

Making Digestive Health a Strategic EU Priority for Research, Innovation and Health System Resilience

Executive message

United European Gastroenterology (UEG), representing over 50,000 digestive health professionals in the EU and beyond, calls on EU institutions to explicitly recognise digestive diseases as a priority within the EU Multiannual Financial Framework (MFF) 2028–2034 and to secure dedicated investment through the Framework Programme (FP10) and EU health funding instruments.

Digestive diseases affect around 332 million people in Europe, making them one of the largest yet most under-recognised disease areas, contributing substantially to mortality, disability, health inequalities, and economic loss ⁽¹⁾. This burden remains insufficiently reflected in EU research and funding priorities, directly weakening workforce participation and productivity and threatening Europe’s competitiveness, strategic autonomy and health system sustainability.

The burden and societal cost of digestive diseases in Europe

Digestive diseases—including chronic inflammatory gastrointestinal diseases, liver, pancreatic diseases, as well as digestive cancers—constitute one of the largest disease areas in Europe:

- According to UEG White Book 2, digestive diseases cost EU economies around €25 billion in inpatient care (~0.12% of GDP) plus a further €89 billion in indirect productivity losses, significantly affecting workforce participation and competitiveness—making prevention, early detection, and innovation a strategic investment in Europe’s economic resilience and human capital ⁽²⁾.
- Reducing premature mortality from digestive diseases by 25% could avert an estimated €11.4 billion in productivity losses (2019), with substantially greater savings achievable through more ambitious reductions ⁽³⁾.
- Obesity is a key upstream driver of digestive diseases and cancers, affecting around 23% of adults in the European region ⁽⁴⁾. Obesity-related chronic diseases are projected to reduce GDP in high-income regions ⁽⁵⁾.
- In Europe, 25% of children live with overweight and 11% live with obesity ⁽⁶⁾. This fuels rising rates of MASLD and MASH, highlighting the urgent need for stronger prevention, early detection, and care pathways in children ⁽⁷⁾.
- Several major digestive cancers, the leading cause of cancer death in Europe, share preventable risk factors, reinforcing the need for EU investment in prevention, early detection and implementation research at scale. ⁽⁸⁻⁹⁾
- There is a significant impact of psychiatric and somatic comorbidities in IBS, one of the most prevalent, “functional gastrointestinal disorders”, on outcomes and disease burden that remains largely unexplored.

‘Digestive health is a critical societal and economic priority, and not an isolated medical problem. Its scale and ballooning costs warrant explicit prioritisation in the next EU long-term budget. Targeted investment through FP10 and the post-2027 EU4Health program is pivotal to drive prevention, strengthen health system resilience, and translate research into real-world health outcomes. UEG is ready to support EU institutions with scientific expertise and data to deliver measurable health gains and lasting impact.’

Joost PH Drenth, UEG President

Why the next MFF and FP10 matter for digestive health

UEG welcomes the proposal to establish FP10 as an independent program. UEG hopes that future FP10 calls will provide sufficient opportunities for gastrointestinal researchers to address the growing burden of digestive diseases.

While acknowledging the proposed €22.6 billion allocation to ‘Health, Biotech and the Bioeconomy’ within the MFF, UEG regrets the absence of a ring-fenced public health fund, which is essential to support prevention, early detection and care for digestive and liver diseases across Europe.

‘Addressing digestive health effectively requires sustained, coordinated EU investment that complements competitiveness goals while strengthening prevention, implementation science, data infrastructure, and high-quality clinical research. Within FP10, adequate funding for digestive health research and innovation must support universities and hospitals, translate science into real-world impact, and enable cross-border consortia across Europe to accelerate innovation, productivity, and patient outcomes.’

Chloé Melchior, UEG Research Committee Chair

UEG Recommendations for MFF 2028–2034 / FP10

1) Make digestive diseases an explicit FP10 priority

Digestive health should be a priority in FP10, with dedicated calls spanning paediatric and life-course prevention, digestive cancers, chronic liver disease, immune-mediated and pancreatic diseases, microbiome–nutrition–metabolic research, and implementation science to scale proven interventions. Sustained funding for digestive health research, prevention and implementation science is essential to match the scale of disease burden and societal impact.

2) Create a Digestive Health Research & Innovation Flagship (FP10)

UEG calls for Digestive Health to be established as a dedicated FP10 priority to coordinate high-impact cross-border research, and accelerate translation into practice—integrating prevention, clinical research, data and innovation, supporting large-scale collaboration, and strengthening EU productivity, competitiveness and health system sustainability.

3) Build EU digestive health data and outcomes infrastructure (aligned with EHDS)

FP10 and health funding instruments should support federated registries, harmonised outcome measures (including PROMs), secure real-world evidence platforms, and analytics capacity, fully aligned with the European Health Data Space.

Under FP10, certified Centers of Excellence for Digestive Health could create a quality-assured framework to strengthen care, research, and training while reducing regional disparities.

4) Protect public-interest research and academic clinical trials

Dedicated funding should sustain investigator-led trials, address unmet medical needs (including rare and complex digestive diseases), support treatment optimisation and regulatory science, and enable long-term cross-border collaboration. Structured engagement with scientific and patient communities must be embedded to maximise relevance, feasibility and impact.

5) Invest in prevention and inequality reduction as economic levers

Given the GDP-level productivity losses linked to digestive diseases, EU investment should prioritise prevention, implementation research, action in high-burden regions, workforce capacity, and research-to-policy translation, embedding digestive health within EU resilience and competitiveness strategies to reduce inequalities and strengthen long-term sustainability.

‘Decisions in 2026 will shape Europe’s health and research landscape for the next decade. With digestive diseases affecting hundreds of millions of Europeans and driving major mortality, disability, and economic loss, embedding digestive health in FP10 and the Multiannual Financial Framework 2028–2034 is a cost-effective, prevention-focused investment that strengthens EU competitiveness and delivers earlier diagnosis, better treatments, improved quality of life, and lasting value for patients and citizens.’

Alexander Hann, UEG Public Affairs Group Chair

We thank all our Specialist Member Societies and our 50 National Member Societies



About UEG

Founded in 1992 United European Gastroenterology (UEG) is the leading non-profit organisation for excellence in digestive health in Europe and beyond with its headquarters in Vienna. We improve the prevention and care of digestive diseases in Europe through providing top tier education, supporting research and advancing clinical standards.

As Europe's home for multidisciplinary gastroenterology, we unite over 50,000 engaged professionals from national and specialist societies, individual digestive health experts and related scientists from all fields and career stages.

ueg.eu

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