EUROPREV forum Madrid 25-27th March 2026, report.

Towards a safe and effective person-centred prevention

The EUROPREV Forum 2026, held in Madrid on **26–27 March**, was a special and meaningful gathering for the EUROPREV community, marking the **30th anniversary of EUROPREV**. Under the theme *"Towards a safe and effective person-centred prevention"*, the forum brought together professionals committed to advancing prevention that is evidence-based, equitable, humane and firmly rooted in primary care values. The meeting created a space not only to share science and practice, but also to reflect critically on the direction of prevention in an era of increasing complexity, overmedicalisation and health inequity.

Chaired by **Laura Rodríguez-Benito** and **Carlos Brotons**, the forum benefitted from the close collaboration between EUROPREV, EYFDM, WONCA World and national and regional partners ensured a programme that was scientifically rigorous, ethically grounded and highly relevant to everyday primary care practice.

The forum welcomed **132 registered participants** from **over 20 countries**, including family doctors, nurses, pharmacists, public health professionals, researchers and educators. The diversity of perspectives was further enriched by contributions from universities such as **Ghent, Porto, Imperial College London, Roehampton, Trakya, and Universidad Autónoma de Madrid**, alongside representatives from public institutions including the **Spanish Ministry of Health**, **Primary Care Madrid**, the **Madrid City Council** and the **Generalitat de Catalunya**. Colleagues also shared work and experiences from outside Europe, including **Qatar, Israel, Brazil and Latvia**, highlighting the global relevance of the challenges discussed.

The forum was honoured by the presence of influential leaders in family medicine and health policy, including **María Pilar Astier Peña**, WONCA World President-Elect, **Javier Padilla**, Spain's Secretary of State for Health, and **Iona Heath**, whose voice has long shaped critical thinking in general practice. Key regional leaders such as **Gisela Galindo**, Vice-President of semFYC, and **María del Rosario Azcutia Gómez**, Director for Primary Care in Madrid, contributed to anchoring discussions within real health-system contexts. The event was generously hosted by **María Pilar López García**, Dean of the School of Medicine at the Universidad Autónoma de Madrid, providing a symbolic academic home for reflection on the future of prevention.

A strong emphasis on collaboration ran throughout the forum, with active contributions from organisations such as **EURIPA**, **EYFDM**, **semFYC**, **SoMaMFyC**, the **Universidad Autónoma de Madrid** and **Primary Care Madrid**.

The **pre-forum** offered an especially vibrant space for trainees and young family doctors from across Europe to engage in open discussions on overdiagnosis, community health and the pressures driving overmedicalisation, reinforcing EUROPREV's commitment to nurturing the next generation of leaders in prevention.

Scientific dialogue was complemented by rich opportunities for exchange through **roundtables, workshops, oral communications and posters**, culminating in a convivial **gala dinner at the Casa de la Panadería in Plaza Mayor**, where participants shared locally sourced, healthy food and celebrated the sense of community that defines EUROPREV. The **EUROPREV Delegates' Meeting**, attended by representatives from more than 17 countries, marked an important moment of transition with the confirmation of **Serdar Öztora as the new President of EUROPREV**, alongside a warm farewell to **Carlos Brotons**, EUROPREV's first President, following his recent retirement.
It was a great celebration of the 30 years of EUROPREV existance.

Programme.

1. Overdiagnosis and Prevention

A core focus of the EUROPREV Forum 2026 was the critical examination of prevention through the lens of **overdiagnosis, overtreatment and low-value care**. In his keynote ***"Too Much Prevention"*, Carlos Martins, GP from the University of Porto,** challenged participants to reflect on how expanding diagnostic thresholds, risk labelling and premature adoption of technologies may cause harm to otherwise healthy individuals. He emphasised quaternary prevention, shared decision-making, and the ethical use of absolute risk and NNT as essential tools for safe, person-centred prevention.

These ideas were reinforced in presentations on low-value practices and guideline discrepancies in cardiovascular prevention by **Carlos Brotons and Irene Moral.** Their analysis of **51 guidelines (2017–2026)** revealed major discrepancies between scientific societies on tests and treatments such as CAC scoring, Lp(a), aspirin and statins in older adults. They emphasised that **primary care must critically interpret guidelines and actively de-implement low-value practices** to deliver proportionate, patient-centred prevention.

The relationship between overdiagnosis, unnecessary healthcare use and **planetary health** was explored by **Pilar Serrano-Gallardo**, who highlighted the environmental impact of low-value care and the responsibility of health systems to reduce avoidable interventions.

The morning also counted with the first Roundtable on *"Reaching the balance between evidence-based practice and innovation in prevention,"* by **Carlos Martins**, the discussion brought together diverse perspectives from **María Pilar Astier Peña** (WONCA President-Elect), **Iva PetričušIć** (Osijek **University**, Croatia) and **Veerle Piessens** (Ghent University, Belgium). The panel explored the tension between embracing innovation and maintaining rigorous evidence standards, underlining the risks of premature implementation of new technologies while recognising the need for responsiveness to emerging societal and clinical challenges. The roundtable highlighted the essential role of primary care professionals in acting as critical

filters—ensuring that innovation serves patients' real needs, aligns with ethical principles, and complements rather than replaces person-centred, equitable prevention.

2. Equity in Prevention

Equity was a foundational theme across the forum. In her keynote**, Ana Gil Luciano (Head of health promotion and equity in the Spanish Ministry of Health)** addressed the "elephant in the room" of health inequity by situating prevention firmly within a community-based and structural framework adopted by the Spanish Ministry of Health. She described how Spain advances equity through Health in All Policies and intersectoral community action, linking primary care, public health, local governments and social services to act on the social determinants of health rather than individual behaviour alone. Key examples include the development of community health strategies at regional and local levels, and national tools such as LocalizaSalud, which maps community resources to support community-oriented primary care and participatory prevention, particularly for socially disadvantaged populations.

Community-level experiences were shared by **Marta Sastre Paz** and **Carmen Ramos Martín**, both from Madrid Salud, who presented long standing work with Roma communities in Madrid. Their presentation illustrated how culturally sensitive, participatory approaches can overcome barriers to prevention and build on community strengths.

Cornelia Junghans Minton (Primary Care and Public Health, Imperial College London, United Kingdom) presented the community health workers (CHWs) model as an effective equity-oriented prevention successful in bridging gaps between health, social care and underserved populations. Drawing on UK experience, she described a programme involving over 200 community health and wellbeing workers across 28 sites, embedded at neighbourhood level and integrated with primary care. Reported outcomes included a 47% increase in vaccination uptake, an 82% increase in cancer screening and NHS health checks, alongside a 10% reduction in hospital admissions and a 7% reduction in unplanned GP consultations. These results illustrate how relationship-based, community-embedded CHW models can improve preventive care while simultaneously reducing health inequities and system pressure.

The second roundtable of the forum**:** *"Strengthening and equipping primary care to reduce health inequity: from theory to practice,"* moderated by **Ana Gil Luciano**, focused on translating equity principles into actionable strategies within primary care. Contributions from **András Terebessy**, **Paula Martin** and **Eduardo Langa García** explored how organisational models, professional training and community orientation can support proportionate universalism in everyday practice. The discussion highlighted the importance of intersectoral collaboration, locally adapted interventions and adequately resourced primary care teams to address social determinants of health. Emphasis was placed on moving beyond policy frameworks towards

practical tools that enable clinicians to reduce inequities without increasing system burden with an overall focus on strengthening communities.

3. The Role of Primary Care Teams in Prevention

The second day of the forum started with a powerful ethical and philosophical perspective offered by **Iona Heath (English GP and writer ,former chairof the Royal College of General Practitioners)**, who questioned the expanding focus on individual medical prevention, arguing that it often obscures the real drivers of poor health such as poverty, inequality and lack of continuity of care. She warned that over-reliance on risk factor management, metrics and guidelines can serve vested interests, generate harm, and divert attention from social justice and relationship-based care. Her presentation reaffirmed **continuity, listening, clinical judgement and humane general practice** as some of the most effective—and neglected—forms of prevention.

The third roundtable of the forum**:** *"Integrating local teams in primary and community care for prevention: friend or foe?"* was moderated by **Iona Heath** and brought together perspectives from healthcare leadership, frontline professionals and patients. **Carmen Cabezas (**Former Secretary of Public Health of the Department of Health of Catalonia, Spain), **Cornelia Junghans Minton (**Primary Care and Public Health, Imperial College London, United Kingdom), **Fátima Sáez Santolaya** (GP in Centro de Salud Luis Vives, SEMG, Spain) and **Raquel Fernández Megina** (Representing patient's views) discussed the opportunities and tensions inherent in interdisciplinary and community-based prevention. The panel explored how effective collaboration can enhance trust, continuity and relevance of preventive work, while also acknowledging risks of fragmentation, role ambiguity and medicalisation. The inclusion of the patient perspective reinforced the need for prevention strategies that are relational, respectful and grounded in lived experience and coordinated or led by primary care.

Serdar Öztora (GP from Trakya University Medical School, Department of Family Medicine, Turkey, President of EUROPREV), presented the EUROPREV position paper *"Seven ways to optimise prevention in general practice and family medicine"*, published in the **European Journal of General Practice (2025)**, which proposes **seven guiding principles** to help primary care teams prioritise prevention by focusing on high-quality, accessible care, targeting those most likely to benefit, avoiding low-value interventions, and working with proportionate, sustainable choices.

The discussion around prevention in primary care consistently highlighted prevention as a **team-based and community-embedded activity**. **Manuel García Fresnillo** presented the role of family and community nurses in prevention, describing their contribution across individual, group and community levels, and their central role in addressing social determinants of health.

The expanding preventive role of **community pharmacy** was presented by **Antonio Villafaina Barroso** and **Reena Barai**, who demonstrated how pharmacists in Spain and the UK act as accessible, trusted health professionals delivering prevention, case-finding and community-oriented care through "Making Every Contact Count.

Sara Belinchón Moyano presented the trajectory of the Spanish Programme for Prevention and Health Promotion (**PAPPS)**, highlighting how evidence-based recommendations, regular updates and explicit avoidance of low-value practices support high-value prevention in everyday primary care in Spain.

Pablo Alonso-Coello highlighted the role of the **GRADE methodology** in strengthening prevention by ensuring that recommendations are based on a transparent and rigorous assessment of evidence quality, balance of benefits and harms, patient values and resource use. He emphasised that GRADE helps move prevention away from expert opinion and low-value interventions towards **clear, trustworthy and patient-centred recommendations**, particularly important in primary care where uncertainty is common.

4. Teaching Prevention in Undergraduate and Postgraduate Medical Education

Education emerged as a crucial pillar for sustainable prevention.

Postgraduate family medicine education was addressed by **Mateja Kokalj Kokot**, GP from the University of Ljubljana, who described how prevention is taught in Slovenia as a process of clinical judgement under uncertainty. Her presentation emphasised case-based learning, ethical dilemmas, shared decision-making and community-oriented prevention rather than guideline compliance alone.

Following from this was roundtable 4*: "What GOOD looks like? Teaching prevention in the medical curriculum,"* moderated by **Mateja Kokalj Kokot**, addressed how prevention should be taught across undergraduate and postgraduate medical education. Panelists **Elena Polentinos**, **Zoi Tsimtsiou** and **Esteban González-López** shared experiences from different educational settings, emphasising prevention as a competency rooted in clinical judgement, ethics and context rather than guideline memorisation. The discussion highlighted the value of case-based learning, interprofessional education and reflection on uncertainty, overdiagnosis and shared decision-making. A shared conclusion was that teaching "good prevention" means preparing future professionals to make thoughtful, proportionate and patient-centred decisions in complex real-world settings.

The pre-forum experience was shared by **Victoria Bautista** and **Adina-Ioana Bicăjanu**, who described the value and richness of working collaboratively with experienced Family Doctors and EUROPREV delegates on issues highly relevant to their professional practice. They highlighted the quality of the exchange and the collective reflection fostered during the sessions. Key take-home messages included critical questions around *how we define what is normal, how patients can be meaningfully involved in decision-making*, and *how a less defensive approach to medicine might be achieved*. Victoria Bautista concluded by introducing the **EVRD framework—Evidence, Values, Resources and Do not harm**—as a practical guide for balanced and thoughtful clinical decisions.

5. Workshops

Two workshops complemented the scientific programme by focusing on **practical implementation and critical evaluation of prevention in primary care**.

The workshop *"Alcohol consumption: brief intervention in primary care,"* led by **Maria Neufeld (WHO)** together with **András Terebessy**, **Francisco Camarelles Guillem** and **Lidia Segura-García**, addressed how brief interventions for alcohol use can be effectively delivered in routine primary care. Importantly, this workshop set a **precedent for collaboration between WHO, WONCA Europe, EUROPREV and semFYC-PAPPS**, jointly equipping primary care professionals with evidence-based tools for alcohol prevention. It also consolidated previous collaborative work and supported the production and dissemination of the shared document **"Let's Talk About Alcohol,"** reinforcing a coordinated international approach to alcohol prevention.

The workshop *"Methods, evaluation and attitudes regarding General Health Check-ups across Europe,"* facilitated by **Jasna Vučak** and **Iva Petričušić**, critically examined the evidence, variability and professional attitudes surrounding health check-ups. Through comparative reflection, the session highlighted the need to reassess routine check-ups considering benefit–harm balance, overdiagnosis and context-specific implementation, aligning closely with the forum's overarching commitment to high-value, proportionate prevention.

Summary

Across all sessions, the EUROPREV Forum 2026 articulated a mature, shared vision of prevention: **critical rather than expansive, equitable rather than transactional, team-based rather than individualised, and ethically grounded rather than technology-driven**. Strong, accessible and continuous primary care emerged as the cornerstone of effective and sustainable prevention throughout the life course.
It was both a celebration of three decades of work in prevention and a forward-looking call to action. It reaffirmed EUROPREV's role as a critical, thoughtful and inclusive voice within

WONCA, committed to supporting primary care professionals in delivering prevention that is **safe, effective, person-centred and socially responsible**.

Dr. Laura Rodriguez-Benito & Dr. Carlos Brotons (*Co-Chairs of the forum*)