

Europe's Beating Cancer Plan – Sweden's progress

Summary of the report from the Independent Expert Committee on the Implementation of Europe's Beating Cancer Plan in Sweden, commissioned by the Swedish Cancer Society

Europe's Beating Cancer Plan – a shared commitment to the people of Europe

In February 2021, the European Commission launched Europe's Beating Cancer Plan (EBCP) with the aim of reducing the burden of cancer across Europe. The plan is a joint commitment by EU member states and includes concrete measures within four main pillars:

- Prevention
- Early detection
- Diagnosis and treatment
- Quality of life

The goal is to reduce the number of cancer cases and deaths, increase survival rates, and improve quality of life for people living with or beyond cancer. The vision is of a Europe where fewer people are affected, more people survive, and health care is equitable and evidence based.

The ten flagship initiatives and complementary actions in the EBCP aim to strengthen prevention efforts, improve care, and improve quality of life for people affected by or at risk of cancer. In parallel, the EU Mission on Cancer supports research projects aligned with the plan's objectives.

The Committee's mandate and assessments

To follow and assess how EBCP is being implemented in Sweden, the Swedish Cancer Society appointed an independent expert group in June 2023: the Independent Expert Committee on the Implementation of Europe's Beating Cancer Plan in Sweden. The Committee's task is to map, monitor and assess the implementation of the plan – focusing on which measures are actually being carried out, and how Sweden is making use of the opportunities it offers, particularly in terms of funding. The Committee also proposes actions at EU level and within Sweden, both nationally and regionally, to accelerate progress.

This is a summary of the Committee's report: *Europe's Beating Cancer Plan – Sweden's progress*. The assessments are based on a selection of flagship initiatives and other central aspects of the plan, with the aim of identifying both achievements and shortcomings – and highlighting what is needed for Sweden to reach the goals.

The review focuses on the areas most relevant in the Swedish context – where differences in access, how care is organised or in outcomes affect people's opportunities to take part in preventive services, early detection, treatment and rehabilitation.

Some of the plan's initiatives have been excluded, for example those not yet fully defined at EU level. The Committee's assessments are based on public statistics, government reports, evaluations, policy documents, scientific publications and dialogue with stakeholders in Swedish cancer care and research – including authorities, researchers and patient organisations.

[The Committee's report from April 2025.](#)



Summary

Prevention

> Several areas require urgent attention

Preventing cancer is one of the cornerstones of EBCP. The Committee finds that Sweden has made progress in several areas, but that there are clear opportunities to further strengthen this work.

87%
of girls aged 12
are vaccinated
against HPV
(2023)

HPV vaccination is part of the Swedish national childhood programme, and Hepatitis B is offered free of charge to children across the country. As a result, both vaccines are given to a high proportion of children in Sweden. However, participation in HPV catch-up vaccination among young women varies, and access to both HPV and Hepatitis B vaccines for adults in risk groups differs across the country. The Committee recommends that vaccination against both HPV (beyond the childhood programme) and Hepatitis B be included in the national vaccination programme and funded by the state – instead of the current system, where access is regulated and financed at a regional level – to ensure equitable access regardless of where people live. The Committee also proposes a gender-neutral national target for HPV vaccination within the childhood immunisation programme.

Smoking in Sweden has decreased significantly since the 1990s, which is a clear success. However, the use of snuff tobacco (snus), nicotine pouches and e-cigarettes is rising, especially among young people. EBCP and the WHO Framework Convention on Tobacco Control both aim for a tobacco-free generation by 2040. The Committee notes a risk that recent shifts in Swedish public health policy – towards reducing the social and economic harm of tobacco rather than the use of tobacco itself – may undermine the goal of a tobacco-free generation.

Sweden's long-standing restrictive alcohol policy has had positive effects on public health – for example, self-reported harmful alcohol use is lower than in many other European countries. However, public awareness of the link between alcohol and cancer remains low. The Committee highlights the need for better information, such as health warnings and clearer labelling on alcoholic beverages.

Sweden is well positioned to strengthen prevention in other areas too – including addressing healthy

eating, physical activity, overweight and obesity, as well as environmental factors such as air pollution. These factors affect cancer risk but are not sufficiently prioritised. The Committee calls for more coordinated preventive efforts that reach the entire population – regardless of background or where they live.

The proportion of Swedes with obesity has increased significantly – from 11% to 18% over the past 20 years.

Early detection

> More screening programmes now available, but participation remains unequal

Early detection is vital for survival and effective treatment. EBCP aims for 90 per cent of the target population to be offered screening for breast cancer, cervical cancer and colorectal cancer. The Committee finds that screening is offered to almost the entire target population in Sweden, but participation varies considerably. Access is also uneven in some areas.

Screening programmes for breast and cervical cancer is fully implemented across the country. Colorectal cancer screening is currently being rolled out, but the pace has been slow. In Sweden, each of the 21 regions is responsible for implementing screening programmes, which contributes to the uneven rollout. It can take more than a decade from a screening programme being recommended to it becoming fully available nationwide. The Committee believes this leads to unequal access and recommends that the state take clearer responsibility – including binding regulations and national funding.

1 in 5
women don't
participate in cervical
screening or
mammography

1 in 4
Swedes has a
named doctor in
primary care

The Committee observes significant differences between geographical areas and between different groups in the population. People with low income, lower education levels, an immigrant background or disabilities are less likely to participate. For screening programmes to be fully effective, targeted efforts are needed to increase participation among groups who are currently under-represented.

Diagnosis and treatment

› Progress made – but cohesive national action needed

EBCP emphasises the importance of equal access to high-quality diagnostics and treatment. The Committee finds that Sweden is well positioned to deliver high-quality diagnostics and treatment – but variation in quality of and access to care remains.

Significant geographical differences remain in waiting times and access to treatment. The Committee stresses the need for stronger national coordination, including a shared roadmap, clearly defined lines of responsibility and consistent monitoring of results.

The development of cancer care requires long-term commitment and coordination at national level.

4 in 10

don't participate
in colorectal
screening

Primary care plays a key role in the early detection of cancer, but the conditions for fulfilling this role could be improved. The Committee notes

the need for more continuous doctor-patient relationships, team-based working methods and better tools to identify cancer at an early stage.

Access to precision medicine also needs to improve. The Committee points to legal and technical barriers that make it difficult to share imaging data between regions. A common infrastructure and clear rules for data sharing are essential to make diagnostics faster and more equitable.

Quality of life

› Support for cancer patients and those close to them

Improving quality of life for people living with or after cancer is a central aim of EBCP. The Committee finds that Sweden has taken important steps in this area, but more needs to be done to ensure long-term, equitable and person-centred support.

Sweden largely meets the requirements of the EU Directive on work-life balance for parents and carers. The development of patient-reported outcome measures has advanced, mainly through Sweden's Regional Cancer Centres (RCC) and national quality registries. The Committee recommends that this work continue and be strengthened, with closer collaboration between patients, those close to them and care providers.

Improving quality of life extends beyond medical care and treatment – it also depends on the wider support available in everyday life, including rehabilitation, psychosocial services and opportunities to return to work or education. The Committee stresses that this requires joint efforts across the entire healthcare system and in wider society.