disconnected results instead of building a single coordinated and more widely used solution.

Box 3

Examples of EBCP-funded cancer prevention apps

The goal of the **iBeCHANGE** (EU funding €5.7 million) app is to empower individuals to manage their health proactively as part of a broader effort to boost cancer prevention and control. It does this by promoting sustainable behavioural changes that will reduce the risk of individuals developing cancer.

BUMPER (EU funding €1.5 million) is another app linked to cancer prevention, which it promotes by increasing awareness of cancer risk factors and the preventive measures endorsed by the European Code Against Cancer.

As of October 2025, iBeCHANGE can be downloaded but cannot be used, whereas BUMPER is still at the pilot stage, therefore not available to download.

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35 The large number of initiatives and the various sources of funding (*Figure 3*) may make it challenging for the Commission to spot overlaps. The combined risk of duplication of effort and under-engagement by stakeholders, especially where resources are limited, could also limit the coherence and overall impact of the EBCP.

36 We found examples of long-term EBCP funding for key infrastructure. For instance, the European Initiative to Understand Cancer (UNCAN.eu) has an 'exploitation plan' to ensure long-term viability and funding.

37 However, as health policy is a member state competence[6], it is often up to the member states to decide on the next steps that can be taken by specific initiatives. For example, the sustainability of the smartCARE application (**flagship 8**) to help cancer survivors manage follow-up care, or that of the European network of comprehensive cancer centres (**flagship 5**), depends on future national uptake and continued funding, which remain uncertain. As also noted by the European Parliament in its study, the smartCARE application has not yet been piloted or rolled out at scale.

38 Without further progress towards national delivery and uptake, and clear long-term sustainability plans, there is a risk that EBCP projects will remain isolated pilots with limited impact. The sustainability of key tools and practices is critical to the EBCP's lasting success.

Despite EU action, cancer inequalities persist

39 One of the EBCP's objectives is to reduce cancer inequalities in the EU. In that light, we expected the Commission to be supporting efforts to close gaps and address inequalities in cancer prevention and care between and within member states, by:

- promoting initiatives and projects which target cancer disparities and support countries, regions and communities with less knowledge and capacity;

- monitoring cancer inequalities across the EU.

40 We assessed whether the Commission has used the EBCP to promote national and regional initiatives and projects to reduce inequalities in cancer prevention, detection and care and the quality of life of cancer survivors. We analysed the data trends for selected indicators on cancer prevention (HPV vaccination) and early detection (breast cancer screening) to determine whether the disparities between and within member states are shrinking. We also interviewed national authorities and stakeholders on this topic.

41 We found that all flagship initiatives included a focus on identifying and/or addressing inequalities in the EU. For example, the JANE and CRANE projects (**flagship 5**), and PCM4EU (**flagship 6**) are helping to reduce inequalities across the EU by sharing knowledge and expertise from more advanced hospitals with those that have fewer resources or capabilities. According to a European Parliament study, EBCP funding does not proportionally target countries with higher cancer burdens, which risks further widening disparities.

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[6]   Article 168(1) TFEU.

42 The Commission monitors inequalities between member states under **flagship 9**, on the European Cancer Inequalities Registry (ECIR). In collaboration with the OECD, it published country cancer profiles in 2023 and 2025. In 2025, the OECD and EU introduced the Cancer Performance Tracker, which provides a snapshot of each member state's performance (*Figure 5*) compared to the EU-27, with trends over time if data is available.

Figure 5 | Cancer Performance Tracker indicators

3 CANCER CARE CAPACITY
- Physicians
- Nurses
- Computed tomography scanners
- Magnetic resonance imaging units
- Radiation therapy equipment

1 PREVENTION
- Prevention expenditure
- Daily smoking
- Alcohol consumption
- Overweight and obesity
- Air pollution
- Human papillomavirus vaccination

4 CANCER CARE OUTCOMES
- Cancer mortality
- Colorectal cancer mortality
- Breast cancer mortality
- Lung cancer mortality
- Cancer potential years of life lost
- Breast cancer 5-year survival
- Lung cancer 5-year survival
- Educational inequalities

2 EARLY DETECTION
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening

Source: ECA, based on the European Cancer Inequalities Registry.

43 We found that the Cancer Performance Tracker has improved the benchmarking of performance on cancer prevention, early detection, mortality, etc. in member states and across the EU. The member states we visited saw it as a step towards better comparability and accountability.

44 One key indicator for the prevention of certain types of cancer is the HPV vaccination rate, for which the EBCP target is 90 % of girls before the age of 15 by 2030. All member states have HPV vaccination programmes for girls, and recently included vaccination for boys (Bulgaria was planning to add it in 2025). Across the EU, on average, 64 % of girls aged 15 in 2023 had been vaccinated, and the trend had been positive since 2013. However, national vaccination rates ranged from 7 % in Bulgaria to 91 % in Portugal, according to the 2025 EU country cancer profiles synthesis report (*Figure 6*). No data on HPV vaccination was reported for five member states: Croatia, Greece, Poland, Romania and Slovakia. Moreover, in Bulgaria, Estonia and Latvia, three member states with vaccination rates below the EU average, the trend was negative during the 10 years to 2023.

Figure 6 | HPV vaccination rates for girls aged 15 in EU countries compared to the EU average, 2023
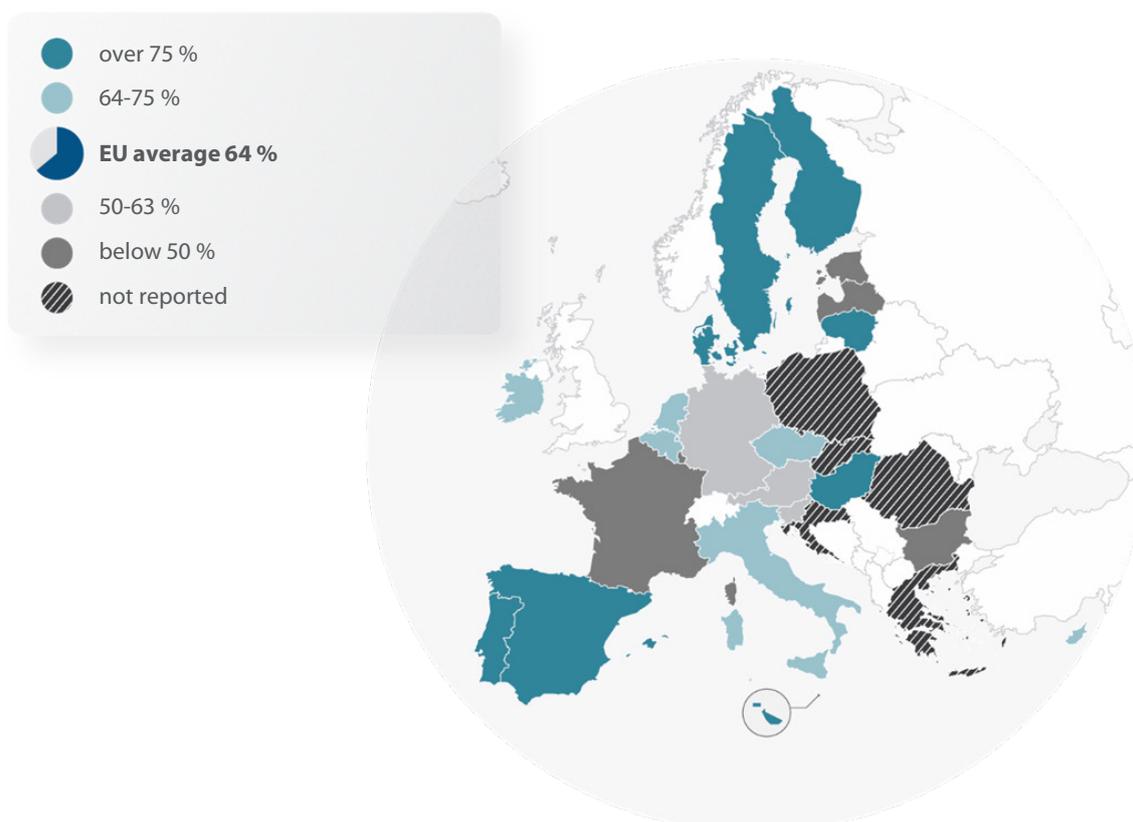
Source: ECA, based on 2025 EU country cancer profiles synthesis report; map: Eurostat.

45 *Box 4* shows an example of an EBCP project whose purpose was to reduce inequalities in the area of HPV vaccination.

Box 4

Flagship 3 – Example of an EBCP project on HPV vaccination in Romania

As noted in the OECD/Commission 2025 Country Cancer Profile for Romania, in 2021, Romania had very high levels of cervical cancer incidence (almost 3 times the EU average) and mortality (3 times the EU average).

The ReThinkHPVVaccination project which ended in January 2025 (EU funding: €0.5 million), was set up to reduce inequalities in HPV vaccination through communication and training. Its goal was to help Romania rethink its HPV vaccination campaigns through a communication and engagement strategy, based on guidance for tackling HPV vaccination fake news, disinformation and conspiracy theories, as well as an education programme to improve HPV vaccination literacy in two disadvantaged regions.

46 The early detection of cancer, through screening and early diagnosis, significantly improves the chances of successful treatment. The EBCP target for breast cancer screening is for member states to ensure that it is available by 2025 to 90 % of those who qualify in the EU. According to the OECD, in 2022 the average breast cancer screening participation rate in the EU was 56 % of the eligible population. Participation was particularly high (above 75 %) in Denmark, Finland, Sweden and Slovenia, but below 40 % in Romania, Cyprus, Slovakia, Hungary, Bulgaria, Latvia and Poland (*Figure 7*). What is more concerning is that some rates decreased in the 10 years to 2022, with more than half of the member states reporting a decline. Of these, Slovakia, Hungary, France, Luxembourg, Germany and Italy were below the EU average.

Figure 7 | Breast cancer screening rates for women over 45 compared to the EU average, 2022
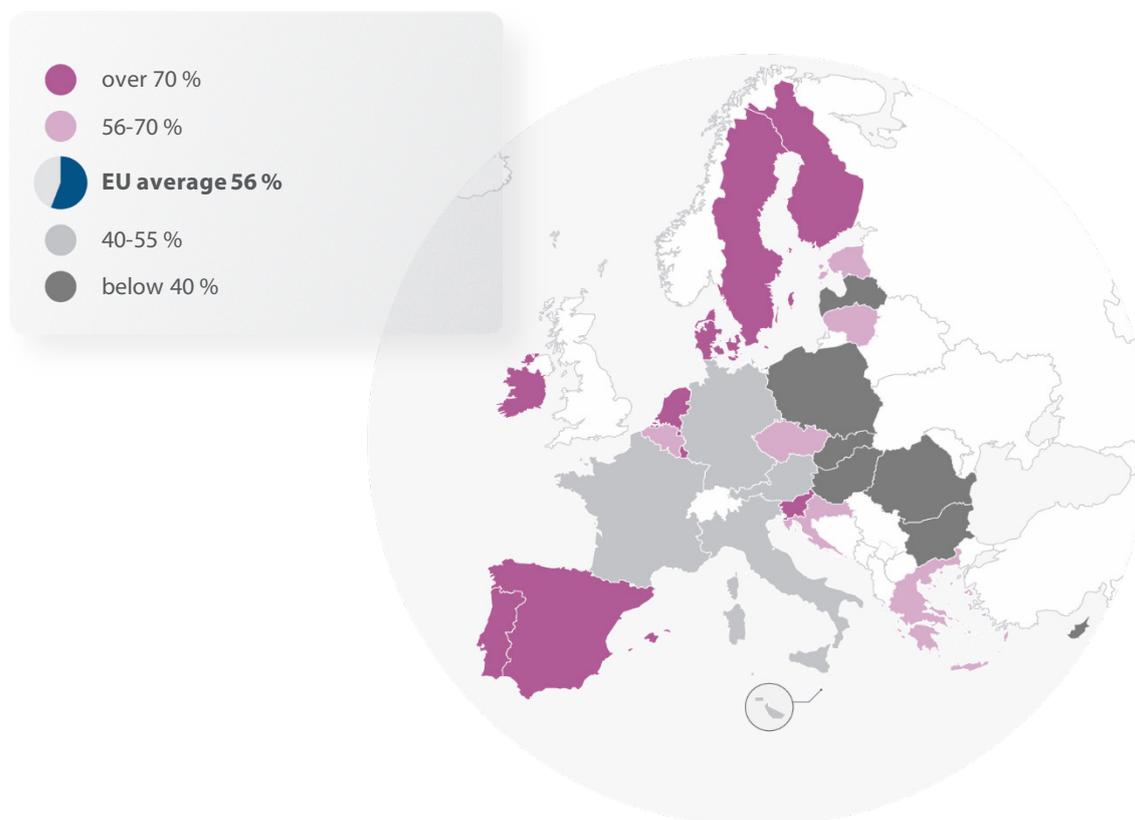
Source: ECA, based on 2025 EU country cancer profiles synthesis report; map: Eurostat.

47 **Flagship 4** proposes a new EU Cancer Screening Scheme, based on updating the existing breast cancer guidelines and quality assurance scheme. In 2022, the Council recommended expanding breast cancer screening to all women between 45 and 74 years of age (the previous age bracket was 50 to 69). Breast cancer is also addressed by **flagship 2**, under which the European Cancer Imaging Initiative (EUCAIM) collects images and related clinical data for artificial-intelligence development and testing (*Box 2*). The platform includes 17 breast cancer datasets that can be accessed by experts and practitioners.

48 The ECIR provides a broad range of data with which to identify trends, disparities and inequalities between member states and regions. It is structured around eight 'inequality dimensions' as shown in *Figure 8*. We note that there are additional inequality dimensions, such as ethnicity and migration, which are relevant to cancer inequalities but for which relevant data is not collected in several EU countries. The ECIR also publishes country cancer profiles, analytical reports on inequalities in cancer prevention and early detection, and factsheets on socioeconomic inequalities in cancer mortality and various types of cancer.

Figure 8 | Inequality dimensions

COUNTRY

GENDER

EMPLOYMENT

ECIR

EDUCATION

DISABILITY

INCOME

AGE

URBANISATION
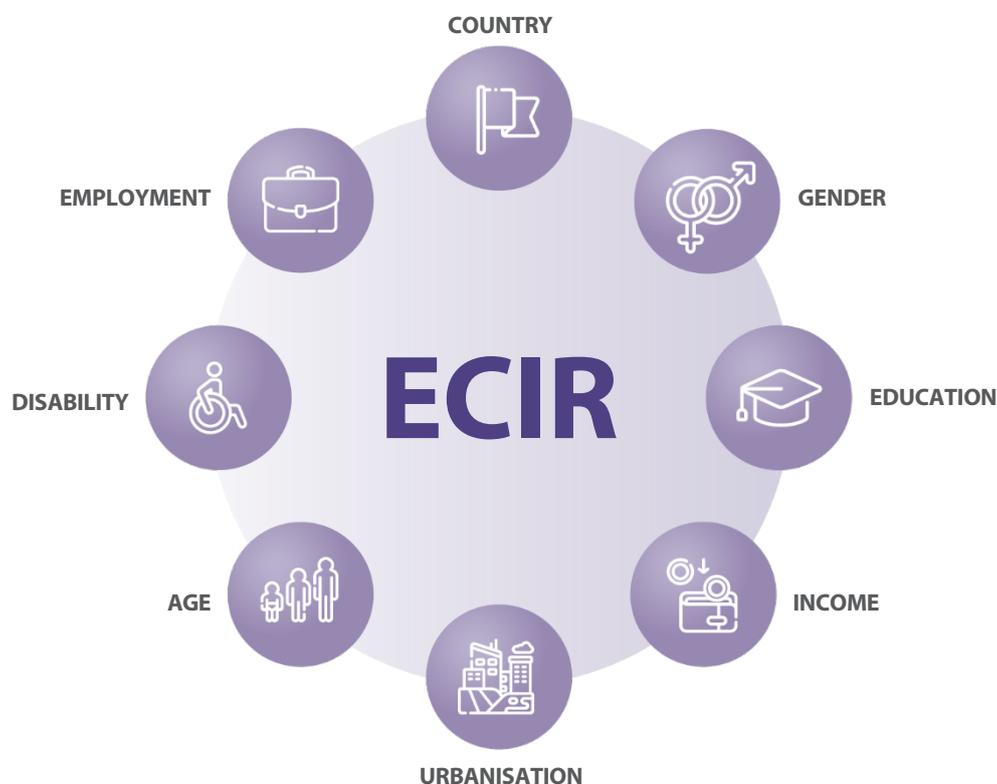
Source: ECA, based on ECIR – European Cancer Inequalities Registry.

49 We identified data gaps in the ECIR. Although the ECIR site has maps illustrating the regional data on cancer mortality for several specific cancer sites, all other data on regional disparities is aggregated at country level. Additional data on regional disparities is provided in the EU country cancer profiles synthesis report – and in the underlying country profiles – but only for some member states (*Box 5*). This could be due either to member states' reporting of data gaps or to limits in the data they make available. The Commission intends to continue expanding ECIR and add comparable regional data as it become available.

> **Box 5**
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> **Examples of regional disparities given in the EU country cancer profiles synthesis report for 2025**
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> In Ireland, individuals in the most deprived regions face, on average, a 43 % higher risk of mortality within five years following a cancer diagnosis than their counterparts in the least deprived regions.
>
> There are significant disparities in the geographical distribution of oncologists (cancer doctors) within countries, particularly between urban and rural areas. The countries reporting this include Austria, Belgium, Czechia, Greece and Latvia. In Greece, the density of clinical oncologists varies by a factor of almost 10, from 53 per 1 000 000 people in urban Attica to 5.6 in the remote Peloponnese. Nearly two thirds of oncology hospitals and clinics are concentrated in Athens and Thessaloniki, so rural patients face significant challenges in accessing diagnosis, treatment and follow-up services.

Source: 2025 EU country cancer profiles synthesis report.

50 Despite the efforts made through the ECIR to collect data on cancer and highlight disparities, significant inequalities remain in terms of prevention through HPV vaccination and early detection through breast cancer screening. The Finnish and Romanian authorities made the same comment during our information visits: that regional disparities in cancer early detection and treatment are enduring. We acknowledge the potential of EBCP to contribute to identifying and addressing cancer inequalities. However, factors outside the EBCP's control play a crucial role in its success, including individual decisions to participate in prevention and screening programs, as well as differences in national health policies, procedures, and service delivery capacities.

Progress tracked, but no Commission framework to assess the impact of funded initiatives

51 In the area of monitoring, we expected the Commission to:

- be tracking the EBCP's progress effectively by means of progress indicators, implementation plans and regular reviews;

- have designed indicators that were relevant and appropriate for monitoring and evaluating the EBCP's achievements and long-term impact.

52 We reviewed the arrangements made for monitoring the EBCP to determine whether they included an appropriate mix of indicators (covering inputs, outputs, results and impact) for a full impact assessment. We also interviewed Commission staff and examined roadmaps, minutes of meetings, health statistics, studies and reports that were relevant to monitoring.

53 To monitor progress in the implementation of the EBCP, the Commission produced a roadmap listing all actions and sub-actions (*Annex II*), as well as milestones and key deliverables. The roadmap was first published in 2021 and updated yearly until 2024. It showed that all EBCP actions were launched as planned. Although the timeline in the roadmap covered only the first five years of implementation (2021 to 2025), several actions extend until 2030 (paragraph *27*). The Commission informed us that they plan to publish the next implementation roadmap in 2026.

54 In February 2025, the Commission published a mid-term review of the EBCP covering the period up to the end of 2024. The review was based on an external study that mapped and evaluated the EBCP's implementation from 2021 to 2023 (*Box 6*). Updating this information on the state of play increased transparency about the EBCP's progress.

Box 6

EBCP study highlights areas for further action

The study concluded that the EBCP had gained widespread support for its comprehensive approach, which covered all stages of the cancer pathway, although ultimate responsibility for action lay with national governments.
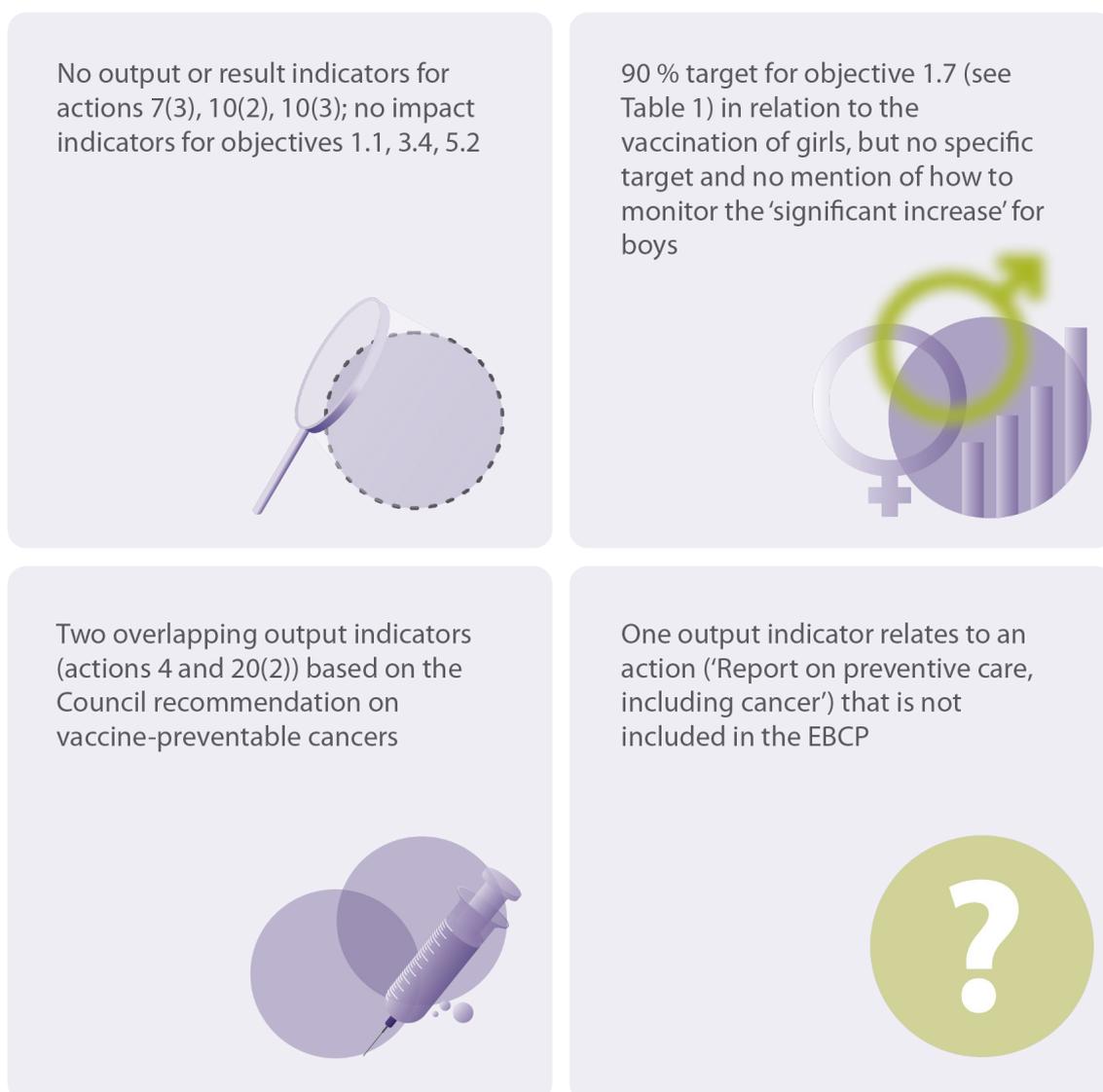
Despite efforts by the EU and member states to reduce inequalities, these were still evident, both between countries, regions and socio-economic groups and at all stages of the cancer pathway.
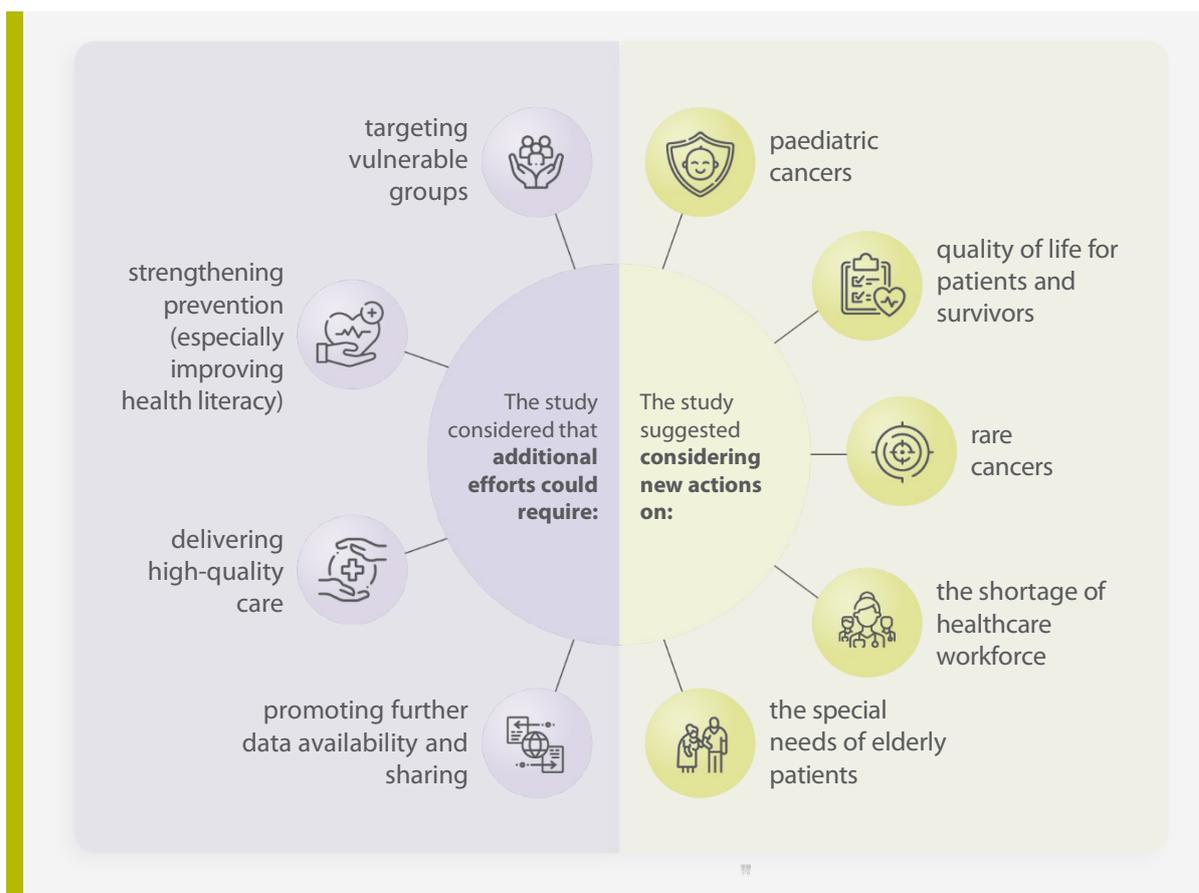
Source: Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan, pp. 8-9.

55 While the Commission is tracking progress, it has no system in place with which to assess the impact of the EBCP. The external study supporting the mid-term review (paragraph *54*) proposed setting up a monitoring framework with output, result and impact indicators for the EBCP's 42 actions and objectives, specifying measurement units, data sources, baselines and targets. We have identified some shortcomings in the proposed framework (*Figure 9*). Besides, the study did not fully assess the availability, completeness and comparability of the data needed for the proposed indicators. Our 2022 special report on European statistics similarly highlighted weaknesses in health data – particularly on causes of death – in terms of accuracy, timeliness and punctuality. At the time of our audit, the Commission stated that it is currently working to finalise the new EBCP monitoring framework.

Figure 9 | Weaknesses in the proposed EBCP monitoring framework

No output or result indicators for actions 7(3), 10(2), 10(3); no impact indicators for objectives 1.1, 3.4, 5.2

90 % target for objective 1.7 (see Table 1) in relation to the vaccination of girls, but no specific target and no mention of how to monitor the 'significant increase' for boys

Two overlapping output indicators (actions 4 and 20(2)) based on the Council recommendation on vaccine-preventable cancers

One output indicator relates to an action ('Report on preventive care, including cancer') that is not included in the EBCP

Source: ECA.

56 Without a clearly defined mechanism for tracking progress after 2025 and assessing the EBCP's implementation, it may be difficult to monitor the EBCP's impact coherently and transparently in the long term – particularly as regards actions that will continue until 2030. This uncertainty also limits the Commission's ability to evaluate whether the EBCP has achieved its intended outcomes. In any case, since the impact of any cancer initiative will only be visible in the long term, it is not clear when an evaluation of the EBCP would best be done. The absence of a definitive end-date (paragraph *27*) and comprehensive, relevant indicators for all actions and objectives is an obstacle to adequately assessing progress, ensuring accountability, making evidence-based adjustments to the EBCP and, finally, evaluating its overall impact.

This report was adopted by Chamber I, headed by Ms Joëlle Elvinger, Member of the Court of Auditors, in Luxembourg at its meeting of 21 January 2026.

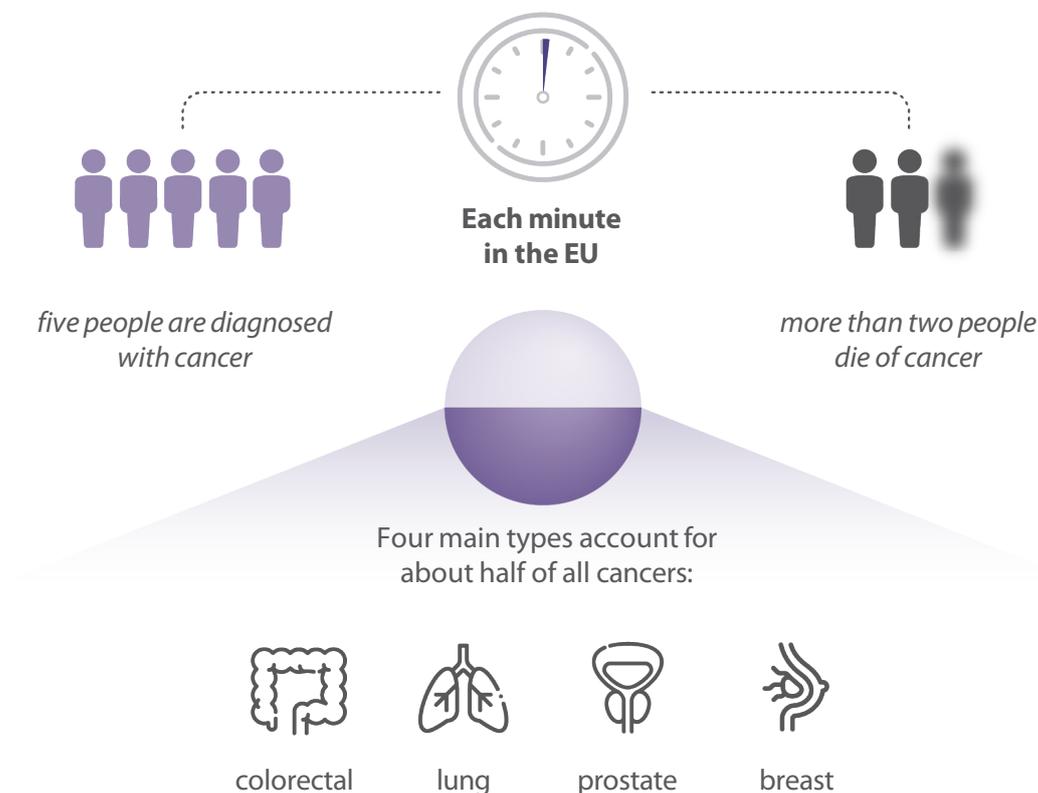*For the Court of Auditors*

Tony Murphy
President

Annexes

Annex I – About the audit

Cancer in the EU

01 In the EU, five people are diagnosed with cancer every minute, and in the same time more than two people die from the disease, making it the second leading cause of death. Since cancer disproportionately affects older people, ageing populations mean that the number of new cases is constantly rising. Cancer diagnoses in the EU and the European Free Trade Association countries (Iceland, Liechtenstein, Norway and Switzerland) are expected to increase by 19 % by 2040, while cancer deaths are expected to increase by 27 %. The disease is also characterised by persistent inequalities in prevention, early detection, treatment and survivorship outcomes between member states.

Figure 1 | Cancer incidence and mortality in the EU

Each minute in the EU

five people are diagnosed with cancer

more than two people die of cancer

Four main types account for about half of all cancers:

colorectal   lung   prostate   breast

Source: ECA, based on data by the European Cancer Information System.

02 About half of all cancers are one of four main types: colorectal, lung, prostate and breast[1]. Cancer mortality rates vary significantly by type, but also by sex: men are almost 70 % more likely to die from cancer than women. Mortality rates are also much higher in lower-income countries, as well as among people with lower levels of education[2]. *Figure 1* compares the incidence and mortality rates for different types of cancer in men and women.

Figure 2 | Most common types of cancer in the EU, 2022
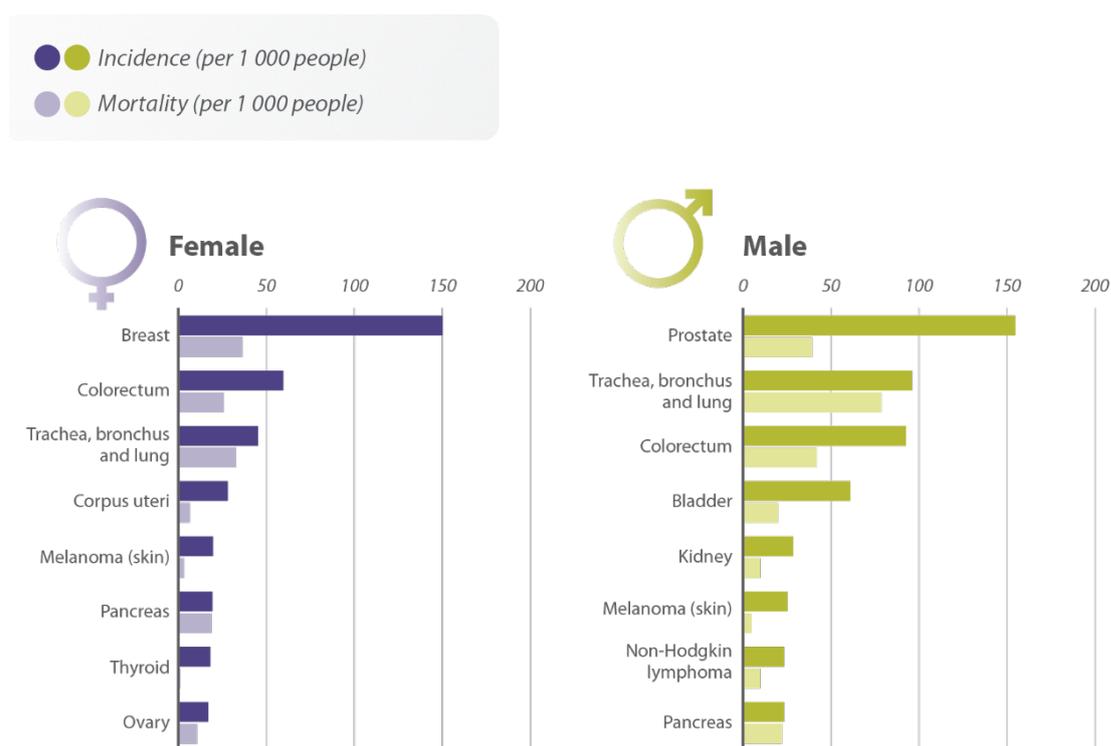
Source: ECA, based on European Commission data in 2022 new cancer cases and cancer deaths on the rise in the EU (September 2023).

03 The objective of Europe's Beating Cancer Plan (EBCP), which the European Commission adopted in February 2021 as part of the European Health Union, is to reduce the cancer burden through a comprehensive strategy structured around four pillars: prevention, early detection, diagnosis and treatment, and quality of life for cancer patients and survivors. The EBCP also promotes research and innovation, digitalisation, data sharing and synergies with other EU and national policies.

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[1]   European Cancer Information System.

[2]   Ibid.

Policy framework and governance arrangements for the EBCP

04 The EBCP is the EU's key strategy in the fight against cancer. It built on previous EU strategic documents, and expanded on their scope (*Table 1*).

Table 1 | **Main EU cancer initiatives and intervention areas**

Action plan 1987-1989	Action plan 1990-1994	Partnership 2009-2013	EBCP 2021
Cancer prevention, including early detection	Cancer prevention, including screening	Health promotion and early detection	Prevention
Information and health education in the prevention of cancer	Health information and education	Identification and dissemination of good practice	Early detection
Training for health professionals	Training for health professionals	Cooperation and coordination in cancer research	Diagnosis and treatment
Cancer research	Research and cancer	Benchmarking process	Quality of life of cancer patients and survivors
			New technologies, research and innovation
			Cancer inequalities
			Childhood cancer

Source: 'Europe against cancer' programme: action plan 1987-1989; 'Europe against cancer' programme: action plan 1990-1994; European Partnership for Action Against Cancer 2009-2013; Europe's Beating Cancer Plan 2021.

05 Article 168 of the Treaty on the Functioning of the European Union states that the responsibility for defining health policies and organising and delivering health services and medical care, including the allocation of resources, lies with the member states. The role of the EU, therefore, is to support and complement member state action. In this context, within the Commission:

- the Directorate-General for Health and Food Safety (DG SANTE), as the leading DG for EU health initiatives, oversees the EU4Health programme, coordinates the design and implementation of the EBCP, and tracks its overall progress;

- the Directorate-General for Research and Innovation (DG RTD) oversees Horizon Europe, which supports initiatives under the EBCP;

- the Directorate-General for Communications Networks, Content and Technology (DG CNECT) manages the Digital Europe Programme, which likewise supports initiatives under the EBCP;

- the Commission's Joint Research Centre (JRC) oversees the development of clinical practice guidelines for primary prevention, screening and diagnosis, together with a quality assurance scheme for cancer services along the entire care pathway, to support member states in implementing high-quality screening and follow-up care;

- the European Health and Digital Executive Agency (HaDEA) implements EU4Health, Cluster 1 of Horizon Europe (which relates to health) and parts of the Digital Europe Programme.

06 Also at the Commission, an **implementation group** co-chaired by DG SANTE and DG RTD, with representatives from other relevant DGs, monitors the implementation of the EBCP and the Horizon Cancer Mission. The member states participate through an expert **sub-group on cancer**, which has an advisory role but no decision-making power.

07 Other stakeholders are involved in an **EBCP contact group** that brings together patient groups, organisations of health professionals, civil society representatives and industry. The stakeholder group is a forum for discussion and information-sharing on specific topics and actions set out in the EBCP and the Horizon Cancer Mission.

Audit objective, scope and approach

08 The objective of this audit was to assess the EBCP's effectiveness as an EU-wide response in the fight against cancer. Specifically, we looked into the EBCP's design and how it is monitored. We also examined how well initiatives and projects are matched to the EBCP objectives and the needs of member states, and whether they appear to be sustainable. We based our audit criteria on regulatory requirements, Commission strategy documents, and auditor-defined standards.

09 In doing this, we focused on the 10 flagship initiatives over the period from 2021 to 2025, looking at the results and contribution to the EBCP objectives of projects that were completed, or mostly completed, by the end of 2024. We included projects funded by EU4Health, Horizon Europe and Digital Europe, which together contributed €3.5 billion to the EBCP budget. For Horizon, we excluded those funded by the European Institute of Innovation and Technology or by Marie Skłodowska-Curie Actions, neither of which had current specific calls for cancer projects at the time of our audit. Nor did we look at the small amount (less than €9 million) of Erasmus+ funding for cancer projects.

10 Our audit approach combined the desk review of relevant documentation with interviews, data analysis and fieldwork:

- review of Commission documents, studies, surveys and reports on fighting cancer, backed up by interviews with Commission staff;

- meetings with the EBCP implementing partners, including HaDEA and the JRC, and with stakeholders (non-governmental organisations, researchers and patient organisations);

- information visits to Finland and Romania (countries in different parts of Europe which we selected because they have both actively participated in projects but show different levels of progress in the fight against cancer) to obtain an in-depth understanding of the challenges facing member states, how the EBCP can help address those challenges and how it has complemented national efforts in this area;

- review of the 10 flagship initiatives, as well as 15 projects in Finland and Romania which we selected for their advanced state of implementation and because they covered a variety of flagship initiatives.

Annex II – Full list of EBCP actions

	ACTION	TIMETABLE FOR IMPLEMENTATION
	A MODERN APPROACH TO CANCER: NEW TECHNOLOGIES, RESEARCH AND INNOVATION AT THE SERVICE OF PATIENT-CENTRED CANCER PREVENTION AND CARE	
1	**Flagship:** Create a 'Knowledge Centre on Cancer' to facilitate the coordination of scientific and technical cancer-related initiatives at EU level.	2021
2	**Flagship:** Launch a 'European Cancer Imaging Initiative' to support the development of new computer aided tools to improve personalised medicines and innovative solutions.	2022
3	Actions supporting cancer prevention and care through new cancer research and an innovative ecosystem: (1) Enable cancer patients to securely access and share electronic health records for prevention and treatment across borders through the European Health Data Space; (2) Develop a repository of digital twins in healthcare, including for more individual cancer treatment; (3) Expand the European Cancer Information System; (4) Launch Horizon Europe partnerships: the Innovative Health Initiative & the Partnership on Transforming Health and Care Systems.	2021-2025
	SAVING LIVES THROUGH SUSTAINABLE CANCER PREVENTION	
4	**Flagship:** Vaccinate at least 90 % of the EU target population of girls and to significantly increase the vaccination of boys and invest in related infrastructures to pursue the elimination of cancers caused by Human papillomavirus.	2021-2030
	Improving health literacy on cancer risks and determinants	
5	Update and boost implementation of European Code Against Cancer: (1) Develop and launch the 'EU mobile App for Cancer Prevention'; (2) Support the project 'Health Literacy for Cancer Prevention and Care'.	2021-2025
	Achieving a Tobacco-free Europe	
6	Create a 'Tobacco Free Generation': by reviewing (1) Tobacco Products Directive; (2) Tobacco Taxation Directive; and (3) the legal framework on cross border purchases of tobacco by private individuals in view of legislative proposals; and (4) Update the Council Recommendation on Smoke-Free Environments; (5) Support Member States in full implementation of the Framework Convention on Tobacco Control.	2021-2025

	ACTION	TIMETABLE FOR IMPLEMENTATION
	Reducing harmful alcohol consumption	
7	Intensified EU support to Member States and stakeholders with the implementation of best practices and capacity building to reduce alcohol related harm: (1) Review of EU legislation relating to the taxation of alcohol and cross-border purchase of alcohol products; (2) Proposal for mandatory labelling of the list of ingredients and nutrition declaration on alcoholic beverage label, as well as health warnings; (3) Support Member States in the implementation of evidence-based brief interventions; (4) Reduce the exposure of young people to online marketing of alcoholic beverages through monitoring the implementation of the Audiovisual Media Service Directive.	2021-2025
	Improving health promotion through access to healthy diets and physical activity	
8	(1) Review of EU school fruit, vegetables and milk scheme; (2) Propose mandatory front-of-pack nutrition labelling; (3) Commission report on the implementation of the provisions of the Audiovisual Media Services Directive (AVMSD) including those on commercial communications on unhealthy food and drinks; (4) Develop and implement guidance for codes of practice on reducing unhealthy food marketing to children, including online marketing through the provisions of AVMSD and a Joint Action of best practices in nutrition ("Best ReMap"); (5) Publication of a study mapping fiscal measures and pricing policies on sugars, soft drinks and alcoholic beverages.	2021-2025
9	Further reduction of the presence of carcinogenic contaminants in food by setting maximum level limits for more of these contaminants.	2021-2025
10	(1) HealthyLifestyle4All support to promotion of healthy lifestyles for all generations; (2) Initiatives under the Sustainable Urban Mobility Planning Guide on linking transport and health; (3) Revision of the Urban Mobility Package to promote and support sustainable and healthy transport and mobility.	2021-2023
	Reducing environmental pollution	
11	Align the EU's air quality standards more closely with the WHO guidelines.	2021-2023
12	Measures towards zero-emission mobility and reducing environmental pollution from transport under the Sustainable and Smart Mobility Strategy.	2021-2025
	Reducing exposure to hazardous substances and radiation	
13	Adopt a new Occupational Safety and Health Strategic Framework 2021-2027.	2021-2027
14	Reduce workers' exposure to carcinogenic substances through the amendments of the Carcinogens and Mutagens Directive.	2021-2025

	ACTION	TIMETABLE FOR IMPLEMENTATION
15	Revise EU limits for asbestos to further reduce workers' exposure.	2022-2024
16	Survey on exposure of workers to risk factors for cancer.	2021-2024
17	Support Member States in the implementation of the requirements of Council Directive on protection from ionising radiation, particularly from Radon.	2021-2025
18	Explore measures to prevent exposure to ultraviolet radiation including from sunbeds.	2023
19	Launch Horizon Europe Partnership on Assessment of Risks from Chemicals to strengthen EU capacities for chemical risk assessment.	2021-2025
	Preventing cancers caused by infections	
20	(1) Reduce liver cancer caused by Hepatitis B virus (by vaccination and investment in related infrastructures) and prevention of liver cancer caused by Hepatitis C virus and gastric cancer caused by Helicobacter pylori (by treatment with antivirals and antimicrobials respectively); (2) Propose a Council Recommendation on vaccine preventable cancers.	2021-2030
	IMPROVING EARLY DETECTION OF CANCER	
21	**Flagship:** New 'EU Cancer Screening Scheme': (1) Revision of the Council Recommendation on cancer screening, including its update and proposal for possible extension to other cancers; (2) Cancer Imaging Initiative to support the development of new computer-aided tools to improve personalised medicine and innovative solutions; (3) Develop Guidelines and Quality Assurance schemes on cancer screening, diagnosis, treatment, rehabilitation, follow-up and palliative care for colorectal and cervical cancer, and updating the existing guidelines on breast cancer, including accreditation/certification programmes.	2021-2025
22	Update the European Cancer Information System to monitor and assess cancer screening programmes.	2021-2022
	ENSURING HIGH STANDARDS IN CANCER CARE	
23	**Flagship:** (1) Creation of 'National Comprehensive Cancer Centre(s)' in all Member States and EU network by 2025; (2) New cancer Reference Networks on cancer and cancer conditions in addition to the four existing ERNs; (3) EU cancer 'Treatment Capacity and Capability Digital Mapping' project.	2021-2025
24	**Flagship:** 'Cancer Diagnostic and Treatment for All' initiative to improve access to innovative cancer diagnosis and treatments.	2021-2025
25	**Flagship:** Launch the European Initiative to Understand Cancer (UNCAN.eu).	2021-2025
26	Support the 'Cancer Workforce', through the 'Inter-specialty training' programme.	2021-2030

	ACTION	TIMETABLE FOR IMPLEMENTATION
27	Create an 'EU platform to improve access to cancer medicines' to support the repurposing of existing molecules with a harmonized and sustainable EU dimension.	2021-2025
28	Implementation of the legal framework for clinical trials.	2021-2022
29	Adoption of the Regulation on 'Health Technology Assessment'.	2021
30	Present SAMIRA Action plan to ensure quality and safety of radiation technology and the supply of radioisotopes of medical importance for diagnostic and treatment.	2021-2025
31	(1) Set up Partnership on Personalised Medicine to identify priorities for research and education in personalised medicine, support research projects relevant to cancer prevention, diagnosis and treatment; (2) Development of a roadmap to personalised prevention.	2023-2025
32	Launch the 'Genomic for Public Health' project along with the 1+ Million Genomes Initiative, to ensure the access to large amounts of genomic data for research, prevention and personalised medicine.	2021-2025
33	(1) Launch a new project using High-Performance Computing to rapidly test existing molecules and new drug combinations; (2) Support collaborative projects on cancer diagnostics and treatment using High-Performance Computing and AI; (3) Assist researchers working on personalised cancer treatments through tailored support and new digital platforms.	2021-2027
IMPROVING THE QUALITY OF LIFE FOR CANCER PATIENTS, SURVIVORS AND CARERS		
34	**Flagship:** 'Better life for cancer patients' initiative: (1) Create a tailor made 'Cancer Survivor Smart-Card; (2) Create the 'European Cancer Patient Digital Centre' supporting the exchange of patients' data and monitoring of survivors' health condition.	2021-2023 2023-2030
35	Address fair access for cancer survivors to financial services via development of a Code of Conduct and a reflection process on long-term solutions.	2021-2023
36	(1) Launch a study addressing issues related to the return to work; (2) Address in the Strategy on the Rights of Persons with Disabilities 2021-2030 the rights of cancer patients and survivors considered as persons with a disability; (3) Ensure full implementation of the Directive on work-life balance for parents and carers.	2021-2022
REDUCING CANCER INEQUALITIES ACROSS THE EU		
37	**Flagship:** Establish a Cancer Inequalities Registry to map inequalities between Member States and regions.	2021-2022
38	(1) Strengthen e-health, telemedicine and remote monitoring systems; (2) promote the virtual consultation model of the ERNs.	2021-2023

	ACTION	TIMETABLE FOR IMPLEMENTATION
39	Improve resilience, accessibility and effectiveness of EU health systems to safeguard provision of cancer care in future health crises.	2021-2025
40	Mainstream equality action in areas addressed by Europe's Beating Cancer Plan such as screening and high-quality cancer care.	2021-2025
**PUTTING CHILDHOOD CANCER UNDER THE SPOTLIGHT**	
41	**Flagship:** 'Helping Children with Cancer Initiative': Create an 'EU Network of Youth Cancer Survivors'.	2021-2023
42	Launch the 'Childhood cancers and cancers in adolescents and young adults: cure more and cure better' project to boost the transformation of paediatric cancer care.	2022-2025

Source: Annex to the Commission Communication to the European Parliament and the Council on the EBCP.

Abbreviations

Abbreviation	Definition/Explanation
EBCP	Europe's beating cancer plan
ECIR	European Cancer Inequalities Registry
HPV	Human papillomavirus
OECD	Organisation for Economic Co-operation and Development

Glossary

Term	Definition/Explanation
European Code against Cancer	Set of recommendations developed by the International Agency for Research on Cancer, at the initiative of the European Commission, to inform the public and advise policymakers in the EU about ways of reducing the risk of cancer.
Horizon Europe	The EU's research and innovation programme for the 2021-2027 period.
Human papillomavirus	Virus, easily spread through sexual contact, that may cause certain types of cancer.
Impact	Long-term consequences of a completed project or programme, which may be socio-economic, environmental or financial.
Indicator	Information used to measure or assess an aspect of performance.
Input	Financial, human, material, administrative or regulatory means used to implement a project or programme.
Joint Research Centre	The Commission's science and knowledge service, providing scientific advice and support for EU policy.
Multiannual financial framework	The EU's spending plan setting priorities (based on policy objectives) and ceilings, under seven main headings, generally for seven years. Provides the structure within which annual EU budgets are set, limiting spending for each category of expenditure.
Output	Something produced or achieved by a project, such as delivery of a training course or construction of a road.
Result	Immediate effect of a project or programme upon its completion, such as the improved employability of course participants or improved accessibility following the construction of a new road.

Replies of the Commission

https://www.eca.europa.eu/en/publications/sr-2026-07

Timeline

https://www.eca.europa.eu/en/publications/sr-2026-07

Audit team

The ECA's special reports set out the results of its audits of EU policies and programmes, or of management-related topics from specific budgetary areas. The ECA selects and designs these audit tasks to be of maximum impact by considering the risks to performance or compliance, the level of income or spending involved, forthcoming developments and political and public interest.

This performance audit was carried out by Audit Chamber I – Sustainable use of natural resources, headed by ECA Member Joëlle Elvinger. The audit was led by ECA Member Klaus-Heiner Lehne, supported by Thomas Arntz, Head of Private Office and Marc-Oliver Heidkamp, Private Office Attaché; Ramona Bortnowschi, Principal Manager; Aris Konstantinidis, Head of Task; Michela Lanzutti, Marie Elgersma and Anca Florinela Cristescu, Auditors. Thomas Everett provided linguistic support. Dunja Weibel provided graphical support.

From left to right: Ramona Bortnowschi, Marc-Oliver Heidkamp, Klaus-Heiner Lehne, Marie Elgersma, Aris Konstantinidis, Thomas Arntz.

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HOW TO CITE

European Court of Auditors, special report 07/2026 "Europe's Beating Cancer Plan – A wide-ranging plan facing an uncertain future", Publications Office of the European Union, 2026.

Each year, cancer causes nearly 1.1 million deaths and generates over €100 billion in costs in the EU. The Commission's latest response is Europe's Beating Cancer Plan (EBCP), a €4 billion initiative launched in 2021 and covering prevention, early detection, cancer care and quality of life. In this audit, we examined whether the EBCP is an effective EU-wide response. We looked at its design, implementation, sustainability and monitoring arrangements, with a particular focus on cancer inequalities. We found that it supports coordination among member states, but its effectiveness could be compromised by overlapping initiatives, sustainability concerns, monitoring weaknesses and an unclear outlook after 2027. We recommend that the Commission adjust key EBCP initiatives and strengthen its monitoring and evaluation.

ECA special report pursuant to Article 287(4), second subparagraph, TFEU.