Resolution on World Cancer Day

2026/2586(RSP) - 12/02/2026 - Text adopted by Parliament, single reading

The European Parliament adopted by 427 votes to 15, with 93 abstentions, a resolution on World Cancer Day.

The text adopted in plenary was tabled by the EPP, S&D, ECR, Renew, Greens/EFA and The Left groups.

Every year in the EU, 2.7 million people are diagnosed with cancer, and it kills another 1.3 million people, according to the European Cancer Information System. By 2050, an increase in the number of cancer cases linked to population ageing is expected to lead to a 59 % rise in per-capita cancer spending in real terms in the EU-27. However, according to the WHO's International Agency for Research on Cancer (IARC), **at least 40 % of all cancer cases could be prevented** through effective primary prevention measures. The main risk factors for cancer include tobacco use, harmful alcohol consumption, an unhealthy diet, obesity, a lack of physical activity, endocrine disruptors, environmental exposures, including to PFAS, occupational exposures, air pollutant concentrations, exposure to ultraviolet radiation and radon, and infections (e.g. hepatitis B and C viruses and some types of human papillomavirus).

The resolution marks World Cancer Day on 4 February, expressing solidarity with all patients, survivors, families, healthcare workers and researchers fighting cancer across Europe. Europe's Beating Cancer Plan provides a strong framework, but its implementation requires **renewed political commitment**, funding and coordination. Therefore, the Commission and the Member States are called on to renew their political commitment to the full implementation of Europe's Beating Cancer Plan throughout the period of the 2028-2034 multiannual financial framework (MFF), ensuring consistency, adequate funding and concrete national action, with annual reporting mechanisms and improved transparency on implementation gaps.

The resolution called for:

- the 2028-2034 MFF to have **dedicated funding for health** and for a specific EU health programme, with a dedicated envelope, to protect public health and support patient and civil society participation in policymaking;

- health and cancer care to be recognised as **social investment objectives** that can be achieved through investment in national and regional partnership plans, including support for **long-term oncology** infrastructure such as vaccination and screening programmes, workforce development and robust oncology data systems;

- increased EU-level cooperation and funding in **paediatric oncology** research, data sharing and clinical trials, to boost drug development and access to innovation for children and adolescents with cancer;

- the promotion of **geriatric oncology** as a branch that deserves special consideration and funding and that needs to be strengthened by scientific research to ascertain the best treatment and diagnostic methods for older patients;

- the creation of high-quality infrastructure for treatment delivery, based on European guidelines and in line with the most recent scientific evidence;

- stronger mechanisms to facilitate **cross-border access** to specialised cancer care and clinical trials, particularly for rare and complex cancers, in full alignment with the Cross-Border Healthcare Directive;

- timely and affordable **access** to cancer drugs and innovative therapies across the EU;

- voluntary **joint procurement** to promote price transparency in line with national competences, to support earlier market entry and to address unjustified delays between authorisation by the European Medicines Agency and patient access, particularly for life-saving cancer treatments.

Lastly, the Commission is called on to step up its efforts to **protect cancer survivors** across the EU from financial discrimination, including through the effective promotion of the right to be forgotten, and urged the Member States to adopt binding legislation to enshrine this right nationally. Parliament called for a harmonised framework that guarantees access for cancer survivors to financial services, including mortgages, loans and insurance.