



European Alliance for  
Personalised Medicine



From

# VISION EUROPE 2030 to the Global Last Mile

Brussels, New York, Oman, Japan and China –  
September to November 2025



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Europe is entering a decisive period for health, competitiveness and innovation. A new wave of policy files – from the emerging **Biotech Act** and the **Digital Omnibus** package to the ongoing implementation of the **In Vitro Diagnostic Regulation (IVDR)** – is reshaping the environment in which prevention, diagnostics and precision therapies will either scale or stall over the coming decade. In parallel, the forthcoming **Joint Action on Personalised Cancer Medicine (JA PCM)** is expected to become a key instrument for turning ambitions on personalised care into coordinated implementation across Member States.

These developments sit within a broader strategic debate about Europe's future. The recent **Draghi report on competitiveness** and productivity and the **Letta report on the next phase of the Single Market** both underline that Europe's global position will depend on whether it can mobilise strategic sectors such as health, life sciences and digital infrastructure, and turn the Single Market for data, services and innovation into a functioning asset rather than an aspiration.

Health, in this framing, is no longer a peripheral social policy; it is central to Europe's economic model, technological positioning and social contract. The real question is no longer whether Europe and its partners can generate breakthrough science, but whether regulatory frameworks (including IVDR and the wider digital and biotech agenda), investment strategies, and cross-border mechanisms such as JA PCM can be aligned so that:

- advanced diagnostics and biomarkers are evaluated and adopted in a timely, coherent way;
- health data can flow securely and meaningfully across borders and sectors;
- patients in all regions can benefit from genomics, targeted therapies, AI-based decision support and integrated prevention; and
- Europe's innovation capacity in biotech and digital health becomes a source of competitiveness rather than a casualty of fragmentation.

Between **September and November 2025**, a sequence of high-level meetings in **Brussels, New York, Oman, Japan and China** put these issues under the spotlight.

- In **Brussels**, Vision Europe 2030 examined how to move from pilots and projects to system-level adoption of precision approaches in a landscape shaped by the Biotech Act, Digital Omnibus, IVDR and future joint actions.
- In **New York**, a “Last Mile” dialogue on screening, vaccination and treatment framed cancer and NCD innovation as a core part of economic strategy on the margins of UN High-Level Week.
- In **Oman**, regional partners explored what these agendas mean for implementation, capacity and financing in diverse health systems.
- In **Japan**, a forum focused on moving precision oncology “from pipeline to patient” and on biomarker readiness.
- In **China**, a summit examined how AI and digital tools can support person-centred, psycho-oncological cancer care rather than undermine it.

Across these five events, **more than 1,000 participants attended in person**, complemented by a much larger online audience. Together, they generated **over 80 recorded videos** and a sustained stream of **LinkedIn posts and tweets**, extending the discussions far beyond the meeting rooms and creating a reusable library of content for policymakers, practitioners and advocates.



Taken together, these meetings traced a single storyline: **how to close the “last mile” between scientific potential and real-world impact at a time when Europe’s legislative choices and strategic economic decisions will either accelerate or hold back that transition.**



## The urgency behind the agenda

Across advanced health systems, life expectancy is now just over **81 years**, yet in a single recent year there were still more than **three million avoidable premature deaths before age 75**. Circulatory diseases and cancer account for nearly half of all deaths, while mental health problems are rising, especially among younger people.

Health expenditure already absorbs close to **10% of economic output** on average and around **15% of public budgets**, with further growth expected. Yet only a small fraction is directed to organised prevention and primary care: around **3% of total health spending** goes to prevention programmes and about **14% to primary care**, figures that have barely shifted

The five meetings approached this tension from different angles – but with the same conclusion: **systems must be redesigned so that prevention, early detection and precision treatments become routine, not exceptional**.

## Brussels – Vision Europe 2030: from pilots to systems

Vision Europe 2030 in Brussels examined how Europe can move beyond islands of excellence to consistent, system-level change, in a context where legislative files such as IVDR, the Biotech Act and Digital Omnibus will strongly influence what is feasible.

Key messages:

- **Tech for equity**

Advanced diagnostics such as genomic testing, liquid biopsy and AI-supported imaging are still concentrated in a limited number of centres. The task now is to treat them as **core infrastructure**, integrate them into standard pathways, and ensure that regulatory and reimbursement processes (including IVDR implementation and future biotech/digital rules) support their appropriate use rather than delay it.

- **Democratising trials**

Conventional, centre-based trials often exclude patients with comorbidities, those living far from major hospitals and entire under-represented regions. New models – adaptive designs, platform and basket trials, and structured use of real-world data – are needed to widen participation and generate evidence that reflects real populations.

- **Updating treatment paradigms**

In lethal cancers with poor survival, waiting for large phase 3 trials as the only trigger for change can delay access to more effective therapies. Discussions drew on emerging thinking in precision oncology: early molecular profiling at or near diagnosis, smarter use of high-quality phase 2 and real-world data, and tumour-agnostic strategies based on molecular alterations rather than site alone.

- **Data that delivers**

Fragmented datasets and unclear rules for secondary use prevent the emergence of true learning systems. Interoperable registries, secure federated or sovereign architectures and clear governance were identified as strategic needs – fully aligned with the broader digital agenda and Single Market objectives flagged in the Draghi and Letta reports.

Brussels set the tone: **Europe has the science; the challenge is to build the regulatory, data and financing architecture that allows implementation at scale**.

## New York – The Last Mile: screening, vaccination, treatment

On the margins of UN High-Level Week, the “**The Last Mile – Screening, Vaccination, and Treatment: Driving Investment, Innovation, and Alignment**” dialogue in New York reframed these issues in political and economic terms.

Four themes stood out:

1. **The investment case for prevention and early detection**

Vaccination and screening – HPV and HBV vaccination, lung and breast cancer screening, and integrated approaches for NCDs – were presented as high-value investments that reduce late-stage costs, improve productivity and support broader development goals.

2. **Scaling precision exemplars**

Breakthroughs in breast, lung and melanoma cancer show what is possible when targeted and immune-based therapies are combined with robust diagnostics and data. The challenge is to embed these advances



in national cancer and NCD strategies, and to align regulatory, pricing and reimbursement frameworks across markets so they do not remain limited to a few centres or countries.

### 3. Partnerships and financing that reach the last mile

The dialogue highlighted public–private partnerships and blended financing models that can move beyond pilot projects, linking vaccination, screening and treatment with co-morbid conditions such as diabetes and cardiovascular disease. Participants underscored that innovation without delivery systems is “the most expensive form of failure”.

### 4. From cancer to brain and mental health

Lessons from cancer were extended to brain health and mental wellbeing, underlining that early intervention and integrated care are central not only to health but to productivity, labour market participation and inclusive growth.

New York made the case that **health policy, industrial strategy and fiscal planning must be aligned**, echoing the broader competitiveness and Single Market messages of the Draghi and Letta reports.

## Oman – Regional implementation and capacity

The regional forum in Oman then explored what this agenda means for health systems across the Gulf and neighbouring regions.

Core topics included:

- Building **screening and vaccination programmes** that reflect local epidemiology and service structures while drawing on global evidence and WHO guidance.
- Strengthening **workforce and infrastructure** – pathology, imaging, laboratory networks and digital platforms – to support early detection, modern treatment and survivorship.
- Designing **regulatory and financing frameworks** that are realistic for countries at different income levels, while still enabling participation in global trials and data initiatives.

The message from Oman was that global concepts only succeed if translated into **realistic regional implementation plans**, with tailored pathways for workforce development, procurement, and phased introduction of advanced diagnostics.

## Japan – From pipeline to patient in precision oncology

In Japan, the “**From Pipeline to Patient: Delivering on the Promise of Precision Oncology and Beyond**” forum focused on turning scientific pipelines into everyday practice.

Discussions centred on three questions:

- **Is genomics truly at the bedside?**

Significant advances in biomarkers and genomic science have not yet been matched by seamless implementation. Barriers include fragmented data, reimbursement hurdles, uneven laboratory capacity and limited specialist workforce in clinical genomics and bioinformatics. Biobanking standards, clinical genomics frameworks and better linkage between research and care were highlighted as priorities.

- **How do we implement risk-stratified screening safely?**

Screening is evolving from broad, age-based models to risk-based approaches informed by genomics, family history and AI-derived risk scores. The forum examined how to adapt infrastructure, guidelines and communication to support this shift, and how data and diagnostic regulations can facilitate rather than block such programmes.

## Capturing Insights in New York, USA

During the first event of the Last Mile Series at the Italian Cultural Institute in New York, we recorded around 20 interviews capturing the thoughts and perspectives of speakers and participants. These interviews will soon be available on our YouTube channel. Stay tuned to follow the insights and discussions from this important global dialogue!



- **How can trials and real-world data work together?**

Adaptive trials, external or synthetic control arms and high-quality real-world datasets were discussed as complementary tools to expand access and generate robust evidence, particularly in highly stratified and rare cancers. This aligns closely with the anticipated mandate of JA PCM in Europe and with calls to modernise evidence frameworks internationally.

Japan linked high-level commitments to **practical strategies for delivering precision oncology**, with a strong emphasis on standards, data and workforce.

## China – AI, psycho-oncology and person-centred care

The summit in Kunming, China, brought a different but essential perspective: how to ensure that rapid advances in AI and digital tools **enhance, rather than erode, person-centred care**.

Key themes:

- **Psycho-oncology in a high-tech era**

As cancer care becomes more complex and digitalised, there is a risk that psychological support and human connection are squeezed out. The summit explored models that integrate psycho-oncological care throughout the cancer pathway, including survivorship.

- **Large language models and “intelligent oncology”**

Participants examined how AI can support clinical decision-making, triage and patient communication, while addressing risks such as bias, transparency and over-reliance on automated systems.

- **Principles for trustworthy AI in cancer**

Building on emerging ethical frameworks, discussions emphasised transparency, fairness, accountability and clear governance so that AI tools genuinely support professionals and patients.

The core message from Kunming was that **technology must serve people, not the other way round** – a principle that should inform both national AI strategies and specific oncology-focused initiatives.



## A shared last-mile agenda

Across Brussels, New York, Oman, Japan and China, common priorities emerged:

1. **Re-balance towards prevention and early detection**

Increase the share of resources devoted to vaccination, screening and primary care, recognising their impact on avoidable mortality, productivity and long-term sustainability.

2. **Make precision tools part of the standard pathway**

Move validated diagnostics (genomics, liquid biopsy, advanced imaging) and decision-support tools out of pilot mode and into routine protocols, supported by coherent assessment and reimbursement processes. IVDR, the Biotech Act and Digital Omnibus will be critical in determining how fast and how uniformly this can happen across Europe.

3. **Modernise evidence and regulation**

Combine traditional randomized trials with adaptive designs and structured use of real-world data, especially in lethal and highly stratified diseases. JA PCM has the potential to act as a practical engine for this evolution in the cancer field.

4. **Invest in data and skills as strategic assets**

Build interoperable data infrastructures, clear governance frameworks and robust capacity in digital, genomic and data literacy for professionals, regulators and patients. This is not only a health priority but also a competitiveness and Single Market issue, as highlighted in the Draghi and Letta analyses.

5. **Embed equity and person-centredness by design**

Ensure that access, participation in research and use of data reflect geographic, socio-economic and gender diversity – and that psychological and social needs remain at the heart of cancer and NCD care, even as AI and digital tools proliferate.



## Looking ahead

From Brussels to New York, Muscat, Yokohama and Kunming, the 2025 meetings have converged on the same conclusion: **the decisive challenge for this decade is not discovering more technologies, but delivering what we already have – fairly, consistently and at scale.**

The next step is to convert this shared understanding into:

- Concrete national and regional commitments,
- Joint investment and implementation platforms, and
- Measurable improvements in prevention, early diagnosis, treatment outcomes and quality of life.

If the Biotech Act, Digital Omnibus, IVDR implementation, JA PCM and the broader competitiveness and Single Market agenda move in the same direction, Europe and its partners can make the “last mile” the defining success story of the 2020s, ensuring that the promise of precision and personalised care reaches people everywhere, not just the fortunate few, and leaving a rich trail of content, events, videos and digital engagement – to sustain momentum along the way.

## Sharing the Vision Europe 2030 Conversation

Vision Europe 2030 was never intended to be just a two-day conference in Brussels. From the very beginning, communication played a central role in extending the conversation beyond the meeting room and keeping it alive over time.

In the lead-up to the Brussels conference, EAPM social media channels were used to introduce speakers, spotlight key sessions, and highlight the wide range of topics on the agenda, from public–private collaboration to clinical trials, AI, and equity in care. This steady flow of content helped create anticipation, encourage participation, and bring different voices and perspectives into the discussion.

### Vision Europe 2030 Website is now Fully Updated

As of December 2025, the official [Vision Europe 2030](#) website has been fully updated with all materials produced during the Brussels conference. Visitors can now explore recordings of both days of the event, access slides from speakers, watch interviews and enjoy the full gallery of cartoons created live during the meeting. This comprehensive update ensures that all key insights, presentations, and creative content from Vision Europe 2030 are now easily accessible and all in one place.



After the conference, communication naturally shifted toward sharing the insights, conversations, and content generated during the event and its follow-up activities around the world. Interviews recorded in Brussels are now available on EAPM's YouTube channel and are being shared weekly on LinkedIn as part of the series “Voices from Vision Europe 2030”, giving participants a platform to reflect on the themes discussed and to extend the dialogue to a wider audience. These videos, along with highlights from follow-up events, continue to be shared across Vision Europe’s channels, ensuring that the ideas and priorities discussed remain visible, accessible, and alive.

Importantly, communication around Vision Europe 2030 did not stop with Brussels. As the conversation expanded globally through follow-up events in New York, Oman, Japan, and China, communication efforts evolved to reflect this broader journey. Content shared online helped connect these international moments, reinforcing the idea that Vision Europe is a living process, one that brings together global voices, regional perspectives, and shared challenges around cancer, non-communicable diseases, and innovation in healthcare.

Today, Vision Europe 2030 continues to be present across digital channels, sharing insights from its follow-up events, amplifying discussions, and extending the reach of its key messages. What began as a conference has grown into a sustained narrative: one that keeps evolving, connecting people and ideas across borders, and ensuring that the conversation continues well beyond any single event.



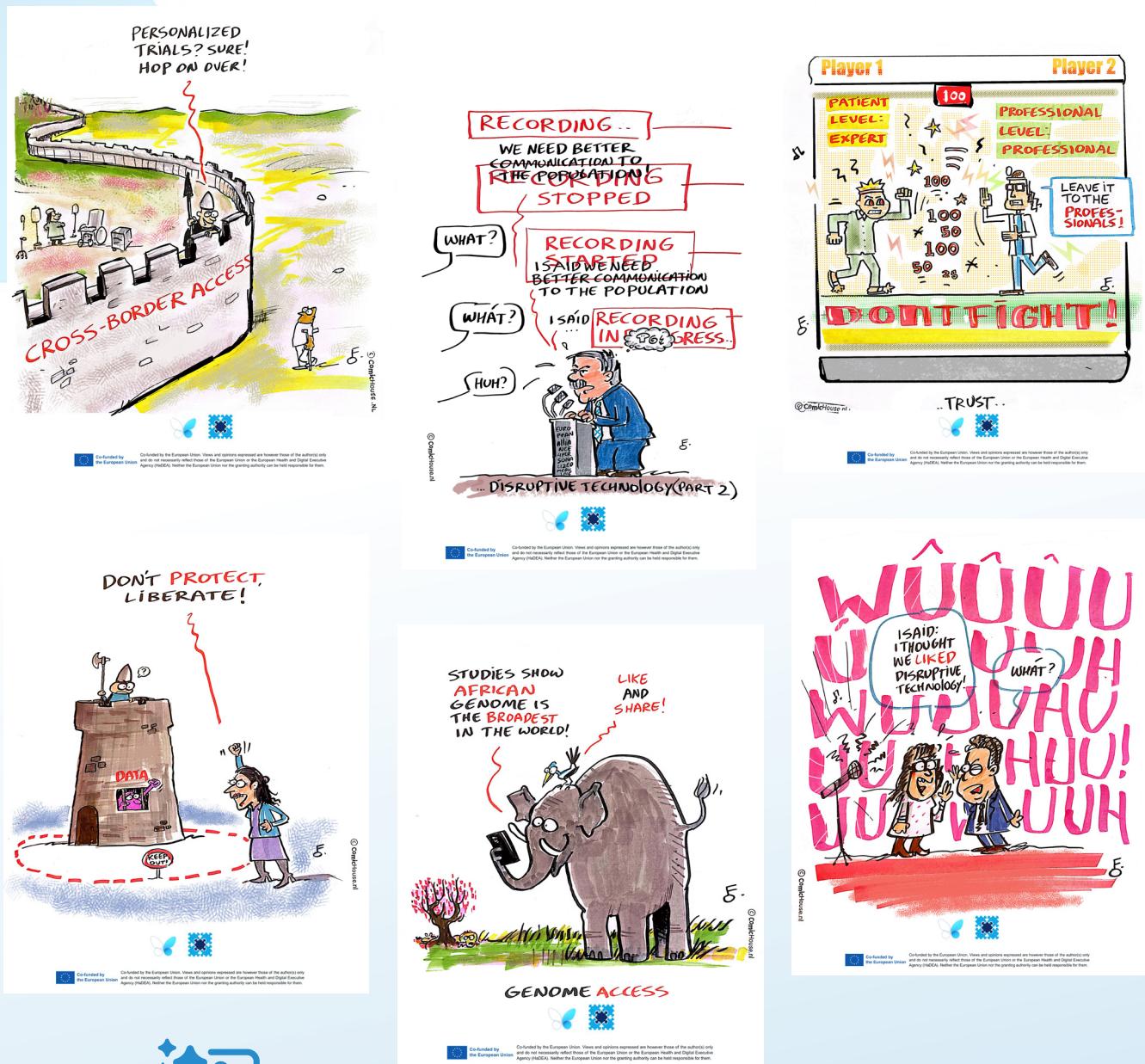
## Voices from Vision Europe 2030

During Vision Europe 2030 in Brussels, we recorded more than 40 interviews to capture key reflections not only from speakers, but also from participants across the conference. These conversations explore expectations for Vision Europe, the role of international collaboration in driving healthcare innovation, and perspectives on the future of healthcare in Europe and globally. All interviews are available on the EAPM YouTube channel and are currently being shared on LinkedIn through a dedicated weekly series, offering ongoing insight into the voices shaping the Vision Europe 2030 dialogue.



## Live Cartoons from Brussels

This gallery brings together all the illustrations created throughout the two-days event in Brussels by the artist Floris Oudshoorn. Each cartoon distills an important message, theme, or insight from the speakers and sessions, offering a unique and creative lens on the future of healthcare in Europe. Explore the gallery to rediscover the conversations, the energy, and the vision that shaped Vision Europe 2030, now brought to life through art.



**View the Full Gallery**

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