

HEALTH
CREATOR
LEADERS

THE STATE OF

HEALTH CONTENT CREATOR MARKETING 2026

US, EUROPE & UK

THE BENCHMARK FOR HEALTH INFLUENCE · JULY 2026

SNAPSHOT: CREDIBILITY IS THE NEW CURRENCY.

FASTEST-GROWING SPEND CATEGORY

+44%

YEAR-ON-YEAR GROWTH in US healthcare and pharma influencer marketing spend — the fastest-rising category of any sector tracked by eMarketer.

BUDGETS KEEP CLIMBING

81%

OF UK BRANDS plan to increase influencer marketing budgets in the year ahead — among the strongest growth intent in Europe (Kolsquare/NewtonX).

THE MEDFLUENCER MOMENT

2 in 3

PHYSICIANS NOW USE SOCIAL MEDIA professionally, powering the shift from celebrity reach to credentialed digital opinion leaders (DOLs).

TRUST MIGRATES TO PEOPLE

1 in 5

AMERICANS TURN TO SOCIAL PLATFORMS for health information before consulting a clinician — rising to a majority among Gen Z and millennials.

MICRO OVER MEGA

Micro

CREATORS OF 10K–100K FOLLOWERS dominate health programmes: engagement and audience trust outweigh raw reach in creator selection.

REGULATORS MOVE IN

2024– 26

A WAVE OF ENFORCEMENT — FDA, FTC, ASA, MHRA and EU national regulators — has made compliance the defining competency of health influence.

HEALTH CREATOR LEADERS

The 2026 State of Health Influencer Marketing benchmarks how healthcare brands across the US, Europe and the UK are working with health creators and digital opinion leaders — and what separates the programmes that build trust from those that draw regulatory fire.

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SCALING FAST, UNDER THE STRICTEST RULES IN MARKETING.

Health is influencer marketing's paradox sector: later to the discipline than beauty, fashion or travel, yet now its fastest-growing category of spend. US healthcare and pharma influencer budgets rose faster than any other vertical in the past year, and more than four in five UK brands plan further increases. The growth is real — but it is happening inside the most tightly regulated communications environment in the industry.

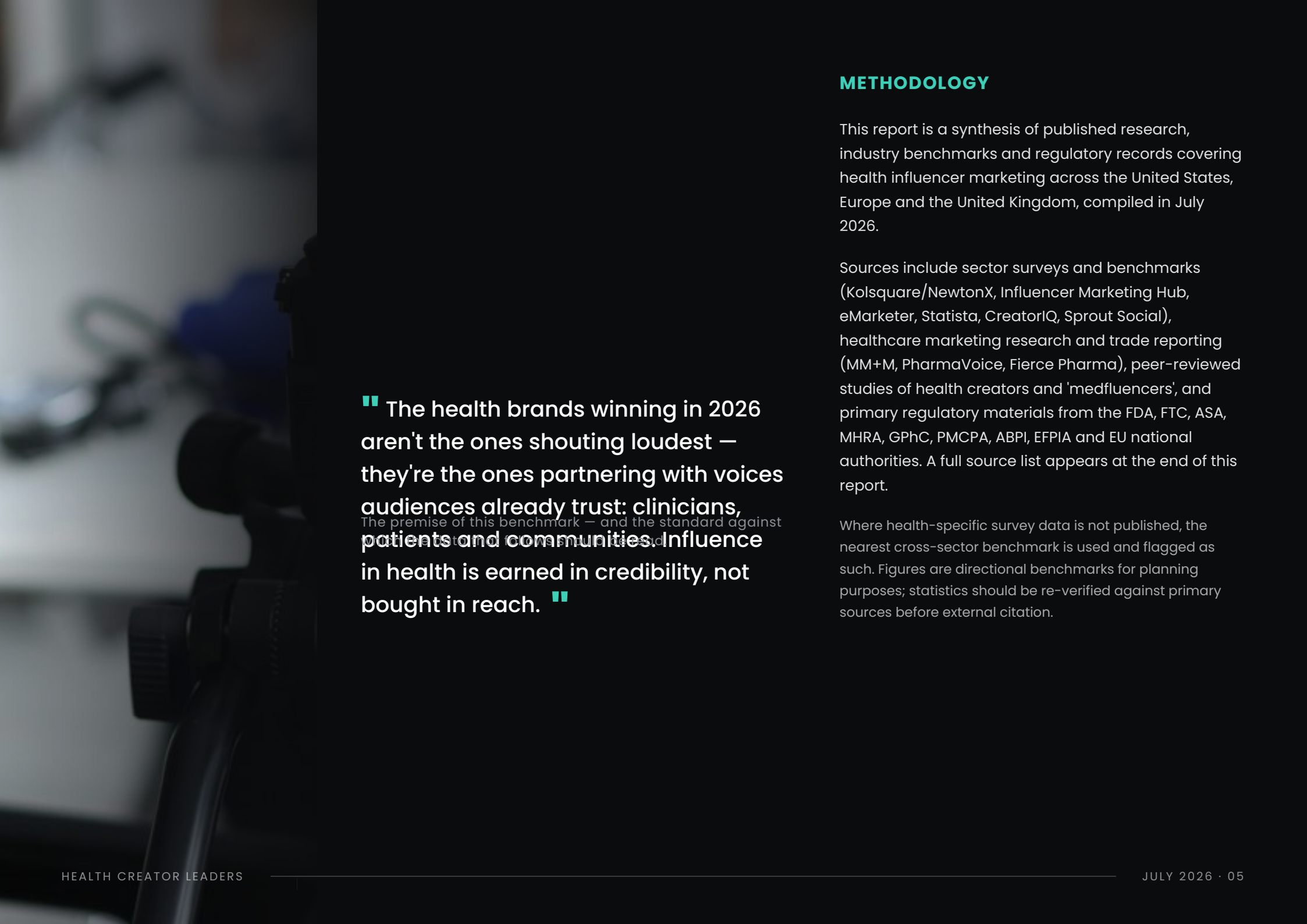
What sets health apart is **who** is doing the influencing. The centre of gravity has shifted decisively from celebrity endorsement towards credentialed voices: physician, nurse and pharmacist creators — the 'medfluencers' — alongside patient advocates with lived experience. Pharmaceutical companies increasingly formalise this through digital opinion leader (DOL) programmes that treat creators less like media buys and more like scientific partnerships.

Selection criteria reflect the same logic. Where consumer sectors prioritise audience demographics and content style, health brands weight **credentials, accuracy and audience trust** alongside them. Micro creators dominate programmes because engaged, condition-specific communities matter more than raw reach.

The compliance stakes escalated sharply between 2024 and 2026. The FDA's September 2025 crackdown on misleading drug promotion — explicitly naming social media and influencer channels — was the loudest signal, but the pattern is transatlantic: joint ASA, MHRA and GPhC enforcement on weight-loss medicine promotion in the UK, Novo Nordisk's two-year suspension from the ABPI, France's commercial influence law and tightening German case law under the HWG. GLP-1 promotion has become the test case for the whole category.

Meanwhile, the trust environment keeps pushing audiences towards creators. Around one in five Americans consult social platforms for health information before a clinician — a majority among younger cohorts — at a time when trust in institutions is falling and health misinformation is proliferating. That gap is precisely the space credible health creators fill, and it is why the opportunity and the responsibility have never been larger.

The bottom line for 2026: health influencer marketing is maturing from experimental channel into strategic infrastructure. The winners will be brands that treat compliance as a design principle rather than a constraint — and creators as long-term scientific and community partners rather than one-off amplification.



■ The health brands winning in 2026 aren't the ones shouting loudest — they're the ones partnering with voices audiences already trust: clinicians, patients and communities. Influence in health is earned in credibility, not bought in reach. ■

The premise of this benchmark — and the standard against which all participants should be judged.

METHODOLOGY

This report is a synthesis of published research, industry benchmarks and regulatory records covering health influencer marketing across the United States, Europe and the United Kingdom, compiled in July 2026.

Sources include sector surveys and benchmarks (Kolsquare/NewtonX, Influencer Marketing Hub, eMarketer, Statista, CreatorIQ, Sprout Social), healthcare marketing research and trade reporting (MM+M, PharmaVoice, Fierce Pharma), peer-reviewed studies of health creators and 'medfluencers', and primary regulatory materials from the FDA, FTC, ASA, MHRA, GPhC, PMCPA, ABPI, EFPIA and EU national authorities. A full source list appears at the end of this report.

Where health-specific survey data is not published, the nearest cross-sector benchmark is used and flagged as such. Figures are directional benchmarks for planning purposes; statistics should be re-verified against primary sources before external citation.

1 THE MEDFLUENCER MOMENT

The defining structural shift in health influence is the rise of the credentialed creator. Roughly two in three physicians now use social media in a professional capacity, and a visible cohort — spanning doctors, nurses, pharmacists, dietitians and psychologists — has built audiences that rival mainstream media titles for reach and comfortably exceed them for trust on health topics.

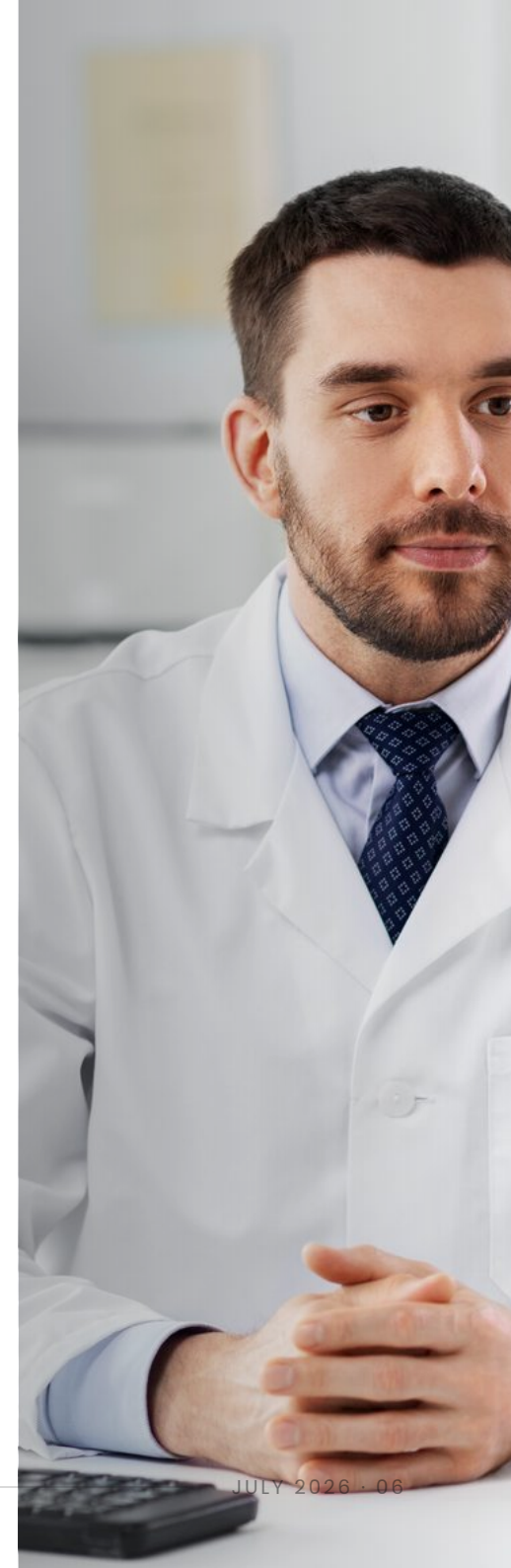
Pharmaceutical companies have responded by formalising **digital opinion leader (DOL) programmes**: identifying, mapping and engaging credentialed creators with the same rigour once reserved for traditional key opinion leaders. Where a KOL's influence was measured in publications and podium appearances, a DOL's is measured in community: the clinicians their peers follow, and the creators patients turn to when a new therapy makes headlines.

Patient influencers form the second pillar. Advocates with lived experience of a condition carry a form of credibility no brand or clinician can replicate, and condition-specific communities — from oncology to diabetes to rare disease — have become some of the most engaged audiences in social media.

WHY CREDENTIALIAED CREATORS WIN

- **Trust transfer** — clinical credentials lend authority that survives platform scepticism and disclosure labels.
- **Regulatory resilience** — HCP creators are likelier to understand fair balance, claims substantiation and disclosure duties.
- **Algorithmic durability** — platforms increasingly promote authoritative health voices and demote unverified claims.
- **Peer-to-peer influence** — HCP-facing content on LinkedIn and X now shapes prescriber awareness alongside rep visits and congresses.

The direction of travel is clear: health influence is professionalising — and its creators look less like celebrities and more like a distributed, digital-first medical affairs function.



2 CREATOR PARTNERSHIPS: CREDIBILITY-FIRST SELECTION

Health brands select creators differently from any other vertical. Cross-sector benchmarks show audience demographics, engagement and content style leading selection criteria; in health, those factors are joined — and often outranked — by **credentials, scientific accuracy and audience trust**. Vetting routinely extends to licence verification, content audits for past misinformation, and medical-legal review of a creator's historical claims.

That logic favours smaller creators. Micro creators (10,000–100,000 followers) anchor most health programmes: their condition-specific communities deliver the engagement and trust that health objectives demand, at compliance risk levels that mega-creator partnerships struggle to match. Nano creators — including practising clinicians with modest but highly qualified followings — punch far above their weight in HCP-facing work.

Partnership formats skew long-term. Ambassador and advisory-style relationships out-index one-off sponsored posts, reflecting both the time needed for compliant onboarding and the value of sustained, trusted association.

PLATFORM STRATEGIES IN HEALTH

- **Instagram** remains the workhorse for patient-facing and consumer-health campaigns.
- **TikTok** drives discovery — and scrutiny. #MedTok and GLP-1 content made it both the growth engine and the compliance flashpoint of 2024–26.
- **YouTube** owns long-form health education, where nuance, fair balance and safety information fit naturally.
- **LinkedIn** has emerged as the DOL platform of choice for HCP-to-HCP influence and medical-affairs-led programmes.

Short-form video is the format bet for 2026 across all four platforms — the challenge is compressing fair balance into 60 seconds without losing compliance.

BUDGETS: FASTEST GROWTH, CAUTIOUS BASE

Healthcare arrived late to influencer marketing and still spends below consumer-sector leaders — but it is closing the gap faster than any other category. US healthcare and pharma influencer spend grew around 44 per cent year on year, the steepest rise eMarketer tracks, against a global influencer market now worth well over \$30bn annually.

Growth intent is equally strong in Europe. Kolsquare's benchmark found 81 per cent of UK brands planning budget increases — among the highest of any European market — with European health and pharma teams following the pattern seen in travel: low base, high ambition, and budgets shifting from experimental to structural line items.

Where the money goes is distinctive. Health over-indexes on **long-term ambassadorships, creator-led education and DOL programmes**, and under-indexes on the gifting, giveaways and one-off activations that dominate consumer verticals — a mix dictated as much by compliance as by strategy.

THE BUDGET PICTURE

+44%

YoY growth in US healthcare & pharma influencer spend — fastest of any sector

81%

of UK brands plan influencer budget increases in the year ahead

\$30bn+

global influencer marketing market, within which health is the fastest riser

Long

-term partnerships out-index one-off activations in health — the reverse of most consumer sectors

Health-specific budget-band distributions are not yet published at the granularity available for consumer sectors; cross-sector benchmarks are used here and flagged in the methodology.

4 REGULATION: THE 2024–26 ENFORCEMENT WAVE

No trend shaped the period more than enforcement. Regulators on both sides of the Atlantic moved from guidance to action, with GLP-1 weight-loss medicines as the recurring test case.

2023

FOUNDATIONS LAID

The FTC's revised Endorsement Guides tighten US disclosure rules; France's commercial influence law criminalises non-compliant health promotion; the ABPI suspends Novo Nordisk for two years over a weight-management training programme — the association's most serious sanction in decades.

2024–25

UK JOINT ENFORCEMENT

The ASA, MHRA and GPhC issue a joint enforcement notice on weight-loss injection advertising: prescription-only medicines cannot be promoted to the public, including by influencers — followed by a run of upheld ASA rulings against pharmacies and creators.

SEPT 2025

THE FDA CRACKDOWN

The FDA announces sweeping action on misleading direct-to-consumer promotion, explicitly including social media and paid influencer posts — thousands of letters demanding removal of misleading ads, and a closing of the 'adequate provision' shortcut that light-touch social promotion relied on.

2025–26

EUROPEAN TIGHTENING

German case law hardens the application of the Heilmittelwerbegesetz to influencer content; EFPIA and national codes are updated to address DOL engagement, disclosure and the boundary between disease awareness and product promotion.

WHAT THE RULES NOW DEMAND

- **Disclosure that cannot be missed** — clear, up-front ad labelling in the content itself, not buried in hashtags or bios.
- **No public promotion of prescription-only medicines** in the UK and EU — including indirect promotion via 'weight-loss journey' content.
- **Fair balance and risk information** in any US branded content, regardless of format length.
- **Substantiation** — health claims by creators are held to the same evidential standard as brand claims.
- **Brand accountability** — regulators hold companies responsible for creator content they initiate, pay for or control.

The strategic consequence: compliance capability is now a competitive moat. Brands with medical-legal review built into creator workflows can move at social speed; those without either stall or take on regulatory risk that 2024–26 showed to be very real.

5 2026 OUTLOOK: TRUST, AI AND THE EDUCATION ECONOMY

Three forces define the year ahead. The first is the **trust migration**: with institutional trust falling and around one in five Americans — a majority of Gen Z and millennials — consulting social platforms on health questions before a clinician, credible creators are increasingly the front door to health information. Health systems and public-health bodies are responding by building creator programmes of their own.

The second is **AI**, cutting both ways. It is industrialising health misinformation and synthetic 'expert' content, raising the premium on verified, credentialed voices — while simultaneously giving compliant teams new capability in creator vetting, claims screening, adverse-event monitoring and multilingual content adaptation. Expect platform and regulator moves on AI-generated health content to accelerate through 2026.

The third is the **education economy**: short-form, creator-led health education is the format opportunity marketers cite most for 2026. The brands winning attention are those funding genuinely useful clinical and patient education rather than adapting consumer-style promotion to health topics.

SIGNALS TO WATCH IN 2026

- DOL programmes moving from pilot to standard practice across top-20 pharma.
- Platform verification and 'authoritative health source' labelling expanding to creators.
- Regulatory guidance addressing AI-generated health content and virtual influencers.
- Measurement maturing beyond EMV towards trust, sentiment and behaviour-change metrics.
- Consolidation of health-creator talent representation and specialist agencies.



Every gap in trusted health information gets filled by someone — the only question is whether that someone is **credentialed**.

WHAT HEALTH BRANDS SHOULD DO NEXT.

01

BUILD COMPLIANCE IN, NOT ON

Make medical-legal review part of the creator workflow from brief to post — pre-approved claims libraries, disclosure standards and platform-specific fair-balance formats. Compliance at social speed is the capability that separates leaders from laggards.

02

MAP AND CULTIVATE DOLS

Treat digital opinion leaders with medical-affairs rigour: map credentialed voices by therapy area, audience and influence network; engage early and transparently; and invest in long-term partnerships rather than transactional posts.

03

FUND EDUCATION, NOT JUST PROMOTION

Prioritise creator-led health education and patient-community value. Short-form video education is the format opportunity of 2026 — and disease-awareness content, done compliantly, builds equity that promotion cannot.

04

MEASURE TRUST, NOT JUST REACH

Move beyond EMV and impressions to sentiment, message accuracy, community engagement quality and behaviour-change indicators. In health, the metric that matters is whether audiences trust — and act on — what they heard.

Together these four moves reframe health influencer marketing from a campaign channel into strategic infrastructure: a compliant, credentialed, always-on layer of trusted communication between health brands and the communities they serve.

SOURCES & NOTES

ABOUT THE DATA.

Industry benchmarks & market data

eMarketer / Insider Intelligence — US influencer marketing spend by industry, healthcare & pharma growth rates · Kolsquare × NewtonX, The State of Influencer Marketing in Europe 2025 — UK and European budget intent, creator volumes, selection criteria · Influencer Marketing Hub, Benchmark Report — global market sizing · Statista — market and platform data · CreatorIQ, Sprout Social, Traackr — platform and measurement trends.

Healthcare marketing research & trade reporting

MM+M · PharmaVoice · Fierce Pharma · Endpoints News · DTC Perspectives — DOL programmes, pharma influencer strategy and enforcement coverage · peer-reviewed literature on health influencers, 'medfluencers' and health misinformation.

Regulatory & self-regulatory sources

FDA — September 2025 direct-to-consumer advertising actions and untitled/warning letters · FTC — Endorsement Guides (2023 revision) and health-influencer warning letters · ASA / CAP — rulings and joint enforcement notice with MHRA and GPhC on weight-loss prescription-only medicines · PMCPA case reports · ABPI — Novo Nordisk suspension · EFPIA Code · French law no. 2023-451 on commercial influence · German Heilmittelwerbegesetz (HWG) case law.

Use of this report

Compiled July 2026 by Health Creator Leaders. Figures are directional benchmarks synthesised from the published sources above; where health-specific data is unavailable, cross-sector proxies are flagged. Statistics should be re-verified against primary sources before external citation or publication.

HEALTH CREATOR LEADERS

Health Creator Leaders helps healthcare organisations build credible, compliant creator and digital opinion leader programmes across the US, Europe and the UK.

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