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EMPLOYMENT, SOCIAL AFFAIRS & HEALTH

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Making health a European priority

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Introduction

Five years ago, the Covid-19 pandemic began, revealing that warning signs of the risk of such a crisis had not been sufficiently heeded, and that we had too little capacity to deal with it. After a phase of stupefaction, Europeans were nevertheless able to act collectively and in a spirit of solidarity, including with the rest of the world.

It is against this backdrop that the "European Health Union" has been created, in an area where competences remain predominantly national. Unveiled in November 2020, it is intended to help Member States prepare for and respond to new cross-border health crises, as well as ensuring the supply of medicines and promoting modern, innovative health policies.

Numerous measures, some of them bold, have since been adopted, but the initial ambition is now waning. Yet health is a fundamental right, and as such should remain at the heart of the European agenda, in line with citizens' expectations. The well-being of people depends on it, as does the smooth running of society and the economy.

I. A better-equipped Europe in the event of a new health crisis

Based on the lessons learned from the Covid-19 pandemic, the EU adopted an ambitious legislative framework in 2022 to improve its capacity for prevention, preparedness, surveillance, risk assessment, alert and response to cross-border health

threats such as infectious diseases and environmental and chemical threats. This framework complements the commitments made under the International Health Regulations of the World Health Organisation (WHO).

A SIGNIFICANTLY STRENGTHENED LEGISLATIVE FRAMEWORK

The cornerstone of this new system is the European regulation against serious cross-border threats to health, which replaces the 2013 decision[1]. It improves the coordination, collection and exchange of data and information (hospital beds, intensive care capacity, staff, etc.) and streamlines cooperation between the Member States, the Commission, the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA).

Ultimately, the EU should have solid planning, an integrated surveillance system - using artificial intelligence and other technologies - an extensive and interoperable early warning mechanism, and a new risk assessment framework[2] . The regulation also provides a stable mechanism for joint procurement of "medical countermeasures" (vaccines, antivirals, tests, masks, etc.)

Another major advance is that it will now be possible to declare a public health emergency at EU level, enabling the necessary human and financial resources to be mobilised rapidly and the responses of the various players to be coordinated.

In line with the new provisions, the Commission is currently working on a comprehensive plan for prevention, preparedness and response to health crises and pandemics, which will be accompanied by recommendations and updated regularly. National plans will have to include a cross-border dimension and be assessed and stress-tested at EU and Member States level.

It is all the more imperative for Europeans to prepare themselves and strengthen their capabilities, as no one yet knows when or where the next threat will come from. Epidemic waves have accelerated in recent years, as with H1N1, SARS (Severe Acute Respiratory Syndrome) and, of course, Covid-19. And the WHO has come up with the term "Disease X", a hypothetical or unknown disease that could cause a new pandemic.

BETTER-EQUIPPED HEALTH AGENCIES

Created in 2004 in response to the SARS epidemic, the European Centre for Disease Prevention and Control (ECDC) is an EU agency that provides Member States with assistance, expertise and scientific advice on public health threats.

Acknowledging the central role it played during the pandemic, the EU has decided to entrust it with new tasks[3]: real-time epidemiological surveillance based on harmonised definitions, data and standards; the launch of a task force called upon, in the event of an emergency, to mobilise and deploy European intervention teams;

1 Regulation of 23 November 2022 on serious cross-border health threats and repealing Decision n°1082/2013/EU - https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32022R2371

2 See the article published in Libération on 17 February 2025 on the post-Covid-19 era https://journal.liberation.fr/reader/c7e39872-2a0e-4ac9-aa09-33b08b4cc236?origin=%2Fliberation%2Fliberation%2F2025-02-17

3 Regulation of 23 November 2022 amending Regulation (EC) No 851/2004 establishing a European Centre for disease prevention and control - https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32022R2370

the establishment and coordination of a network of reference laboratories[4]. Another new feature is that the ECDC can now issue non-binding recommendations to the Member States and the Commission.

The mandate of the European Medicines Agency (EMA), which is responsible for the control and safety of medicinal products, has also been strengthened in order to formalise some of the structures put in place during the pandemic - such as the acceleration of development and marketing authorization procedures for treatments and vaccines - and to give it new tasks as part of crisis preparedness and management[5].

The EMA can formulate scientific opinions on future treatments and coordinate European studies on vaccines and clinical trials. It is also responsible for monitoring and tackling the risks of drug shortages, in coordination with industry and national medicines agencies, and has launched a new digital platform for this purpose. Various measures have also been taken to respond to emergency situations (steering group on drug shortages, task force, etc.).

These arrangements are supplemented by the Health Security Committee (HSC), which since 2001 has been coordinating the actions and reactions of the Member States, and by the brand new Health Crisis Management Council, made up of the Commission and the Member States.

HERA, A NEW AUTHORITY DEDICATED TO HEALTH EMERGENCIES

Created in 2021 and operational since 2022, the new Health Emergency Preparedness and Response Authority (HERA) is tasked with anticipating large-scale health threats and crises and strengthening the EU's response capacity[6] . Unlike the ECDC and the EMA, it is not an independent European agency, but an internal Commission structure whose status may be reviewed in the future. Far from having the financial and human resources of its powerful American counterpart, the Biomedical Advanced Research and Development Authority (BARDA), HERA nevertheless represents one of the most significant advances in the new post-Covid health framework[7].

The Authority operates in two ways. Under normal circumstances, it assesses health threats, gathers intelligence and monitors the development, manufacture, acquisition, distribution and storage of medicinal products and medical devices. To date, it

4 The first six reference laboratories have been operational since 9 January 2025 for a period of 7 years; this network will improve the quality and comparability of tests https://www.ecdc.europa.eu/en/news-events/first-six-eu-reference-laboratories-public-health-are-now-operational

5 Regulation of 25 January 2022 on a stronger role for the European Medicines Agency in crisis preparedness and management as regards medicinal products and medical devices https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32022R0123

6 Communication of 16 September 2021 presenting HERA, the new European Health Emergency Preparedness and Response Authorityý, the next step towards the completion of the European Health Union https://eur-lex.europa.eu/resource.html?uri=cellar:5cba81f5-16f8-11ec-b4fe-01aa75ed71a1.0022.02/DOC_1&format=PDF
On 26 March 2025, the Commission published a first report evaluating the work of HERA https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52025DC0147

7 With a budget of €6 billion over 6 years (2022-2027) - coming from the multiannual financial framework and the NextGenerationEU recovery instrument - HERA benefits from private funding in the form of loans, guarantees, equity or quasi-equity. Its operations also rely on national budgets and multinational projects such as the PIIEC (major project of common European interest) in the field of health.

has identified three priority health threats requiring European coordination of this type: pathogens with high pandemic potential; chemical, biological, radiological and nuclear (CBRN) threats; and threats resulting from antimicrobial resistance (AMR).

In times of crisis, it will have to guarantee the availability of vaccines, antibiotics, gloves, masks and other necessary equipment. To this end, it will have to ramp up the research and production capacities of the "EU FAB" facility, a network that is ready to be activated at any time and can benefit from emergency funding[8].

HERA can also act as a central purchasing body; on 24 January 2025, for example, it signed a joint procurement contract with the pharmaceutical company Moderna on behalf of 17 participating countries - including 15 EU Member States - for the purchase of doses of Covid-19 mRNA vaccine. The group purchases enable the countries concerned to benefit from the same treatments, at the same price, at the same time, as was the case with the Covid-19 vaccines.[9]

II • A Europe too dependent on medicines

Drug shortages increased twenty-fold between 2000 and 2018, reaching a peak of 14,000 notifications in 2019 in the EU and falling back to around 200 in several Member States by 2023[10]. They can have dramatic consequences for patients in the absence of substitution treatment and can be explained in particular by the relocation outside the EU of a large part of the production of generics and active pharmaceutical ingredients, which results in excessive dependence on a small number of external suppliers (or even a single supplier), located mainly in China and India. Various actions have been taken or are in preparation at European level to ensure a form of 'strategic autonomy' in this area in an increasingly unstable geopolitical environment; but at this stage they remain highly insufficient to reconstitute a sufficiently solid industrial base in the EU.

I AN AMBITIOUS REFORM OF PHARMACEUTICAL LEGISLATION

On 26 April 2023, the European Commission presented a proposal to revise pharmaceutical legislation, which was agreed by the European Parliament but is still under discussion in the Council[11]. The Commission's aim is to guarantee access to medicines for all, combat supply shortages and support innovation and competitiveness by simplifying regulations.

8 On 30 June 2023, the European Commission announced the creation of the "EU FAB" network, with the capacity to produce up to 325 million doses of vaccines per year in the EU https://france.representation.ec.europa.eu/informations/union-europeenne-de-la-sante-creation-dun-reseau-de-fabricants-de-vaccins-pour-renforcer-la-2023-06-30_fr

9 The European Commissioner for Crisis Management, Hadja Lahbib, has been tasked with developing "a new strategy to support medical countermeasures to address threats to public health", which will include tools such as EU-wide stockpiling and the use of innovative financial instruments https://commission.europa.eu/document/download/e0f32937-9ce9-40d7-880c-416321d00dc9_fr?filename=mission-letter-lahbib_FR.pdf

10 «Pour un approvisionnement sûr en médicaments», Isabelle Marchais, Policy Paper, Institut Jacques Delors, March 2023 - https://institutdelors.eu/wp-content/uploads/2023/03/PP288_Pour-un-approvisionnement-sur-en-medicaments_Marchais_FR.pdf

11 On 26 April 2023, the European Commission adopted a proposal for a directive and a proposal for a regulation to revise and replace current pharmaceutical legislation. This legislative package concerns medicinal products for human use only. https://eur-lex.europa.eu/resource.html?uri=cellar:bfcb9e00-e437-11ed-a05c-01aa75ed71a1.0019.02/DOC_1&format=PDF https://eur-lex.europa.eu/resource.html?uri=cellar:e3f40e76-e437-11ed-a05c-01aa75ed71a1.0007.02/DOC_1&format=PDF

Companies will have to notify shortages and withdrawals in advance and put in place plans to prevent shortages. A redesigned system of incentives will encourage them to market their medicines systematically in all Member States, including the smallest and least wealthy. The European Medicines Agency will play an even greater role in combating shortages and will be able to grant conditional authorizations more quickly. Generic and biosimilar medicines will also be placed on the market more quickly.

Investment in cutting-edge technologies will be supported by regulatory sandboxes, controlled environments in which companies can test their products and services while interacting with regulators. Measures are also planned to promote regulatory data protection and the coordinated evaluation of Advanced Therapy Medicinal Product (ATMP) trials. Finally, exchanges of best practice on pricing and reimbursement will be encouraged between Member States, which have sole competence in this area.

The proposal also includes provisions on antimicrobial resistance (see below). The Commission is already evaluating proposals for public funding from several Member States under the first major project of common European interest (PIIEC) on health, which will support the development and industrial deployment of innovative treatments and new technologies to combat this scourge, as well as rare diseases and cancer.[12]

A STILL TIMID DRAFT LAW ON CRITICAL MEDICINES

Other initiatives have been taken to try to reduce the EU's vulnerability in terms of pharmaceutical production and access to medicines.

On 24 October 2023, as part of an overall strategy to combat shortages, the Commission launched a voluntary European solidarity mechanism enabling Member States to report their needs and/or availability of medicinal products. Following on from this, on 12 December 2023, the Commission published the first list of critical medicines in the EU (the vast majority of which are generic and off-patent) whose unavailability could seriously harm patients, and for which security of supply should therefore be guaranteed (antibiotics, analgesics, corticoids, etc.). An updated list of 270 active substances was published in December 2024.[13]

A "Critical Medicines Alliance" will also bring together representatives of national authorities, the Commission and EU agencies, industry, health and civil society for five years. Created in April 2024, this collaborative platform published its first report[14] in February 2025, identifying three main priorities: strengthening production capacity in the EU by investing in strategic projects; supporting and encouraging diversification in the manufacture of active substances; and promoting local, sustai-

12 The aim of the PIIEC Santé (*Med4Cure*) is to help strengthen production capacities in the healthcare sector and promote the competitiveness of European healthcare industries
https://www.entreprises.gouv.fr/priorites-et-actions/autonomie-strategique/developper-les-secteurs-strategiques-lechelle-0

13 A medicine is considered "critical" when it is essential to ensure the provision and continuity of high-quality healthcare and a high level of public health protection. The publication of this list follows the commitment made by the Commission in its communication of 24 October 2023 on shortages of medicinal products in the EU.
https://commission.europa.eu/document/da376df1-c70e-48ba-8844-3024f25746b6_en
https://www.ema.europa.eu/en/human-regulatory-overview/post-authorisation/medicine-shortages-availability-issues/availability-medicines-during-crises

14 Strategic report of the Critical Medicines Alliance
https://health.ec.europa.eu/document/download/3da9dfc0-c5e0-4583-a0f1-1652c7c18c3c_en?filename=hera_cma_strat-report_en.pdf

nable and resilient production along the entire value chain (critical raw materials, APIs, medicines).

Above all, in March 2025 the Commission presented a proposal for a regulation aimed at improving the availability of vital medicines in Europe from an industrial perspective (Medicines Act)[15]. The text, which takes up several of the Alliance's recommendations but remains very cautious on the issues of funding and reserve stocks, provides for action on several fronts.

On the supply side, "strategic projects" will be identified to create, increase or modernise production capacity in the EU for these medicines or their ingredients; these projects will have easier access to targeted funding and scientific, technical or regulatory support. To this end, the Commission has published guidelines on State aid.

On the demand side, in addition to price, public procurement contracts will have to take into account criteria such as security of supply and diversification of value chains, as well as a form of European preference in the event of heavy dependence on one country or a limited number of countries - including for other medicines of general interest. The Commission is also considering authorising joint procurement between Member States, with the aim of ensuring that all countries, not just the largest or richest, have access to the treatments they need.

LEGISLATION ON MEDICAL DEVICES NEEDS TO BE REASSESSED

Products used for medical purposes (contact lenses, pacemakers, hip replacements etc.) are a key part of supply chains. The 2017 regulations on medical devices and in vitro diagnostic medical devices established a new, stricter legislative framework, particularly in terms of definition, pre-market examination, clinical assessments, traceability or monitoring.

An update was presented in 2023 to extend the transition periods under certain conditions and ensure better availability of these products[16]. Manufacturers will be required to report potential shortages, and the gradual roll-out of the EUDAMED electronic database from the end of 2025 will enable better monitoring of the market. But this legislation does not resolve the issue of the length and cost of procedures, which increase the risks of supply disruptions and withdrawals.

The Commission therefore intends to launch an assessment of the legislation in order to measure its impact on the availability, innovation and competitiveness of medical devices, with a view to a revision that would form part of the vast project to simplify and reduce administrative burdens that Europe has decided to embark on. Some governments, for example, would like to speed up and facilitate approval procedures by giving the EMA a greater role[17].

15 In June 2024, EU health ministers adopted conclusions on the future of the European Health Union, which call on the European Commission to consider legislation on critical medicines, in order to define a legal framework "to address vulnerabilities in the supply chain" by strengthening EU production and diversifying sources of supply
https://data.consilium.europa.eu/doc/document/ST-9900-2024-INIT/fr/pdf

16 The Commission proposes an extension of the transitional periods for the application of the regulation on medical devices. Commission fact sheet
https://ec.europa.eu/commission/presscorner/detail/fr/qanda_23_24

17 Read the Euractiv article
https://www.euractiv.fr/section/sante/news/sante-les-cinq-politiques-de-lue-a-suivre-en-2025/

III . Greater emphasis on innovation and competitiveness

Europe is determined to make the most of digital technologies, which are having a significant impact on healthcare systems. Various tools, such as telemedicine, remote monitoring and digital self-diagnostics, can significantly improve patient care.

I THE RECOMMENDATIONS OF THE DRAGHI AND LETTA REPORTS FOR THE HEALTH SECTOR

At the request of Commission President Ursula von der Leyen, former Italian Prime Minister Mario Draghi published a report on European competitiveness in September 2024, highlighting the pharmaceutical sector's contribution to the economy and employment [18].

While acknowledging Europe's strong manufacturing base, scientific know-how and academic excellence, the document warns that Europe is falling further and further behind its competitors, particularly in the most dynamic and innovative segments. The main reasons for this are fragmented and insufficient funding for research and development, a slow, complex and inflexible regulatory framework, and fragmented national pricing and reimbursement procedures. It therefore puts forward a number of recommendations, such as greater use of new technologies, rapid access to the market for medicines, increased public and private investment in R&D and the rationalisation of multinational clinical trial procedures.[19]

In his report on strengthening the single market, the President of the Jacques Delors Institute and former Italian Prime Minister Enrico Letta also issued a warning, recalling the fall in pharmaceutical production in Europe over the past 25 years. To improve and strengthen the sector's resilience, he proposes including a fifth fundamental freedom for research, innovation and education[20].

I USING HEALTH DATA AND AI TO IMPROVE THE QUALITY OF CARE

Things are beginning to move forward on the innovation front, however, with the new European Health Data Space (EHDS)[21] . Thanks to this regulation, which is one of the central pillars of a European health union, patients will have simple and immediate access to their electronic health data, regardless of which EU country they are in, and will also be able to control the 'secondary' use made of their health data for research and innovation purposes.

In future, all electronic medical record systems will have to comply with the specifications of the European exchange format to ensure their interoperability in the EU. A digital health authority, responsible for applying the new provisions, will be set up in the Member States.

18 Mario Draghi's report on the future competitiveness of the EU
https://commission.europa.eu/topics/eu-competitiveness/draghi-report_en

19 The ability to conduct such trials is essential for generating evidence and strengthening Europe as a development and production centre, as well as for building a genuine internal market in medicines. See the conclusions of the European Health Ministers (see above)

20 "Much more than a market. Speed, security, solidarity. Strengthening the single market to ensure a sustainable future and prosperity for all EU citizens", Enrico Letta, Report to the European Council, April 2024
https://institutdelors.eu/publications/bien-plus-quun-marche/

21 The proposal for a regulation on the European Health Data Space was definitively approved on 21 January 2025.
https://www.consilium.europa.eu/fr/press/press-releases/2025/01/21/european-health-data-space-council-adopts-new-regulation-improving-cross-border-access-to-eu-health-data/

This European health data area will also facilitate the use of new technologies in the medical field (diagnostic assistance, computer-assisted operations, remote monitoring, intelligent prostheses, personalised treatments). Artificial intelligence can, for example, improve medical imaging or enhance the effectiveness of certain treatments for cancer or other conditions[22] . It can also help combat "medical wandering", when patients run from one doctor to another without getting clear answers to their problems.

The European Union has just adopted the world's first comprehensive regulation on AI. Coming into force on 2 February 2025, its aim is to create a favourable environment for innovation and investment, while offering guarantees for the protection of fundamental rights

MORE EFFECTIVE HEALTH TECHNOLOGY ASSESSMENT

Another long-awaited development that should improve access to innovative products is the new European legislation on health technology assessment (HTA). This evidence-based process synthesises information on the medical, economic, social and ethical issues relating to the use of medicines and other diagnostic or treatment materials.

The HTA focuses on the added value these technologies compared with existing solutions, measuring not only the therapeutic effect but also any side effects, the influence on quality of life, the financial consequences for the patient and the impact on the organisation of care systems. This is an essential tool for Member States when deciding on the use, price and reimbursement of these technologies.

The regulation has been in force since January 2025, and its scope will be gradually extended until 2030, when it will cover all new treatments[23]. In particular, it provides for the introduction of a single submission dossier at EU level for common clinical evaluations, as well as a speeding-up of procedures, since evaluations will have to be completed within 30 days of authorisation of the medicinal product.

Postponed until 2026, future European legislation on biotechnology should also help companies to bring innovative products to market.

IV . Insufficient consideration of public health issues

All the evidence shows that health promotion and a focus on prevention can significantly reduce the proportion of non-communicable diseases. Yet Europeans continue to pay insufficient attention to prevention, which still accounts for only a tiny proportion of healthcare spending in the EU, in favour of curative measures.

TOO LITTLE FOCUS ON PREVENTION

Despite slow changes in behaviour, risk factors such as smoking, excessive alcohol consumption, poor diet and lack of physical activity are still major contributors to morbidity and mortality in EU countries. Socio-economic inequalities also play an

22 On this subject, read the Inserm article on "Artificial intelligence and health: algorithms at the service of medicine".
https://www.inserm.fr/dossier/intelligence-artificielle-et-sante/

23 The regulation on health technology assessment (HTA) came into force on 11 January 2022 and has been applicable since 12 January 2025.
https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32021R2282

important role: obesity rates are much higher in low-income families and among people with little education than in the rest of the population. Conversely, promoting health and healthy lifestyles from an early age can considerably reduce the proportion of non-communicable diseases.

Despite significant awareness, Europe continues to make slow progress on the issue, mainly due to a lack of significant expertise in the field. The Health Commissioner has pledged to evaluate and revise tobacco legislation, in particular to address concerns about young people's access to electronic cigarettes and other cigarette substitutes, which carry the risk of nicotine addiction. But the process, which is subject to a great deal of pressure and intense lobbying, looks set to be a difficult one.

The Commission also says it is "committed" to the ambition, set out in the European cancer plan, of reducing alcohol consumption; but efforts to amend the 2006 European strategy are still at a standstill, and Oliver Varheli prefers for the time being to call for a change in the narrative on the risk factors and economic determinants of health.[24]

Although vaccination is one of the most effective tools for preventing disease and improving public health, Member States are faced with growing public distrust, fuelled by a mixture of misinformation and disinformation. Policies in this area are the responsibility of the national authorities, but the Commission is helping them to coordinate their strategies and programmes, for example in the case of vaccine-preventable cancers such as HPV. The 2018 recommendation thus provides guidelines for combating reluctance or refusal to be vaccinated, improving the coverage rate in the EU, better coordinating supplies and supporting research. It encourages Member States to implement national plans

Europe is also faced with an ageing population[25]. The proportion of the population aged over 65 is set to rise from 21% in 2023 to 29% by 2050, and life expectancy at the age of 65 is now over 20 years, but less than half of these years are spent in good health, even more so for women than for men. Yet it is possible to prevent a significant proportion of chronic diseases, particularly dementia, in the elderly by tackling the main risk factors throughout their lives.

THE CANCER PLAN, A MODEL FOR OTHER NON-COMMUNICABLE DISEASES

While infectious diseases - such as Covid-19 - represent a growing burden of disease, non-communicable diseases account for almost 90% of deaths in the EU, and their prevalence is increasing. In June 2022, the Commission presented the 'Healthy Life Together' initiative, which covers cardiovascular diseases (the leading cause of death in the EU), diabetes, chronic respiratory diseases, mental health and

24 In its report "*Alcohol health warning labels: a public health perspective for Europe*", published on 14 February 2025, the World Health Organisation (WHO) deplores the lack of information on the links between alcohol and cancer and suggests that health warnings on alcohol bottles should be made more widespread - https://www.who.int/europe/publications/i/item/9789289061681

25 Projection models indicate that a concerted 'healthy ageing' scenario could "slow the growth of healthcare expenditure as a percentage of GDP over the coming decades and help contain long-term care costs". See the 2024 edition of the *Panorama of Health* on the state of European healthcare systems https://health.ec.europa.eu/document/download/1e23af78-d146-4c84-be77-690fc6044655_en?filename=2024_healthatglance_rep_en.pdf

neurological disorders, as well as cross-cutting health determinants such as the environment and lifestyles[26].

Cancer, which is the second leading cause of death in the EU and one of the main causes of premature death, is the subject of specific measures[27]. With a budget of €4 billion over seven years (2021-2027), the cancer plan covers prevention, early detection, treatment and follow-up, and could serve as a model for other diseases. In September 2022, the Commission also presented a new recommendation to support Member States' efforts to encourage and improve screening for a number of cancers.

More than 84 million Europeans, including a growing number of young people, are said to be experiencing mental health problems (depression, anxiety, suicide attempts). Various factors explain this psychological distress, such as the incidence of Covid-19-related isolation, problematic use of the internet and social networks and increased exposure to cyberbullying. In June 2023, the Commission adopted a comprehensive plan on the subject comprising around twenty flagship initiatives backed by €1.2 billion in funding. It will also shortly be launching a pan-European survey to measure the impact of social media and excessive use of screens on the mental and physical well-being of young people.

STRONG RECOGNITION OF THE "*ONE HEALTH*" APPROACH

Two approaches guide European action in the health field today: "Health in all policies" and "*One Health*", which recognises the very close link between human health, animal health and the environment. One of the best examples of this is the problem of zoonoses, infectious diseases that pass from animals to humans and vice versa.

Air pollution remains the greatest environment-related health risk: in 2021 exposure to fine particles alone caused more than 253,000 premature deaths in the EU, with particularly high mortality in Central and Eastern Europe[28] . The EU has set itself the target of reducing the number of premature deaths caused by fine particles by 55% by 2030 compared with 2005.

Another major challenge is antimicrobial resistance. The WHO considers it to be one of the ten greatest threats to global public health, and the OECD estimates that it is responsible for around 35,000 deaths a year in the EU. On 13 June 2023, the Council adopted a Recommendation aimed at stepping up the fight against antimicrobial resistance in the areas of human health, animal health and the environment. It sets a target for the EU of reducing total antibiotic consumption by 20% by 2030 compared with 2019, a target that is far from being achieved to date. The pharmaceutical package claims to help improve the situation by encouraging the judicious use of antibiotics and remedying market failures.

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26 In December 2024, EU health ministers adopted conclusions on improving cardiovascular health in the EU, calling for more sustained efforts to help prevent cardiovascular disease, with a focus on prevention, screening, access to care and rehabilitation. https://www.consilium.europa.eu/fr/press/press-releases/2024/12/03/cardiovascular-health-council-calls-for-more-robust-efforts-to-help-prevent-cardiovascular-diseases/

27 The European plan to beat cancer was reviewed by the Commission services in February 2025 https://health.ec.europa.eu/publications/review-europes-beating-cancer-plan_en?prefLang=fr

28 See the European Environment Agency (EEA) briefing note "*Harm to human health from air pollution in Europe: burden of disease 2023*". https://www.eea.europa.eu/publications/harm-to-human-health-from-air-pollution/harm-to-human-health-from

The European Union, on the other hand, is continuing to move cautiously on the issue of PFASs (per- and polyfluoroalkylated substances), these "eternal pollutants" that are very present in everyday life but whose impact on health is giving rise to increasing concern. In 2023, five countries - Germany, the Netherlands, Sweden, Denmark and Norway - called for major restrictions on their use. But this request has so far gone unheeded, and only a few PFASs are banned at European level. In a pioneering move, France passed legislation on 20 February 2025 to ban the manu facture and sale of certain products containing PFASs.

V • Europe ill-prepared for demographic challenges

I INSUFFICIENT NUMBERS OF CARERS

One of the major challenges of the coming years will be the shortage of healthcare workers, exacerbated by demographic challenges, skills mismatches and geographical disparities. The 2024 edition of Health at a Glance: Europe from the Commission and the OECD notes that the health workforce is facing "a serious crisis"[29]. In total, the EU currently has a shortage of 1.2 million doctors, nurses and midwives. Two main factors are contributing to this situation: the ageing of the population (which is increasing demand for healthcare) and the ageing of the healthcare workforce itself.

More than a third of doctors and a quarter of nurses are over 55. At the same time, interest in these professions is declining among young people, who are put off by the often low salaries and difficult working conditions. This situation can have dramatic consequences in the event of a health crisis, as demonstrated by the pressure exerted on nurses during the Covid epidemic, but also on a day-to-day basis, for patients who are forced to wait months or weeks for an appointment, especially in medical deserts.

To remedy the problem, European countries are increasingly relying on the recruitment of foreign-trained healthcare professionals, which can provide "a rapid solution to urgent needs" but risks "exacerbating labour shortages and general fragility in the countries of origin".

The OECD report therefore suggests adopting a multi-dimensional approach covering improvements in working conditions and pay, education and training opportunities, including digital opportunities, and the use of new technologies and artificial intelligence to increase productivity and improve patient care. It would also be useful to facilitate intra-European mobility, including by reassessing the rules on the recognition of qualifications and diplomas.

I THERE IS ROOM FOR IMPROVEMENT IN MEETING PATIENTS' NEEDS

Meeting patients' needs requires a global approach, including not only the development of treatments but also prevention, diagnosis, the coordination and organisation of care and the availability of information. These needs relate not only to longer life expectancy but also to quality of life, access to care and the resulting costs.

An independent European database would help to identify unmet health needs and thus respond to priority needs in terms of healthcare policies, research and innovation. According to the EU Health Ministers, it should "bring together scientific data

29 *Panorama of health: Europe*, 2024 edition, see above .

on specific, general and systemic diseases collected in a standardised way, based on a framework with transparent needs-based criteria", and be developed by independent researchers[30].

Other avenues are being explored, such as the introduction of a voluntary mechanism managed by the Member States, or an initiative to coordinate public aid at EU level for the most urgent needs, including treatment. Generally speaking, the collection of high-quality, standardised data is a prerequisite for improving patient care and the quality of healthcare systems.

THE FINANCING CHALLENGE

The Member States are solely responsible for their health systems, and the Union's powers are limited to supporting, coordinating and supplementing their actions. However, the Treaty on the Functioning of the European Union (TFEU) sets the Union the cross-cutting objective of a high level of human health protection in defining and implementing all its policies and activities (improving public health, preventing disease, combating major scourges, monitoring serious cross-border threats). In addition, the EU is mobilising millions of euros of European funds in support of health.

The EU4Health programme, which funds initiatives to improve access to healthcare and treatment, support healthcare workers and strengthen national healthcare systems, enabled a rapid response to the Covid-19 epidemic and supported the development, production and purchase of vaccines. Following the revision of the multiannual financial framework in 2024, it will have a budget of €4.4 billion over seven years (2021-2027), which is certainly the highest amount ever allocated to health policy at EU level, but which marks a clear reduction compared to the initial budget of €5.3 billion and remains well below the needs and initial requests of the Commission[31]. One of the challenges of the negotiations on the future multiannual financial framework will be to stabilise or even increase this envelope in order to meet the ambitions of a genuine European health union.

Other instruments are also involved. The "Horizon Europe" research and innovation programme funds many health-related projects, while the EU's structural funds can help combat medical deserts and digitise healthcare. The European investment programme InvestUE provides loans, equity or guarantees to support infrastructure projects and innovative start-ups and SMEs. The Commission and the European Investment Bank have also created HERA Invest, a €100 million top-up to support R&D to tackle the most pressing cross-border threats to health.

Finally, the Recovery and Resilience Facility - a temporary instrument at the heart of NextGenerationEU, the EU's ambitious plan to emerge from the health crisis - has enabled Member States to allocate some €43 billion in their national plans to healthcare-related measures (infrastructure, workforce, digitisation, primary care).

30 Conclusions of the European Health Ministers, see above.
31 See the Commission communication of 22 May 2024 on the "European Health Union", which highlights the progress made since 2020 - https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52024DC0206

Conclusion

Europe's healthcare systems are facing some difficult years ahead, with the growing needs of an ageing population, an increase in chronic diseases, problems with the supply of medicines, shortages of healthcare staff and the ever-present risk of another health crisis. The many measures taken or planned in recent years are enabling the EU to be stronger and more innovative in tackling the many challenges that lie ahead. But much remains to be done, both to implement the measures already taken and to adopt new ones[32].

Despite having (too) few competences in the field of health, the EU remains an essential level for progress; it will be important to remember this and to provide it with additional resources in the future. It is by coordinating, cooperating and pooling certain resources that the Member States will be best equipped to tackle new health crises or strengthen the continent's strategic autonomy. Europe's leaders must understand that investing in health, a sector with high added value, will contribute to their competitiveness and wealth.

As proof of this importance, the European Parliament set up a Standing Committee on Public Health at the end of 2024. Chaired by Polish MEP Adam Jarubas (EPP), it will be responsible for a whole range of issues, including pharmaceutical products, specific programmes and actions in the field of public health, preparedness and response to health crises, mental health and patients' rights, and the health aspects of bioterrorism. In February 2025, MEPs also launched an intergroup on cancer and rare diseases.

Relations with the rest of the world must not be neglected. In November 2022, the European Commission adopted a strategy aimed at improving health and well-being worldwide, advancing universal health coverage and combating pandemics and other threats to health[33]. But with the United States announcing its withdrawal from the WHO, the new american administration's aggressive stance on trade and customs matters and its interventionism in the databases of federal health agencies, Donald Trump's return to power is undermining the world's ability to monitor, detect, anticipate and combat new health threats, and reducing the chances of finally reaching an international treaty on pandemics. Against this backdrop, the EU would do well to strengthen its support for the WHO in order to maintain cooperation in the field of public health.

As Enrico Letta points out in his report on the internal market (see above), "the integration of a European dimension in the health sector has become crucial to guarantee both access and sustainability for EU citizens, especially considering demographic changes and the possibility of future crises. Without a unified approach to health, Europe stands to lose the valuable insights gained from the pandemic experience". Europe's leaders must urgently heed this lesson. More than ever, the EU has a role to play, both internally and on the international stage.

32 The *EU Health Coalition* puts forward a number of recommendations for completing the European Health Union: putting patients at the heart, investing in training and education, providing targeted investment in health, and focusing on research and innovation https://www.euhealthcoalition.eu/news/reshaping-health-for-a-stronger-europe/

33 Adopted in November 2022, the EU's global health strategy sets out three priorities: to improve people's health and well-being throughout their lives; to strengthen health systems and advance universal health coverage; and to prevent and combat threats to health https://health.ec.europa.eu/document/download/25f21cf5-5776-477f-b08e-d290392fb48a_en?filename=international_ghs-report-2022_en.pdf&prefLang=fr

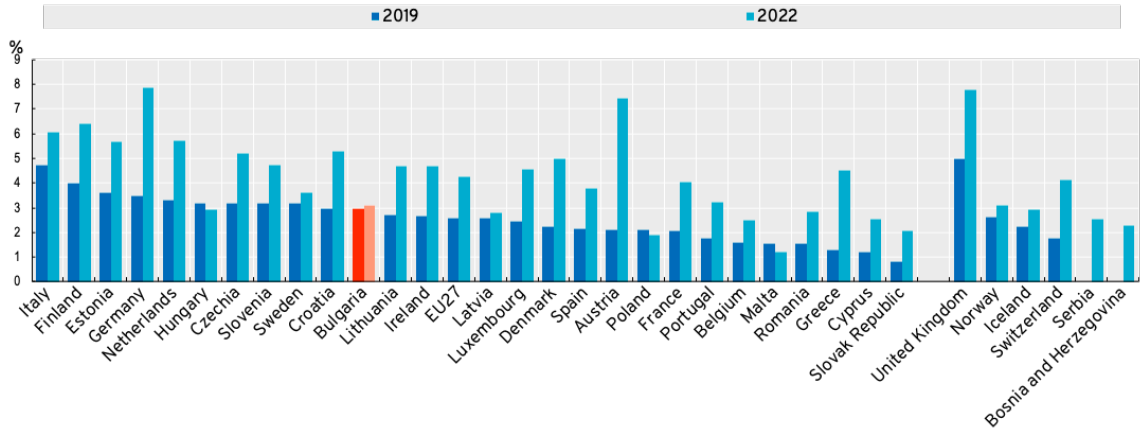
Spending on prevention accounts for a very different proportion of current healthcare expenditure in different countries

Preventive care is defined in the internationally harmonised System of Health Accounts (SHA) as «any measure aimed at reducing or avoiding the number or severity of injuries and illnesses, their sequelae and complications». They include six categories of care, the definitions of which may differ from country to country.

In 2022, spending on prevention will account for an average of 4.3% of current health expenditure in the international sense (iHDI) in the EU-27 countries. This share varies greatly from member state to member state, with Germany and Austria showing the highest levels of preventive spending (7.8% and 7.4% of ICHE respectively).

Conversely, Slovakia (2.0%), Poland (1.9%) and, more generally, the countries of Eastern and Southern Europe devote a smaller proportion of their healthcare expenditure to prevention. By 2022, this share will have risen to 4.0% in France, placing it at a lower intermediate level in Europe, like Sweden, Luxembourg, Spain and Slovenia (3.6%, 4.6%, 3.8% and 4.7% respectively).

Share of spending on prevention in current health expenditure, 2019-2022



▲ Note: The EU average is unweighted
▲ Source: OECD Health Statistics 2022.

Deterioration in the mental and physical health of adolescents

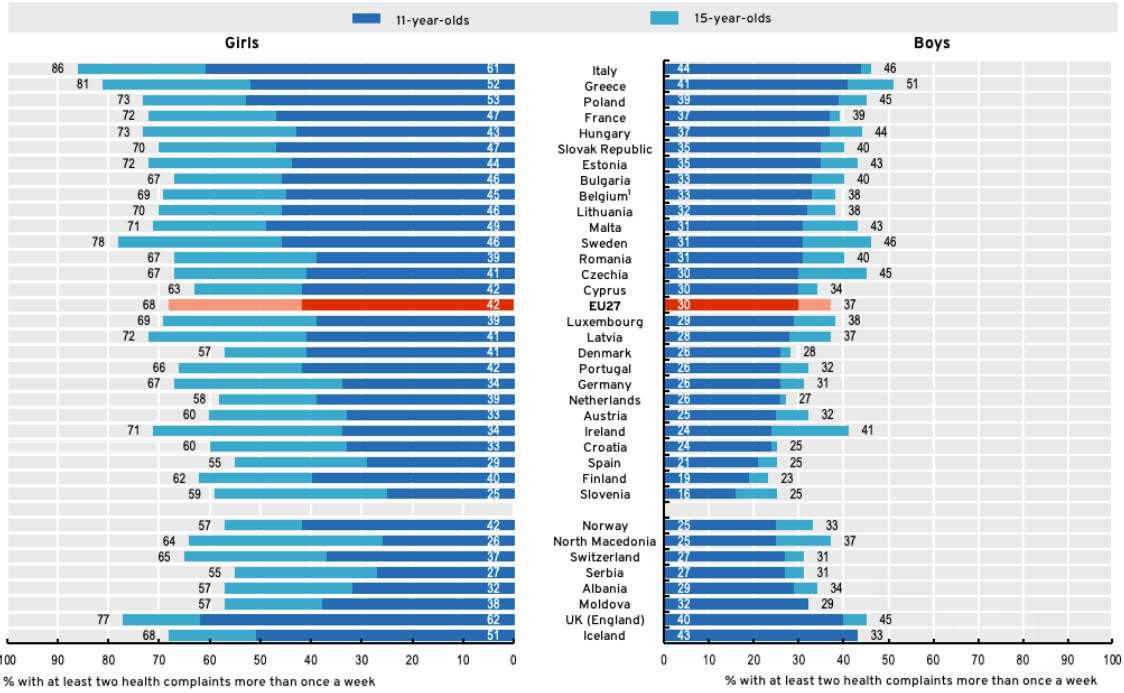
Recent evidence points to a deterioration in the physical and mental health of adolescents. The proportion of 15-year-olds reporting multiple health complaints – related to both physical issues and psychological distress – rose from 42% in 2017-18 to 52% in 2021-22 on average across EU countries.

Various factors explain the rising trend in psychological distress among adolescents during that period, including the impact of the COVID-19 lockdowns, higher rates of problematic internet and social media use and increased exposure to cyberbullying.

The impact of social media and excessive screen time on the mental health of individuals, particularly among youth, warrants close monitoring.

▲Source: State of Health in the EU
HEALTH AT A GLANCE: EUROPE 2024 © OECD EUROPEAN UNION 2025

Share of 11- and 15-year-olds reporting multiple health complaints, 2022



▲Note: The EU average is unweighted. Differences across countries may reflect a different understanding and interpretation of the questions. The rate for 11-year-old boys is higher than the rate for the 15-year-olds in Moldova and Iceland.
1. The value for Belgium is the unweighted average of the Flemish Community and the French Community.
▲Source: HBSC Data Browser - https://data-browser.hbsc.org/

Health workforce shortages

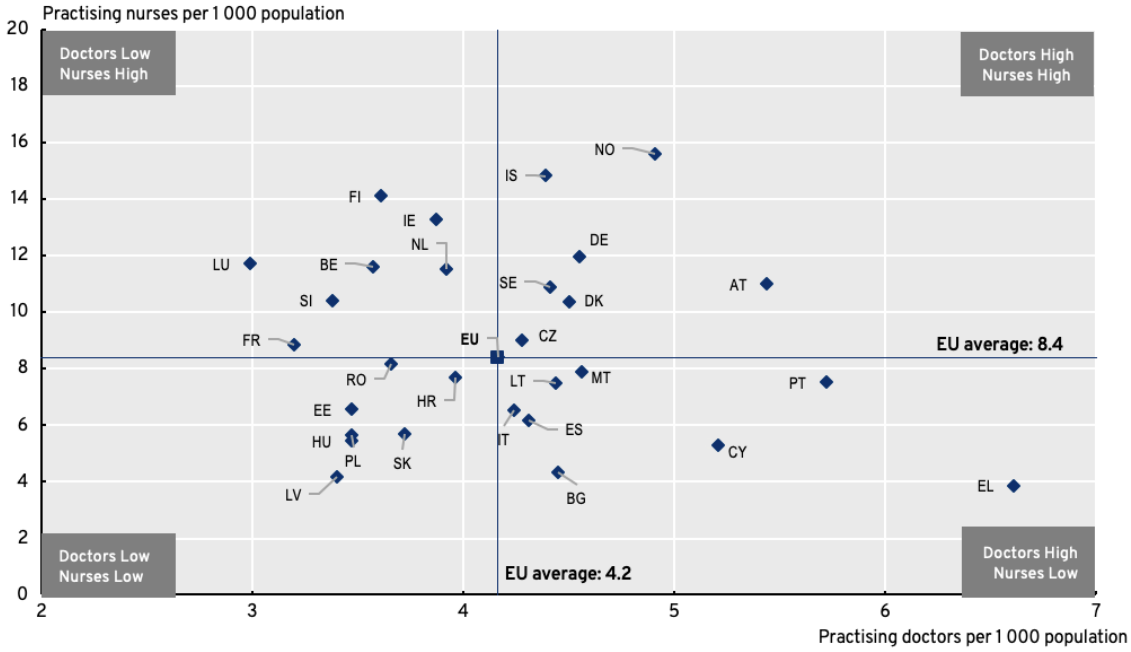
The European health workforce faces a severe crisis. Twenty EU countries reported a shortage of doctors in 2022 and 2023, while 15 countries reported a shortage of nurses. Based on minimum staffing thresholds for universal health coverage (UHC), EU countries had an estimated shortage of approximately 1.2 million doctors, nurses and midwives in 2022.

The dual demographic challenges of an ageing population, which augments the demand for health services, and an ageing health workforce, which increases the need to replace current health workers as they retire, are key drivers of this shortfall. Over one-third of doctors and a quarter of nurses in the EU are aged over 55 and expected to retire in the coming years.

Concurrently, interest in health careers among young people is declining, with interest in nursing falling in over half of EU countries between 2018 and 2022. Health workforce planning is essential to guide policy making and ensure that the health workforce is sufficiently staffed and skilled.

▲ Source: State of Health in the EU
HEALTH AT A GLANCE: EUROPE 2024 © OECD EUROPEAN UNION 2025

The number of doctors and nurses varies widely across EU countries



▲ Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). The data for Luxembourg refer to 2017 (latest year available). In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In the Slovak Republic, data refer to professionally active doctors, resulting in a slight over-estimation. In Greece, the number of nurses is underestimated as it only includes those working in hospital. In Portugal and the Slovak Republic, data refer to professionally active nurses, resulting in a slight over-estimation.
▲ Source: OECD Health Statistics 2024 (data refer to 2022 or the nearest year

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