Policy orientations 2026-2029 of the Health Security Interest Group

The Health Security Interest Group brings together Members of the European Parliament, EU agencies and leading scientific experts to strengthen Europe's capacity to anticipate, prepare for, tackle and recover from major health threats**, and to promote cooperation with international partners, including by supporting stronger health preparedness capacities in third countries, particularly low- and middle-income countries**. Anchored in the One Health approach and Europe's ambition for strategic autonomy, the Group focuses on advocating for a coherent health security architecture with intensive care at its centre, a European Health Security Pillar capable of protecting citizens in an era of accelerating and unpredictable threats.

The Group recognises that effective preparedness depends on the underlying resilience and resources of healthcare systems and effective prevention **measures before emergencies occur**: a population kept as healthy as possible across all life stages, supported by a robust primary and specialised care basis, and by a skilled, healthy and motivated healthcare workforce, is a strategic asset for any future health emergency. A well-supported workforce is the precondition for a crisis-ready health system as preparedness rests on people as on infrastructure and equipment. Across all its work, the Group supports the shift from a logic of response to a logic of prevention **and preparedness**.

Over the 2026-2029 mandate, the Group pursues ten priorities.

1. Preparedness, early warning, research and innovation

The EU's capacity to anticipate and prevent threats depends on how they are identified and prioritised, and on sustained investment in crisis-relevant science. Front-line clinical expertise helps identify which threats most severely test health systems. As major health threats also originate beyond the Union's borders, anticipation therefore depends on international cooperation, in line with the EU Global Health Strategy and the WHO Pandemic Agreement.

Mandate objective: secure a structured clinical input into the threat-prioritisation, early-warning and overall work of HERA and ECDC, and promote crisis-relevant research into EU health and research programmes and the post-2027 budget.

Vehicles: HERA and ECDC work programmes, EU4Health and Horizon Europe, the next Multiannual Financial Framework, including the proposed European Competitiveness Fund and its health window, **and the UCPM-HER**.

2. Crisis response and cross-border coordination

The Union Civil Protection Mechanism is the EU's principal framework for mobilising and coordinating timely assistance when **an emergency** exceeds national capacities. **The negotiations on the new Regulation, underway during the current mandate, are an opportunity to reinforce the Union's ability to deploy health and medical resources across borders and to strengthen prevention and preparedness for health emergencies,**

with a dedicated budget share for cross-border health preparedness and resilience, so that ambition is matched with resources.

Mandate objective: ensure the **new Regulation** strengthens cross-border medical surge capacity, including reserves of medical resources and the deployment of specialised health teams to support Member States whose health services are overwhelmed, and promote an EU framework for the recognition and employment protection of the civil-protection and health-emergency volunteers who supplement professional services in crises.

Vehicles: the ongoing **negotiations on the UCPM-HER**, the EU Global Health Strategy.

3. Workforce readiness, mobility and retention

A crisis-ready health system needs a trained, deployable and retained healthcare workforce. Preparing that workforce requires advanced crisis-preparedness training and harmonised crisis-relevant skills across Member States, working conditions that sustain retention, including wellbeing, mental-health support and attractive career pathways, and the removal of the recognition barriers which still slow the cross-border deployment of specialised clinicians.

Mandate objective: strengthen the EU framework for crisis-preparedness training, mobility and retention of the healthcare workforce, and secure recognition of crisis-relevant medical specialities, including intensive care medicine, under Annex V of the Professional Qualifications Directive.

Vehicles: **UCPM-HER**, the Annex V update mechanism, EU4Health.

4. Real-time monitoring of crisis-response capacity

The COVID-19 pandemic exposed the EU's limited visibility over the real-time capacity of its health services during a crisis. A shared monitoring framework would allow earlier detection of **emergencies and** saturation, and better allocation of resources.

Mandate objective: support a European framework for real-time monitoring of the capacity of crisis-relevant health services.

Vehicles: **UCPM-HER**, HERA; European Health Data Space implementation.

5. Critical medicines, joint procurement and supply chains

A resilient health-security system depends on secure**, affordable and equitable** access to critical medicines and medical countermeasures, which remain highly exposed to shortages and supply-chain dependencies.

Mandate objective: ensure crisis-relevant critical medicines and key antimicrobials are reflected in the Critical Medicines Act and the updated Union List of Critical Medicines, activating stockpiling, supply diversification and joint procurement.

Vehicles: Critical Medicines Act implementation and the Union List of Critical Medicines.

6. AMR, sepsis, severe infections and One Health drivers

Severe infections and sepsis are a major burden on health systems and the clinical endpoint of antimicrobial resistance; their drivers extend into agriculture and animal health.

Mandate objective: embed the recognition of severe infections and sepsis in EU clinical-preparedness and the EU AMR action framework, and strengthen coherence between EU human-health, agricultural and animal-health policy on antimicrobial use and zoonotic surveillance.

Vehicles: the EU One Health AMR framework and the 2023 Council Recommendation on AMR, EU4Health and Horizon Europe, the EU Global Health Strategy.

7. Crisis communication and countering health disinformation

In a health **emergency**, the speed, quality and accessibility of information shaping clinical and public-health decisions are as decisive as the response itself, and poor or false information costs lives. **The EU should also promote timely and accessible exchanges of validated information with international partners and support the development of risk-communication capacities in third countries, particularly low- and middle-income countries. The Interest Group promotes trusted sources of validated clinical knowledge for qualified interlocutors across Member States and reinforces the EU's existing alert and communication systems.**

Mandate objective: **reinforce the EU's risk-communication and early-warning systems by promoting trusted sources of validated clinical and scientific information for public-health authorities, learned societies and frontline clinicians across Europe during health emergencies**.

Vehicles: **UCPM-HER**, the EU framework on serious cross-border health threats (Health Security Committee), national preparedness plans, ECDC risk communication.

8. New technologies and data for health security

Real-time data and digital tools, including artificial intelligence, can strengthen the anticipation and management of health crises, from surveillance, forecasting and resource allocation. The cyber-resilience of health systems is itself a health-security concern: EU cybersecurity rules already rank health among the Union's highly critical sectors, and ransomware attacks on European hospitals have forced the postponement of treatments and the diversion of emergency patients. Hospitals now depend on digital systems for diagnostics, monitoring and care delivery. The goal is therefore to have health systems capable of maintaining care during a cyberattack and restoring full operations rapidly.

Mandate objective: support the development and operational deployment of crisis-management use cases for real-time health data and AI across crisis-relevant health services, and reinforce the cyber-resilience of health systems and critical health infrastructure within the EU’s existing data and digital rules.

Vehicles: European Health Data Space implementation, EU action on health-system cybersecurity (NIS2), EU digital-health funding.

9. Civil-military cooperation, including CBRN

Defence and civilian medicine increasingly overlap, and health services would be central to any mass-casualty or CBRN scenario. The Preparedness Union agenda has placed civil-military readiness firmly on the EU agenda. Defence and dual-use budgets are among the fastest-growing sources of EU funding, and part of that effort must serve medical countermeasures and health readiness.

Mandate objective: establish a structured civil-military cooperation track on health-emergency and CBRN preparedness, covering training, interoperability, medical countermeasures, including dual-use capabilities and others, engaging HERA's medical-countermeasures and CBRN work and NATO medical structures, and ensure that part of EU defence-related funding contributes to medical countermeasures.

Vehicles: the Preparedness Union Strategy (HERA) and national preparedness, EU defence and dual-use funding instruments, including the European Defence Fund and the proposed European Competitiveness Fund.

10. Climate change, pollution and planetary health

Heatwaves, floods, wildfires and vector-borne outbreaks already drive surges in demand on health services, while pollution and planetary-health stressors add to the chronic burden.

Rising temperatures are extending the reach of vector-borne diseases across Europe. The ECDC now describes longer, more widespread and more intense transmission as a "new normal", with locally acquired West Nile virus, dengue and chikungunya spreading into regions and latitudes previously unaffected. These risks cross borders and often place the greatest pressure on countries with the least resilient health systems, making international cooperation and capacity-building an essential part of European preparedness. These climate-driven shifts place new and recurring pressures on frontline and intensive care services, which must adapt to threats that were until recently considered outside Europe's epidemiological range.

Mandate objective: ensure climate- and pollution-driven health shocks are embedded **in preparedness measures under the UCPM-HER**, EU health and research programmes, and national preparedness plans.

Vehicle: **UCPM-HER**, EU4Health and Horizon Europe, national preparedness plans, the EU Global Health Strategy, the Global Health Resilience Initiative, the EU Climate Adaptation Strategy.