

**Joint Statement - Stroke Alliance for Europe (SAFE)  
and European Stroke Organisation (ESO)**

**Europe’s stroke care shows real progress, but gaps and inequality  
demand urgent action**

**12 May 2026**

New data released today from the Stroke Action Plan for Europe (SAP-E) Stroke Service Tracker (SST) provides the clearest picture yet of stroke care across Europe. Drawing from data from 49 countries, the findings confirm real progress in some critical areas but also reveal gaps in access to care, major weaknesses in quality data, and a geographic divide that leave many people without the care and support they need.

Stroke is still one of Europe’s biggest killers and causes of disability, with more than 1.1 million strokes each year, causing around 460,000 deaths. Nearly 10 million people are living with the long-term consequences of stroke. Stroke care costs EU countries an estimated €60 billion a year, a figure projected to rise to €86 billion by 2040 unless governments act now and investment in research, prevention, treatment, rehabilitation and long-term support.

The recently updated SAP-E 2018-2030 and a supporting set of key performance indicators now tracked through the SST, sets out how countries can strengthen stroke services, measure progress and accelerate improvement across the whole pathway of care so that where someone lives no longer determines whether they survive stroke or live well after it

The latest 2024 SST data highlights persistent inequities in stroke care across Europe, with many Southern and Eastern European countries lagging behind. While some countries deliver strong results through effective organisation and evidence-based care, major gaps remain. Missing or low-quality data is also a serious concern, as they can often signal weaker care systems, making it harder to see the true scale of the challenge. Strong national stroke registries are essential to enable improvement and accountability.

Where Europe is doing well:

Primary prevention plans	in 29 countries (up from 24 in 2023)
Treatment with mechanical thrombectomy	is provided to a mean of 7.3% of eligible stroke survivors, meeting the SAP-E target of at least 7.5%
Early rehabilitation	is available in at least 90% of stroke units in 31 countries (up from 24 in 2023)
Early supported discharge	is available in 11 countries (up from 7 in 2023)

Where Europe needs to improve:

1. Every country has a national stroke plan	established in 20 countries (unchanged from 2023)
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2. Stroke unit admission for 90% of people with stroke	9 countries (mean rate 68%, unchanged from 2023)
3. Timely access to treatment after a stroke is essential for good recovery	
Stroke unit access for 90% of people with stroke within 24 hours of hospital arrival	3 countries
Treatment with intravenous thrombolysis for 20% of eligible patients	7 countries (mean rate 14%, down from 15.4% in 2023).
Receiving treatment within 30 minutes of hospital arrival	mean time is 43.9 minutes (range 20–94 minutes)
Starting clot removal treatment within 60 minutes of hospital arrival	mean time is 94.6 minutes (range 19–303 minutes)
4. Gaps in secondary prevention and follow-up are leaving survivors at risk of a second stroke - the mean recurrent stroke rate is 16%, meaning one in six survivors may have another stroke	
Receiving secondary prevention information	Data on this is missing or of low quality from nearly half of all countries
Receiving a transition and rehabilitation plan	13 countries, mean 71% (range 19-95%)
Having a structured follow up at 3-6 months	21 countries, reaching only 52% of patients on average (range 5-95%).
Use of a post stroke check list:	16 countries, mean 37% (range 0-85.1%)

*“The 2024 data show progress is possible, but too many countries are still falling behind on stroke unit care and follow-up. With stroke survivors at high risk of having another stroke, we must also put secondary prevention and follow up firmly on the agenda. With six years to the SAP-E 2030 deadline, every country must use the SST data to identify gaps and take targeted action to deliver timely, equitable, high-quality stroke care.”*

**Prof. Hanne Christensen, Past Chair, Stroke Action Plan for Europe**

*“Behind every statistic is a person and too many people affected by stroke still can’t access the right care. The gap in stroke unit care, rehabilitation and follow-up is unacceptable. We urge governments and health systems to act on these data now.”*

**Arlene Wilkie, Director General, Stroke Alliance for Europe (SAFE)**

*“The Stroke Action Plan for Europe gives all European countries the tools to improve stroke care. The latest data show we are moving in the right direction in some areas, but we still have a long way to go. We urge every country to harness the power of the SST data and take decisive steps to close the gap between the best and the rest.”*

**Dr. Francesca Romana Pezzella, Chair, Stroke Action Plan for Europe**

## Notes to editors

### 1. **About the Stroke Action Plan for Europe (SAP-E) - [Stroke Action Plan for Europe 2028-2030: mid-term review and update](#)**

To reduce the burden of stroke and address its long-term consequences, the European Stroke Organisation (ESO) and the Stroke Alliance for Europe (SAFE) published the Stroke Action Plan for Europe (SAP-E) 2018-2030. In consultation with 70 experts who reviewed the best practice evidence and current state of stroke care, the plan sets out targets and recommendations across the whole care pathway that countries and healthcare systems across Europe can implement by 2030. The SAP-E focuses on seven domains: primary prevention, organisation of stroke care, acute stroke care, secondary prevention, rehabilitation, evaluation of outcomes, and life after stroke.

#### **The SAP-E's four overarching targets for 2030:**

- Reduce the age-standardised incidence of stroke by 15% from 2020 to 2030
- Treat 90% or more of all stroke patients in a dedicated stroke unit as the first level of care
- Have national plans for stroke incorporating the whole chain of care from primary prevention through to life after stroke
- Fully implement national strategies for multisector public health interventions to promote a healthy lifestyle and reduce environmental, socio-economic and educational risk factors for stroke

### 2. The [Stroke Service Tracker](#)

#### **References**

- Approximately 1.1 million strokes occur in Europe each year. Approximately 1.1 million strokes occur in Europe each year.  
DOI: [https://doi.org/10.1016/S1474-4422\(21\)00252-0](https://doi.org/10.1016/S1474-4422(21)00252-0)
- 460,000 people die of stroke in Europe per year.  
<https://doi.org/10.1161/STROKEAHA.120.029606>
- The total cost of stroke care in EU countries - including health care, social care, informal care and productivity losses - was €60 billion in 2017. Future costs could increase to €86 billion in 2040 if we fail to invest in stroke.  
[https://www.safestroke.eu/wp-content/uploads/2020/10/03.-At\\_What\\_Cost\\_EIOS\\_Full\\_Report.pdf](https://www.safestroke.eu/wp-content/uploads/2020/10/03.-At_What_Cost_EIOS_Full_Report.pdf)

#### **SST data in detail**

- **Growing momentum in prevention and patient involvement, but national planning has stalled**

There is a notable increase in the number of countries that have implemented plans for primary prevention. **Twenty-nine out of 49 countries** now have an established primary prevention plan, up from 24 in 2023, and stroke support organisation (SSO) involvement has grown to **31 countries**, up from 29. For the first time, the SST also tracks two new indicators: **10 countries** now have a brain health plan, and **17 countries** have established opportunistic screening systems for individual stroke risk factors such as hypertension, atrial fibrillation and hyperlipidaemia.

However, the number of countries with a confirmed national stroke plan has not increased from 2023 to 2024, remaining at **20 countries (41%)**. While 22 more countries report that work is ongoing, **7 countries** have not yet begun. There are also continuing gaps in quality and auditing programmes, which remain established in hospital settings in only **20 countries** and in just **8 countries** in other settings such as rehabilitation institutions.

- **Access to stroke unit care remains a concern, with no improvement from last year**

Based on the **40 countries** that can provide data on stroke unit admissions, the European mean rate was **68%** in 2024, unchanged from 2023 and well below the SAP-E target of 90%. Just **nine countries** are meeting that target, while some are admitting fewer than 5% of patients to a stroke unit. Rates are higher in some countries in Western Europe (Switzerland, Germany, Austria and Netherlands) and in Northern Europe as a general finding.

Stroke unit care is highly time sensitive. Twenty-nine countries can provide information on the timing of admission, but only **3 countries** can confirm that 90% of patients arrive in a stroke unit within 24 hours of hospital arrival. This is one of the most fundamental targets in the SAP-E and the lack of progress here is a serious concern.

- **Impressive thrombectomy results, but thrombolysis rates require attention**

To restore blood flow to the brain thrombolysis (a clot-busting drug) and thrombectomy (to physically removing the clot) should be available and quickly used.

Results from 2024 on mechanical thrombectomy (MT) are impressive: **24 countries** have met the SAP-E KPI of providing the treatment to at least **7.5%** of all patients with ischaemic stroke, with a European mean of **7.3%**. This represents significant year-on-year progress and reflects sustained investment in specialist centres and clinical networks across the continent. However, the geographic variation is stark. Virtually all countries in Northern and Western Europe, except Iceland, Latvia and the UK nations, are now meeting the thrombectomy target. In Southern Europe, Spain, Portugal, Italy, Croatia, and Slovenia met the benchmark, however, only Spain based on high quality data. In Eastern Europe, only Czechia and Slovakia have done so. The European mean rate of intravenous thrombolysis (IVT) has fallen slightly, from **15.4% in 2023 to 14% in 2024**. **7 countries** are meeting the target of **20%**.

As adequate access to both IVT and MT is essential to ensure optimal treatment, it is important to monitor IVT rates closely, though this change may reflect year-on-year variation or an evolving clinical pathway in which more patients access thrombectomy directly.

Treatment times also vary considerably across Europe. The mean time between a patient arriving in hospital and receiving treatment (door-to-needle) is **43.9 minutes** (country range is 20 to 94 minutes) well above the 30-minute target. The mean the time between a patient arriving at hospital and starting a clot removal procedure (door-to-groin) is **94.6 minutes** (range 19 to 303 minutes), well above the 60-minute target.

- **Gaps in secondary prevention and follow-up are leaving survivors at risk of a second stroke**

It is challenging to draw firm conclusions from the secondary prevention data due to low data quality and the fact that many countries cannot provide figures, with data missing from between 41% and 50% of countries depending on the measure. It is likely that the available data overestimate actual access to secondary prevention across Europe.

The consequences are visible. The European mean recurrent stroke rate, based on **25**

**countries**, is **16%**, meaning one in six stroke survivors may go on to have another stroke. Systematic follow-up programmes, supported by digital tools to monitor medication adherence, represent a significant and largely untapped opportunity to reduce this risk.

- **Early rehabilitation is improving, but recovery after discharge remains poorly supported**

Access to early rehabilitation in stroke units has improved: **31 countries** (79.5%) now ensure this is available in at least 90% of their stroke units, compared to 24 in 2023. Access to early supported discharge has also grown, rising from **7 to 11 countries**. This improvement in early rehabilitation is a positive development.

However, rehabilitation must continue after discharge for a large proportion of patients. Data on sector transition and rehabilitation plans, which is essential for continued recovery, are available from only **13 countries**, with 75% of data missing. Among those that could report, **71%** of patients received a plan. The wide range across those countries (19-95%) suggests significant variation in practice, and much remains to be done.

- **Follow-up after stroke is offered by too few countries and reaches too few patients**

Follow-up at 3 to 6 months after stroke is reported by **21 countries** (less than **40%**), and those that do offer it are reaching a mean of only **52%** of their patients, but this ranges from 5-95%. Only **16 countries** report using a structured post-stroke checklist, a mean of only **37%** of patients (the range is 0-85.1%). Systematic follow-up programmes could significantly improve adherence to secondary prevention and thereby reduce the risk of recurrent strokes and support the overall recovery after stroke.

- **The death rate within 30 days of having a stroke is broadly acceptable but varies significantly between European countries**

Across Europe, 30-day survival rates are broadly acceptable: around 87 in 100 survive any type of stroke, 89 in 100 survive ischaemic stroke, and 70 in 100 survive intracerebral haemorrhage (bleeding in the brain).

However, the variation between countries is significant. Higher fatality may reflect more severe cases, greater comorbidity or frailty, as well as lower quality of care, particularly where early complications such as infections and pulmonary embolisms are not prevented. It is also worth noting that very low mortality rates may reflect a failure to admit the most severe or frailest patients through the stroke pathway. This complexity underlines why short-term mortality data must be tracked consistently across all countries.

**About the Stroke Alliance for Europe (SAFE)**

The Stroke Alliance for Europe (SAFE) is the leading European-wide network of stroke support organisations, and the voice of all those affected by stroke in Europe. Founded in Brussels in 2004, SAFE is a non-profit membership organisation working to reduce the incidence and impact of stroke through advocacy, campaigning, education, research and awareness raising. SAFE's vision is a Europe where preventable stroke is eliminated, death and disability minimised, and every person affected by stroke lives their best life possible.

For more information, please visit [www.safestroke.eu](http://www.safestroke.eu)

**About the European Stroke Organisation (ESO)**

The European Stroke Organisation (ESO) is a pan-European society of stroke researchers and physicians, national and regional stroke societies, and lay organisations, founded in 2007. The aim of ESO is to reduce the burden of stroke by changing the way that stroke is viewed and treated, through professional and public education and institutional change. ESO serves as the voice of stroke in Europe, taking action to reduce the burden of stroke regionally and globally.

For more information, please visit [www.eso-stroke.org](http://www.eso-stroke.org)

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