European priorities related to healthcare

Biannual briefing No. 2 – September 2025

This briefing covers the first half of 2025 and outlines priorities set on the European Union's agenda that are likely to have an impact on Member States' healthcare systems.

- *The first section presents the legislative acts that the European Commission introduced in the areas of cybersecurity and critical medicines.*
- *The second part describes the priorities targeted by the Polish Presidency of the Council of the EU on three levels: follow-up of ongoing legislative files; formal and informal Council meetings; national and international conferences.*
- *The third part looks ahead to the second half of 2025 and provides an overview of the programme announced by the Danish Presidency of the Council.*

This series of biannual briefings focuses on the strategies proposed by the European Commission in the health sector, but also in related sectors that may have an impact on the organisation and financing of healthcare, such as social and employment policies, economic and research policies, the internal market, etc. It also examines the position and priorities of the Member States, reviewing the work carried out by each rotating Presidency of the Council of the European Union.

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1. PRIORITIES SET BY THE EUROPEAN COMMISSION

During the first half of 2025, the European Commission presented two proposals specific to the health sector: an action plan on cybersecurity for hospitals and healthcare providers, and a regulation on critical medicines. The policy guidelines presented by Ursula von der Leyen emphasised the urgency of these proposals, which were announced for the first 100 days of her second term.[1]

The action plan on the cybersecurity of hospitals and healthcare providers was proposed in January 2025.[2] In a communication,[3] the European Commission sets out a series of measures that will be implemented gradually between 2025 and 2026. These measures aim to strengthen cybersecurity in the healthcare sector in the context of increasing digitalisation, which, beyond the benefits for the quality and performance of care, goes hand in hand with an increased risk of attacks that could disrupt service delivery and even jeopardise the health of the European population. While these measures directly target hospitals and healthcare providers, they also indirectly affect all actors involved in the service delivery chain and the broader healthcare ecosystem, such as research entities that use health data or medical device manufacturers.

In the action plan, four priorities are given particular emphasis by the European Commission. First, *incident prevention*, through the implementation of best practices against cybersecurity risks, financial assistance to hospitals and healthcare providers wishing to strengthen the security of their services, and training for professionals in this field. The second priority is *threat detection*; to this end, a European early warning service will be set up by 2026 by the Pan-European Cybersecurity Support Centre (see *below)*. Thirdly, the action plan aims to strengthen the *capacity to respond to cyberattacks* by enabling organisations to use rapid response services provided by trusted private service providers in the event of incidents, to participate in national cybersecurity exercises, and to have manuals for responding to specific threats. Finally, the plan proposes *deterrent measures* to protect health systems and deter potential attacks; these measures include the cyber diplomacy toolkit, a European coordination mechanism for diplomatic statements and sanctions that aims to support a common response to acts of cyber malice.

All these measures focus on strengthening coordination at European level, while calling on Member States to take action to ensure the

1. von der Leyen U. (2024) Europe's choice. Political guidelines for the next European Commission 2024–2029, Brussels (EN, FR, NL).
2. European Commission (2025) Commission unveils action plan to protect the health sector from cyberattacks, Press release, 15 January 2025 (EN/FR/NL).
3. This non-binding legal instrument is used by the European Commission to present the general direction of future policies, clarify current policies and provide information on measures taken, or to evaluate policies in a given area.

security of their healthcare systems. To organise this coordination, a *pan-European cybersecurity support centre for hospitals and healthcare providers* will be established within the EU Agency for Cybersecurity (ENISA). Its mission will be to catalogue the needs of the healthcare sector and develop an easily accessible directory of all the instruments available at European, national and regional level to prevent risks and respond to incidents. The centre will work closely with Member States, which are invited to designate national contact points in the form of national cybersecurity support centres for hospitals and healthcare providers, and to develop national plans. In order to involve all stakeholders and encourage public-private partnerships, a *Joint Advisory Committee on Health Cybersecurity* was established in April 2025 by DG Connect, the European Commission's Directorate-General responsible for communication networks, content and technology. This group of experts will bring together representatives from the health and cybersecurity sectors and will be tasked with advising the European Commission and the Pan-European Support Centre on the implementation of the action plan.[4]

Between April and June 2025, a public consultation gathered the opinions of various stakeholders, to feed into the recommendations that the European Commission wishes to present by the end of 2025 to improve the plan. The plan has already attracted criticism for its lack of a specific financial plan to support the proposed actions, [5] including from members of the European Parliament [6] and the European Economic and Social Committee (EESC).[7] In its opinion of June 2025, the EESC also points to disparities in the investments announced by Member States in favour of cybersecurity, as well as the insufficiency of the funds announced to support ENISA, and warns of the risk of increased costs for hospitals. More generally, the EESC recommends clarifying the scope – which healthcare providers will be concerned – and adopting a comprehensive approach that is not limited to the protection of infrastructure, systems and data, but also takes into account robotic systems and digital devices. The EESC also calls for caution when cooperating with technology companies and private for-profit organisations, bearing in mind the risks of conflicts of interest when handling sensitive patient data.

To conclude this section on cybersecurity, it should also be noted that the action plan specific to the healthcare sector was followed, in February 2025, by a proposal for a Council recommendation called the 'EU Cyber Blueprint'. This blueprint updates the European framework for managing crises

4. European Commission (2025) Call for applications for the selection of members of the expert group 'Health Cybersecurity Advisory Board' (EN).
5. Hartmann T. and Mangin T. (2025) Commission wants health-dedicated centre in EU cybersecurity agency, Euractiv, 15 January 2025 (EN).
6. Agence Europe (2025) MEPs ask European Commission to clarify how hospital cybersecurity plan will be funded, Europe Daily Bulletin No. 13583, 20 February 2025 (EN, FR).
7. European Economic and Social Committee (2025) Opinion: European action plan on the cybersecurity of hospitals and healthcare providers, CCMI/244-EESC-2025, 18 June 2025 (EN/FR/NL).

related to cyber-attacks and clarifies the roles of the various actors throughout the management cycle. [8]

The Critical Medicines Act (CMA) was tabled in March 2025 as a regulation.[9] It responds to the urgent need to prevent and address the medicine shortages that have marked recent years, as requested by Member States and recognised by the European Commission. As a reminder, formal legislation to better address this issue at European level had been requested as early as May 2023 in an informal document initiated by Belgium and signed by a large group of Member States, [10] and then in June 2024 in the conclusions on the future of the European Health Union adopted under the Belgian Presidency of the Council of the European Union (EU). [11] On the European Commission side, the pharmaceutical strategy for Europe presented in November 2020 already mentioned the need to identify existing dependencies in the supply of medicines in order to guarantee the EU's open strategic autonomy; in particular, it announced the launch of a multi-stakeholder structural dialogue to formulate policies aimed at ensuring the security of supply and availability of critical medicines.[12] In October 2023, in a new communication specifically devoted to medicine shortages, the European Commission listed a series of actions to be implemented in the short, medium and long term to improve the predictability of medicine supply and ensure a comprehensive and coordinated approach, with particular attention to medicines considered essential for the continuity and quality of healthcare and the protection of public health. [13] These measures included the establishment of an Alliance for Critical Medicines to identify best practices for addressing and preventing shortages and thus prepare for the adoption of the more formal legislative act requested by Member States. The work of this Alliance resulted in the publication of a strategic report in February 2025, which recommends a series of actions to strengthen the capacity for producing medicines at European level, to diversify the production of active ingredients that currently depend on a limited number of third countries, and to improve supply and production conditions within the EU. [14]

In the policy guidelines presented by Ursula Von der Leyen during her candidacy, the adoption of legislation on critical medicines was announced as one of the means of

8. European Commission (2025) Commission launches new cybersecurity blueprint to enhance EU cyber crisis coordination, Press release, 24 February 2025 (EN).
9. European Commission (2025) Commission proposes Critical Medicines Act to bolster the supply of critical medicines in the EU, Press release, 11 March 2025 (EN/FR/NL).
10. Vandenbroucke F. (2023) Non-paper: Improving the security of medicines supply in Europe, Press release, 2 May 2023 (EN).
11. Council of the EU (2024) European Health Union: Council calls on Commission to keep health as a priority, Press release, 21 June 2024 (EN/FR/NL).
12. European Commission (2020) Communication from the Commission. Pharmaceutical strategy for Europe, COM(2020) 761 final, 25 November 2020 (EN/FR/NL).
13. European Commission (2023) Communication from the Commission. Addressing medicine shortages in the EU, COM(2023) 672 final/2, 27 October 2023 (EN).
14. Critical Medicines Alliance (2025) Strategic report of the Critical Medicines Alliance (EN).

promoting the prosperity and competitiveness of the EU, and more specifically of ensuring the resilience of the health sector and the pharmaceutical industry.[15] The CMA maintains these objectives. In particular, it aims to support the availability, supply and production of critical medicines included in the Union list,[16] and partly concerns other medicines of general interest for which market failures exist, such as medicines for rare diseases. To this end, four types of measures are envisaged. Firstly, *strategic industrial projects* are aimed at promoting and modernising European production of critical medicines or their active ingredients; these projects will benefit from easier access to financing and simplified administrative and regulatory procedures. A second measure is the use of *public procurement* to support the diversification of supply chains for critical medicines and access to other medicines of general interest; these contracts may follow criteria that go beyond price alone, to also consider, for example, the diversity of sources or the constitution of stocks. Thirdly, *collaborative public procurement* may be set up by several Member States and with the support of the European Commission, to resolve inequalities in the availability and accessibility of critical medicines and medicines of general interest within the EU. Finally, *international partnerships* will be established to diversify supply chains and reduce dependence on a limited number of suppliers. To facilitate the coordination of the actions put in place, the regulation proposes to establish a Critical Medicines Group, composed of representatives of the Member States and the European Commission. This group could coordinate guidance on the financing of strategic projects, support discussions on national procurement policies and the identification of needs for collaborative procurement, and provide advice to the European Medicines Agency (EMA) Executive Steering Group on medical device shortages and safety.

2. POLISH PRESIDENCY OF THE COUNCIL: MAIN ACHIEVEMENTS

Poland held the Presidency of the Council of the European Union (EU) from 1 January to 30 June 2025. It took over from Hungary and paved the way for the new trio of Member States, also comprising Denmark and Cyprus, which will hold the Presidency of the Council until June 2026. The programme of this new trio is aligned with the strategic priorities defined by the European Council for the period 2024-2029 and is structured around three main areas: 1) a strong global role and European security; 2) European prosperity and competitiveness; 3) European values of freedom and democracy. [17] Specific commitments on health fall under the second priority and therefore contribute directly to the objective of promoting European prosperity and competitiveness. This involves continuing cooperation between Member States within the European Health Union, supporting the resilience and cybersecurity of health systems,

15. See footnote 1.
16. EMA (n.d.) Union list of critical medicines (EN).
17. Council of the EU (2024) Taking forward the strategic agenda 18-month programme of the Council (1 January 2025 - 30 June 2026), Council of the European Union (EN, FR, NL).

and improving access to medicines and medical devices while ensuring the competitiveness of the pharmaceutical sector within the EU. The trio's programme links these commitments to the goal of 'moving forward together' and leaving no one behind (p.8) and describes them as ways to help 'build a prosperous longevity society, preserve the sustainability of our social protection systems and our economy, and improve the quality of life' of European citizens (p.9).

The programme promoted by the Polish Presidency was headed by the slogan '<u>Security, Europe!</u>'.[18] In the current context of crises, uncertainties and transitions, the Presidency wanted to target actions that could strengthen European security in seven major areas, including health security.[19] This focus on health security was justified by the need to strengthen European resilience to the negative impacts on health and health systems that can be associated with pandemics, extreme weather events and natural disasters, as well as hybrid and cybersecurity threats. To this end, three specific areas were targeted: the mental well-being of children and adolescents; prevention and health promotion; and the digitalisation of healthcare and digital resilience.

As we shall see, these three themes were on the agenda of the meetings of health ministers within the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council of the EU, to encourage exchanges of views and with the aim of adopting conclusions on mental health. These topics were also the subject of several conferences organised in Poland and Brussels. At the same time, the Polish Presidency was committed to supporting negotiations on legislative dossiers currently under discussion or recently proposed by the European Commission, particularly in the areas of medicine supply and the digitalisation of healthcare systems. We begin with this last area, presenting the Presidency's work on ongoing legislative files, before moving on to the work carried out within the EPSCO Council and concluding with the conferences organised.

2.1. Ongoing legislative files

One of the legislative dossiers for which the Polish Presidency's contribution was particularly eagerly awaited was <u>the revision of European pharmaceutical legislation</u>. As a reminder, this reform, proposed by the European Commission in April 2023, comprised two elements: a regulation establishing procedures for the authorisation and supervision of medicinal products for human use, as well as rules

18. Poland25EU (2024) Programme of the Polish Presidency of the Council of the European Union – 1 January–30 June 2025 (EN).
19. The other dimensions were: defence and security; protection of the European population and borders; resistance to foreign interference and disinformation; security and freedom of enterprise; energy transition; competitive and resilient agriculture.

governing the EMA; [20] and a directive establishing a Union Code on medicinal products for human use.[21] The stated aim of this 'pharma package' was to adapt and simplify current European legislation, while ensuring the quality, safety and efficacy of medicines for patients and harmonising the internal market.

The Polish Presidency marked a major milestone in this dossier by reaching a common position and obtaining the go-ahead to start negotiations with the European Parliament.[22] Member States had to strike a balance between two important objectives: ensuring equitable access to medicines throughout Europe while promoting innovation and competitiveness in the pharmaceutical sector. The amendments adopted by the Council, particularly those relating to intellectual property rights, have been welcomed in part by the pharmaceutical industry, which nevertheless fears that the new rules will constitute an additional obstacle, or even a step backwards, in terms of innovation.[23]

The proposed changes relate in particular to the protection guaranteed to producers of new medicines, the obligation they will have to distribute medicines fairly and based on need throughout the EU, and support for the production of generic medicines. In particular, the Council proposes to maintain the duration of *regulatory data protection*[24] at eight years, as is currently the case, contrary to the European Commission's proposal to reduce this period to six years and offer the possibility of a two-year extension. The Council maintains this possibility of modulation in the context of *regulatory market protection*, [25] with a duration of one year and with the option to request an additional year in the case of the production of a medicine that meets an unmet medical need or fulfils a series of conditions. For the European Commission, these conditions included the distribution of the medicine produced by the manufacturer in all EU countries. Although the Council does not take up this point, it nevertheless proposes to

20. European Commission (2023) Proposal for a Regulation of the European Parliament and of the Council laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing rules governing the European Medicines Agency, amending Regulation (EC) No 1394/2007 and Regulation (EU) No 536/2014 and repealing Regulation (EC) No 726/2004, Regulation (EC) No 141/2000 and Regulation (EC) No 1901/2006, COM(2023) 193 final, 26 April 2023 (EN/FR/NL).
21. European Commission (2023) Proposal for a Directive of the European Parliament and of the Council on the Union code relating to medicinal products for human use, and repealing Directive 2001/83/EC and Directive 2009/35/EC, COM(2023) 192 final, 26 April 2023 (EN/FR/NL).
22. Council of the EU (2025) 'Pharma package': Council agrees its position on new rules for a fairer and more competitive EU pharmaceutical sector, Press release, 4 June 2025 (EN/FR/NL).
23. Verbeeck N. (2025) Belgian pharmaceutical sector wants agreement 'course correction' in trilogue, Euractiv [Online] (EN).
24. This protection allows manufacturers of innovative medicines to prohibit competing companies from accessing data submitted for marketing authorisation.
25. This protection means that competing manufacturers cannot market generic, hybrid or biosimilar versions of a protected medicine.

introduce *a supply obligation* by adding a new article (56a) to the draft directive, which specifies the possibility for a Member State to compel a company to make a product available in sufficient quantities on its territory to meet the needs of patients, for up to one year after the marketing authorisation (MA) has been granted. Any refusal by the manufacturer will not be punished by financial penalties, as called for by the European Parliament in the position it adopted in April 2024.[26] However, if the refusal persists up to four years after the MA has been granted, regulatory market protection could be withdrawn in the country that submitted the initial request. Another controversial point in the reform proposed by the European Commission concerns *transferable exclusivity vouchers*, which will allow producers of innovative antimicrobials to benefit from an additional year of regulatory data protection, which they can either use for one of their products or sell to the holder of another marketing authorisation. The Council limits the use of this option to the fifth year of the regulatory data protection period and introduces specific conditions for MA holders to benefit from it. The Council also confirms *the so-called Bolar exemption* in relation to intellectual property rights, which aims to facilitate the marketing of generic, biosimilar and hybrid medicines, and clarifies the possibility of applying this exemption to participation in calls for tender.

Interinstitutional negotiations will now have to resolve the remaining points of disagreement between the positions of the three institutions and reach a final compromise. The first trilogue between the Council, the European Parliament and the European Commission took place in Strasbourg on 17 June. This start at the end of the Polish Presidency was mainly symbolic. However, the discussions and initial statements by the participants revealed the persistence of disagreements between Member States.[27] For example, countries with a large pharmaceutical sector, such as Germany, France, Italy, Denmark and Sweden, opposed the possibility of modulating regulatory data protection; countries such as Portugal and the Czech Republic lamented the lack of solid guarantees regarding the accessibility and availability of medicines in all Member States. The adoption of a final compromise is now expected by the end of 2025.

Another result achieved by the Polish Presidency in the field of medicines is the conclusion of a provisional agreement with the European Parliament on the proposal for a regulation establishing a European compulsory licence for crisis management.[28] The regulation is part of the 'patent' package presented by the European Commission in April 2023 and aims to ensure the availability of essential products and technologies, such as vaccines, in crisis situations by allowing compulsory licences to

26. European Parliament (2024) Parliament adopts its position on EU pharmaceutical reform, Press release, 10 April 2024 (EN/FR).
27. (2025) First Trilogues on EU Pharma Package Reform End in Stalemate, Navlin Daily [Online] (EN).
28. Council of the EU (2025) Crisis preparedness: Council and Parliament strike deal on last-resort patent licensing, Press release, 21 May 2025 (EN/FR/NL).

be granted at European level. In practical terms, this will allow the European Commission to authorise a third party to use intellectual property rights without the authorisation of the rights holder in the event of a cross-border health crisis or an emergency in the internal market. The European Commission thus aims to remedy the current fragmentation linked to national regulation of the mechanisms for granting these licences, and to enable faster crisis management. The agreement signed by the Council of the EU and the European Parliament clarifies the last-resort nature of this compulsory authorisation, which may only be used subject to two conditions. Firstly, the crisis or emergency mode must be activated in advance, in accordance with the rules laid down in one of the following three European instruments: the Regulation on emergency situations in the internal market and the resilience of the internal market; the Regulation on serious cross-border threats to health; and the Regulation on the provision of necessary medical countermeasures in the event of a public health emergency at EU level. Secondly, there must be no voluntary agreements between intellectual property rights holders and potential users of the licence, or the duration of negotiations between these two parties must be excessively long.

Still in line with legislation initiated during Ursula von der Leyen's first term, the Polish Presidency of the Council of the EU saw the adoption of the new regulation on the European Health Data Space (EHDS).[29] This regulation aims to promote people's access to health data, promote its reuse for research purposes, and support cooperation and interoperability within the EU. Following its publication in the Official Journal of the European Union, this regulation entered into force on 26 March 2025 and will be implemented gradually between now and March 2031, initially focusing on the availability and primary use of data, and then extending its application to secondary use and new categories of data.[30]

The Polish Presidency also initiated discussions among Member States on the latest legislative proposals put forward by the European Commission, such as the Critical Medicines Act (CMA - see section 1). At the informal meeting of Health Ministers on 25 March 2025, a working lunch provided an opportunity to reiterate the need to guarantee access to safe and effective medicines throughout Europe and to ensure the stability of health systems.[31] During the formal EPSCO Council meeting on 20 June, discussions focused on how to diversify supply chains and support investment in research and development at EU level.[32] In its guidance note, the Polish Presidency reiterated that the

29. Council of the EU (2025) European Health Data Space: Council adopts new regulation improving cross-border access to EU health data, Press release, 21 January 2025 (EN/FR/NL).
30. European Commission (2025) Regulation on the European Health Data Space published, Press release, 5 March 2025 (EN).
31. Poland25EU (2025) Informal meeting of health ministers, Press release, 24 March 2025 (EN).
32. Council of the EU (2025) Employment, Social Policy, Health and Consumer Affairs Council (Health), 20 June 2025. Main results, Press release, 23 June 2025 (EN/FR/NL).

actions provided for in the CMA must be financed fairly, cover different countries and pursue the public interest; they must guarantee the availability of vital medicines in the event of crises, protect public health through a stable supply of medicines, and ensure the capacity and continuity of care in the event of increased demand from the population. [33] This meeting highlighted the Member States' shared concern about the implementation of the planned actions and the effective financing capacity, but also the continuing differences on these issues. [34] For example, regarding the possibility of collaborative public procurement involving several Member States, Germany stressed the importance of preserving its voluntary nature while requesting further clarification on the criteria to be followed in the case of tenders with suppliers from third countries and a relaxation of administrative procedures; countries such as Italy and Malta expressed reservations, fearing that non-member countries could see their negotiating power reduced and that small countries would remain excluded from these processes. With regard to funding, while countries such as Germany defended the responsibility of Member States for healthcare, other countries, such as Belgium and Spain, recognised the importance of allocating sufficient European funds to the production of critical medicines in order to address existing vulnerabilities and avoid territorial disparities. It should also be noted that, on the eve of the publication of the CMA, these two countries and several other Member States called on the European Commission to address critical drug shortages through ambitious and targeted funding for industrially vulnerable drugs. [35] They also raised the possibility of financing part of these actions from the European defence strategy, given that dependence on third countries for the production of medicines and active ingredients puts the security of the European population at risk. [36]

The Polish Presidency also announced its willingness to examine measures proposed by the European Commission on cybersecurity in the health sector. Ultimately, discussions among health ministers on the proposed plan for the cybersecurity of hospitals and healthcare providers were limited to an informal debate during a lunch organised at the EPSCO Council in June 2025. [37] More generally, however, ministers responsible for telecommunications and cybersecurity emphasised the need to support the resilience of European countries in terms of digital security by signing the Warsaw Call

33. Council of the EU (2025) Proposal for a regulation of the European Parliament and of the Council laying a framework for strengthening the availability and security of supply of critical medicinal products as well as the availability of, and accessibility of, medicinal products of common interest, and amending Regulation (EU) 2024/795 - Policy debate, 9066/25, 28 May 2025 (EN, FR, NL).
34. Agence Europe (2025) European ministers identify improvements to be made to proposal on critical medicines, Europe Daily Bulletin No. 13664, 21 June 2025 (EN, FR).
35. Belgium, Cyprus, France, Greece, Hungary, Italy, Malta, Portugal, Romania and Spain (2025) Manifesto towards an ambitious Critical Medicines Act to address shortages in the European Union (EN).
36. Vandenbroucke F. et al. (2025) Euroviews. Europe's dangerous medicine dependency is the Achilles heel of its defence strategy (EN, FR).
37. See note no. 30.

on Cybersecurity Challenges in March 2025.[38] The latter calls for the rapid updating of European legislation, the strengthening of cooperation and information exchange between Member States, and the implementation of various existing prevention and preparedness measures. Following up on this declaration, the formal meeting of the EU Council's Transport, Telecommunications and Energy Working Party in June 2025 adopted the European Commission's recommendation on the EU Blueprint for cybersecurity crisis management (see section 1).[39]

2.2. Priorities set on the agenda of the EU Council

The Polish Presidency announced from the outset its ambition to reach conclusions[40] **on how to protect the mental health of children and young people in their use of digital technologies**. These conclusions were adopted at the formal meeting of Health Ministers on 20 June 2025 and focus on preventive measures that Member States can put in place to ensure a healthier, safer and risk-free digital environment for the mental health of children and young people.[41] These include raising awareness among all those who care for children and adolescents (parents, educators, etc.) about the risks posed by digital tools; directly educating children and adolescents so that they can better manage threats such as cyberbullying and online misinformation; and promoting better design of digital products and offering attractive offline alternatives. These measures involve working closely with key stakeholders, including health professionals, and providing access to professional, evidence-based services and treatments, including psychological and psychosocial counselling.

The content of the conclusions was informed by prior discussions at political level, in particular during the informal meeting of Health Ministers on 25 March 2025.[42] The Polish Presidency took this opportunity to reiterate the importance of mental health in healthcare policies and to emphasise its commitment to making the mental wellbeing of young people and adolescents a long-term priority on the European agenda. It also emphasised that prioritising the well-being of children and adolescents represents a major investment for future generations and that European collaboration, marked by joint actions and the exchange of good practices, is essential to respond to the common challenges associated with digitalisation. The content of the conclusions was also informed

38. Poland25EU (2025) Warsaw Call Declaration adopted at the informal TTE Telecom Council on cybersecurity, Press release, 05 March 2025 (EN).
39. Council of the EU (2025) EU adopts blueprint to better manage European cyber crises and incidents, Press release, 6 June 2025 (EN/FR/NL).
40. As a reminder, conclusions are adopted by consensus among all Member States following a debate during a Council session. This type of act is not provided for in the Treaties and has no legal effect, but aims to define commitments or a political position on a subject.
41. Council of the EU (2025) Council conclusions on promoting and protecting the mental health of children and adolescents in the digital era - Approval, 9069/25, 27 May 2025 (EN, FR, NL).
42. Poland25EU (2025) EU Health Ministers on children's and youth mental health at the informal EPSCO Health Council, Press release, 21 March 2025 (EN).

by exchanges with the scientific community and civil society (see section 2.3).

Poland has also addressed the issue of mental health among children and adolescents more broadly within the Council of the EU, notably by taking initiatives within the Education, Youth, Culture and Sport configuration. At the formal meeting on 12 May 2025, ministers responsible for youth held a policy debate on the theme of disinformation, manipulation and online threats, and the negative impact these situations can have on the lives and well-being of young people. They focused on the issue of strengthening digital skills and European actions that can enhance young people's resilience to the risks posed by the use of digital technologies. [43] An informal breakfast meeting also addressed the issue of the risks posed by digital connectivity in the context of the European Youth Dialogue, a mechanism that aims to promote dialogue between young people and policy makers to inform European strategies on youth. In addition to Polish representatives, representatives of the previous Council Presidency and the current trio (Hungary, Denmark and Cyprus) were invited, as well as representatives of other European institutions, the EESC and European civil society organisations dedicated to youth.[44] On 13 May, sports ministers adopted conclusions on promoting an integrated approach to sport and physical activity in schools. The proposed measures aim to encourage sporting activities during and outside school hours as a means of promoting the physical and mental health of young people.[45]

With regard to prevention and health promotion, the Polish Presidency's stated aim was to identify good practices and propose actions to be implemented at national and EU level. An initial debate on this issue was held at the informal EPSCO Council meeting on 25 March 2025.[46] Health ministers addressed the issue of the effectiveness of prevention programmes for smoking, alcohol and drug use. As with the issue of young people's mental health, the debate highlighted the importance of developing joint actions and multisectoral health education interventions. Cancer screening strategies were also discussed, as was the European Commission's planned European cardiovascular health plan. At the formal meeting of the EPSCO Council on 20 June 2025, health ministers continued to exchange views on these issues, discussing in particular the public health priorities that the European Union should target in the coming years and the concrete actions to be taken at EU level and between Member States to strengthen institutional cooperation in the field of prevention and health promotion.[47] Among the

43. Council of the EU (2025) Disinformation, manipulation and threats in cyberspace and their impact on the lives of young people. Policy Debate, 7947/25, 12 May 2025 (EN, FR, NL).
44. Council of the EU (2025) Education, Youth, Culture and Sports Council, 12-13 May 2025. Main results, Press release, 15 May 2025 (EN/FR/NL).
45. Council of the EU (2025) Draft conclusions of the Council and of the Representatives of the Governments of the Member States meeting within the Council on an integrated approach to sport and physical activity in the education context. Approval, 8186/25, 13 May 2025 (EN, FR, NL).
46. See note 42.
47. See note 32.

actions suggested by the Polish Presidency in the guidance note it sent to delegations are measures on the pricing and availability of alcoholic beverages, bans and restrictions on advertising and promotions of these products, systematic and institutional exchange on public health initiatives taken at national level, and the development of common European approaches to health promotion and disease prevention.[48]

2.3. Key themes of the conferences

Several conferences were organised to further the debate on the priorities set by the Polish Presidency, but also to discuss other health priorities more generally.

The conference 'Together for Europe's Health', organised by the Ministry of Health on 16 January 2025 in Warsaw, marked the opening of the Presidency by focusing discussions on Poland's three priorities in the field of health: digitalisation, prevention and health promotion, and the mental health of young people in the digital age.[49] Health ministers, experts and professionals were invited to discuss these issues and share best practices with a view to identifying strategic guidelines and proposing joint public health actions at European level. Participants recognised the importance of integrated and multisectoral cooperation on these issues in order to build more effective and sustainable health systems.

The issue of prevention and health promotion was addressed at a conference marking the inauguration of the Presidency on 17 January 2025 in Warsaw and organised by the Maria Sklodowska-Curie National Research Institute of Oncology, in collaboration with the Polish Ministry of Health.[50] Its aim was to enable experts and policy makers to share experiences and strengthen collaboration in the field of cancer prevention. Participants highlighted the need to reduce social inequalities that hinder access to healthcare and prevention programmes for the most vulnerable groups, by strengthening information and awareness campaigns and integrating cancer prevention programmes into measures implemented against other non-communicable diseases, such as diabetes and cardiovascular disease. They also stressed the importance of strengthening intra-European collaboration on research and implementing the measures set out in the European plan to beat cancer.

Prevention and health promotion were also at the heart of a second conference dedicated to unmet needs in cardiovascular health.[51] Organised by the Polish Ministry of Health on 25 February in Warsaw, this conference aimed to share experiences with a view to strengthening collaboration and

48. Council of the EU (2025) EU measures on prevention, including reduction of tobacco and alcohol consumption. Exchange of views, 9072/25, 20 June 2025 (EN, FR, NL).
49. Poland25EU (2025) Together for Europe's Health, Press release, 16 January 2025 (EN).
50. Poland25EU (2025) Together for a healthier Europe: strengthening cancer prevention strategies, Press release, 17 January 2025 (EN).
51. Poland25EU (2025) Cardiovascular health in Europe the focus of experts' meeting in Warsaw, Press release, 25 February 2025 (EN).

supporting the development of effective national strategies to combat cardiovascular disease, as well as the future European plan announced by the Commissioner for Health and Animal Welfare. The conference was in line with the goal of the EU4Health programme 2021-2027 of reducing premature mortality from these diseases by 2030, and followed on from the conclusions adopted under the Hungarian Presidency of the Council on improving cardiovascular health in the EU.[52] Discussions focused in particular on inequalities in access to cardiovascular care, the limited impact of primary and secondary prevention measures, the need to strengthen the digitalisation of health systems and the standardisation of digital tools used, as well as the challenges posed by access to innovative treatments.

The issue of young people's mental health in the digital age was explored in depth on 7 April 2025 at a high-level conference organised in Krakow by the Polish Ministry of Health.[53] It was discussed by experts and professionals, representatives of civil society organisations, European institutions and international organisations, such as the World Health Organisation, the Organisation for Economic Co-operation and Development and the United Nations Children's Fund. Discussions focused on good practices promoting mental health among young people and the use of digital technologies to improve their access to psychological care. Participants also reiterated the need not only to support technological innovation, but also to develop public policies capable of providing an appropriate framework for such innovations. They particularly emphasised the need to develop integrated responses covering different areas, from healthcare policies to social, education and innovation policies.

The theme of health security, a general priority of the Polish Presidency for the health sector, was addressed at the high-level conference organised in Brussels on 19 February 2025 by the Polish Ministry of Health.[54] This conference focused on the issue of critical drug supply and was attended by several European health ministers, representatives of European institutions, the pharmaceutical industry and civil society organisations. Two aspects were particularly highlighted: the legal and financial instruments that can encourage the production of critical medicines to address medicine shortages at European level, and the specific situation of countries bordering war zones, for which medicine security is an essential component of military security. Through these discussions, the Polish Presidency sought to fuel the debate on these issues ahead of the publication of the Alliance for Critical Medicines report and the European Commission's proposal for a regulation on critical medicines (see section 1).

52. Council of the EU (2024) Conclusions on the improvement of cardiovascular health in the European Union – Approval, 15315/24, 14 November 2024. (EN, FR, NL). See briefing note No. 1 for more information.
53. Poland25EU (2025) The future of digital mental health - innovation, collaboration and joint action, Press release, 7 April 2025 (EN).
54. Poland25EU (2025) A safe Europe means safe medicines, Press release, 13 February 2025 (EN).

The issue of health security was also discussed on 8 April 2025 at another high-level conference organised by the Polish Ministry of Health, this time in Krakow. [55] Participants focused on the broader challenges facing European health systems today, such as climate change, urbanisation, migration, armed conflict, but also an ageing population and digitalisation. According to the participants, these issues require rapid and joint responses, as well as a rethinking of the organisation of health systems. For example, they discussed the role of health professionals and the preparation of health personnel and infrastructure for civil and military purposes, innovation and data protection and protection against cyber threats, access to medicines and treatments, and psychological care, particularly for young people. As in other conferences organised under the Polish Presidency, one of the key conclusions was the importance of establishing cross-sectoral and multi-stakeholder collaboration at European level.

The implementation of the European Health Data Space was also the subject of two conferences. A first high-level conference was organised together with the European Commission on 18 March 2025 in Brussels to mark the launch of this space, which was formalised by the publication of the regulation in the Official Journal of the EU. [56] Representatives from European institutions, Member States, civil society and the private sector examined the benefits that this space could bring to patients, healthcare professionals and researchers, and discussed the next steps for its implementation.

A second conference was organised in Warsaw on 12 May 2025 by the Polish Ministry of Health. [57] It focused on the use of health data and the promotion of online services, including in the context of cross-border cooperation between Member States.

Another key theme of the Polish Presidency was the issue of European patients' rights, which was addressed twice during the six-month period. The first time was on 13 March 2025, during the congress on health challenges held in Katowice. [58] This day, promoted by the Ministry of Health and the Polish Commissioner for Patients' Rights, reflected Poland's desire to highlight the patients' perspective and involved the participation of patient associations from several Member States. It was an opportunity to share experiences and reflect on how to reduce health inequalities, improve access to services and better assess compliance with patients' rights in Member States. Particular attention was paid to how to promote the European Charter of Patients' Rights. Proposed in November 2002 by the Active Citizenship Network in collaboration with 12 citizen organisations from several European countries, this Charter has been incorporated into the legislation of several Member States,

55. Poland25EU (2025) Health Security means a Strong Europe, Press release, 8 April 2025 (EN).
56. European Commission (2025) The European Health Data Space (EHDS) - Unlocking Europe's Health Data Future Together, Press release (EN).
57. Poland25EU (2025) The Future of eHealth in Europe, Press release, 12 May 2025 (EN).
58. Poland25EU (2025) Patient rights discussed on an international stage at the Health Challenges Congress, Press release, 13 March 2025 (EN).

supported by the European Parliament and discussed within the EESC, but has never been formally recognised and adopted at European level. The conference participants therefore called on the European Union to adopt an updated version of this Charter to promote a harmonised framework for patients' rights at European level and to enable a more standardised assessment of the situation in the Member States.[59]

Discussions on this same topic continued between academic experts, professionals and representatives of national administrations at a meeting organised on 9 May at the Medical University of Gdansk by the Ministry of Health. The main aim of this meeting was to strengthen the sharing of national experiences and to explore the issue of transparency and accountability in health systems in greater depth.[60]

Finally, the issue of rare diseases was addressed at a high-level conference organised in Warsaw on 10 April 2025 by the European Economic and Social Committee (EESC), the Polish Minister of Health and the Medical University of Warsaw. [61] This conference was a continuation of conferences on the same subject organised during the three previous Council Presidencies, of Spain, Belgium and Hungary. It provided an opportunity to reiterate the EESC's call for the development and implementation of a European action plan on rare diseases, which could complement existing legislation, strengthen cooperation at European and national level, and promote investment in research and development in this field. [62] Participants stressed the need to remove the barriers that European patients affected by rare diseases still face in accessing care. In their view, increased European cooperation would speed up diagnosis and access to treatment, for example through the identification of centres of expertise on rare diseases, close collaboration with European Reference Networks on these diseases, advances in genomic sequencing technologies, and the sharing of information through digital tools.

3. PROGRAMME PLANNED BY THE DANISH PRESIDENCY OF THE COUNCIL

Denmark took over the Presidency of the Council of the EU on 1 July 2025, continuing the implementation of the programme defined with Poland and Cyprus for 2025 and the first half of 2026 (see section 2). As illustrated by the motto chosen by Denmark for its Presidency, 'A strong Europe in a changing world', the Presidency will focus on the issues of security, competitiveness and ecological transition in order to respond to the challenges posed by the current geopolitical context

59. Active Citizenship Network (2025) Patient Rights in Europe – Shared Experiences and Challenges, Press release, 7 April 2025 (EN).
60. Poland25EU (2025) Patients' rights in the European Union, Press release, 9 May 2025 (EN).
61. Poland25EU (2025) #RareDiseases - The EU Action Plan must step up European-national cooperation, Press release, 10 April 2025 (EN).
62. EESC (2024) Leaving No One Behind: European Commitment to Tackling Rare Diseases, SOC/806-EESC-2024 (EN/FR).

marked by uncertainty, strategic and economic competition, and conflicts.[63]

In the field of health, this approach translates into Denmark's desire to help strengthen innovation capacity, access to medicines and the resilience of health systems in the face of crises. While no specific initiatives have been announced in its programme, the Danish Presidency plans primarily to support the legislative files currently being worked on and those soon to be proposed by the European Commission. Firstly, it will push forward with the revision of pharmaceutical legislation, for which interinstitutional negotiations were symbolically launched under the Polish Presidency, but which must now lead to a final compromise, expected by the end of 2025 (see section 2.1). The Danish Presidency also wants to begin examining the regulation on critical medicines and continue work to consolidate the action plan on cybersecurity for hospitals and healthcare providers (see section 1). With regard to new legislative dossiers, the Presidency will focus on the European strategy in the field of life sciences, which the European Commission presented at the beginning of July,[64] and on initiatives to be taken in the area of prevention and preparedness for man-made crises and natural disasters.

Looking at the initiatives announced in the field of social and employment policy that may have an impact on the healthcare sector, the Danish Presidency will focus on the free movement of workers, safety at work and social inclusion. It therefore plans to follow up on the results of the pilot project for a European social security passport and to promote the sixth revision of the directive on the protection of workers from the risks related to exposure to carcinogens, mutagens and reprotoxic substances at work, which includes healthcare professionals. It also wishes to encourage the sharing of knowledge and experience in the implementation of the European Child Guarantee and the European Care Strategy. The aim here is to identify ways of ensuring high-quality, accessible care for older people, but also to improve working conditions for staff.

63. EUDK25 (2025) Programme. A strong Europe in a changing world. 1 July – 31 December 2025 (EN, FR).
64. European Commission (2025) Commission launches new strategy to make Europe a global leader in life sciences by 2030, Press release, 2 July 2025 (EN/FR/NL).