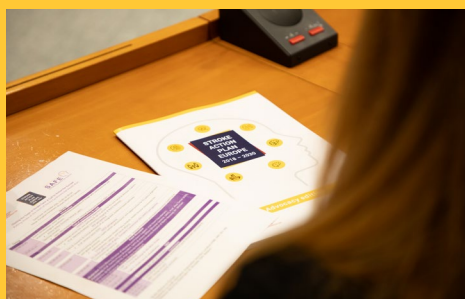


**STROKE
ACTION
PLAN
EUROPE**
2018 – 2030



Closing the gaps in stroke care: A call to action for Europe

Putting stroke at the heart of the EU Cardiovascular Health Plan

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Executive summary

On 14 October 2025, the Stroke Alliance for Europe (SAFE) and the European Stroke Organisation (ESO) convened an event in the European Parliament, co-hosted by Members of the European Parliament (MEPs) Billy Kelleher (Renew, IE) and Romana Jerković (S&D, HR).

Entitled “Closing the Gaps in Stroke Care: a Call to Action for Europe – Putting stroke at the heart of the EU Cardiovascular Health Plan” the event brought together policymakers, healthcare professionals, researchers, stroke survivors, carers, patient advocates and industry representatives to discuss the launch of the upcoming renewed Stroke Action Plan for Europe (SAP-E) and strategies for embedding stroke within the forthcoming EU Cardiovascular Health (CVH) Plan.

The meeting offered a unique platform to explore coordinated approaches to stroke prevention, acute care, rehabilitation and long-term support for life after stroke, highlighting the need for European-wide alignment in policy and practice.

Ahead of the event, SAFE and ESO jointly [responded](#) to the European Commission’s public consultation on the forthcoming EU Cardiovascular Health (CVH) Plan, outlining clear priorities to the Commission to ensure that stroke is fully addressed within the EU CVH Plan, so that the people in the EU are supported at every stage, from prevention and acute care to recovery, research and life beyond.



Setting the scene

Stroke remains Europe's second leading cause of death and the leading cause of long-term disability, with more than 450,000 deaths and over 1.1 million people affected annually. Beyond its devastating human impact, stroke imposes a significant economic burden, estimated at €60 billion per year across the EU. Despite advances in acute treatment and prevention, care pathways remain fragmented, with substantial disparities between, and within, member states in access to timely treatment, rehabilitation and post-stroke support.

The event underscored that coordinated, evidence-based strategies are essential not only to reduce mortality but also to improve quality of life for survivors and alleviate pressures on health and social care systems.

Stroke Action Plan for Europe

Building on the updated SAP-E, the discussions focused on leveraging the plan as a roadmap for consistent national strategies and EU-level policy alignment. Stakeholders emphasised the importance of integrating prevention, acute care, rehabilitation and life after stroke into a seamless continuum, addressing both medical and social determinants of health. Central to the dialogue was the recognition that stroke care requires sustained investment in research, workforce capacity, infrastructure, data systems and patient-centred approaches to ensure equity of access across Europe. The event highlighted opportunities for the EU to set benchmarks, coordinate funding and incentivise national implementation, thereby reducing inequalities in stroke outcomes and fostering measurable improvements in patient care.

Participants

The event brought together 60 participants, representing stroke support organisations from 11 European countries and healthcare professionals from 8 countries, offering diverse perspectives across professional and geographic lines. By providing a forum to assess the current state of stroke care, identify persistent gaps and explore EU-level solutions, the event marked a strategic step towards ensuring stroke receives the recognition, coordination and support necessary to improve outcomes across Europe.

The strong interest in the event was further reflected in the participation of MEPs and national health attachés, who also held separate meetings with many national stroke support organisations. MEPs Vlad Vasile-Voiculescu (Renew, Romania), Tsvetelina Penkova (S&D, Bulgaria), Andrey Kovatchev (EPP, Bulgaria) and Ilia Lazarov (EPP, Bulgaria) attended, alongside health attachés from Poland and Ireland.

Event objectives:

The event had a dual objective:

1. Advocate for stroke to be included as a priority within the forthcoming EU Cardiovascular Health Plan.
2. Position the upcoming updated SAP-E as the European evidence-based solutions at both EU and national levels.

Speakers

Arlene Wilkie Director General, SAFE Co-Chair of the SAP-E	Katherine de Bienassis Organisation for Economic Co-operation and Development (OECD)
MEP Billy Kelleher Renew, Ireland	Chris Macey Director of Advocacy and Patient Support, Irish Foundation
MEP Romana Jerković S&D, Croatia	Dr. Michael Brinkmeier Chairman, German Stroke Foundation
Associate Professor Melinda Roaldsen Medical Doctor, University Hospital of North Norway, COO of the SAP-E	Professor Hariklia Proios President, SAFE
Marianne Takki Head of Unit, Disease Prevention and Health Promotion, European Commission Unit responsible for developing the EU CVH Plan	Associate Professor Aleš Tomek Neurologist, Co-Chair of the SAP-E, ESO
Professor Simona Sacco Neurologist and President, ESO	

Key take-aways from discussions



Prevention as a priority

Stroke prevention, particularly secondary prevention, must be central to EU and national health strategies. Effective risk factor management, including hypertension, lifestyle counselling and early detection remains underutilised across Europe. Strengthening primary care systems and integrating preventive measures systematically can reduce stroke incidence, ease pressures on healthcare systems and improve long-term outcomes. Coordinated EU action is needed to set clear benchmarks, monitor progress and incentivise member states to implement prevention programmes consistently.



Integrated care pathways and acute care

Fragmented care pathways are a major barrier to effective stroke outcomes. Evidence demonstrates that timely access to dedicated stroke units, standardised acute care protocols and well-organised hospital networks dramatically improve survival and functional recovery. While each country requires tailored strategies, establishing minimum standards and EU-level targets can drive alignment, reduce disparities and encourage member states to strengthen national stroke plans.



Post-discharge and life after stroke

Survivors frequently experience gaps in long-term support, including rehabilitation, psychosocial care and community reintegration. Holistic, patient-centred approaches that extend beyond hospital care are essential to ensure meaningful recovery. Coordinated services must address both medical and social needs, incorporating municipal-level support, caregiver assistance and tailored rehabilitation programmes.



Data, research and innovation

Comprehensive, harmonised data collection is essential to monitor stroke outcomes, measure disparities and guide policy decisions. Investing in research and innovation, particularly under EU funding frameworks, can support the development of evidence-based interventions as well as novel treatment and rehabilitation approaches. Collaboration across member states, healthcare systems and research institutions will maximise the impact of investments in stroke care.



Political commitment and EU CVH Plan integration

Embedding a holistic approach to stroke explicitly in the EU CVH Plan is critical to ensure political recognition, resource allocation and coordinated action. Alignment across EU institutions, national governments and advocates will be necessary to translate strategic ambitions into tangible improvements in care and outcomes. The SAP-E provides a ready-made framework to guide implementation, but sustained advocacy and policy incentives are required to overcome systemic barriers and ensure equitable access across member states.

Next steps

- **Publication and dissemination of the SAP-E:** The updated SAP-E will be published and serve as a practical tool for national authorities, healthcare providers and stroke support organisations to implement coordinated, patient-centred care, reduce inequalities and improve outcomes across Europe.
- **Sustaining momentum across stakeholders at national level:** Stroke support organisations from multiple EU member states have already, on the sidelines of the event in Brussels, met with MEPs representing their constituencies to highlight persistent care gaps and advocate for stroke inclusion in the forthcoming EU CVH Plan and for the improvement of stroke related policies in general. These meetings are expected to continue, reinforcing the importance of policy alignment at both national and EU levels. National stroke societies and support organisations will continue to engage with European and national policymakers in their respective constituencies.
- **Engagement with EU stakeholders and allies from across diseases areas:** SAFE and ESO will continue to engage with EU-level stakeholders, including MEPs, the European Commission and the Council to maintain momentum and advocate for the elevation of stroke within the upcoming EU CVH Plan, as well as for stronger stroke policies more broadly, using the updated SAP-E as the blueprint for action.

Meeting summary

Introduction



Arlene Wilkie, Director General, SAFE

Arlene opened the event, setting the scene for the coming discussion and highlighting the upcoming EU CVH Plan as an opportunity to make stroke a central pillar in EU health policy. She emphasised the urgent need for action, citing the latest WHO report that positions stroke as the top neurological disorder contributing to global health loss and underlining the enormous and growing financial burden of brain disorders across Europe. Despite the scale of the challenge and the fact that stroke care remains fragmented and under-resourced, Arlene expressed optimism, pointing to the updated SAP-E as a framework for coordinated efforts.

Opening remarks



MEP Billy Kelleher (Renew, Ireland)

MEP Kelleher welcomed participants to the European Parliament, emphasising that as EU citizens, it is a place to engage on critical issues such as stroke. Drawing on his long-standing experience as a health spokesperson and advocate, MEP Kelleher highlighted the need for a pragmatic and strategic approach to building a true EU health union, one where access to care is not determined by geography, but by a commitment to equity and excellence across all member states. He called for Europe-wide benchmarks in prevention, treatment and aftercare stressing that effective stroke care requires intense collaboration and sharing of best practices.

MEP Kelleher acknowledged the significant challenges in aligning national healthcare policies with EU ambitions, noting political reluctance among some member states to commit to shared targets and budgets. Nevertheless, he pointed to the COVID-19 pandemic as proof that, when united, the EU can deliver transformative change. He urged continued advocacy to ensure that the SAP-E is embedded in the EU CVH Plan, and that organisations like SAFE and ESO remain at the heart of policy development. While recognising that progress can be slow and complex, Kelleher expressed optimism about the goodwill within Parliament and the Commission, encouraging stakeholders not to lose hope and to keep pushing for meaningful improvements in stroke care across Europe.

Opening remarks



MEP Romana Jerković (S&D, Croatia)

MEP Jerković expressed sincere gratitude to SAFE and ESO for their commitment and leadership in improving stroke care. As the European Parliament's rapporteur for the forthcoming EU CVH Plan, MEP Jerković stressed the critical importance of placing stroke at the centre of EU cardiovascular policy. Highlighting that more than 1.1 million Europeans experience a stroke each year, with over 450,000 deaths and substantial rates of permanent disability, MEP Jerković underscored that stroke is not only a leading cause of mortality, but also a major driver of long-term disability and dependency, impacting families, communities and economies.

With the annual economic cost of stroke in the EU estimated at €60 billion, a figure expected to rise as Europe's population ages, MEP Jerković argued that the question is not whether Europe can afford to act, but whether it can afford not to. MEP Jerković called for greater ambition and political will to close persistent gaps in prevention, rehabilitation and long-term support. She urged that the EU CVH Plan must set ambitious, measurable targets for reducing the burden of cardiovascular disease, with stroke addressed explicitly from prevention through to recovery. Pointing to the foundations laid by the SAP-E, MEP Jerković concluded by calling for coordinated efforts at both EU and national level to make stroke care a true success story of European cooperation and solidarity.

Supporting remarks (presented after the event)



MEP Adam Jarubas (EPP, Poland)

MEP Jarubas, the Chair of the Public Health Committee of the European Parliament, drew attention to the urgent and often overlooked challenge of stroke. He highlighted that despite the scale of its impact, stroke remains on the margins of many national and European health strategies, with inadequate services across the EU resulting in preventable deaths, high rates of disability and a pervasive sense of abandonment among survivors due to a lack of support for recovery.

He stressed that stroke prevention and treatment are cost-effective, scientifically proven and essential for public health, and emphasised that brain and cardiovascular health are inseparable. MEP Jarubas called out the persistent inequalities in stroke care across Europe, where too many people lack timely access to dedicated stroke units, survivors often miss out on necessary rehabilitation, and many countries do not have structured pathways from prevention to life after stroke. He called for coordinated EU action, national commitment, and real investment in all aspects of stroke care, from prevention to acute and long-term support. MEP Jarubas urged that stroke must no longer be treated as an afterthought but prioritised and addressed at the heart of the upcoming EU CVH Plan, leveraging cost-effective solutions outlined in the SAP-E, and underscoring the need for strong EU-level support.

Topical contributions: Lived & personal experience



Associate Professor Melinda Roaldsen, Lived experience and Medical Doctor, University Hospital of North Norway

Associate Professor Roaldsen shared her deeply personal journey as a stroke survivor, recounting how an ordinary day with her family suddenly turned life-threatening when she experienced the first symptoms of stroke. She described her rapid response, calling for an ambulance, and the critical importance of immediate, high-quality acute care that included advanced treatments such as thrombolysis and thrombectomy.

Despite exemplary emergency care, she faced profound challenges in the aftermath, including paralysis, loss of speech and overwhelming physical and emotional distress. Her path to recovery required months of intensive rehabilitation supported by a dedicated team, her family and a robust healthcare system. Acknowledging her own good fortune, she emphasised the responsibility to ensure that all stroke survivors across Europe have access to the same quality of care and rehabilitation that enabled her to regain a meaningful life.

She highlighted the importance of comprehensive stroke pathways, from prevention and acute treatment to long-term rehabilitation and support, so that every survivor has the chance to recover and contribute to society. Associate Professor Roaldsen called for the lessons of the SAP-E's holistic care model to be embraced across the continent, stressing that saving lives must be matched by efforts to make those lives worth living. Concluding, she urged collective action to address inequalities in stroke care, reminding the audience that, together, it is possible to transform outcomes for stroke survivors and ensure that every voice is heard.

Topical contributions: EU stroke policy state of play



Marianne Takki, Head of Unit, Disease Prevention and Health Promotion, European Commission

Marianne outlined the Commission's multifaceted approach to CVH and stroke prevention, highlighting close collaboration with international partners such as the OECD, WHO and UNICEF. Over recent years, the Commission has supported Member States in advancing public health and achieving sustainability goals, including the target to reduce premature mortality from preventable diseases. The Healthier Together initiative exemplifies this commitment, with €280 million allocated from EU4Health to address pressing public health challenges. She detailed several major projects, including the JACARDI initiative on cardiovascular disease and diabetes and Prevent NCD which focuses on addressing social determinants of health and reducing inequalities, as well as joint actions on dementia and neurological disorders that include stroke.

Looking ahead, she described the forthcoming first-ever EU CVH Plan, which will build on these projects and prioritise a comprehensive, multisectoral approach, covering early detection, screening, treatment, rehabilitation and lifelong prevention. The plan will also address related conditions such as obesity and diabetes, and will seek to improve health literacy and tackle inequalities among member states and population groups. She highlighted the Commission's investments in research and innovation, including €500 million under Horizon Europe to advance stroke prevention, diagnosis and treatment.

Finally, she welcomed ongoing collaboration with stakeholders and noted the importance of considering how the forthcoming SAP-E, along with other related initiatives, can contribute to improving stroke prevention within the EU. She emphasised that by taking these different plans into account as part of the wider effort, meaningful progress can be made in stroke care and prevention across the continent.

Topical contributions: Healthcare professional perspective



Professor Simona Sacco, Neurologist and President of ESO

Professor Sacco emphasised the impact of stroke across Europe, where every 30 seconds someone suffers a stroke and every minute a family loses a loved one.

Drawing on her experience, she highlighted that stroke is both preventable and treatable, provided care is delivered through a fully organised and connected chain, including prevention, emergency response, acute care, secondary prevention, rehabilitation and post-stroke support. She warned that whenever these links are broken or missing, preventable deaths and disabilities result.

She outlined six priorities for Europe: investing in workforce capacity, ensuring effective prevention for all, improving access to specialised stroke units and thrombectomy, supporting rehabilitation and life after stroke, developing robust and harmonised data systems and fostering research and innovation. She pointed to the SAP-E, co-developed by ESO and SAFE, as a comprehensive roadmap ready for implementation, and called for urgent political commitment from the European Commission and Parliament.

Professor Sacco advocated for establishing stroke as a central pillar of the EU CVH Plan, setting minimum standards across member states, promoting digital health infrastructure and strengthening research. To conclude, she stressed that Europe cannot continue to accept preventable disability or fragmented care and must instead build a connected stroke care system to bring recovery and hope to millions.

Topical contributions: OECD perspective



Katherine de Bienassis, OECD

Katherine presented comparative OECD data revealing stark inequalities in stroke outcomes and care across Europe. She illustrated these disparities through patient scenarios, showing how coordinated emergency response and specialist care can result in recovery and return to work, while delays and fragmented care lead to greater disability and risk of recurrence.

Katherine highlighted troubling gaps: stroke mortality has risen in some countries since COVID-19, women experience longer delays in care with the use of key treatments such as thrombolysis varying twenty-fold across the EU. She emphasised that prevention, particularly for the leading risk factor hypertension remains underutilised, with only a small fraction of adults regularly being monitored and many patients discontinuing medication after discharge. Katherine noted that strong primary care can prevent costly admissions and estimated that better care pathways could save the EU hundreds of millions of euros.

She announced the upcoming OECD CVH report, developed in collaboration with the European Commission, which will detail these findings and underscore the need for clear care pathways and improved outcomes. In conclusion, Katherine stressed that stroke is preventable, treatable and survivable, provided every country has the necessary resources, infrastructure and follow-up care.

She called for EU-level policy action to set benchmarks and coordinate investment, ensuring that best practices are shared and all Europeans have access to effective stroke prevention and care.



Panel discussion



**Chris Macey, Director of Advocacy and Patient Support,
Irish Heart Foundation**

Chris Macey was the moderator of the panel discussion. He introduced the panellists who included Katherine de Bienassis (OECD), Associate Professor Melinda Roaldsen (Patient Advocate and Medical Doctor, University Hospital of North Norway), Dr. Michael Brinkmeier (Chairman, German Stroke Foundation), Associate Professor Aleš Tomek (Stroke Neurologist, Co-Chair of the SAP-E) and Professor Hariklia Proios (President, SAFE).

Topic 1: Prevention

Chris opened the discussion by asking Michael:

“What can the EU do through the EU CVH Plan that will make a genuine difference to the life of stroke survivors?”



Dr. Michael Brinkmeier emphasised the lack of a harmonised approach on secondary prevention across member states, referring to Melinda’s personal story. He highlighted gaps and inconsistencies in monitoring and supporting stroke patients throughout their recovery and long-term care. A better, more coordinated approach to care can improve outcomes for many diseases.

Chris Macey followed up by underlining that 20% of cardiovascular disease relates to stroke and asked Michael:

“What advice can you give us to make sure stroke is represented fairly in the CVH plan? What political levers can the European Parliament use to push the cause of stroke survivors forward across the EU?”

Dr. Michael Brinkmeier underlined that stroke carries not only significant health consequences but also profound social implications, affecting patients, families and caregivers. He noted that in most member states, health policy and social policy remain disconnected, leading to fragmented support for stroke survivors. He suggested that the EU can play a key role in this area, thereby creating more coordinated care pathways for stroke patients. In summary, he argued that the EU is well positioned to monitor and promote this integration as part of the EU CVH Plan.

Chris asked Katherine de Bienassis:

“Populations across the EU are living longer due to better health systems, treatment and care. What can the EU do to help reduce the 80% of stroke and all chronic diseases that are preventable so that health services in member states are not overwhelmed by rapidly increasing demand for stroke services?”



Katherine de Bienassis emphasised that prevention, particularly secondary prevention, should be the central focus for reducing the burden of stroke and other chronic diseases across the EU. Katherine identified primary care as a major area of opportunity, noting that the use of screening, counselling and early detection in these settings remains inconsistent and underutilised. Katherine advocated for stronger use of primary care systems to systematically address risk factors, arguing that this would help prevent strokes and chronic disease, ultimately easing pressure on health services as populations age.

Chris followed up by asking about the role of secondary prevention in reducing the pressure of strokes on health systems.

Katherine reiterated the crucial role of secondary prevention in reducing stroke and chronic disease risk, and the importance of supporting individuals in self-managing their conditions. Highlighting the variation across EU countries in this area, Katherine suggested that by empowering patients to address everyday risk factors constitutes an opportunity to improve health outcomes across Europe.

Topic 2: Post-discharge and life after stroke

Chris opened the discussion by underlining that stroke survivors often describe feeling abandoned after leaving hospital. He asked Professor Hariklia Proios:

“What systemic changes are needed to ensure that rehabilitation and life after stroke support are not the “weak link” in the stroke care pathway?”



Professor Proios highlighted the lasting impact stroke has on individuals, sharing personal stories of survivors whose lives were transformed by the condition. Some patients are unable to return to their previous professions who find new purpose through advocacy and involvement in stroke support organisations. She stressed that rehabilitation and long-term support must not remain the “weak link” in stroke care, underscoring the importance of the EU CVH Plan in addressing life after stroke.

Professor Proios called for systemic solutions that assist survivors through key transitions, such as early discharge and provide dependable long-term support beyond initial rehabilitation. In summary, she emphasised that both the long-term and short-term needs of stroke survivors must be prioritised, empowering patients to regain independence and become the heroes of their own recovery journeys.

Chris followed up by asking Dr. Brinkmeier:

“From the perspective of someone running a stroke support organisation, what concrete priorities and measures should be included in the CVH Plan to deliver real improvements in outcomes and quality of life for people affected by stroke?”



Dr. Brinkmeier stated that establishing and maintaining the right patient pathway should be a top priority in the EU CVH Plan, as effective coordination is far less costly than treatment for complications. He argued that even small investments in coordination can lead to significant improvements in care and outcomes for stroke patients.

Dr. Brinkmeier highlighted this as a “silent problem”, echoing concerns raised by MEP Kelleher, and called for this issue to be addressed directly. He stressed that while technological solutions like AI have a role, real progress depends on political will and intelligent policy frameworks that motivate member states to take action. In summary, Dr. Brinkmeier asserted that improving stroke outcomes is not just about funding but about creating the right structures and incentives to ensure coordinated, patient-centred care.

Chris turned to Associate Professor Roaldsen asking her about her personal journey:

“After discharge, continuity and quality of rehabilitation are vital. From your perspective, what are the biggest gaps in post-discharge stroke care, and how can health systems better support patients on their long-term recovery journey?”



Associate Professor Roaldsen highlighted the most significant gaps in post-discharge stroke care stem from a lack of comprehensive and personalised support that extends beyond the hospital setting. She advocated for care pathways that not only involve stroke units and specialist rehabilitation facilities but also engage services at the municipal level to support recovery in the community.

She stressed the importance of addressing the whole person, rather than focusing solely on medical issues, by ensuring access to therapies such as speech therapy, psychosocial support and assistance for carers. In summary, she called for health systems to prioritise holistic, patient-centred approaches that provide sustained and tailored support to stroke survivors and their families throughout the long-term recovery journey.

Topic 3: Acute care and rehabilitation

Chris started by asking:

“From a clinical standpoint, what are the most urgent evidence-based interventions that every member state should implement to close the gaps in stroke care, particularly in acute care and the organisation of stroke services, such as ensuring timely access to stroke units and standardised care pathways?”



Associate Professor Tomek pointed out that there is no single solution for improving stroke care across Europe, due to significant differences between countries. He recommended that every member state develop its own national stroke plan alongside the broader SAP-E. Citing OECD data, he noted that countries with well-organised hospital systems and dedicated resources tend to achieve better outcomes.

He advocated for unified targets and basic standards of care at the European level, while recognising that each country will need to tailor its approach, some starting from scratch to build networks, others re-organising and strengthening existing systems. He observed that no European country currently meets all the parameters of the SAP-E but expressed hope that the upcoming EU CVH plan will serve as a catalyst for progress.

In summary, Associate Professor Tomek expressed confidence that with small, targeted investments and commitment to shared goals, member states can close gaps in acute stroke care and move towards delivering effective, standardised pathways for all patients.

Chris then turned to Associate Professor Roaldsen to get her experience with rehabilitation and neuroplasticity:

“What made your recovery in Norway successful, and if you could ask policymakers to fix just one thing to improve rehabilitation for stroke survivors across Europe, what would it be?”



Associate Professor Roaldsen attributed the success of her recovery in Norway to a patient-centered approach and the collaboration around a personalised rehabilitation plan that supported her throughout the entire care pathway. She noted that focusing on her individual goals and aspirations played a crucial role in her comprehensive recovery. If she could urge policymakers to address one priority, it would be to ensure that every stroke survivor receives initial care in a dedicated stroke unit and has access to high-quality, needs-based rehabilitation across Europe.

Chris Macey underscored that the single most important factor in stroke recovery is giving patients the opportunity to access effective care and rehabilitation. He observed that in countries like Ireland, stroke can affect individuals at a young age, and the outcome can shape their quality of life for many decades.

Associate Professor Roaldsen added that the stroke care pathway should be viewed as continuous, rather than having a clear endpoint. She stressed that both acute care and rehabilitation are time-sensitive and must be integrated within a unified stroke plan to support long-term recovery for all survivors.

Audience questions and comments



Jean-Marie Neyens (Belgian Stroke Council) shared his personal experience as a survivor from stroke four years ago and described recurrent themes of insufficient information, poor communication and feelings of abandonment after hospital discharge. He advocated for “patient action plans” to better support recovery and emphasised that life after stroke must be prioritised alongside acute care.

Xiaolei Hu (European Society of Physical Medicine and Rehabilitation) reiterated that long-term recovery and rehabilitation are often overlooked. She noted a lack of long-term performance indicators, with most measures ending after the acute phase, and called for collaborative efforts to improve quality of life for patients many years post-stroke.

Mehitabel Holler (European Heart Network) raised the issue of misdiagnosis and late detection of stroke in young people, especially women under 40.

Professor Sacco acknowledged that while stroke rates are falling in older populations, they are rising among the young. She stressed the need for better workforce education.



Dorina Dobрева (Bulgarian Association for Stroke and Aphasia) shared her experience as caregiver and founder of a stroke support organisation. She highlighted the lack of coordination and post-stroke rehabilitation in some countries, such as Bulgaria. She asked about how stroke support organisations can act in the member states where no national action plan for stroke is in place.

Associate Professor Tomek identified two main avenues for guidance: the SAP-E and, hopefully, the forthcoming EU CVH Plan. He explained that a task force will be established through the SAP-E where dedicated resources may be available to support the development of tailored solutions for countries most in need, such as Bulgaria.

He also expressed hope that the EU would continue to provide grants and programmes to support national stroke initiatives, citing a previous example where EU funding helped establish stroke unit infrastructure in Czech Republic and noting the importance of similar support moving forward.



Erica Murphy (Bayer) raised a question about education around misdiagnosis. She gave the example of transient ischemic attacks (TIAs) also known as “mini-strokes” often misdiagnosed as strokes. She asked whether this could be an area for education or to better identify risk factors for stroke patients.

Professor Sacco agreed that misdiagnosis and education around TIAs are important issues and suggested this as an area where further expansion is needed for at-risk groups. She highlighted that some countries already provide training on TIAs to ensure rapid care and effective secondary prevention but acknowledged that this is not consistent across Europe, giving the example of Italy. She emphasised that the solutions are known and available but that the challenge is to take action and implement them.

Associate Professor Tomek also stressed the importance of public education on stroke, noting that while supporting life after stroke is crucial, timely access to treatments such as thrombectomy can profoundly improve patient outcomes and enable a return to normal life. He said that education around stroke science, both for the public and healthcare professionals, should be a key focus moving forward.



Birgitte Forchhammer (Danish Stroke Association) reflected on her 30 years of experience in rehabilitation services and emphasised the importance of the clear and detailed recommendations contained in the SAP-E on life after stroke. She called on attendees to show the plan to policymakers as concrete next steps. She also noted that the plan helps identify problems, provides essential data on rehabilitation needs and addresses both primary and secondary prevention.

Conclusion

To conclude, Chris Macey asked each panelist and speaker to share the single most important element to improve the stroke care pathway that they would like to see included in the upcoming EU CVH Plan.

Dr. Michael Brinkmeier emphasised:

"May the weakest player in the game become the strongest player by setting up comprehensive care management and coordination".

Associate Professor Melinda Roaldsen highlighted the need for:

"Implementation of national stroke action plan in every country encompassing the whole care pathway".

Professor Simona Sacco focused on addressing disparities, stating:

"One Europe, One Stroke Care Pathway".

Associate Professor Aleš Tomek called for:

"Implementing national stroke plans".

Katherine de Bienassis underscored the importance of reducing:

"Inequalities and improving integrated care".

Professor Hariklia Proios urged to:

"Show solidarity for stroke survivors and organisations on the long-term effects of stroke".

Concluding remarks

Arlene Wilkie closed the event by reminding attendees that every statistic represents real people and families whose lives are affected by stroke.

She emphasised that stroke can impact anyone at any time, but prevention and meaningful support can save lives and improve long-term outcomes. Arlene echoed Associate Professor Roaldsen's message about the importance of feeling supported by one's country and highlighted the event as the beginning of renewed collaboration among stroke survivors, carers, professionals, policymakers and researchers across Europe.

Arlene encouraged everyone to work together to close gaps in stroke care, expressing hope that future meetings will mark this moment as a turning point for stroke care in Europe.

Time	Agenda
Introduction	
15:00-15:05	Arlene Wilkie (Director General, SAFE) Event introduction, scene setting. Interconnectedness of stroke with cardiovascular and brain/neurological conditions
15:05-15:12	MEPs Billy Kelleher (Renew, Ireland) & Romana Jerković (S&D, Croatia) Opening remarks
Topical contributions and input	
15:12-15:20	Lived and personal experience perspective Associate Professor Melinda Roaldsen (University Hospital of North Norway) Patient journey across the care pathway & call to action for EU and national decision-makers
15:20-15:25	EU Commission's perspective Marianne Takki, Head of Unit - Disease Prevention and Health Promotion (SANTE.B.4) EU stroke policy state of play - European Commission
15:25-15:30	Healthcare professional perspective Professor Simona Sacco (ESO) Data & research & Critical elements of an integrated, evidence-based pathway
15:30-15:40	OECD perspective Katherine de Bienassis (Health Policy Analyst, Health Division Directorate for Employment, Labour, and Social Affairs) Benchmarking outcomes, health system performance, and opportunities for EU policy alignment with global practices
Panel discussion	
Moderator: Chris Macey (Director of Advocacy and Patient Support, Irish Heart Foundation). Participants: Professor Hariklia Proios (President, SAFE) , Associate Professor Aleš Tomek (ESO), Katherine de Bienassis (OECD), Associate Professor Melinda Roaldsen (University Hospital of North Norway), Dr. Michael Brinkmeier (Chairman, German Stroke Foundation).	
15:40-15:49	Topic 1: Prevention
15:49-15:58	Topic 2: Post discharge and life after stroke
15:58-16:07	Topic 3: Acute care and rehabilitation
Q&A	
16:07-16:20	Structured Q&A with all attendees
Conclusions	
16:20-16:24	Concluding remarks & calls to actions from panel discussion participants
16:24-16:27	MEP closing remarks
16:27-16:30	Discussion recap & conclusion

More information

Stroke Action Plan for Europe



[Click here](#)

National Stroke Plan template



[Click here](#)

National coordinators



[Click here](#)

Key performance indicators



[Click here](#)

Stroke in numbers (incl. individual country data)



[Click here](#)

Essentials of stroke care document



[Click here](#)

Stroke Alliance for Europe



[Click here](#)

European Stroke Organisation



[Click here](#)

About Stroke Alliance for Europe



The Stroke Alliance for Europe (SAFE) is the leading European-wide network of over 35 stroke support organisations. SAFE was set up as a European Patient Group in 2004 as a result of a European Parliament initiative calling on EU member states to tackle stroke as a preventable disease and is the voice of all those affected by stroke in Europe.



It is a non-profit membership organisation, working to reduce the incidence and impact of stroke in Europe through advocacy, campaigning, education, research and awareness raising.

SAFE's vision is a better future - a Europe where preventable stroke is eliminated, death and disability minimised, and every person affected by stroke lives their best life possible.

About European Stroke Organisation



The European Stroke Organisation (ESO) is a pan-European society of stroke researchers and physicians, national and regional stroke societies, and lay organisations. The aim of ESO is to reduce the burden of stroke by changing the way that stroke is viewed and treated. This can only be achieved by professional and public education, and by making institutional changes.



As the voice of stroke in Europe, ESO works to improve prevention, treatment, and recovery by promoting professional excellence, public awareness, and policy change – driving progress in stroke care across Europe and beyond. ESO works towards the harmonisation of stroke management and to bring about political change, focussing on European level projects while working towards global solutions.

