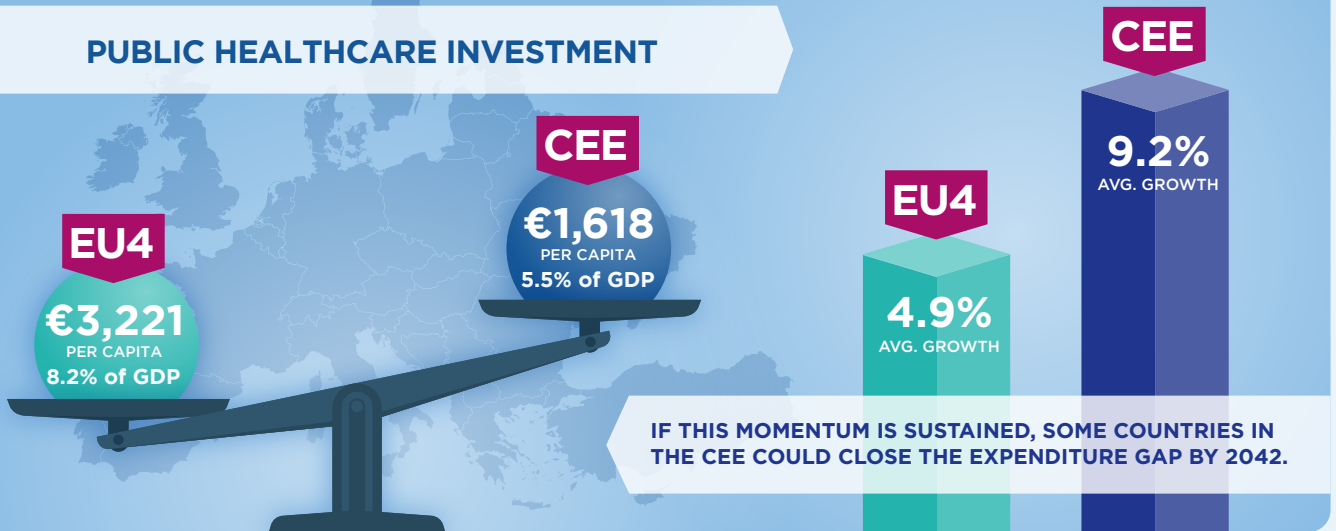


How can we close the East-West healthcare investment gap in Europe?

Over the past decades, CEE countries have modernised their health systems and increased their pharmaceutical investments at a significantly faster rate than the EU4. However, CEE countries invest significantly less in health and medicines compared to the top European economies.

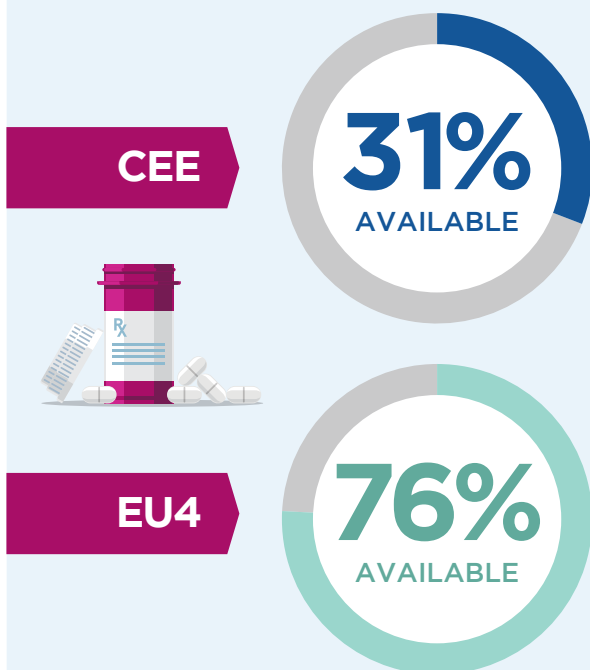
PUBLIC HEALTHCARE INVESTMENT



Patients in CEE wait longer for innovation

Insufficient budgets are correlated to disparities in patient access to innovative medicines. Patients in CEE countries have access to less than half the number of innovative medicines and wait significantly longer than those in EU4 countries.

Access to new EMA-authorized medicines



Average time to reimbursement



Governments increasingly rely on high clawbacks and mandatory rebates to contain overspending. This signals structural underbudgeting, not temporary overspending.



IN 2023 THE INDUSTRY CONTRIBUTION REACHED **1/3 TO 1/5** OF THE PUBLIC PHARMACEUTICAL EXPENDITURE.



HUNGARY **30.4%**



ROMANIA **25.8%**

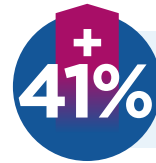


BULGARIA **23.5%**



CROATIA **22.8%**

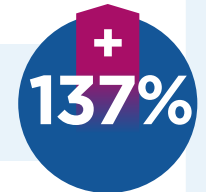
CEE health outcomes mirror the investment gap. Compared to EU4, CEE records:



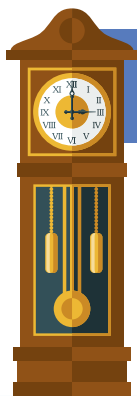
HIGHER DISABILITY BURDEN (DALYS)



HIGHER TREATABLE MORTALITY



LOWER LIFE EXPECTANCY (78 VS 83 YEARS)



An aging population increases pressure on healthcare spending and threatens fiscal sustainability and economic growth

Healthcare spending **~3x higher** after the age of 55



CEE's workforce will decline by 12.9 million, resulting in €14.6 billion in lost tax revenue.

What if CEE countries invested as much as the EU4 in health?

Catching up to EU4 investment levels could save over 100,000 lives and generate approximately €300 billion in economic impact.



Key recommendations to close the gap:

- 1 Strengthen sustainable, efficient health financing to improve outcomes through forward-looking budgeting and reduced distortionary payback mechanisms.
- 2 Reduce barriers to timely access to innovative medicines through outcomes-based payment models, stronger HTA frameworks, and use of Joint Clinical Assessment outputs.
- 3 Embed prevention and risk-factor reduction as a core complement to health investment.