European priorities related to health care

Biannual briefing No. 3 – July 2026

This briefing covers the second half of 2025 *and sets out the priorities on the European Union (EU) agenda that have an impact on Member States' health care systems.*

- *The first part outlines the legislative proposals put forward by the European Commission in the areas of health security, cardiovascular health, biotechnology and medical devices, as well as, more generally, health-related research and innovation.*
- *The second part describes the priorities targeted by the Danish Presidency of the Council of the European Union, setting out the legislative dossiers worked on in the 'Employment, Social Policy, Health and Consumer Affairs' (EPSCO) configuration dedicated to the health sector, as well as in other Council configurations.*
- *The third part looks ahead to the first half of 2026 and provides an overview of the programme announced by the Cypriot Presidency of the Council of the EU.*

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

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1. EUROPEAN COMMISSION: PRIORITIES TABLED

During the second half of 2025, the European Commission presented two types of measures directly concerning the health care sector: measures aimed at strengthening health security in the European Union (EU), and measures aimed at improving public health, economic resilience and innovation capacity in the field of health.

The health security measures are interlinked, and all support the European Preparedness Union Strategy. [1] **The first measure is a proposal for an update to the Regulation on the European Civil Protection Mechanism**. [2] The European Commission's proposal aims to incorporate tools into this mechanism to support preparedness for and response to public health emergencies. The aim is to strengthen the EU's capacity in this area and to ensure a comprehensive and integrated response from Member States in the event of a future crisis. The new, revised civil protection framework is also designed to improve coordination between different sectors and to strengthen cooperation between civil and military actors. Member States retain primary responsibility for crisis prevention, preparedness and response, and the European Commission will continue to play a supporting and coordinating role, building on the work already carried out under the existing European Civil Protection Mechanism and the EU4Health programme. In particular, the Commission plans to establish a European crisis coordination platform that can be used to analyse the situation, link up the various relevant services and anticipate the impact of crises on different sectors. To support this proposal, joint investment of €11 billion has also been announced. Measures planned to address health threats specifically include, for example, the surveillance of infectious and non-communicable diseases, as well as the collection and use of information on the availability and accessibility of medical countermeasures.

The second measure focuses more specifically on the strategic stockpiling of essential goods, including medicines. [3] The strategy published by the European Commission aims to secure the supply of these goods in the event of a crisis by proposing, for the first time, a comprehensive EU-wide approach to stockpiling. To this end, it brings together all existing sector-specific measures, strengthens access to critical resources within the EU, and combines centralised reserves at European level with national contributions. Implementation of this strategy involves setting up a European network for the stockpiling of goods, which will bring together the relevant national authorities with the aim of sharing best practice, identifying strategic goods, drawing up joint

1. European Commission (2025) EU Preparedness Union Strategy to prevent and react to emerging threats and crises, Press release, 26.03.2025 (EN/FR/NL).
2. European Commission (2025) Enhanced preparedness and emergency response: Strengthening the EU Civil Protection Mechanism combined with ambitious health funding, Press release, 17.07.2025 (EN).
3. European Commission (2025) Communication from the Commission. EU stockpiling strategy: Boosting the EU's material preparedness for crises, COM(2025) 528 final, 09.07.2025 (EN/FR/NL).

recommendations on minimum requirements, and coordinating stocks availability and interoperability. The European Commission also proposes to expand European stockpiles, for example of medical equipment, by further developing centralised and/or joint procurement mechanisms and by improving transport and logistics, drawing on existing instruments such as the European Civil Protection Mechanism. Finally, the strategy promotes public-private partnerships, collaboration between the civil and military sectors, and international cooperation.

The third measure is the EU Strategy on Medical Countermeasures, such as vaccines, treatments, diagnostic devices and protective equipment.[4] This strategy aims to strengthen resilience in the face of rising epidemics and antimicrobial resistance, climate change and other threats, including geopolitical challenges. It is based on four main pillars: strengthening epidemiological surveillance and information gathering; accelerating the development and production of medical countermeasures; improving their deployment and accessibility; and enhancing partnerships between the public and private sectors, the civil and military fields, and between European and international stakeholders. Short-term actions include the publication of a European list of medical countermeasures for priority threats, as well as the development of roadmaps for preparation of the necessary medical countermeasures, to address specific public health emergency scenarios. In the medium and long term, the European Commission is promoting the creation of a voluntary network responsible for supporting the rapid and agile production of pharmaceutical products, bringing together EU-based manufacturers, innovators and suppliers. This will also involve conducting a stocktake of critical resources and identifying existing vulnerabilities in the supply chains for medical countermeasures that are not already covered by the EU's list of critical medicines, [5] such as personal protective equipment, diagnostic devices or countermeasures to address chemical, biological, radiological and nuclear threats.

Finally, still in relation to public health security, the European Commission has published the Union prevention, preparedness and response plan for health crises, whether of natural, accidental or deliberate origin.[6] This plan aims to apply the Preparedness Union Strategy in the health sector, based on the Regulation on serious cross-border health threats. [7] It supports decision-makers, crisis programme managers and other stakeholders by providing them with a toolkit and clarifying the governance framework for health crises, enabling them to act effectively at each of the four stages of the

4. European Commission (2025) Preparing the EU for the next health crisis: A Medical Countermeasures Strategy, 09.07.2025 (EN).
5. European Medicines Agency (2026) Union list of critical medicines – version 2.1, 19.01.2026 (EN).
6. European Commission (2025) Introducing the Union's prevention, preparedness and response plan for health crises, 28.11. 2025 (EN).
7. European Parliament and Council of the EU (2022) Regulation (EU) 2022/2371 on serious cross-border threats to health and repealing Decision No 1082/2013/EU, Official Journal of the European Union, 06.12.2022 (EN/FR/NL).

crisis management cycle: prevention and preparedness, detection and assessment, response, and recovery. The plan also aims to guide the development and implementation of national health crisis plans to ensure their consistency with European instruments and the coordination of Member States' responses. The Commission envisages to update the EU plan regularly, taking into account the results of simulation exercises to be organised from 2026 onwards and the experiences of Member States in crisis situations.

The second set of measures presented by the European Commission concerns cardiovascular health, the biotechnology sector and the medical technology sector. These three measures were presented in December 2025 as part of a comprehensive package aimed at improving the health of the European population, whilst strengthening the resilience and competitiveness of the health sector.[8]

The first measure is the Plan for a Healthy Heart.[9] This sets out a comprehensive and integrated approach to tackling cardiovascular diseases, which are currently the leading cause of morbidity and premature mortality in the EU. According to the latest estimates, these diseases account for one in three deaths (1.7 million) and affect 62 million people.[10] The plan proposes a set of measures aimed at improving the prevention, screening and treatment of these diseases, by supporting three cross-cutting themes: digital innovation, research, and tackling health inequalities. These measures include access to personalised therapies, the prevention of risk factors (linked, for example, to diet and smoking), as well as the use of digital solutions and artificial intelligence (AI) as a means of strengthening health systems. Furthermore, the European Commission will assist Member States in drawing up national cardiovascular health plans (due by 2027) and in establishing dashboards to monitor and evaluate progress made in reducing health inequalities. The plan sets specific targets for 2035 in terms of reducing premature mortality, as well as screening for high blood pressure, high cholesterol and diabetes, among two groups of the European population: people aged 25 to 64 and those aged 65 and over. In addition to these health targets, the plan also aims to boost the economy and innovation.

The second measure in the package presented by the European Commission at the end of 2025 is the Biotechnology Regulation.[11] This aims to strengthen the biotechnology and biomanufacturing sectors,

8. European Commission (2025) New measures to make the EU health sector more innovative, competitive and resilient, Press release, 16.12.2025 (EN/FR).
9. European Commission (2025) Communication from the Commission on an EU cardiovascular health plan: the Safe Hearts Plan, COM(2025) 1024 final, 16.12.2025 (EN).
10. OECD (2025) *The State of Cardiovascular Health in the European Union*, OECD Publishing, Paris (EN).
11. European Commission (2025) Proposal for a Regulation of the European Parliament and of the Council on establishing a framework of measures to strengthen the Union's biotechnology and biomanufacturing sectors, particularly in the area of health, and amending Regulations (EC) No 178/2002, (EC) No 1394/2007, (EU) No 536/2014, (EU) 2019/6, (EU) 2024/795 and (EU) 2024/1938 (European Biotech Act), COM(2025) 1022 final, 16.12.2025 (EN).

particularly in the field of health. It is part of the follow-up to Mario Draghi's report on competitiveness, which noted limited progress in the European biotechnology sector compared with other global market leaders, due to insufficient funding, regulatory obstacles and barriers to innovation.[12] With this legislative proposal, the European Commission aims to revitalise the sector and build a world-leading health care biotechnology industry, through a mechanism of targeted support designed to reduce costs and constraints for businesses, whilst ensuring compliance with high standards for health, food safety, ethics and biosafety. Its scope covers the entire life cycle of biotechnology, from research through to the commercialisation of products and services. In terms of funding, strategic projects with a significant impact in the field of health biotechnology will benefit from public and private support, fast-track authorisations, and a strategic mapping of the EU's biotechnology ecosystem; in particular, a pilot instrument with an initial duration of two years will be established in partnership with the European Investment Bank to provide financial instruments tailored to the sector's risks. The legislative proposal contains specific measures to support the competitiveness of biosimilar medicines,[13] promote the use of artificial intelligence in biotechnology, and put in place flexible regulatory tools for innovative products. Finally, amendments are also proposed to existing regulations (those relating to food and medicines, clinical trials and substances of human origin) with the aim of further simplifying procedures, speeding up market access and promoting innovation.[14]

The third measure in the package presented in December 2025 proposes to simplify the European rules on medical devices and in-vitro diagnostic medical devices.[15] This proposal responds to a long-standing need expressed by industry stakeholders and Member States. It aims to simplify European regulations on medical devices, promote the digitalisation of procedures and provide a more coherent framework to support businesses' ability to respond to market changes and patients' needs. The European Commission plans to strengthen the role

12. European Commission (2025) The Draghi report on EU competitiveness, 16.09.2025 (EN).
13. A biosimilar is a biological medicine that is highly similar to an existing product manufactured by another company; it is authorised for marketing after the expiry of the patent and market protection for the reference medicine.
14. It should be noted that the proposal for a regulation is accompanied by a proposal for a directive concerning the placing on the market of genetically modified micro-organisms and the processing of organs: European Commission (2025) Proposal for a Directive of the European Parliament and of the Council amending Directives 2001/18/EC and 2010/53/EU as regards the placing on the market of genetically modified micro-organisms and the processing of organs, 2025/0405 (COD), 16.12.2025 (EN).
15. European Commission (2025) Proposal for a Regulation of the European Parliament and of the Council amending Regulations (EU) 2017/745 and (EU) 2017/746 as regards simplifying and reducing the burden of the rules on medical devices and in vitro diagnostic medical devices, and amending Regulation (EU) 2022/123 as regards the European Medicines Agency's support for the expert panels on medical devices and Regulation (EU) 2024/1689 as regards the list of Union harmonisation legislation referred to in Annex I thereto, COM(2025) 1023 final, 2025/0404(COD), 16.12.2025 (EN/FR/NL).

played by the European Medicines Agency in coordinating Member States' actions, providing scientific and technical support to businesses, and monitoring shortages of medical devices; in this regard, a list of critical devices will be drawn up. The rules will also be standardised for medical devices incorporating artificial intelligence. More generally, access to medical devices will be accelerated through the simplification of procedures relating to regulatory compliance, certification, the conduct of clinical trials, repackaging and labelling, and the classification of devices.

It should also be noted that the European Commission has presented two strategies on artificial intelligence which cut across several sectors but have direct implications for the health care sector.[16] **The first, the strategy for the application of AI, aims to promote the adoption of AI in all strategic economic sectors and in the public sector**, including health care and pharmaceuticals.[17] The proposed measures include, for example, the establishment of a European network of advanced AI-based screening centres with the aim of accelerating the introduction of innovative prevention and diagnostic tools in health care settings, particularly for cardiovascular diseases and cancer, and improving access to health care services in underserved areas. Regarding medicines, the strategy will launch an AI-driven drug discovery challenge to address currently unmet needs and/or treat diseases that have so far been difficult to treat; measures will also be proposed to streamline and accelerate the market authorisation of medical devices without compromising their safety. One of the flagship initiatives of this strategy is COMPASS-AI, funded under the EU4Health Programme.[18] This initiative involves establishing a community of experts tasked with developing guidelines on the deployment of AI and improving the AI knowledge of health care professionals, hospital managers and patients. The aim is to promote the responsible and effective integration of AI into clinical settings, with a particular focus on cancer care and health care in areas that are currently underserved. **The second measure, the strategy for AI in science, aims to facilitate the adoption of AI in the work carried out by European scientists across all disciplines**.[19] To achieve this, the pilot project 'Resources for AI in European Science' (RAISE) is expected to bring together the strategic resources (funding, data, talent and computing power) needed to promote the adoption of AI across various fields and to develop its potential in fundamental research. As regards the health sector, the implementation of this strategy will be closely linked to the establishment of the European

16. European Commission (2025) Commission launches two strategies to speed up AI uptake in European industry and science, Press release, 08.10.2025 (EN/FR/NL).
17. European Commission (2025) Communication from the Commission: 'Apply AI Strategy', COM(2025) 723 final, 08.10.2025 (EN/FR/NL).
18. European Commission (2025) Commission launches flagship initiative to increase the use of AI in health care, Press release, 21.10.2025 (EN).
19. European Commission (2025) Communication from the Commission. A European Strategy for Artificial Intelligence in Science. Paving the way for the Resource for AI Science in Europe (RAISE), COM(2025) 724 final, 08.10.2025 (EN/FR/NL).

Health Data Space and to initiatives launched in the field of biotechnology.

To conclude this overview of the measures proposed by the European Commission in relation to health care, it is important to mention the Life Sciences Strategy.[20] This strategy aims to enhance, by 2030, the attractiveness of European research in the fields of medicine, food and sustainable production, by implementing a coordinated approach, from the design and conduct of clinical trials through to the market launch and use of new products and services. In particular, the European Commission seeks to strengthen clinical research infrastructure and support a 'One Health' approach to research and innovation. It also aims to ensure rapid and seamless market access for innovations and to stimulate their adoption and use. To this end, the European Commission plans to boost public procurement and launch specific calls for proposals for the development of next-generation vaccines and affordable solutions to combat cancer under the Horizon Europe and the EU4Health programmes.

2. DANISH PRESIDENCY OF THE COUNCIL: MAIN ACHIEVEMENTS

Denmark held the Presidency of the Council of the EU from 1 July to 31 December 2025. It took over from Poland and continued to implement the programme that these two countries, together with Cyprus, had proposed for the Council for the period from 1 January 2025 to 30 June 2026.[21] This programme is aligned with the strategic priorities set by the European Council for the period 2024–2029 and is structured around three main pillars, including one aimed at promoting European prosperity and competitiveness.[22] In the context of this pillar, the trio is committed to continuing cooperation between Member States in support of the European Health Union, to bolstering the resilience and cybersecurity of health care systems, and to improving access to medicines and medical devices within the EU whilst promoting the competitiveness of the pharmaceutical sector. These commitments aim at 'advancing together' and leaving no one behind (p.8) and are described in the programme as ways to support Member States in 'building a thriving longevity society, keeping our welfare systems and economy sustainable, and improving the quality of life' of European citizens (p.9).

The programme specifically championed by the Danish Presidency was guided by the slogan 'A strong Europe in a changing world', highlighting Denmark's commitment to focusing on the issues of security, competitiveness and the green transition.[23] This approach is justified in the programme by the need to address the challenges posed by a geopolitical context characterised by

20. European Commission (2025) Communication from the Commission. Choose Europe for life sciences: A strategy to position the EU as the world's most attractive place for life sciences by 2030, COM/2025/525 final, 02.07.2025 (EN/FR/NL).
21. 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).
22. The other two pillars are: a strong role at global level and Europe's security; and the European values of freedom and democracy.
23. EUDK25 (2025) Programme. A strong Europe in a changing world. 1 July – 31 December 2025 (EN, FR).

uncertainty, strategic and economic competition, and conflicts. Whilst no specific initiatives relating to the health sector were announced in its programme, the Danish Presidency took action to support the legislative proposals presented by the European Commission concerning access to medicines, innovation and the resilience of health systems in the face of crises.

Below, we outline the various files on which the Danish Presidency focused, distinguishing between the follow-up carried out by the 'Employment, Social Policy, Health and Consumer Affairs' (EPSCO) Council configuration specifically dedicated to the health sector, and the legislative follow-up carried out by the other Council configurations.

2.1. Legislative files dealt with by the EPSCO Council (Health)

In the field of health, one of the key tasks expected of the Danish Presidency was the conclusion of interinstitutional negotiations on the revision of European pharmaceutical legislation. In June 2025, two years after the European Commission presented a regulation and a directive aimed at updating European pharmaceutical legislation, a significant milestone was reached under the Polish Presidency, with the adoption of a common position by the Council, and the Member States' agreement to begin negotiations with the European Parliament.[24] Whilst these negotiations had been symbolically launched during the trilogue held in Strasbourg on 17 June 2025, the Danish Presidency was expected to resolve the remaining points of disagreement between the Council of the EU, the European Parliament and the European Commission. These differences centred on the protections granted to pharmaceuticals, incentives for the production of generic medicines and new antibiotics, and security of supply. The provisional agreement between the co-legislators was finally reached during the fourth trilogue in December 2025. It confirms several changes introduced by the Member States and clarifies the scope of certain measures.[25] More specifically, the Council of the EU and the European Parliament have set at eight years the period during which pharmaceutical companies will be able to benefit from regulatory data protection, which prevents competitors from accessing the manufacturing data submitted to obtain a marketing authorisation for an innovative medicine. This period may be extended by a further year of market protection, during which competing companies will not be able to place generic, hybrid or biosimilar versions of the protected medicinal product on the market. Additional years of protection may also be granted, subject to certain conditions and up to a maximum of eleven years' protection in total. In terms of incentives, clarifications have been provided regarding the application of the

24. For further information on the agreement reached under the Polish Presidency, see Briefing No. 2 (EN/FR/NL).
25. Council of the EU (2025) 'Pharma package': Council and Parliament reach a deal on new rules for a fairer and more competitive EU pharmaceutical sector, Press release, Version updated on 06.03.2026 (EN/FR/NL); European Parliament (2025), Background note: elements of the provisional agreement on the pharmaceutical package, Press release, 11.12.2025 (EN).

so-called Bolar exemption. This exemption allows companies to conduct studies, clinical trials and health technology assessments with the aim of obtaining marketing authorisation for generic or biosimilar versions of a patented medicine during the latter's regulatory protection period; the objective is to facilitate the availability of these generic or biosimilar versions as soon as the patent expires. The introduction of 'transferable data exclusivity vouchers' has also been confirmed for the manufacture of priority antimicrobials; they will entitle companies to an additional year of data protection, which they may use once for the antimicrobial or for another medicinal product, including one manufactured by a different company. Finally, to ensure security of supply, companies holding marketing authorisations for medicines will be required to develop and update shortage prevention plans for prescription-only medicines and for those specifically targeted by the European Commission, whilst respecting the national competences of Member States; they will also be required to notify risks of shortages at least six months in advance. Member States will also have the option to require the production of protected medicines to meet patients' needs. Formal adoption by the Council of the EU and the European Parliament is scheduled for autumn 2026.[26]

Still on medicines, the Danish Presidency also succeeded in finalising the EU Council's position on the proposed regulation on critical medicines.[27] This proposal had been put forward by the European Commission in March 2025 with a view to supplementing European pharmaceutical legislation and strengthening the capacity to prevent and respond to shortages of medicines included in the 'Union list of critical medicines' and medicines of common interest, such as antibiotics, insulin and painkillers.[28] Several amendments made by the Council concern public procurement for critical medicines and their active substances. The European Commission had proposed three instruments to facilitate cooperation between Member States in this area: the possibility of carrying out cross-border procurement for medicines of common interest with logistical and administrative support from the European Commission (Article 21); the possibility for Member States to carry out collaborative procurement by asking the European Commission to act as a central purchasing body and to purchase critical medicines or medicines of common interest on their behalf and at their expense (Article 22); the possibility of carrying out joint public procurement for critical medicines, involving the European Commission and Member States (Article 23). In the position adopted by the Council of the EU, Article 23 on joint public procurement was deleted, this decision being justified by an ambiguity in the legal basis and a problematic articulation with collaborative procurement. However, the minimum number of Member States required

26. European Parliament (2026) Legislative Train Schedule. Revision of the EU pharmaceutical legislation, 20.03.2026 (EN).
27. Council of the EU (2025) Critical Medicines Act: Council agrees its position on new rules to tackle shortages, Press release, 02.12.2025 (EN/FR/NL).
28. For further information on the European Commission's proposal, see Briefing No 2 (EN/FR/NL). See also: EMA (n.d.) Union list of critical medicines (EN).

to submit a request for collaborative procurement to the European Commission has been reduced from nine to six. The Council has also introduced an obligation to use resilience-related criteria in public procurement procedures. This involves, in particular, giving priority to critical medicines, or their active substances, produced within the EU where there is a high degree of dependence on a single country or a limited number of countries outside the EU producing these medicines. To this end, the Council calls on the European Commission to publish guidelines which may, amongst other things, help Member States to determine whether a critical medicinal product or active substance has been produced within the EU. Regarding the possibility for a Member State to require the building up of stocks to ensure the security of supply of critical medicines within its territory, the Council emphasises the need to ensure that such national requirements do not have a negative impact on supply in other Member States and calls for any conditions relating to the building up of such stocks to remain proportionate and to respect the principles of transparency and solidarity. The European Parliament adopted its position in January 2026, and interinstitutional negotiations on this regulation are therefore continuing under the Cypriot Presidency. [29] Whilst Members of the European Parliament (MEPs) agree with the Council on the obligation to give preference to European producers in the public procurement of critical medicines, they wish, however, to further reduce (to five) the minimum number of countries that may request collaborative procurement, and they wish to retain the option of joint procurement, again reducing the number of participating countries to a minimum of five. They also advocate the creation of a Union coordination mechanism specific to critical medicines, which would enable a coordinated approach to national stockpiling and contingency stocks.

The informal meeting of health ministers held in Copenhagen on 16 September 2025 provided an opportunity to discuss the proposals on medical countermeasures and the life sciences put forward by the European Commission. Particular attention was paid to how to ensure the quality of health care services in a context characterised by an increasing number of elderly people and those affected by chronic diseases, shortages of care and health care staff, and challenges (both geopolitical and climatic) that impact the health security of Member States. Regarding the EU Strategy on Medical Countermeasures, ministers discussed how to strengthen collaboration to tackle natural and human-made crises, for example through increased sharing of information on stock levels and medicines requirements. The Danish Presidency steered the discussion towards ways of strengthening security of supply, including for medicines whose patents have expired; it also sought to explore opportunities for collaboration between Member States on public procurement pending the entry into force of European pharmaceutical legislation and the adoption

29. European Parliament (2026) Critical medicines: EU measures to boost competitiveness and tackle shortages, Press release, 20.01.2026 (EN/FR/NL).

of the regulation on critical medicines.[30] This point was strongly supported by the Belgian Minister for Health, Frank Vandenbroucke, who emphasised the need to draw up national plans incorporating better-regulated procurement rules immediately, without waiting for the implementation of the regulation on critical medicines.[31] With regard to the Life Sciences Strategy, the Danish Presidency emphasised that a dynamic life sciences industry goes hand in hand with a robust, modern and efficient health care system. It therefore drew the attention of health ministers to ways of improving patients' access to innovative medicines and medical devices, as well as to ways of supporting clinical trials spanning several Member States. In this regard, the European Commissioner for Health and Animal Welfare, Olivér Várhelyi, reiterated the need to revise current European legislation on clinical trials in order to strengthen Europe's competitiveness in innovation and ensure that European patients have access to treatments. Health ministers agreed on the benefits of organising multinational clinical trials, but they also discussed the challenges posed by the harmonisation of national rules governing the organisation of clinical trials, particularly with regard to ethical considerations.[32] During this informal meeting, the working lunch focused on the challenges posed to Member States' public health by antimicrobial resistance and how to tackle them jointly.

2.2. Legislative files considered by other configurations of the Council of the EU

Other configurations of the Council of the EU have also addressed issues relating to the health sector. For example, the Research Ministers adopted conclusions on life sciences for the European Union's competitiveness.[33] In these conclusions, they call for ambitious action based on a comprehensive approach to research and innovation that supports the entire value chain, from basic research to the uptake of developed innovations. Member States and the European Commission are invited to improve coordination regarding the establishment, maintenance, optimisation and interconnection of research and technology infrastructures, innovation hubs, science parks and centres of excellence relevant for life sciences. In the field of health, the European Commission is called upon to improve the ecosystem for multi-country and multi-centred clinical trials, including by updating the current regulatory framework and swiftly putting in place a clinical research investment plan with clear milestones for the coming years. Furthermore, the urgency of promoting research into and development of

30. Agence Europe (2025) *European Ministers to discuss medicine supply strategies on 16 September*, Europe Daily Bulletin No. 13708, 13.09.2025 (EN, FR).
31. Agence Europe (2025) *Better security of supply for essential medicines must be ensured, say European Ministers*, Europe Daily Bulletin No. 13710, 17.09.2025 (EN, FR).
32. Agence Europe (2025) *European ministers debate revision of rules on clinical trials*, Europe Daily Bulletin No. 13710, 17.09.2025 (EN, FR).
33. Council of the EU (2025) A call for action on life sciences for the Union's competitiveness – Council conclusions (approved on 30 September 2025), 13323/25, 30.09. 2025 (EN, FR, NL).

advanced therapy medicinal products is also emphasised.

Within the 'Justice and Home Affairs' Council, home affairs ministers discussed the revision of the regulation on the European Civil Protection Mechanism proposed by the European Commission. [34] As outlined in Section 1, this revision aims to incorporate the European Union's support for preparedness and response to public health emergencies into the European Civil Protection Mechanism. Among the points discussed by the ministers were the strengthening of joint crisis response capabilities, the creation of a European coordination hub, and cooperation between the civil and military sectors. Several Member States expressed support for a broader, cross-sectoral approach to the European Civil Protection Mechanism. The Baltic and Scandinavian countries, such as Estonia, Finland, Lithuania and Sweden, welcomed the move towards a cross-sectoral approach to civil protection, as well as the creation of a European crisis coordination hub. Focusing specifically on the health sector, Lithuania highlighted in particular the multi-level nature of current crises and the need to invest in areas such as evacuations and medical transport. Cyprus and Romania also recognised the need to broaden European interventions. By contrast, other Member States expressed concerns about the European Commission's proposal. Belgium and Spain criticised the integration of military and civil protection aspects, pointing out that these fall under different areas of competence. France and Italy also expressed doubts about the need for a coordination hub, highlighting, amongst other things, the sectoral nature of crisis management. Finally, Germany called for further clarification of the governance rules. [35] Discussions will continue under the next Presidency.

Within the EPSCO Council (Employment and Social Policy), the Danish Presidency supported the adoption of conclusions on violence against women and domestic violence, which aim to promote prevention, early detection and support measures for women, as well as men and children, who are victims of violence.[36] With regard to the health care sector, the conclusions are based on the finding that only one in five women contacts a health care (or social services) provider when she is a victim of violence. The ministers therefore call, on the one hand, for efforts to strengthen the capacity of women and bystanders to respond to and report acts of violence to the relevant authorities and services, and, on the other hand, for the promotion of cross-sectoral collaboration between all relevant stakeholders, including health care professionals, so that they can identify risks and signs of violence and intervene as early as possible. They also recommend developing tools and providing training for health care professionals,

34. Council of the EU (2025) Justice and Home Affairs Council (Home Affairs), 14 October 2025. Main results, Press release, 31.10.2025 (EN/FR/NL).
35. Agence Europe (2025) *Baltic and Scandinavian countries support the Commission in its plan to extend the scope of European civil protection*, Europe Daily Bulletin No. 13730, 15.10.2025 (EN/FR).
36. Council of the EU (2025) Draft Council Conclusions on Violence against women and domestic violence: prevention, early detection and intervention – Approval, 13244/25, 02.10.2025 (EN, FR, NL).

professional carers and social workers so that they can better identify the various forms of violence that may arise or escalate during pregnancy and around the time of a child's birth.

The Employment and Social Affairs ministers also approved conclusions on the social inclusion of persons with disabilities. [37] In these conclusions, they encourage the adoption of new measures at national and EU level to promote independent living for persons with disabilities and to better combat the discrimination they still face. This involves, amongst other things, ensuring that services available to the general population, including health care, are also accessible, affordable, inclusive and adaptable for persons with disabilities, and that they are provided in a coordinated manner with other relevant services.

3. CYPRUS PRESIDENCY OF THE COUNCIL: PLANNED PROGRAMME

Cyprus took over the Presidency of the Council of the EU on 1 January 2026, thereby continuing the implementation of the programme drawn up with Poland and Denmark for 2025 and the first half of 2026 (see section 2). The programme led specifically by Cyprus aimed to support the European Union's strategic autonomy and the unity of its Member States, whilst remaining committed to international partnerships, as reflected in its motto: 'An autonomous Union. Open to the world'.[38]

In the field of health, this vision has been reflected in the commitment to contribute to the development of 'a truly autonomous European Health Union' (p. 8). To this end, Cyprus has announced its intention to build on the common position agreed under the Danish Presidency regarding the regulation on critical medicines (see section 2), to finalise interinstitutional negotiations with the European Parliament on this matter. To support the accessibility and availability of medicines, as well as their supply, the Cypriot Presidency has also emphasised its commitment to ensuring sufficient funding in this area under the next multiannual financial framework (2028–2034), and to promoting the establishment of a European Centre of Clinical Excellence in the field of pharmaceutical products. Following up on the legislative proposals put forward by the European Commission, the Cypriot Presidency also announced that it would continue discussions on the revision of the Regulation on medical devices and in vitro diagnostic medical devices, as well as those on the Regulation on biotechnology. Events were also planned on the issues of cardiovascular diseases and mental health. Finally, the Cypriot Presidency announced its commitment to promoting the European Health Data Space, described as a 'means of integrating health systems and completing the

37. Council of the EU (2025) Draft Council Conclusions on the social inclusion of persons with disabilities through the promotion of independent living – Approval, 13386/25, 02.10.2025 (EN, FR, NL).

38. CY2026EU (2025) Programme of the Cyprus Presidency of the Council of the European Union January 1 – June 30, 2026 (EN, FR).

European Health Union' (p.35). In terms of health security, Cyprus gives particular attention to the international dimension. Its programme includes coordinating efforts to finalise agreements with Norway, Iceland and Liechtenstein on medical countermeasures, as well as work relating to the International Pandemic Convention.

Regarding employment and social policies, the Cypriot Presidency has announced its intention to prioritise job quality and labour mobility, as well as the strengthening of the EU's social model and social agenda. Thus, unlike Denmark, which had decided not to continue negotiations, the Cypriot Presidency's programme explicitly sets out the intention to conclude an agreement on the regulation concerning the coordination of social security systems, which aims to revise and modernise the existing rules in this area, but for which negotiations launched in 2016 have struggled to reach a conclusion. It has also announced its support for the new action plan for the implementation of the European Pillar of Social Rights, the European Child Guarantee, the European care strategy, as well as the development of services designed to enhance the inclusion of persons with disabilities.