World Cancer Day 2026

A CALL FOR AN EU BUDGET THAT DELIVERS FOR HEALTH, CANCER, AND RARE DISEASES

Declaration of the European Parliament's
Intergroup on Cancer and Rare Diseases

A Major Initiative

The Intergroup on Cancer and Rare Diseases is established for the European Parliament term 2024-2029 to ensure that the unmet needs of the concerned populations are addressed. In order to achieve its objectives, the Intergroup will organise and promote a variety of initiatives on key topics that are in line with its policy priorities and will advance the dialogue on the needs of people living with cancer and rare diseases.

The Intergroup will build on the European Parliament's political action and commitment, as well as broader EU initiatives like Europe's Beating Cancer Plan, the EU Joint Action on Rare Cancers and the EU Joint Action on Rare Diseases. These efforts have prioritised cancer and rare diseases in the health agenda, highlighting the specific needs of those affected by cancer and rare diseases.

A continued focus on the cancer and rare disease agenda of the EU, which takes into the consideration the specificities of all population groups, will be fostered through the activities of the Intergroup.

A call for an EU budget that delivers for health, cancer, and rare diseases

Declaration of the European Parliament's Intergroup on Cancer and Rare Diseases

On the occasion of World Cancer Day 2026 and Rare Disease Month, the European Parliament Intergroup on Cancer and Rare Diseases:

- Recognises the importance of securing health in the next EU budget;
- Calls for concrete actions to continue key cross-border cooperation initiatives such as Europe's Beating Cancer Plan, the EU Research Mission on Cancer and the European Reference Networks;
- Recommends the establishment of new infrastructures for enhanced cross-border cooperation in future, including a European Cancer Institute, or other enhanced coordinating mechanism, and a common framework plan for Rare Diseases;
- Calls for childhood cancer to be recognised and supported as a distinct EU priority, with dedicated action to address persistent inequalities in research, innovation, data, access to cross-border clinical trials, and access to high-quality care across Europe;
- Recalls also the vital need for specific and targeted policies and funding for cancer in other vulnerable groups, such as but not limited to older people and women, to address inequalities in terms of access to treatment and clinical trials, and to provide specific therapies in line with most recent scientific findings to all citizens in the EU.

In so doing, as the EU institutions currently scrutinise proposals for a new long-term EU budget 2028-2034, the European Parliament Intergroup on Cancer and Rare Diseases expresses its serious concerns.

The disappearance of the EU4Health funding programme, and the merging of health priorities into much broader chapters covering biotech and biotechnology, poses a significant risk that the legacy of Europe's Beating Cancer Plan, the EU Research Mission on Cancer, the European Reference Networks and many other relevant programmes to promote cooperation on cancer, childhood cancer and rare diseases, could be lost. The weakening of a dedicated EU health framework also risks undermining the Union's capacity to prevent cancer by regulating cross-border environmental exposures and counteracting commercial drivers of cancer incidence, shifting focus away from prevention.

The European Parliament Intergroup on Cancer and Rare Diseases therefore calls upon all parliamentary colleagues, in Brussels and in national capitals, alongside EU member state governments, to:

1. Ensure Health remains a key EU priority in the next Multiannual Financial Framework (MFF)

The Intergroup on Cancer and Rare Diseases regrets the dilution of health as an EU priority as represented by the European Commission's July 2025 proposal for the next EU budget. The optimal approach to safeguard public health is a dedicated EU health programme, building on the achievements of the EU4Health programme. If a standalone health programme is not established, the European Competitiveness Fund (ECF) must explicitly and adequately support public health, including through comprehensive health objectives and specific ring-fenced funding for their achievement.

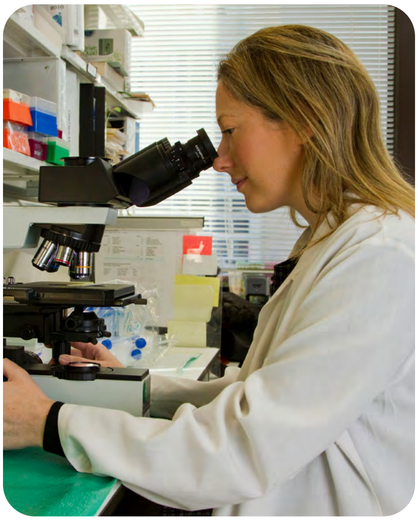
Though modest, European funding is indispensable for the meaningful participation of civil society and patient organisations in EU health processes. The next MFF should continue this support, ensuring that patients remain active partners in shaping EU health policy.

The Intergroup will work with parliamentary colleagues and stakeholders to press for a revised proposal that clearly reflects the EU's ambition on health. With lessons from the Covid-19 pandemic still insufficiently applied and citizens' health priorities inadequately reflected in the EU budget, the need for amendment is clear.

2. Preserve the legacy of Europe's Beating Cancer Plan by establishing in the next EU Multiannual Financial Framework a 2 billion euro European Cancer Fund

The proposed European Cancer Fund can be explicitly purposed to ensure the fulfilled achievement of key goals of Europe's Beating Cancer Plan; including but not limited to the elimination of HPV related cancers in Europe, the achievement of a tobacco-free generation, the access of all citizens to EU recommended cancer screening and comprehensive cancer care, improved quality-of-life for cancer survivors, including freedom from discrimination in access to financial services as well as ambitious progress on childhood cancer.

The establishment of such a fund would provide an opportunity to refresh Europe's Beating Cancer Plan, with renewed and unifying objectives, including improved cancer survival outcomes. The goal of achieving 70% long-term survival by 2035 remains attainable. A refreshed Plan should also give greater and more targeted attention to persistent gaps, particularly the rising incidence of rare cancers and cancers affecting younger people and children.



A refreshed Europe's Beating Cancer Plan should also strengthen action on prevention by more systematically addressing modifiable cancer risk factors, including commercial determinants of health and environmental exposures, including highly processed foods as well as tobacco and novel nicotine products, which continue to drive cancer incidence and exacerbate health inequalities across Europe.

3. Establish a European Cancer Institute, or similar enhanced coordinating mechanism, for EU cancer research

Europe is an important global leader but it can also learn from the research success of other parts of the world. Cancer research funding must be placed above the uncertainties of the continually shifting

political priority cycle. A permanent European Cancer Institute, or similar enhanced coordinating mechanism for EU cancer research investment, can ensure Europe's cancer research influence and impact can lead the world. The enhanced long-term approach, accountability and expert-led steering from such an approach can enable new levels of ambition to be achieved in European cancer research excellence.

4. Promote the use of EU regional funding to bridge persistent cancer and rare diseases care inequalities

Health, oncology care and rare disease needs should be explicitly recognised as social objectives to be supported by EU regional funding instruments. This can support for long-term cancer infrastructure, such as vaccination and screening programmes, integration of European Reference Networks into national healthcare systems, capital equipment, workforce development, and robust oncology and rare disease data systems. It is recommended that the target for the social objective funding in any future regional funding pillar of the next EU budget be raised from 14% to 20%.

5. Anchor rare diseases as a strategic EU health and innovation priority

Rare diseases should be explicitly recognised in the next budget as a paradigmatic area of EU cooperation where Member States cannot act alone. A strong EU focus on rare diseases, covering early and accurate diagnosis, patient-driven research and innovation, development of orphan and advanced therapies, innovative drug repurposing, and integration of health and social care, among other issues, would address major unmet needs for around 30 million people in Europe, while reinforcing the EU's leadership.

To deliver this ambition, the next MFF should support preparatory legal and policy work for an EU Action Plan on Rare Diseases. A coherent framework is needed to connect and strengthen existing initiatives and funding streams (e.g., ECF, Horizon Europe, ESF+) under a single, coherent framework with measurable objectives, clear milestones, and a defined implementation timeline. The Plan would streamline governance, ensure consistency across national strategies, and address persistent gaps in diagnosis, care, research, and social inclusion.

6. Secure long-term support for key EU initiatives to address the unmet needs of rare disease patients, including ERNs

Existing EU initiatives have been key to address the needs of rare disease patients. The next MFF must ensure continuity of these successful initiatives while support progress towards those addressing current gaps. European Reference Networks must receive dedicated, multiannual direct EU grants to ensure stable coordination, clinical guideline development, training and education, virtual consultations, registries, and full participation in the European Health Data Space. The next MFF should also ensure the continuity and progress of other related EU initiatives, such as ERNs, ERDERA, and ensuring the recommendations of the Joint Action (JARDIN) created to achieve the integration of European Reference Networks are implemented. This would enable EU-value actions like cross-border newborn screening, and provide predictable, long-term funding. In addition, EU should use ECF instruments to pilot joint procurement and solidarity mechanisms for orphan and advanced therapies, particularly for ultra-rare conditions and smaller or lower-income Member States.

The proper financing of the European Reference Networks is a prerequisite to reaching the 2030 goals as set out in the EU Life Sciences Strategy. By generating data, enabling timely diagnosis, and addressing growing patient populations, the European Reference Networks will support European competitiveness and patient access in orphan drugs and advanced therapies.

7. Provide fresh attention to cancer in older people and in women

Cancer is a multifactorial disease that differently affects specific portions of population, such as older people and women. Both older people and women are systematically underrepresented in medical research and clinical trials, although they represent the majority of cancer patients and face discrimination also with regard to targeted treatments appropriate to their biology.

As Europe's population ages, the growing burden of cancer reflects a demographic transformation that health systems should be prepared to address across the course of life. Older people represent the majority of cancer patients, with expected growing numbers in the near future, yet evidence generation, clinical trials and care models often fail to fully reflect their specific clinical and social needs.

Although many cancers disproportionately affect women, they remain deeply underrepresented in medical research, negatively affecting the effectiveness of their therapies and without appropriate consideration of sex-based differences in terms of adverse reactions. Advances in oncology increasingly demonstrate that sex and gender influence cancer biology, prevention, treatment response and outcomes.

Failure to systematically integrate age and gender into cancer care pathways poses a threat to public health, denies the right to adequate and appropriate treatment to people and limits the real-world impact of innovation. Ensuring that progress in cancer science benefits all citizens requires health policies that recognise diversity without creating divisions.

In this context, this Intergroup call for specific policy actions and dedicated funding in the next EU Multiannual Financial Framework to address these discriminations, providing older adults and women with adequate treatment options and ensuring equal access to therapies for all citizens.

8. Childhood cancer needs

Boosting Drug Development, Access to Innovation and Data Driven Research in Childhood Cancer

As a rare disease with a high public health burden, with stark inequalities in survival and access to care and research across Europe, childhood cancer must remain a priority in EU funding and health policy instruments. Despite medical progress in adult oncology, drug development for childhood cancers remains limited, with a lack of commercial interest in developing medicines for ultra-rare paediatric cancers. Academic-led research has played a pivotal role in achieving average five-year survival rates of 80% in Europe. The next MFF can prioritise supportive action and address the innovation gap by providing continued EU funding for clinical trials, academic clinical trial networks such as European Clinical Trial Groups, and public-private partnership focusing on childhood cancer treatments that improve survival and reduce long-term toxicity. Additionally, facilitating cross-border access to academic clinical trials, especially to early phase trials, which are critical for children with a life-threatening refractory or relapsed malignancy in Europe, can improve survival rates.

EU support with coordination, implementation and further expansion of multi-country clinical trials in the EU is a key prerequisite to delivering access to life-saving therapies to children with rare diseases and rare cancers.

High-quality data is essential to improve care, personalise treatment, and accelerate research and innovation. The implementation of the EHDS is eagerly awaited to unlock greater opportunities for research and care delivery. The MFF can enable progress through supporting the potential of EU initiatives such as UNCAN.eu platform to build and fund a European infrastructure that may facilitate access to comprehensive childhood cancer data for care and research. Future programmes which allow comprehensive, secure and high-quality data aggregation across Member States and the development of AI-driven data solutions can enable increased understanding of childhood cancers.

Implementing Childhood Cancer Care Networks and Infrastructures

ERN PaedCan has shown success in reducing disparities in access to standard of care treatment. Recognising and expanding Comprehensive Childhood Cancer Infrastructures within ERN PaedCan in a manner distinct from adult-oriented initiatives can strengthen equal access to paediatric cancer diagnosis, care, treatment and research at Member State level. This distinction will reflect the organisational reality of childhood cancer in Europe and ensure integrated, multidisciplinary research and care and an amplified twinning programme.

Declaration led by the Co-Chairs of the European Parliament Intergroup on Cancer and Rare Diseases

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with the endorsement of signatories:

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