IPHA Clinical Trials Activity Comparison Report

MARCH 2026

Irish Pharmaceutical Healthcare Association

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Definitions

Currently recruiting: includes authorised recruiting and ongoing recruiting

Authorised recruiting: trial is authorised, recruitment opened but no one has been recruited in the member state.

Ongoing recruiting: trial is ongoing, recruitment opened, and first participant recruited.

Study Start-Up Time: EU Approval: EU Clinical Trials Regulation (CTR) Final Decision (FD) for Ireland
Country-Specific Start Date: First Site Ready (FSR)
Country-Specific Recruitment Start Date: First patient recruited

Executive Summary

1. A review of clinical trial start dates[1] between 2023-2025 in Ireland, indicates that Ireland conducts fewer pharmaceutical industry sponsored clinical trials in total and per capita (100,000) than many of its European counterparts. In fact, for the year 2025, Ireland was placed 14th out of 27 EU countries, per capita, for the conduct of clinical trials.

2. Belgium had the highest number of pharmaceutical industry sponsored clinical trials per capita in Europe, followed by Denmark.

3. A total of 165 pharmaceutical industry sponsored clinical trials were commenced[1] in Ireland between 2023-2025. The number of trials increased from 41 in 2023 to 51 in 2024 (24% increase), and increased further to 73 in 2025 (44% increase).

4. Despite this increase, Denmark, which is of similar economic wealth and population to Ireland, commenced over two and a half times (425) more pharmaceutical industry sponsored clinical trials than Ireland (157) during the 2023-2025 period.

5. Clinical trial start-up time following EU Clinical Trial Regulation approval is ideally as short as possible, however Ireland ranked as the slowest of all EU member states for the time from EUCTR approval to the first site being ready (213 days) for studies commenced in 2023-2025.

6. Oncology trials represent the largest therapeutic area for industry-sponsored trials in Ireland at 48%; however Ireland has not yet met its own target from the current National Cancer Strategy of enrolling 6% of cancer patients in interventional clinical trials, with only 1.5% in 2023 (Cancer Trials Ireland Annual Review, 2024).

7. Despite lagging behind other countries in Europe, 2025 saw an improvement in both the overall number of clinical trials conducted in Ireland and in study start-up times. If Ireland effectively implements the recommendations of the National Clinical Trials Oversight Group (NCTOG) it has the opportunity to attract more clinical research to the country and enable Irish patients and the health system to benefit from participation in clinical trials.

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1. i.e. with a clinical trial start date presented on the Clinical Trials Information System (CTIS), referring to the date when recruitment for the clinical trial is opened in the Member State concerned.

01.

Introduction

In 2024, the National Clinical Trials Oversight Group was established following the Minister for Health's announcement of an ambition to double the number of clinical trials conducted in Ireland, aiming to align the country with leading European nations such as Denmark. This report provides an assessment of progress towards achieving that objective.

Evidence shows that hospitals engaged in clinical research achieve better patient outcomes. The report from the National Clinical Trials Oversight Group, published in 2025, references studies from the NHS that demonstrate hospitals with higher levels of clinical research activity have lower mortality rates and better survival outcomes (Department of Health, 2025). Trials can also bring economic value to health systems, as illustrated by a 2025 report from Cancer Trials Ireland on the value of cancer trials, which estimated cost savings of €14.8 million and inward investment value of €36.7 million from a sample of 18 cancer trials opened in Ireland between 2021-2025[2].

Furthermore, clinicians involved in research demonstrate greater awareness and faster adoption of newly licensed treatments (Royal College of Physicians 2021; Lublóy 2014).

The benefits of research activity also extend beyond individual trial sites: research-active clinicians foster a culture of innovation, supporting more rigorous treatment decision-making across healthcare systems (Majumdar et al. 2008; Downing et al. 2017). These findings are reinforced by a systematic review of 86 studies across 12 countries, which found largely positive effects of research engagement on healthcare outcomes for patients (Boaz et al. 2024). Taken together, the evidence highlights how delivering industry clinical trials in Europe contributes to better health outcomes, improved workforce productivity and higher economic output.

Most importantly participation in clinical trials enables patients to access new medicines typically 5-10 years before that medicine is launched ultimately improving outcomes for patients.

This year's analysis utilises the Clinical Trials Information System (CTIS) to evaluate Ireland's clinical research activity in comparison with other EU member states. The report further reviews pharmaceutical industry-sponsored clinical trials, planned patient enrolment numbers, site counts, and trial start-up timelines—including the average duration from EU Clinical Trial Regulation (CTR) approval ('Final Decision' / 'FD') to initial trial commencement in Ireland ('First Site Ready' / 'FSR'), as well as the interval from trial start to first patient recruitment/ randomisation.

[2] Ref - Cancer Trials Ireland. (2025, November 10). Value of cancer trials report: Now available. [cancertrials.ie]

02.
Objectives

- To assess how many clinical trials are currently recruiting in Ireland and how many of those are pharmaceutical industry sponsored clinical trials.
- To determine the number of pharmaceutical industry sponsored clinical trials currently recruiting in Ireland in different therapeutic areas and trial phases.
- To evaluate the number of industry sponsored clinical trials commenced in Ireland from 2023-2025 and the study start-up time for those trials.
- Evaluation of the number of pharmaceutical industry sponsored clinical trials conducted in Ireland compared to the EU27 per capita (100,000).
- To compare the number of pharmaceutical industry sponsored clinical trials and study start-up times in Ireland with those in Denmark (with country specific clinical trial start dates in 2023—2025).

03. Methods

Clinical Trials Regulation 536/2014 (CTR) mandates the population of the CTIS with specific information by those conducting clinical trials. Therefore, it is considered to be the definitive source of information on this topic and was used as the source data for this year's report. The CTR applies to all interventional clinical trials in the European Economic Area involving a medicine for human use.

On 31.01.22 the CTIS public portal went live, with any new clinical trial applications from 31.01.23 onwards having to be submitted via the CTIS. Any trials that started before 31.01.23 and still ongoing after 31.01.25 must also be transferred to this system. If a clinical trial started before 31.01.23 and ended by 31.01.25, this would not have been captured on CTIS and is not analysed in this report..

a. CTIS information was downloaded on 03.02.26.

b. For clarity while viewing the results section, additional information on dates is listed below.

The clinical trial start date on CTIS refers to the date when recruitment for the clinical trial is opened in Member State concerned.

The country-specific recruitment start date on CTIS is defined as the first patient recruited to the study in the member state concerned.

Clinical trial start dates, recruitment start dates and information on early terminations are reported in CTIS by each sponsor. If CTIS indicates that a pharmaceutical industry clinical trial terminated early (e.g. 4 in Ireland between 2023-2025), it was removed from the analysis in this report (this was a small cohort and the reasons were (1) Investigator/site related, (2) Reprioritisation of trial, (3) Safety related and (4) Sponsor decision).

04. Results

Clinical trials recruiting in Ireland as of March 2026.

Overall number of clinical trials and pharmaceutical industry sponsored clinical trials recruiting in Ireland as of March 2026.

As of March 2026, 126 clinical trials in Ireland had a status of either authorised recruiting (the trial is authorised, recruitment opened but no one has been recruited yet) or ongoing recruiting (the trial is ongoing, recruitment opened, and the first participant has been recruited). From this cohort, 76% are sponsored by pharmaceutical companies, see Figure 1 *(96/126 clinical trials).*

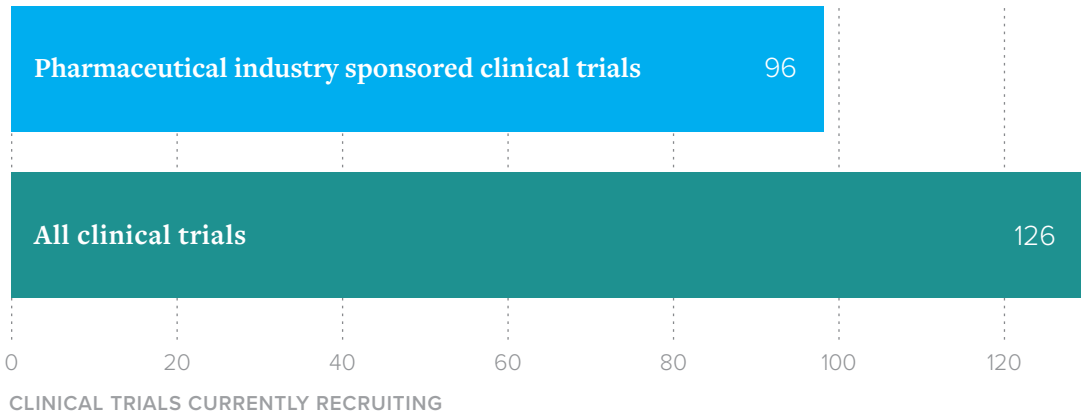
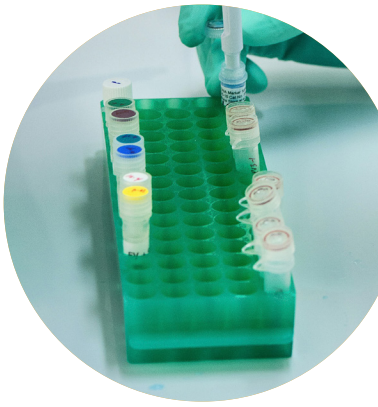


FIGURE 1: CURRENTLY RECRUITING PHARMACEUTICAL INDUSTRY SPONSORED CLINICAL TRIALS AND ALL CLINICAL TRIALS IN IRELAND



04. Results

Breakdown of therapeutic areas for pharmaceutical industry sponsored clinical trials recruiting in Ireland as of March 2026

Oncology research is the leading therapeutic area for pharmaceutical industry sponsored clinical trials in Ireland, with nearly half (48%) of all currently recruiting (n=126) trials occurring in this therapeutic area. However, Ireland has not to date met its own target from the current National Cancer Strategy of enrolling 6% of cancer patients in interventional clinical trials, with only 1.5% in 2023 (Cancer Trials Ireland Annual Review, 2024).

Clinical trials in respiratory tract diseases account for 10%, with cardiovascular, digestive and immune diseases each representing 6%. The other therapeutic areas currently recruiting in Ireland are detailed in Figure 2.

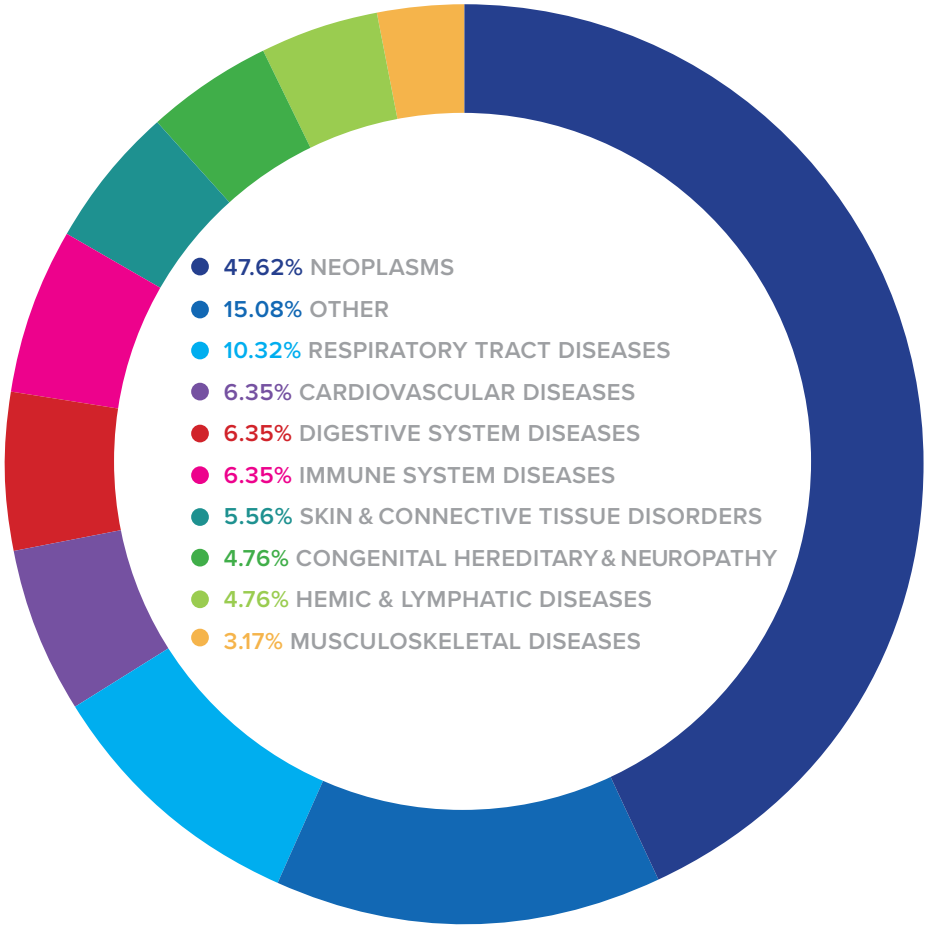


FIGURE 2: PHARMACEUTICAL INDUSTRY SPONSORED CLINICAL TRIALS RECRUITING BY THERAPEUTIC AREA AS OF MARCH V 2026

“Other” Therapeutic Area Breakdown

Not possible to specify: 2.38%
Virus Diseases: 2.38%
Eye Diseases: 1.59%
Nervous System Diseases: 1.59%
Nutritional and Metabolic Diseases: 1.59%
Phenomena and Processes: 1.59%
Psychiatry and Psychology: 1.59%
Bacterial Infections and Mycoses: 0.79%
Female Urogenital Diseases and Pregnancy Complications: 0.79%
Male Urogenital Diseases: 0.79%

04. Results

Pharmaceutical industry sponsored clinical trials recruiting as of March 2026 by phase

Nearly 87% of pharmaceutical industry sponsored clinical trials recruiting (n=126) are either Phase III (59.52%), Phase II (16.67%) or Phase II & III integrated (7.14%), see Figure 3.

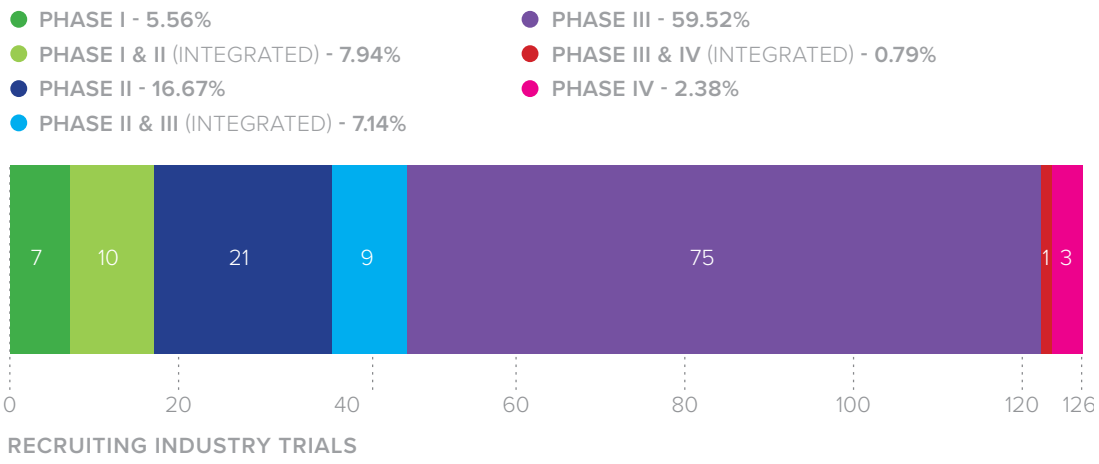


FIGURE 3: PHARMACEUTICAL INDUSTRY SPONSORED CLINICAL TRIALS AS OF MARCH 2026 BY TRIAL PHASE

04. Results

Analysis of pharmaceutical industry sponsored clinical trials conducted in Ireland with clinical trial start date between 2023–2025: Number of trials and trial start-up time

Number of Pharmaceutical Industry Sponsored Clinical Trials

There were 165 pharmaceutical industry sponsored clinical trials in Ireland with a clinical trial start date between 2023-2025, which were either authorised recruiting (n=14), ongoing recruiting (n=70), ongoing recruitment ended (n=37) or ended (n=44). From this cohort it is estimated that a total of 1,726 patients will access one of these 165 trials. Just over one third (35%) of pharmaceutical industry clinical trials listed with a start date of 2023-2025 in Ireland were deemed to be for a rare disease.

There was a total of 41 pharmaceutical industry sponsored clinical trials commenced in Ireland in 2023, compared to 51 in 2024; an increase of 24%. 2025 saw another increase to 73 trials, an increase of 44% on 2024 *(Table 1)*.

	2023	2024	2025
NO. OF CLINICAL TRIALS	41	51	73
AVERAGE TIME FROM EU APPROVAL (FD) TO TRIAL START DATE IN IRELAND (FSR)	262	231	168
AVERAGE TIME FROM TRIAL START DATE IN IRELAND (FSR) TO FIRST PATIENT RECRUITED	56	59	46

TABLE 1: NUMBER OF TRIALS AND START-UP TIME, FOR TRIALS COMMENCING IN 2023-2025 IN IRELAND

04. Results

Analysis of pharmaceutical industry sponsored clinical trials conducted in Ireland with clinical trial start date between 2023–2025: Number of trials and trial start-up time

Clinical Trial Start-Up Time

Of trials commenced between 2023–2025 in Ireland, the average time from EU Approval (FD) to the trial start date in Ireland (FSR) was 213 days. This average time from EU approval to the trial starting in Ireland improved from 262 days for studies commencing in 2023 to 168 days for those commencing in 2025 *(Table 1)*. Despite this improvement in recent years, Ireland remains one of the slowest countries for study start-up across Europe, with the longest average time from EU approval to FSR for 2023-2025 of all EU member states *(Figure 4)*.

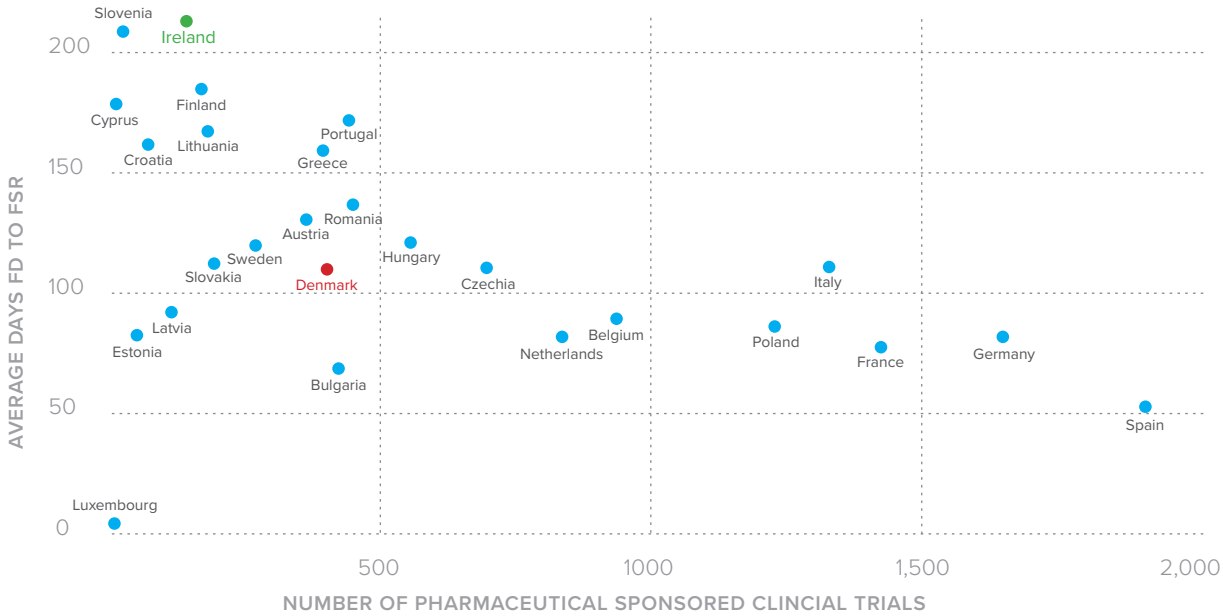


FIGURE 4: NUMBER OF CLINICAL TRIALS AND AVERAGE TIME FROM EU APPROVAL (FD) TO TRIAL START DATE IN IRELAND (FSR) FOR TRIALS COMMENCING IN 2023-2025, ACROSS EU MEMBER STATES

The time to 'first patient recruited' (from the clinical trial start date in Ireland to recruitment start date) was on average 54 days (n=165), for years 2023-2025 combined. The time to first patient recruited reduced by 22% in 2025 (46 days) compared to 2024 (59) *(Table 1)*.

As shown in *Figure 5*, both the time to trial start date in Ireland and the time to first patient recruited have reduced from 2023 to 2025. *Figure 5* also shows that the time from EU Approval to the trial start date in Ireland is significantly longer than the time from the trial starting in Ireland to the first patient recruited (over 3 times as long in 2025). The steps involved in the time from EU Approval to the trial starting in an individual country include contracting, budget negotiation and study-specific training and document collection. If these processes were streamlined study start-up time would be significantly reduced, making Ireland a more attractive destination for clinical research.

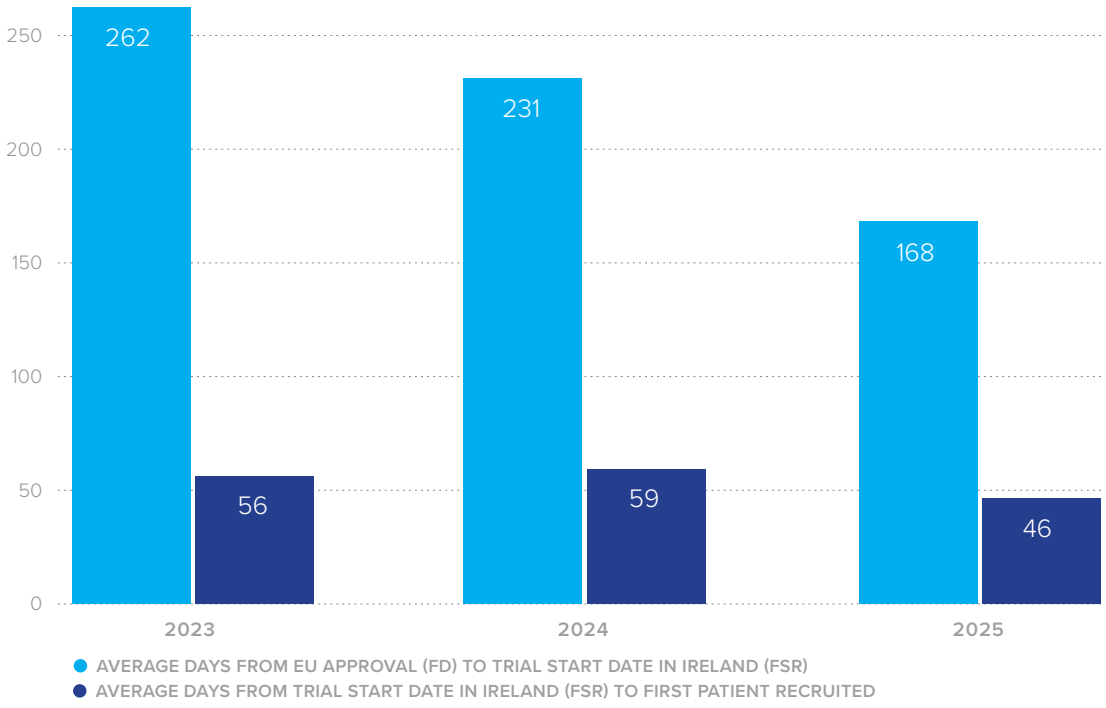


FIGURE 5: TIME TO 'FIRST PATIENT IN' AND 'FINAL DECISION TO FIRST SITE READY', IN IRELAND, 2023-2025

04. Results

Ireland in comparison to EU27 for the number of pharmaceutical industry sponsored clinical trials conducted per capita (100,000) that had an EU/EEA clinical trial start date in 2025

This analysis was conducted in March 2026, and it reviewed pharmaceutical industry sponsored clinical trials in all EU27 countries on CTIS with an EU/EEA clinical trial start date in 2025. The status selected for each country were: authorised with recruitment pending, authorised recruiting, ongoing recruiting and ongoing recruitment ended.

Ireland is placed 14th (1.36 trials per 100,000) out of the EU27 countries in terms of the number of pharmaceutical industry sponsored clinical trials per capita with an EU/EEA clinical trial start date of 2025. Spain had the most pharmaceutical industry sponsored clinical trials (720) in the EU27, but per capita are in 11th position. Belgium (2.81 per 100,000) was placed 1st per capita followed by Denmark in 2nd place (2.75 per 100,000).

For the absolute number of pharmaceutical industry clinical trials Germany (594) and France (525) were placed 2nd and 3rd, respectively, but per capita they were both ranked below Ireland *(see Table 2)*.

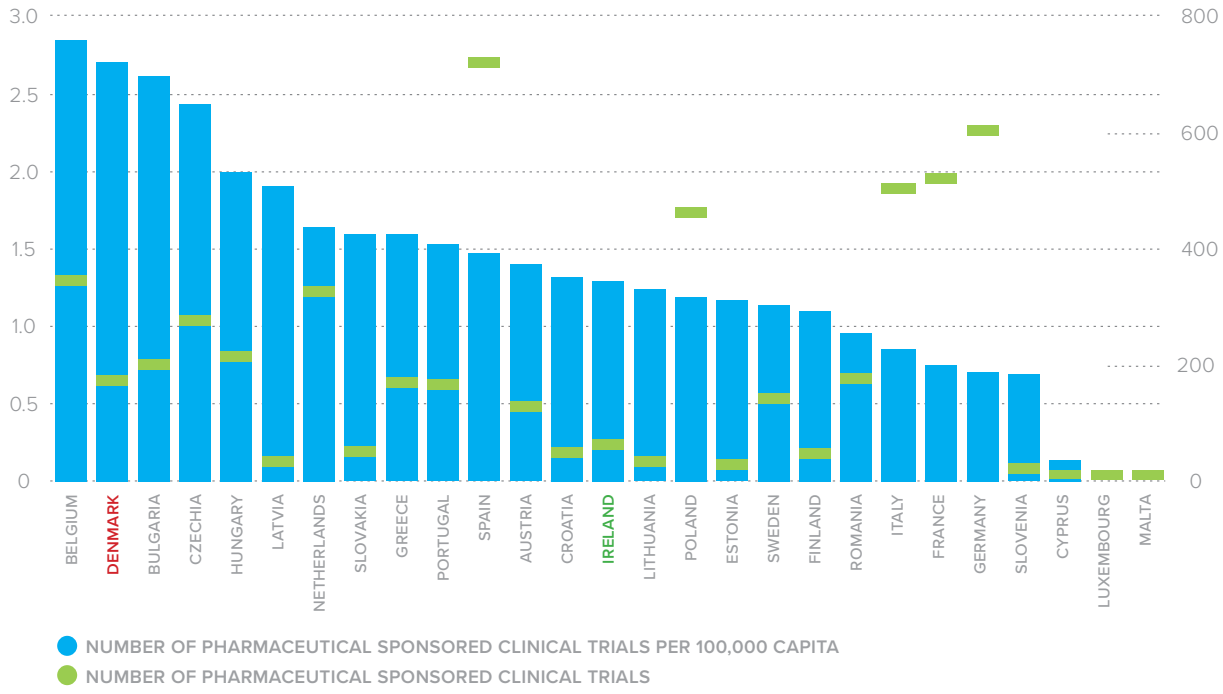


FIGURE 6: PHARMACEUTICAL INDUSTRY SPONSORED CLINICAL TRIALS IN EU27 COUNTRIES PER CAPITA (100,000) IN 2025

RANKING	COUNTRY	PER CAPITA (100,000)
01	BELGIUM	2.81
02	DENMARK	2.75
03	BULGARIA	2.64
04	CZECHIA	2.43
05	HUNGARY	2.01
06	LATVIA	1.92
07	NETHERLANDS	1.62
08	SLOVAKIA	1.59
09	GREECE	1.58
10	PORTUGAL	1.51
11	SPAIN	1.48
12	AUSTRIA	1.41
13	CROATIA	1.37
14	IRELAND	1.36
15	LITHUANIA	1.28
16	POLAND	1.25
17	ESTONIA	1.24
18	SWEDEN	1.15
19	FINLAND	1.11
20	ROMANIA	0.98
21	ITALY	0.85
22	FRANCE	0.76
23	GERMANY	0.71
24	SLOVENIA	0.71
25	CYPRUS	0.10
26	LUXEMBOURG	0.00
27	MALTA	0.00

TABLE 2: PHARMACEUTICAL INDUSTRY SPONSORED CLINICAL TRIALS IN EU27 COUNTRIES PER CAPITA (100,000) IN 2025

In 2024, the then Minister for Health, announced that he wanted to double the number of clinical trials occurring in Ireland to make Ireland more comparable with other top European performers, such as Denmark.

If Ireland doubles the number of pharmaceutical industry sponsored clinical trials from 73 in 2025 to 146, it would move Ireland from 14th position (Table 2) to 3rd position (2.73 per 100,000) within the EU27.

04. Results

Ireland in comparison to Denmark - pharmaceutical industry sponsored clinical trial start dates from 2023 — 2025

The data on clinical trials in Ireland was compared to that of Denmark over a three-year period, since it has a similar population and economic wealth to Ireland *(Figure 8)*. A total of 165 pharmaceutical industry sponsored clinical trials commenced in Ireland during this period compared to 425 in Denmark – over 2.5 times as many as Ireland.

When comparing trial start-up times between Ireland and Denmark, the average time from EU approval to the trial start date in the individual country (FSR) for studies started in 2023-2025 was over twice as long in Ireland (213 days) compared to Denmark (105 days). This means that study sites in Denmark would be able to begin the participant recruitment process on average 108 days earlier than those in Ireland. For the time to first patient recruited, Ireland took on average 54 days compared to 39 in Denmark.

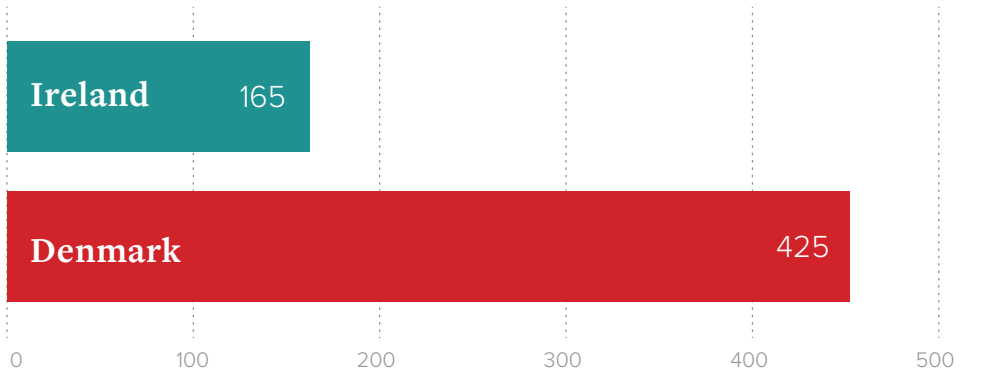


FIGURE 7: NUMBER OF PHARMACEUTICAL INDUSTRY SPONSORED CLINICAL TRIALS COMMENCING BETWEEN 2023-2025 IN IRELAND AND DENMARK.

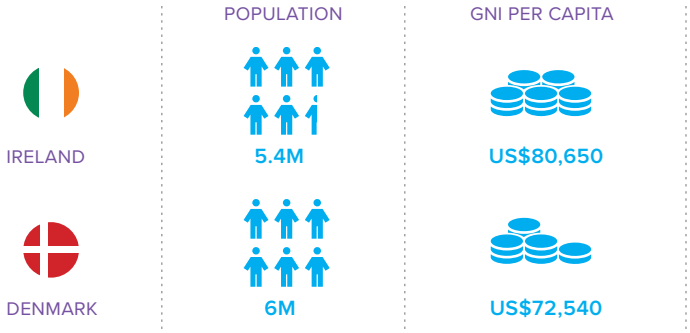


FIGURE 8: INFOGRAPHIC ON POPULATION AND ECONOMIC WEALTH IN DENMARK AND IRELAND (SOURCE: EUROSTAT AND WORLD BANK – 2024 DATA)

05.

Conclusion

CTIS data showed a 41% increase in the number of pharmaceutical industry sponsored clinical trials commenced in Ireland in 2025 compared to 2024 (73 vs 51, respectively) and a reduction in study start-up time of those trials in 2025 compared to 2024 (for both EU Approval to trial start date in Ireland, and trial start date to first patient recruited), suggesting an improving clinical trials landscape in Ireland.

Despite this, in 2025, Ireland was placed 14th out of 27 EU countries for pharmaceutical industry sponsored clinical trials per capita, lagging behind other European countries. Ireland also performs slower in study start-up times and is ranked as the slowest country of EU member states for the time from EU CTR approval to country-specific study start date (FSR).

In summary, Ireland still lags behind many EU countries, mainly due to lengthy study set-up times. However, once studies are open, Ireland performs strongly, with time to first patient recruitment more comparable to peers and generally robust recruitment. Ireland therefore has a clear opportunity to accelerate study start-up— through implementing the recommendations of the NCTOG and potentially by completing site set-up activities in parallel with the EU CTR approval process, as occurs in many other countries—so that Irish sites can begin recruitment earlier and better support the ambition to make Ireland a highly attractive destination for clinical research.

06.

Recommendations

The issues facing the conduct of clinical trials in Ireland are well documented in the final recommendations of the NCTOG, established by the Minister for Health.

IPHA had dedicated representation on the NCTOG and recommends the urgent implementation of the recommendations of the group. This should be done in parallel with broadening government investment in health research and developing national strategies to leverage EU funding opportunities. IPHA welcomes the fact that the goal to increase clinical trials is included in the Programme for Government as there is clear published evidence that more research-active hospitals results in better healthcare outcomes. In addition, each patient participating in a clinical trial generates a substantial benefit to the economy and savings to the hospital where the clinical trial is being conducted, as recently reconfirmed by the 2026 Frontier Economics report for EFPIA[3].

[3] https://efpia.eu/media/zdzg0bey/the-economic-impact-of-industry-clinical-trials-across-europe.pdf

To ensure Ireland becomes a leading destination for clinical trials—and that patients here are among the first to benefit from cutting edge science—IPHA is calling for five focused reforms, within the NCTOG recommendations:

- IPHA fully supports the establishment of the **Clinical Trials Advisory Council (CTAC),** with a clear mandate, decision-making authority and sustained political support, as a critical step in ensuring governance and implementation of the NCTOG recommendations.
- Creation of a **universal clinical trial contract template and a standardised clinical trial costing template** for Ireland, to reduce delays in trial start-up and administrative burden.
- Development of **national guidance for data protection responsibilities and designated officer sign-off** for clinical trials, to standardise processes and reduce inconsistency across sites.
- Development of a **national, open-access clinical trials dashboard with published KPIs** which is **incorporated into the HSE reporting system**, to enable transparency, accountability, and system wide performance monitoring.
- **Strategic planning of workforce requirements for clinical research** and **development of standardised career pathways with stable job roles** to retain and motivate talent to conduct high quality clinical research.

Alongside implementing NCTOG recommendations, IPHA calls for strategic steps to boost site-activation, following the example of other European countries. Spain in particular excels in clinical trials due to quick site activation, supported by streamlined national processes, early EU Clinical Trials Regulation adoption, and robust hospital research networks, making Spain appealing for sponsors seeking efficient trial launches. Contract drafting and other site activation processes could be conducted in parallel to the EUCTR approval process, as they are in many EU countries, to shorten approval-to-activation timelines considerably (EFPIA, 2024).[4]

[4] Ref - EFPIA. (2024, October). Assessing the clinical trial ecosystem in Europe (Final report). [efpia.eu]

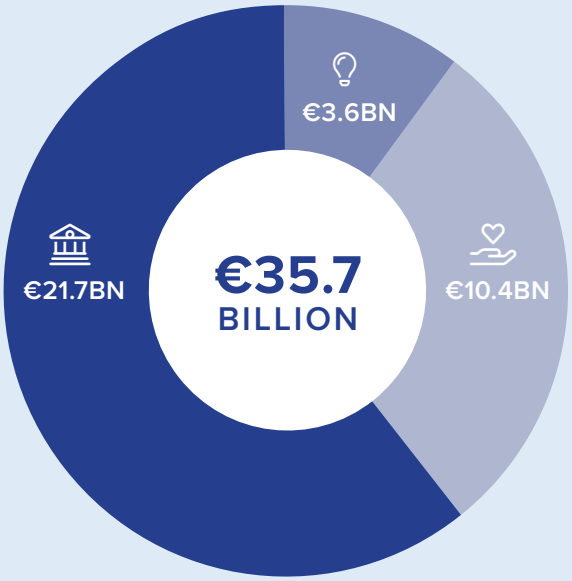
08. Appendix

REF: https://efpia.eu/media/zdzg0bey/the-economic-impact-of-industry-clinical-trials-across-europe.pdf

Industry clinical trials deliver significant value to the European economy, contributing to €35.7 billion in Gross Value Added across Europe each year.

Clinical trials are vital in supporting the development of healthcare innovations, including new medicines and vaccines. Clinical trials create benefits for patients, healthcare systems and the economy. Frontier Economics was commissioned by the European Federation of Pharmaceutical Industries and Associations (EFPIA) to explore the value of industry clinical trials to the European economy and society, the results of which are outlined below.

Gross value Added (GVA) created by industry clinical trials across the European economic area (EEA) in 2025



Industry clinical trials generate **€21.7 billion of GVA** across the EEA year.

This activity supported over **165,000 jobs** across Europe including over **45,000** clinical research jobs and over **120,000** associated with indirect and induced impacts.

Industry clinical trials help prevent **26.9 million sick days**, worth **€10.4 billion of GVA**.

R&D spillover benefits from clinical research generate an additional **€3.6 billion of GVA.**

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