

European priorities related to health care

Biannual briefing No. 4 – October 2026

This briefing covers the first half of 2026 and highlights recent developments in European Union (EU) policy impacting the health care systems of Member States.

- *The first part outlines the package of social policy measures put forward by the European Commission, including the EU's anti-poverty strategy, the EU's first housing strategy, as well as measures to strengthen existing initiatives: the European Child Guarantee and the Strategy on the Rights of Persons with Disabilities (2021-2030).*
- *The second part provides an overview of the work undertaken under the Cypriot Presidency of the Council of the EU, 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, together with the conferences organised by the Cypriot Presidency on issues specifically related to health care.*
- *The third part looks towards the second half of 2026 and provides an overview of the programme of the Irish Presidency of the Council of the EU and its relevance in the health care field.*

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.

1. EUROPEAN COMMISSION: PRIORITIES TABLED

On 6 May 2026, the European Commission launched a package of social policy measures, which primarily aim at contributing to eradicating poverty and promoting the rights of persons with disabilities across the European Union (EU).¹ The package consists of four elements: the EU's first anti-poverty strategy, the EU's first housing strategy, as well as communications on measures strengthening existing initiatives: the European Child Guarantee and the Strategy on the Rights of Persons with Disabilities (2021-2030). As we highlight below, they all involve measures that are specifically related to health care.

The Anti-Poverty Strategy sets out a comprehensive approach to preventing and protecting against poverty along the whole life cycle, from childhood to old age.² The ambition of the European Commission is to help eradicate poverty in the EU by 2050. It also seeks to contribute to the fulfilment of the European Pillar of Social Rights, particularly regarding the target set out in the 2021 Action Plan to reduce the number of people at risk of poverty and social exclusion by at least 15 million by 2030.³ Central to the Strategy is the active inclusion approach, which relies on three main priorities: supporting labour market activation through quality jobs for all as

the first way out of poverty for those who can work; ensuring effective access to quality services and adequate income support; and promoting coordinated action and sustainable investments against poverty. If we look particularly at the second priority, access to services for those in need is considered essential to address horizontal challenges that aggravate poverty. The Strategy notably acknowledges the key role of social services, such as social work, counselling, psychological support and rehabilitation, in guiding vulnerable people towards the services they need, including health care. In this respect, it announces the proposal of a Council Recommendation to support easier and integrated access to services, which will be presented in 2027. In the context of current demographic trends and population ageing, the Strategy also highlights the importance of ensuring access to long-term care services for the most vulnerable and announces the publication of a European Care Deal in 2027. This is expected to guide Member States in planning reforms and investments to provide affordable and high-quality care services across the life course, with specific attention to those at risk of poverty, while addressing the structural causes of workforce shortages, including by improving the attractiveness and quality of jobs in the care sector.

To address horizontal challenges that aggravate poverty, the Commission made a proposal for a Council Recommendation on

1. European Commission (2026) Commission proposes new measures to fight poverty and improve lives of persons with disabilities, Press release, 06 May 2026 ([EN/FR/NL](#)).

2. European Commission (2026) The European Union's Anti-Poverty Strategy. Addressing and

preventing poverty from childhood to old age, COM(2026) 538 final, 06 May 2026 ([EN](#), [FR](#), [NL](#)).

3. European Commission (2021) Communication from the Commission. The European Pillar of Social Rights Action Plan, COM(2021) 102 final, 04 March 2021 ([EN/FR/NL](#)).

fighting housing exclusion. ⁴ This acknowledges that housing is a key social determinant of health and social inclusion, and that a lack of housing or poor-quality housing can be detrimental to the health and well-being, as well as to the employment and educational opportunities, of individuals and communities. It also recognises that access to adequate, sustainable, affordable and quality housing should be considered in the context of a broader social and territorial ecosystem that supports, among other aspects, access to health and long-term care. Therefore, Member States are recommended to develop tailored measures to fight housing exclusion and homelessness, and to adopt a person-centred approach that combines housing assistance with the provision of integrated services such as social assistance, health care, long-term care and labour market activation. This approach also includes health and care professionals and social workers in outreach and community-based multi-disciplinary teams, as well as simplified referrals to low-barrier social and health services.

The European Commission has also published a communication which is specifically dedicated to tackling poverty in childhood, by strengthening the implementation of the European Child Guarantee. ⁵ Adopted in 2021, the Guarantee

aims to prevent and combat social exclusion by ensuring that children in need have effective access to a set of key services: free early childhood education and care, free education, free health care, healthy nutrition, and adequate housing. ⁶ The new communication announces measures to improve comprehensive access to these services. The accompanying review of the progress made since 2021 shows that, despite progress in combating and preventing child poverty, the implementation of the Guarantee can be further strengthened. ⁷ In this respect, a new digital framework for a European Child Guarantee Card will be tested from 2027, with the aim to facilitate access to services and provide coherent support to children in need. The Commission also acknowledges the need to better take into account new challenges, such as mental health pressures, which disproportionately affect children in poverty. This is why the new communication encourages a renewed focus on children's well-being and mental health in the health sector. Member States are notably invited to address shortages of specialised mental health staff and out-of-pocket costs for families in need, as well as to strengthen outreach through closer cooperation between schools, social workers and health care providers. The European Commission, for its part, will support UNICEF in piloting a 'Toolkit

4. European Commission (2026) Council Recommendation on fighting housing exclusion ([EN](#)).

5. European Commission (2026) Communication from the Commission: Breaking the cycle of poverty – strengthening the European Child Guarantee, COM(2026) 539 final, 06 May 2026 ([EN](#), [FR](#), [NL](#)).

6. Council of the EU (2021) Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a

European Child Guarantee, L 223/14, Official Journal of the European Union, 22 June 2021 ([EN/FR/NL](#)).

7. European Commission (2026) Commission Staff Working Document: reviewing progress made in the implementation of the Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee, SWD(2026) 772 final, 06 May 2026 ([EN](#)).

for child and adolescent health and mental well-being promotion’ and will organise mutual learning and dedicated workshops to assist Member States and local authorities in its implementation.

Finally, the European Commission reaffirmed its commitment to supporting the implementation of the EU Disability Strategy up to 2030.⁸ Adopted in 2021, the Strategy aims to improve accessibility and inclusion for persons with disabilities.⁹ The mid-term report on its implementation shows that, despite progress, barriers remain. In the health sector particularly, 5% of the population aged 16 or over with disabilities reported, in 2024, unmet health care needs due to financial constraints, long waiting times or long distances to travel. Whilst this represents a sustained decline from data reported in 2015 (when 7.5% declared unmet needs) and 2021 (4.6%), it remains higher than the corresponding figure for persons without disabilities (1.6% in 2024).¹⁰ To enhance the Strategy up to 2030, the European Commission recalls how a series of measures already adopted or upcoming will contribute to improving access to health care for persons with disabilities. For example, the Guidelines developed under the EU4Health action on access to health care for persons with disabilities, published in 2025, can help foster

a shared understanding of challenges in access to health care and encourage good practice for national reforms.¹¹ The revised EU pharmaceutical legislation, the revision of the regulations on medical devices and in-vitro diagnostic medical devices, as well as the proposal for the Biotech Act will also foster research and innovation in the field of rare diseases and improve access to orphan medicines. Moreover, the implementation of the gender equality strategy 2026-2030 provides an opportunity to support Member States in improving access to physical and mental health care, as well as sexual and reproductive health and rights, for persons with disabilities. The European Commission notably announces a collaboration with the World Health Organization (WHO) aiming to explore ways to improve the quality and accessibility of women’s health care, including for women with a disability. Member States are invited to encourage training of health professionals based on the UN Convention on the Rights of Persons with Disabilities and to remove administrative and practical barriers that continue to limit their access to health care.

2. CYPRIOT PRESIDENCY OF THE COUNCIL: MAIN ACHIEVEMENTS

8. European Commission (2026) Communication from the Commission. Enhancing the strategy for the rights of persons with disabilities up to 2030, COM(2026) 541 final, 06 May 2026 ([EN/FR/NL](#)).

9. European Commission (2021) Union of equality. Strategy for the rights of persons with disabilities 2021-2030, COM(2021) 101 final, Luxembourg, Publications Office of the European Union ([EN](#)).

10. European Commission (2026), Mid-term report on the implementation of the Union of Equality strategy for the rights of persons with disabilities 2021-2030, SWD(2026) 773 final, 06 May 2026 ([EN](#)).

11. European Commission (2025) *Guidelines on how to increase access and overcome barriers in access to healthcare for persons with disabilities – Deliverable 11*, Luxembourg, Publications Office of the European Union ([EN](#)).

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, the other countries in the Trio, for 2025 and the first half of 2026.¹² 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.¹³ 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 of the 18-month programme) and are described 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 led 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’.¹⁴ 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 of Cyprus’ programme). The Presidency priorities included mental health and inclusiveness, implementation of the European Health Data Space (EHDS), including artificial intelligence (AI) solutions, and the establishment of a European Centre for Clinical Excellence for pharmaceuticals. The Presidency sought to deliver on these through its legislative work and agenda-setting in different Council configurations as well as through conference organisation.

Below, we outline the various legislative files and topics on which the Cypriot Presidency focused, distinguishing between the work carried out by the ‘Employment, Social Policy, Health and Consumer Affairs’ (EPSCO) Council configuration specifically dedicated to the health sector, and the work carried out by the other Council configurations. We also present conferences organised by the Cypriot Presidency on issues specifically related to health care.

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

The Cypriot Presidency announced that it had reached a major milestone on 12 May 2026, when it concluded a provisional agreement with the European Parliament on

12. Council of the EU (2024) Taking forward the Strategic Agenda: 18-month Programme of the Council (1 January 2025 – 30 June 2026), 16668/24, 11 December 2024 ([EN](#), [FR](#), [NL](#)).

13. The other two pillars are: a strong role at global level and Europe’s security; and the European values of freedom and democracy.

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

the Critical Medicines Act (CMA).¹⁵ This regulation aims to strengthen the EU's resilience in addressing ongoing challenges to security of supply of critical medicines and medicines of common interest in the EU, notably by tackling shortages of key medicines such as antibiotics, insulin and painkillers. The provisional agreement amends the original 2025 proposal of the European Commission to remove the option of joint public procurement for critical medicines involving the European Commission and Member States, as agreed by the Council of the EU in the position adopted under the Danish Presidency.¹⁶ As a result of this position, two instruments are maintained to facilitate cooperation in the field of public procurement: cross-border procurements for medicines of common interest, which can benefit from logistical and administrative support from the European Commission; and collaborative procurements, in which the European Commission acts as central purchasing body by purchasing critical medicines or medicines of common interest on behalf of Member States. However, the minimum number of Member States required to submit a request for collaborative procurement to the European Commission was reduced from nine to five, following the proposal of the European Parliament in this regard. The scope of the Act was also expanded to include orphan medicinal products in certain key areas, including strategic projects and collaborative

procurement. The Council had also intended to introduce an obligation to use resilience-related criteria in public procurement procedures, which, where there is a high degree of dependence on a single country or a limited number of countries outside the EU producing these medicines, would give priority to critical medicines, or their active substances, produced within the EU. However, the provisional agreement between the Council and the Parliament provides flexibility for contracting authorities in implementing the 'EU preference' approach. 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 provisional agreement foresees that any contingency stock requirements should be transparent and respect the principles of solidarity and proportionality.

On 16 June 2026, the Cypriot Presidency also succeeded in achieving a consensus among ministers of health on the European Biotech Act I directive.¹⁷ The draft directive forms part of the broader European Biotech Act I presented by the European Commission in December 2025, which aims to make it quicker and easier for innovative biotechnology solutions to move from research to the market, while strengthening EU biotechnology and biomanufacturing, competitiveness and access to innovative products.¹⁸ The directive specifically aims to

15. Council of the EU (2026) Critical medicines act: Council and Parliament reach provisional deal, Press release, Version updated 30 June 2026 ([EN/FR/NL](#)).

16. For more information about the Council's position, please see our biannual briefing no. 3 ([EN/FR/NL](#)).

17. Council of the European Union (2026), Council agrees mandate on measures to advance biotech innovation in the EU, Press release, 16 June 2026 ([EN/FR/NL](#)).

18. See our biannual briefing no. 3 for a detailed overview of the proposal tabled by the European Commission ([EN/FR/NL](#)).

strengthen the EU's biotechnology sector, resilience and capacity by updating rules on organ processing and genetically modified micro-organisms. For organs, it updates the regulatory framework in light of scientific and clinical developments allowing longer intervals between procurement and transplantation. The Council's position seeks greater regulatory clarity by aligning terminology with other EU legislation, reorganising provisions and clarifying the respective responsibilities of the Commission and Member States. The new provisions also recognise that personal data may need to be processed to ensure patient safety and high health care standards and to facilitate cross-border analysis of transplant outcomes, with such processing potentially considered to be in the public interest. It also clarifies the distinction between autologous organ use, where transplantation takes place within the same person, and transplantation to another person, ensuring that emergency autologous procedures are not unnecessarily constrained by regulatory requirements. Once the European Parliament establishes its position, the two institutions will begin negotiations to agree on the final text.

Additionally, ahead of and during the EPSCO Council meeting on 16 June 2026, the Cypriot Presidency invited Member States to review the progress made regarding the

simplification of European rules on medical devices. ¹⁹

The proposal tabled by the European Commission in December 2025 aims to address persistent shortcomings in the existing framework, including excessive regulatory burdens and uncertainty for companies, as well as the unavailability of certain medical devices, while maintaining high standards of public health and patient safety. It further aims to strengthen the role played by the European Medicines Agency in coordinating Member States' actions, providing scientific and technical support to businesses, and monitoring shortages of medical devices, by drawing up a list of critical devices and standardising rules for medical devices incorporating AI. ²⁰ Member States broadly supported the objectives of simplifying the regulatory framework, reducing administrative burdens and supporting innovation, while identifying several issues requiring further discussion, such as the respective roles of the European Medicines Agency and the Medical Device Coordination Group, the criteria for classifying 'well-established technology' devices, ²¹ and the possible extension of simplified procedures to additional categories, including paediatric devices. Discussions also covered the costs of strengthened oversight of notified bodies, fee reductions for micro and small enterprises, Commission implementing powers, and the development of a coherent regulatory

19. Council of the European Union (2026) Employment, Social Policy, Health and Consumer Affairs Council (Health), 16 June 2026, Main Results ([EN/FR/NL](#)).

20. You will find further information on the European Commission's proposal in our biannual briefing no. 3 ([EN/FR/NL](#)).

21. According to the European Commission's definition, well-established technologies are

relatively simple devices, with common and stable designs that do not evolve much, well-known safety and clinical performance characteristics, and a long history on the market. See: European Commission (2026) Medical Devices: Delegated acts on well-established technologies published, DG SANTE Newsletter, 29 June 2026 ([EN](#)).

framework for medical devices incorporating AI, including its interaction with the EU AI Act and cybersecurity requirements.

Alongside the above legislative files, the Cypriot Presidency put on the agenda [three additional topics](#): the proposal to establish a European Centre of Clinical Excellence for Pharmaceuticals, the strengthening of a youth-focused and inclusive mental health agenda, and effective implementation of the European Health Data Space (EHDS).

These were put on the agenda of the first informal meeting of EU ministers of health, held in Nicosia on 25-26 February 2026.²² Ministers highlighted the need to enhance EU-level scientific coordination in clinical evaluations, agreeing that a supportive and complementary role could be played by a non-binding [European Centre of Clinical Excellence for Pharmaceuticals](#). This centre, proposed by the Cypriot Presidency, is expected to strengthen trust in clinical assessments, support consistent and high-quality decision-making and enhance the EU's role in global pharmaceutical policy, while laying the groundwork for a more cohesive and patient-centred European health system. On [mental health](#), the ministers reiterated the conclusions of the High-Level Conference on Mental Health of January 2026 (see section 2.3), embracing inclusive, community-based mental health policies, with particular emphasis on youth mental health, early intervention, digital literacy and resilience-building, addressing existing inequalities and strengthening cooperation across health,

education and social sectors. The meeting concluded with a working lunch on the [European Health Data Space \(EHDS\)](#), where ministers confirmed the transformative potential of interoperable health data systems, recognising the EHDS as a key enabler for innovation, research, and trustworthy AI in health care; however, specific areas require further support, such as the responsible use of AI, interoperability challenges and advancing the transition towards a truly integrated European Health Union. The topic of strengthening Europe's pharmaceutical resilience and strategic autonomy was also addressed during a lunchtime informal discussion at the 16 June 2026 EPSCO (Health) Council meeting.²³

Finally, in response to the Ebola epidemic in Central Africa, the Cypriot Presidency also led the [EU's crisis response](#).²⁴ At an informal EPSCO meeting on 1 June 2026, the presidency activated the EU's Integrated Political Crisis Response (IPCR) mechanism, to coordinate monitoring, information-sharing, and political responses among Member States and EU institutions. EU health ministers agreed to maintain enhanced surveillance and information-sharing and endorsed measures including exit screening in affected countries, case detection protocols, infection-prevention measures, health care preparedness, and training for relevant professionals. The European Commission has coordinated assessments through the Health Security Committee, working closely with the WHO and the European Centre for Disease

22. CY2026EU (2026), Informal meeting of ministers of Health, 25 - 26 February 2026 ([EN/FR](#)).

23. See footnote 19.

24. Agence Europe (2026), Ebola - despite estimated low risk for EU, European ministers step up coordination and maintain vigilance, Europe Daily Bulletin No. 13882, 06 June 2026 ([EN/FR](#)).

Prevention and Control (ECDC), which has provided scientific guidance and deployed experts to affected areas.

2.2. Legislative files and topics 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. This was particularly the case of the EPSCO Council dedicated to employment and social policies. In this regard, the intention of the Cypriot Presidency was to prioritise job quality and labour mobility, as well as the strengthening of the EU's social model and social agenda.

One of the major achievements of the Cypriot Presidency was the provisional agreement between the Council and the European Parliament on updating the rules on the coordination of national social security systems.²⁵ Negotiations on this file had been ongoing since 2016, when the European Commission made a proposal to amend regulations 883/2004 and 987/2009 on the coordination of social security systems and applying to five key areas: unemployment benefits, long-term care benefits, access to welfare benefits for economically inactive persons, family benefits and applicable legislation for posted workers and persons working in two or more Member States. The Commission proposal sought to: clarify the circumstances in which Member States can limit access to social benefits claimed by economically inactive EU mobile citizens;

establish a coherent regime for the coordination of long-term care benefits; propose new arrangements for the coordination of unemployment benefits in cross-border cases; establish new provisions for the coordination of family benefits; and clarify the conflicting rules on applicable legislation concerning the posting of workers in the context of the provision of services. The provisional agreement reached by the Council and the European Parliament: foresees that a mandatory notification will apply to all postings, except for postings of less than three days and business trips; clarifies the circumstances in which Member States can limit access to social benefits claimed by economically inactive EU mobile citizens, stressing that mobile citizens should not be prevented from contributing to sickness coverage schemes; for unemployment benefits, requires a 22-week period of affiliation before the Member State of employment, and not their country of residence, becomes responsible for paying benefits; and provides additional guidance on identifying the registered office or place of business of the undertaking or employer in order to determine which country's legislation should apply. The regulation also establishes a consistent regime for the coordination of long-term care benefits, adding a clear definition and a list of benefits to be covered by the new rules. The provisional agreement was

25. Council of the EU (2026), Council and Parliament strike provisional deal on social security

coordination, Press release, 22 April 2026 ([EN/FR/NL](#)).

endorsed by Member State ambassadors to the EU at the end of April.²⁶

To make further progress on this topic, the Cypriot Presidency presented a steering note on [advancing fair labour mobility through modernised and simplified social security coordination rules](#), at the 29 June 2026 EPSCO Council (Social policy).²⁷ Based on the note, ministers of social affairs discussed further steps to strengthen the coordination of social security systems and support fair labour mobility across the EU, following the agreement reached in April on the revision of the existing rules. The discussion focused on improving cooperation and data exchange between Member States, including more effective monitoring of job-search obligations, activation and placement measures, and stronger administrative cooperation to prevent social dumping, fraud and abuse. Ministers also highlighted the need to adapt the rules to changing labour market patterns, including cross-border telework and the growing number of workers operating across several Member States or changing employment status, which can create uncertainty over applicable social security legislation, and risks such as double contributions or loss of acquired rights. The discussions were expected to feed into the work of the European Commission on the Fair Labour Mobility Package, aimed at

modernising, simplifying and digitalising social security coordination, including through improved use of the Electronic Exchange of Social Security Information (EESSI).

Tackling poverty was another topic to which the Cypriot Presidency particularly drew the attention of Member States, with the aim of feeding into the EU's Anti-Poverty Strategy, which the European Commission presented in May 2026 (see section 1). At the Informal Meeting of the Employment and Social Affairs Ministers, held in Nicosia on 13 February 2026, ministers held a policy debate dedicated to 'building a better future for all'.²⁸ Ministers underlined their common understanding of poverty as a multidimensional problem that extends beyond income at EU, national, regional, and local levels. They identified key challenges and shared best practices, including access to health care. They also agreed that a systemic and horizontal policy approach is very much needed, alongside proactive and preventive measures. And they stressed the importance of considering social investments as strategic investments rather than as expenditure, as well as the key role that the next Multiannual Financial Framework will play in enabling the effective implementation of social policies. Ministers continued to debate on the topic of breaking the poverty cycle at the EPSCO formal meeting of 9 March

26. Council of the EU (2026) Social security coordination: EU member states' representatives confirm provisional agreement, Press release, 29 April 2026 ([EN/FR/NL](#)).

27. Council of the EU (2026), Employment, Social Policy, Health and Consumer Affairs Council (Social policy), 29 June 2026 – Main results ([EN/FR/NL](#)); Council of the EU (2026), Advancing

fair labour mobility through modernised and simplified social security coordination rules (Presidency steering note), 10383/26, 12 June 2026 ([EN](#)).

28. CY2026EU (2026) Informal meeting of Employment and Social Affairs Ministers / 12-13 February 2026, Practical information ([EN/FR](#)).

2026.²⁹ They notably identified policy and best practices to address the structural causes of poverty and ensure access to adequate income, essential services and social protection. Based on the steering note developed by the Cypriot Presidency, the focus was on developing person-centred enabling and activation services that can lift people out of vulnerable situations and reduce their risk of falling into poverty. In particular, addressing the health dimension of poverty, with access to health care, mental health support, rehabilitation and long-term care, was outlined as an integral part of efforts to break cycles of disadvantage. Ministers also called for a more integrated, person-centred approach, linking social protection, health care, education, employment and housing services and ensuring early, personalised support, including skills assessment, counselling and training.

Child poverty was widely identified as a central concern and priority. For this reason, at the formal EPSCO meeting of 9 March 2026, ministers of social affairs also approved conclusions calling on Member States and the Commission to invest in children, to increase their well-being and combat poverty and social exclusion in the EU.³⁰ Given the impact that poverty often has on children's access to health and social services, adequate food and housing, family support, child protection and access to information, ministers called for efforts to be

made, among other areas, in the health sector, to improve children's lives and future prospects and produce intergenerational benefits for health, well-being, the economy, and ultimately European societies and democracies. The conclusions recall that under the European Child Guarantee, Member States are called upon to provide children in need with effective and free access to high-quality early childhood education and care, education and school-based activities, health care, at least one healthy meal each school day, and effective access to healthy nutrition and adequate housing. They are thus invited to strengthen the implementation of the Guarantee, whilst the European Commission is called upon to boost its support to Member States in these efforts, including by improving the quality and availability of data.

More specifically, the **role that enabling services can play in strengthening the EU's social model** and combating poverty, social exclusion and supporting sustainable activation was discussed at the informal meeting of the Social Protection Committee (SPC), held on 18–19 February 2026 in Nicosia.³¹ The discussions were attended by SPC members and representatives from the Council, Member States and European Free Trade Association (EFTA) countries, the European Commission and former SPC chairs. Participants emphasized the importance of comprehensive enabling services, including social work, counselling, coaching,

29. Council of the EU (2026) Employment, Social Policy, Health and Consumer Affairs Council (Social policy), 9 March 2026 – Main results ([EN/FR/NL](#)).

30. Council of the EU (2026), Investing in the EU's future: Council calls for greater efforts to combat

child poverty, Press release, 09 March 2026 ([EN/FR/NL](#)).

31. Council of the EU (2026), AOB for the meeting of the EPSCO Council of 9 March 2026: Presidency events - Information from the Presidency, 6678/26, 03 March 2026 ([EN](#)).

psychological support, health care, long-term care, education and training, and housing, as essential additions to income support and activation measures to promote social inclusion and employment across the Union. Parallel workshops took place on strengthening enabling services for persons with disabilities, providing enabling services for migrants, long-term unemployed persons and people experiencing complex disadvantages, and strengthening the quality of enabling services in terms of delivery, standards and monitoring.

Also on social policy, the Cypriot Presidency promoted debate among ministers on the issue of long-term care. In this regard, the Informal Meeting of the Employment and Social Affairs Ministers, held in Nicosia on 13 February 2026, provided an opportunity to exchange on ‘person-centred long-term care as a driver of active ageing’.³² Ministers discussed EU demographic trends and how population ageing highlights the need to strengthen long-term care systems – which already face structural challenges such as workforce shortages – and the need for stronger integration between health and social care services. Ministers stressed the importance of moving beyond reactive care models towards systems that promote autonomy, prevention, participation and well-being. They also underlined that investments in long-term care should be treated as social investments, with particular attention to improving working conditions, training, and skills development for care workers, as well as

to supporting informal carers. The Presidency recalled that a European Care Deal was set to be presented by the European Commission in the course of 2027.

Turning to employment policy, a further tangible achievement of the Cypriot Presidency has been reaching a provisional deal with the European Parliament on rules aimed at protecting workers in the EU from exposure to hazardous substances that could cause illnesses such as cancer or asthma.³³ The sixth revision of the carcinogens, mutagens and reprotoxic substances directive (CMRD) proposed by the European Commission updates the EU’s health and safety legislation, to strengthen protection against exposure to hazardous substances in the workplace and ensure that the EU’s legislation is fully in line with the latest scientific developments. The Council and the Parliament have provisionally agreed to introduce a requirement for regular breaks for workers, including those in the health sector, wearing personal protective equipment (PPE). While the European Parliament had wanted to provide better coverage to health professionals by explicitly mentioning the use of hazardous medicinal products (HMPs), this provision was opposed by the Council. The compromise solution reached was to include two recitals, with one stressing that the directive also covered HMPs and a second one recalling the existing provision on training for workers, and clarifying the applicable rules

32. See footnote 31.

33. Council of the EU (2026), Council and Parliament agree on measures to protect workers from

exposure to hazardous substances, Press release, 23 June 2026, version updated on 22 July 2026 ([EN/FR/NL](#)).

regarding the use of PPE in relation to existing legislation.

With regard to other policy areas, the Education, Youth, Culture and Sport Council held an exchange of views on the topic of ‘mental health in sport: moving from individual resilience to system responsibility’.³⁴ Ministers reflected on how Member States could promote sport policies and practices, ensuring that sports environments reduce psychological pressure and support the mental well-being of athletes, coaches, sports officials and the wider sport workforce. They also explored ways in which EU cooperation could enhance prevention and welfare across sport, health and education policy.

2.3. Conferences focused on health issues

The Cypriot Presidency organised a series of conferences on topics related to the legislative files on which it intended to make progress, as well as those promoting its other priorities on health.

The High-Level Conference on mental health and inclusiveness, held in Nicosia on 27 January 2026, aimed to strengthen European cooperation in mental health and contribute to the development of inclusive and resilient mental health systems.³⁵ High-level representatives from EU Member States,

the European Commission, the WHO, academic institutions, NGOs, social partners, patient and carers’ associations, youth organisations and other European organisations active in the fields of mental health and public health were invited to exchange on prevention, early intervention, stigma reduction, equitable access to quality services, the responsible use of digitalisation and eHealth, and the active involvement of young people and individuals with lived experience across the mental health continuum. The conference findings underscored the importance of inclusive, community-based and patient-centred services, enhanced stakeholder cooperation and a coordinated European approach, with particular emphasis on the mental well-being and active participation of young people.

To further the discussion on targeted revision of the current medical devices rules, the European Commission hosted a high-level conference on ‘Medical Devices: Innovation and Patient Safety’ in Brussels on 16 March 2026, under the auspices of the Cypriot Presidency.³⁶ The conference brought together EU institutions, regulatory authorities and stakeholder representatives to examine the future of the regulations on medical devices (MDR) and on in vitro diagnostic medical devices (IVDR). It featured a keynote address from Oliver Várhelyi, EU Commissioner for Health and Animal Welfare, who stressed the importance of the medical

34. Council of the EU (2026) Education, Youth, Culture and Sport Council (Culture and Sport), 12 May 2026 – Main results ([EN/FR/NL](#)).

35. CY2026EU (2026) Mental health at the heart of Europe’s future: High-Level Conference on mental health and inclusiveness, 27 January 2026 ([EN/FR](#)).

36. European Commission (2026) Medical Devices: Innovation and Patient Safety. Conferences and summits, 16 March 2026 ([EN](#)).

devices sector for European health systems and innovation capacity. Discussions focused on how to improve the predictability and flexibility of conformity assessments, strengthen evidence-based approaches to safety, innovation and trust, and ensure that guidance and emerging technologies translate into better patient care. The conference provided an opportunity to consider how the regulatory framework can better support innovation while maintaining a high level of patient safety.

The topic of medical devices was further debated during the [Competent Authorities of Medical Devices \(CAMD\) Meeting in Larnaca on 16-17 April 2026](#).³⁷ This meeting brought together representatives from EU Member States, countries of the European Economic Area and the European Commission to discuss key developments and priorities related to the implementation of current regulations in the field. Discussions contributed to the further alignment of regulatory practices and supported progress in the implementation of the MDR and IVDR frameworks, within which progress has been made through the extension of joint market surveillance actions and the launch of new initiatives aimed at supporting innovation, particularly for small- and medium-sized enterprises. Participants also addressed emerging challenges related to medical device software, in-house diagnostics and AI, underlining the need for enhanced expertise,

closer coordination and modern, proportionate regulatory approaches to ensure high standards of patient safety and effective market oversight.

Another conference specifically addressed the Presidency's priority for [the implementation of the European Health Data Space \(EHDS\)](#) and the growing role of AI in health care.³⁸ Organised in Limassol on 29–30 April 2026 by the Cypriot National eHealth Authority, in cooperation with the Ministry of Health, the conference focused on: ‘Delivering Better Care, Advancing Research, and Strengthening Health Systems through Trusted Health Data and Responsible AI’. The conference followed up on the February 2026 informal meeting of health ministers and aimed to discuss the secure and interoperable exchange of health data, trustworthy AI applications, cross-border digital health services and the use of health data for research, innovation and evidence-based policymaking. The event brought together policymakers, researchers, health care providers, patient organisations, startups, SMEs, academia and industry representatives from 18 EU Member States. Discussions highlighted the importance of closer European cooperation on interoperability, cybersecurity, innovation, patient empowerment, and ensuring alignment between the EHDS Regulation and the EU AI Act. Participants also stressed the value of practical collaboration among policymakers, health care providers,

37. Council of the EU (2026) AOB for the meeting of EPSCO (Health) of 16 June 2026: Presidency conferences – Information from the Presidency, 9173/26, 29 May 2026 ([EN](#)).

38. CY2026EU (2026) Building a robust and secure AI-enabled connected Health Data Space for a stronger European Health Union, Meeting of experts/officials, 28-30 April 2026 ([EN/FR](#)). See also footnote 37.

researchers and technology stakeholders in advancing secure, effective and patient-centred digital health care solutions.

In light of its commitment to the inclusion of persons with disabilities, on 7 May 2026 the Cypriot Presidency organised a High-level Conference entitled 'Empowerment and Support in a Community for All' and held in Limassol.³⁹ Organised by the Deputy Ministry of Social Welfare of the Republic of Cyprus, the conference brought together policymakers, civil society organizations and lived-experience representatives. The event hosted the first presentation of the European Commission's Communication on Enhancing the Strategy for the Rights of Persons with Disabilities 2021-2030, aiming to strengthen and build on the existing Strategy (see section 1). The Conference focused on advancing empowerment, self-determination and autonomy for persons with disabilities and the core principles of the UN Convention on the Rights of Persons with Disabilities, highlighting the need for high-quality, inclusive, community-based and person-centred support services.

The Presidency also organised a meeting of the Joint Chief Medical, Nursing and Dental Officers on 20–21 May 2026, in Paphos.⁴⁰ This gathering brought together senior health policymakers, academics, health care

professionals, youth representatives and organisations including the European Commission, WHO, UNICEF and the European Federation of Nurses, as well as delegates from EU Member States and Israel. The meeting focused on multidisciplinary and prevention-oriented policy approaches to promote and protect the health and well-being of children and adolescents. Discussions addressed key public health priorities, including adolescent health, mental health resilience, oral health prevention, pandemic preparedness, One Health surveillance, environmental and climate-related risks, behavioural insights for vaccine confidence, and the role of digital innovation and AI in preparedness and response. Participants stressed the role of European cooperation on children's and adolescents' health, highlighting the importance of prevention-oriented and integrated policies, early intervention, youth engagement, interdisciplinary collaboration, and resilient and inclusive health systems.

The joint meetings of the Heads of Medicines Agencies (HMA) and the European Medicines Agencies Co-operation of Legal and Legislative Issues (EMACOLEX) were also held in Paphos a few days later, on 27 May 2026.⁴¹ The meetings brought together heads and officials from national medicines agencies (human and veterinary), the

39. CY2026EU (2026) High-Level Conference on Disability 'Inclusion of Persons with Disabilities: Empowerment and Support in a Community for All', 07 May 2026 ([EN/FR](#)).

40. CY2026EU (2026) Joint Meeting of Chief Medical, Chief Nursing and Chief Dental Officers, Meeting of experts / officials, 20-21 May 2026 ([EN/FR](#)). See also footnote 37.

41. CY2026EU (2026) Joint Meeting of the Heads of Medicines Agencies, European Medicines Agencies Co-operation on Legal and Legislative Issues, and Heads of HTA Agencies Group, Meeting of experts / officials, 26 - 29 May 2026 ([EN/FR](#)). See also footnote 37.

European Commission and the European Medicines Agency (EMA), and focused on ongoing regulatory and policy developments in the pharmaceutical and health care sectors. The EMA and the European Commission presented updates on the technical completion of the Pharmaceutical Package and the successful conclusion of trilogue negotiations on the Critical Medicines Act. The 'Megatrends' HMA Concept Paper, developed through cooperation between the Polish, Danish and Cypriot presidencies, was officially endorsed to inform the future European medicines agencies' network strategy (EMANS).⁴² This strategy aims to equip the European medicines regulatory network to respond to change and address challenges such as public health emergencies and threats, including antimicrobial resistance; it places greater emphasis on the competitiveness of the EU in developing and manufacturing medicines, ensuring they are accessible and available to EU citizens while leveraging AI. Additionally, the Strategy Roadmap for the European Union Network Training Centre (EU NTC) – a platform offering training opportunities to the staff of medicines regulatory authorities in the European medicines regulatory network⁴³ – was debated. Furthermore, participants discussed the proposed European Centre of Clinical Excellence for Pharmaceuticals (see section 2.1).

Finally, a conference on Mosquito-Borne Diseases was held in Nicosia on 9–10 June

2026.⁴⁴ The conference focused on strengthening European preparedness, prevention, and response capacities against vector-borne diseases, particularly Dengue, Chikungunya, Zika and West Nile virus. It brought together representatives from EU Member States, the European Commission (DG SANTE and DG HERA), the ECDC, academia and international organisations. It highlighted the growing public health threat posed by mosquito-borne diseases and reemphasised the need for coordinated European action. Discussions highlighted the importance of preparedness, resilience, and cooperation in addressing emerging cross-border health threats, with a strong focus on surveillance, medical countermeasures and One Health approaches.

3. IRISH PRESIDENCY OF THE COUNCIL: PLANNED PROGRAMME

The Presidency of the Council of the EU was taken over by Ireland on 1 July 2026. This launched the new Trio of presidencies composed additionally of Lithuania and Greece. The motto of the Trio is 'Unity in diversity', with the countries geographically representing three different corners of the EU unified by one compass or a common objective. The three broad priorities pursued by the Trio are set to be a free and democratic

42. European Medicines Agency (ND), European medicines agencies network strategy (EMANS) ([EN](#)).

43. European Medicines Agency (ND), EU Network Training Centre (EU NTC) ([EN](#)).

44. CY2026EU (2026) Conference on Mosquito-borne Diseases, 10 June 2026 ([EN/FR](#)).

Europe, a strong and secure Europe, and a prosperous and competitive Europe.⁴⁵

With regard to health, the Trio will reinforce health security and health system resilience through stronger preparedness, prevention and public health protection, including mental health. In this regard, an all-hazards and whole-of-society approach will be promoted, covering also health emergencies. Attention will also be paid to the importance of conducting comprehensive risk assessments and improving cross-sector coordination, to strengthen the resilience of critical infrastructure against both physical and digital threats, and to ensure continuity of essential services. Under the heading of a prosperous and competitive Union, the Trio recognises that supporting a healthy population and improving citizens' quality of life is essential to a healthy and resilient European economy. The Trio will notably continue progress on the European Health Union, including by strengthening Europe's medical device and health-related biotechnology ecosystems and harmonising clinical trial procedures to reinforce the EU's position in biotechnology and clinical research. It will also focus on strengthening health care systems and preparedness while promoting digitalisation and, where appropriate, the responsible use of AI, with the aim of improving health and social resilience across the EU.

With regard to social policies, particular attention is drawn to social cohesion and

equality. Under its priority of a free and democratic union, the Trio will aim to promote social cohesion, gender equality and equal opportunities as a cross-cutting priority. It will also seek to strengthen social safety and address demographic challenges as part of broader efforts to build societal resilience, under the priority of a strong and secure Europe. Under the priority of a prosperous and competitive Union, the Trio reaffirms that cohesion policy will remain central to reducing social, economic and territorial disparities, and supporting least-favoured, rural, remote and outermost regions. Attention will also be given to ensuring gender equality, equal opportunities and inclusion, particularly for young people, persons with disabilities and vulnerable groups.

The specific motto of the Irish Presidency is 'Strength in unity'. In line with this sentiment, its focus will be on three overarching priorities: competitiveness, security and promoting European values.⁴⁶ The health and social initiatives announced by the Presidency aim to contribute to all three priorities.

With regard to health policy, the Irish Presidency will make equitable access to high-quality health care a key priority, emphasising the role of strong and inclusive health systems in supporting innovation, competitiveness and resilience across the EU. It will build on developments in life sciences and digital health by advancing the implementation of the Strategy for European Life Sciences, including

45. Council of the EU (2026) Eighteen-month programme of the Council (1 July 2026-31 December 2027), 10392/26, 10 June 2026 ([EN](#), [FR](#), [NL](#)).

46. ÉIRE2026EU (2026) Irish Presidency of the Council of the European Union 2026. Policy programme. 1 July - 31 December 2026 ([EN](#), [FR](#)).

work on the EU Biotech Act I, innovation-friendly frameworks for medicines, medical technologies and digital health, and revisions to the EU Medical Device Regulations. The Irish Presidency will also focus on enhancing the health of Europe's population through prevention and health innovation. In this regard, it will notably work to accelerate the implementation of the EU Safe Hearts Plan that the European Commission presented in December 2025, by advancing innovation in prevention, early detection and integrated health care. The Presidency is also committed to promoting proactive innovation in health care delivery, with a focus on women's health and conditions, such as endometriosis. A last point of attention will be the Union's resilience to health threats. Here, the Irish Presidency wishes to finalise the interinstitutional negotiations on the Critical Medicines Act, to

improve coordination on cross-border health threats, and to promote stronger clinical research and trial capacity. Moreover, the integration of mental health into all policies, including crisis preparedness and response, is considered key to supporting resilience.

Looking at the initiatives announced in the field of [social and employment policy](#) that may have an impact on the health care sector, the Irish Presidency will focus on supporting high-quality jobs within modern labour markets and advancing a socio-economic model that promotes societal resilience, inclusion and cohesion. It will notably work to support commitments and advance negotiations regarding the package of social measures presented by the European Commission in May 2026 (see section 1).