Group of the Progressive Alliance of
Socialists & Democrats
in the European Parliament





S&D POSITION PAPER

Health as a Priority Across All Policies

Adopted on 01/10/25

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Introduction

As Socialists and Democrats in the European Parliament, we believe that health is a fundamental right, not a privilege. Public health is one of the foundations of social justice, economic resilience, and democratic stability. We are committed to the health and well-being of all citizens and to ensuring that every European has access to high quality, universal, inclusive and affordable healthcare, leaving no one behind. The COVID-19 pandemic has demonstrated both the strengths and weaknesses of the European Union's health systems. The pandemic reinforced the S&D Group aspirations for a stronger European Health Union that prioritises prevention, preparedness, accessibility and affordability.

Our Vision

The S&D Group has always advocated for '*Health for All in All Policies'* and the *'One Health'* approach which recognises human, animal, plant and soil health as intrinsically interconnected elements within ecosystems and the environment.

The S&D Group aims at a genuine European Health Union as substantial part of all EU policies, and not as an ancillary issue. Ensuring health and well-being in the EU requires actions based on four pillars: a public health pillar, an environmental pillar; a social and economic pillar and a global pillar.

We advocate for mainstreaming *Health for All* across all policies. We believe not only in addressing health issues through access to quicker, affordable and quality treatment, but also through a proactive and preventive approach to healthcare. This means vital action to tackle the underlying causes of health issues, reduce health inequalities, and protect the most vulnerable citizens.

Today, EU action in health remains largely compartmentalised and fragmented, with limited coordination across EU policies. To address this, more integrated and health-centered policy is urgently needed. A new approach must systematically embed health and well-being into all areas of EU policymaking and connect people's health with their natural and manmade environment. The development of **Health as a Priority Across All Policies** will ensure that EU initiatives contribute more effectively to improving public health. In that regard, the S&D Group proposes the establishment of a Health Policy Coordination Board or Health in All Policies Task Force to align EU health plans in areas such as cancer, cardiovascular, mental health, and prevention, and to share indicators, coordinate evaluations, and ensure health is mainstreamed across all policies.

The legal basis for this new approach is solid. Health and public health issues are solidly enshrined in the EU treaties and in the EU Charter of Fundamental Rights. Article 168 of the TFEU highlights in particular that "a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities".

Furthermore, while environmental risk assessments are well established for projects with significant environmental impact, there is currently no equivalent mechanism for assessing potential effects on human health. Our group strongly advocates for the development of a health risk assessment framework to be introduced as part of the legislative process. This should be complemented by the creation of robust public health indicators to effectively monitor health outcomes. Comprehensive impact assessments that include both environmental and human health dimensions are essential for balanced, responsible decision-making.

European healthcare systems face a wide range of interconnected challenges that threaten their sustainability and equity. Persisting inequalities in access to healthcare remain between urban and rural areas, as well as between Member States. The European Union faces a growing demographic challenge, marked by steadily declining birth rates and an ageing population, with significant implications for social and economic sustainability. At the same time, ageing populations are increasing the demand for healthcare services. Chronic underfunding of health systems and a growing health workforce crisis exacerbate these problems. Moreover, mental health needs are rising sharply, particularly among young people, while environmental and climate threats affect many, especially vulnerable populations. The excessive influence of industry on public health undermines progress in tackling preventable diseases driven by various risk factors, such as tobacco, alcohol, unhealthy diets and obesity[1]. A lack of a comprehensive approach to women's health denies women's fundamental human rights and puts their lives in danger in some Member States. The lack of universal access to some sexual and reproductive health rights and services, such as abortion services, discriminates against women from certain Member States and can be seen as an obstacle in free movements of persons in the EU. Moreover, discrimination in access to care continues to affect communities disproportionately, notably LGBTQI+ individuals, migrants, and minority communities, further challenging the goal of truly universal and inclusive healthcare across the EU.

This paper lays out our vision for a healthier, fairer, and more resilient European Union based on **Health as a Priority Across All Policies**. Health remains a strategic priority for the S&D Group and we reaffirm our drive to ensure that health is central and embedded in all EU policies. We call on the Commission and the Council to break the current fragmentation and the siloed approach and to advance towards truly integrated policy, where health and well-being are mainstreamed in all relevant EU and international legislative, financial, and strategic actions, using the EU's exclusive, shared and complementary competences.

1. Improving well-being and health by embedding prevention in all policies: Acting on all determinants of health

Disease prevention and health promotion must be placed at the heart of EU public health policy. Prevention is critical to promote the health and well-being of EU citizens and to safeguard the sustainability of our healthcare systems. A shift from a predominantly curative model of medicine to one centered on prevention is necessary. The economic argument for prevention is straightforward. According to the OECD, approximately 97% of EU health expenditure is spent on treatment, and only around 3% on prevention[2]. However, the cost of inaction is staggering. Chronic diseases account for 80% of EU health expenditure and are a huge strain on public finances, productivity, and social cohesion. Investment in prevention – from early detection and health promotion to cleaner environments – yields long-term savings and protects healthcare systems from pressure.

Health is notably shaped by many interconnected determinants and by a wide range of personal, social, economic and environmental factors. A comprehensive prevention policy, supported by comprehensive and EU-wide awareness campaigns, must therefore engage all sectors of society and governments, promoting healthier nutrition, environments and lifestyles for EU citizens. Health misinformation and disinformation, notably related to vaccines, reproductive health and mental illness, undermine prevention strategies and public trust. A comprehensive EU Health Prevention Strategy and Action Plan is required to support Member States in developing educational tools, public campaigns, and partnerships with schools, civil society, and media platforms to enhance citizens' ability to critically assess health information. Promoting digital, health, AI, and media literacy as foundational skills strengthens public resilience against misinformation and disinformation in health.

The EU must use its existing competences to shape a transforming health agenda. By integrating health into all policies and encouraging a prevention-oriented strategy, we can build a healthier and more resilient Union.

[1] https://www.who.int/europe/news/item/12-06-2024-just-four-industries-cause-2.7-million-deaths-in-the-european- region-every-year

[2] OECD & European Commission. (2024). Health at a Glance: Europe 2024 – State of Health in the EU Cycle. OECD Publishing. https://doi.org/10.1787/b3704e14-en

1.1. Exposome at the core of a new *One Health* approach

The *One Health* approach – as supported by Article 168 of the TFEU – is defined as an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems, recognising their links and interdependence. In today's interconnected world, this approach is essential to prevent, protect against, prepare for, and respond to global threats[3].

The *One Health* approach provides a critical foundation for more robust preparedness and response strategies by integrating human, animal, and environmental health monitoring, improving early warning systems, and promoting cross-sectoral collaboration[4]. It also supports the development of preventative and proactive public health policies, and resilient healthcare systems capable of withstanding future pandemics and biological threats. Investing in *One Health* is not only a preventive measure but also a strategic imperative to ensure global health security, sustainable ecosystems, and economic resilience.

Built on the *One Health* approach, the exposome approach considers the totality of environmental, chemical, physical, biological, social, commercial and behavioral exposures across an individual's lifetime to provide a more comprehensive understanding of the factors contributing to the development and origins of diseases. Recent scientific publications[5] suggest that 20% of chronic diseases are linked to the genome, while other determinants contribute approximately 80% of the attributable risk in chronic diseases. Through this holistic, rather than case-by-case, approach of exposures, and by linking external exposures to internal responses like metabolism and immune response, the exposome provides a unified framework to tackle chronic diseases and emerging health issues more effectively.

In a first step, the EU has demonstrated its commitment to promoting exposome research through Horizon Europe. Several ongoing projects funded under Horizon Europe and the European Human Exposome Network are contributing useful data and methodologies to strengthen evidence-based policymaking.

For an exposome-centered policy to be effective, it must go beyond the health sector and embed a prevention agenda across all public policies. This includes supporting zero-pollution goals, restricting the use of hazardous substances, promoting quality of life, including in the workplace, and encouraging shifts in individual lifestyles. To maximise the impact of exposome research on health policies, it is essential to pair it with public engagement strategies. These strategies should raise awareness of the risks linked to cumulative exposures, empower people to make informed health decisions, and support community involvement in identifying and reducing local environmental risks.

[3] Overview. (2025b, May 21). Public Health. https://health.ec.europa.eu/one-health/overview_en

[4] Overview. (2025, April 14). Public Health. https://health.ec.europa.eu/health-emergency-preparedness-and-response- hera/overview_en

[5] https://www.europarl.europa.eu/RegData/etudes/STUD/2025/765791/EPRS_STU(2025)765791_EN.pdf, https://pmc.ncbi.nlm.nih.gov/articles/PMC4841276/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12044731/#CR5

S&D Group key demands:

We call on the European Commission **to embed the One Health approach and the exposome approach in all EU policies**.

We call on the European Commission **to develop and present a comprehensive EU Health Prevention Strategy and Action Plan.**

We call the commission to propose an ambition exposome agenda in R&I policy.

1.2. Environment, climate and health

Good health depends on clean air, a stable climate, a preserved natural environment, as well as access to adequate water, sanitation and hygiene, among others.

Biodiversity loss and ecosystem degradation, which are occurring at an alarmingly fast pace, significantly impact health. While the EU has equipped itself with a comprehensive set of environmental legislation, the current political trend is either to delay the entry into force of the policies, to water them down, or to derail the necessary transformative changes to existing systems, notably through 'Simplification Omnibus'. The S&D Group warns against any simplification that would come at the expense of our health and sustainability standards. We refuse the dangerous Commission deregulation agenda and its negative impact on health. We continue to call for the full implementation of the Green Deal.

Air quality has a direct and profound impact on human health. Pollutants such as particulate matter and in particular fine particulate matter, nitrogen dioxide, carbon monoxide and other pollutants impact millions of people in the EU and can cause and exacerbate respiratory diseases such as asthma, bronchitis, can lead to the development of cancers, as well as other cardiovascular problems. While the EU has the Ambient Air Quality Directive in place, it is not currently aligned with WHO recommendations and many urban and rural areas still experience air quality levels significantly worse than recommended limits, or even the ones enshrined in the EU legislation, putting EU citizens' health at risk.

Chemical exposure is another critical environmental factor influencing health. Across the EU, widespread use of industrial chemicals, pesticides, and consumer products lead to constant human exposure to toxic substances. These chemicals can disrupt endocrine systems, cause cancers, and harm neurological development, especially in vulnerable populations like children and pregnant women. While we have EU sectoral legislation on related issues – such as pesticides, biocides, detergents, cosmetics and fertilisers –we also need a modernisation of rules to account for the latest chemical risks and to ensure that EU legislation on chemicals is better implemented and enforced.

Water pollution also poses significant health challenges in the EU. Contamination of freshwater sources by agricultural runoff such as pesticides, nitrates and phosphates, industrial discharge, and untreated wastewater can introduce harmful pathogens, heavy metals, and toxic chemicals into drinking water supplies, putting the health of citizens at risk. While EU rules do exist, such as the Water Framework Directive, its daughter directives (Groundwater Directive and

Environmental Quality Standards Directive), and the Urban Wastewater Treatment Directive, or Drinking Water Directive, it is crucial that we not only fully implement their provisions but also to further work on reducing pollution from-source-to-sea and apply "the polluter pays" principle. Water scarcity significantly affects human health by limiting access to clean drinking water and sanitation, leading to increased risks of waterborne diseases, malnutrition, and poor hygiene practices. It also causes physical and mental health problems due to the burden of water collection, dehydration, and the stress of living with inadequate water access. It is thus imperative to improve water resilience and management in Europe and ensure sustainable freshwater supplies for people and the environment, while unequivocally guaranteeing the right to clean and safe water and sanitation for all.

The ongoing environmental crisis is profoundly affecting health as climate change intensifies, biodiversity declines and pollution becomes ubiquitous. Climate change, driven by factors like greenhouse gas emissions, can cause extreme weather events, sea-level rise, and disruptions to ecosystems, all of which have significant impacts on human health and well-being. Biodiversity loss and habitat destruction can affect food security, increase the spread of diseases, and disrupt essential ecosystem services that support human life. The health impacts of poor environmental and climate conditions occur not only directly but also indirectly, through effects on food production, migration, economic instability and social inequalities. Urgent and comprehensive action is thus needed to address the triple planetary crisis, the interconnected challenges and their impacts on the planet and human health and well-being.

Cities are critical ecosystems for delivering public health, yet intra-urban inequalities, poor air quality, limited green spaces, and social isolation undermine health outcomes. We call for an Urban Health Pillar that empowers cities as key actors in prevention, mental health support, and social cohesion. This includes promoting active mobility, expanding green spaces, improving air quality, and addressing urban isolation through community-based health initiatives. EU funding, including cohesion policy, should support cities in implementing these measures.

S&D Group key demands:

We call on the European Commission and the Member States to ensure **full implementation and enforcement of EU Green Deal legislation**.

We call on the European Commission **to review the REACH Regulation.**

We call on the European Commission **to fully deliver on its commitments under the Zero Pollution Action Plan.**

We call on the Commission **to ensure that future Union policies on biodiversity loss, water and food security, health risks and climate fully consider and reflect the interconnection between these planetary crises.**

We call on the European Commission **to mainstream environmental health education and climate awareness** across all levels of education.

We call on Member States and the European Commission **to establish an Urban Health Pillar, empowering cities to lead on prevention, air quality improvement, and social cohesion, supported by targeted EU funding.**

1.3. Food, consumer safety, and animal welfare

The burden of disease associated with poor nutrition continues to grow in the EU. Unhealthy diets, overweightness and obesity, alongside unhealthy lifestyles and lack of exercise, contribute to a large proportion of non-communicable diseases, such as cardiovascular diseases, diabetes and cancers, which together are the main cause of death in the EU. Excessive consumption of calories, saturated fat, trans-fats, sugar and salt, ultra-processed foods, as well as low consumption of fresh vegetables, fruits and whole grains, not only shorten life expectancy but also harm the quality of life. Simultaneously, among some low income and vulnerable groups, malnutrition remains a concern[6]. According to Eurostat data, almost 1 out of 10 European citizens was unable to afford a meal containing meat, fish, or vegetarian equivalent every second day in 2023. This figure would more than double (22.3%) when considering citizens at risk of poverty at EU level.

The *One Health* approach should form the backbone of future EU food policy across the entire food system. A science-based, clear and comprehensive EU-wide labelling framework can bring this vision to life, helping consumers make informed choices that contribute to better health and greater sustainability. We propose a structured labelling system built on three key pillars:

- **Healthy for people:** Nutritional transparency is essential to empower consumers. Labels should be based on scientific criteria and evidence and should provide clear, harmonised and accessible information, including on nutritional contents – macronutrients and calories, and their impact on human health as well as on sugar, salt, saturated and trans fats content. Additionally, information on the presence of Genetically Modified Organisms (GMOs) and New Genomic Techniques (NGTs) should be available digitally. Consumers should be empowered to make informed dietary choices thus promoting decisions aligned with public health priorities.

- **Healthy for animals:** A dedicated Animal Welfare Labelling (AWL) scheme should be established, guided by the Five Domains model, to avoid zoonotic diseases and ensure animals are healthy, well-nourished, able to move freely, express natural behaviour and experience positive mental states.

- **Healthy for the planet:** Labels should include sustainability indicators, such as carbon footprint, to promote environmentally responsible choices. This would align with the growing consumer interest in planetary health and help shift towards more climate-friendly production and consumption patterns.

Ensuring food justice and the protection of consumer health and rights must be a core priority. All citizens should have access to safe, nutritious and affordable food. This includes taking meaningful steps to reduce sugar, salt, saturated and trans fats and ultra-processed food consumption, encourage healthy dietary habits through increased consumption of fresh produce, particularly fruits, vegetable and nutrient rich-foods and strengthen connections between producers and consumers. Fair pricing and taxation, local and bio sourcing, and transparent labelling are all key tools in order to promote healthier lifestyles and food consumption and create a more equitable and resilient food system. The integration of the *One Health* approach into EU food labelling can help deliver a food system that supports both personal health and well-being and the collective future of our planet.

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[6] World Health Organization: WHO. (2022, January 24). Nutrition EURO. https://www.who.int/europe/health-topics/nutrition/#tab=tab

S&D Group key demands:

We call on the European Commission **to create a clear, EU-wide food labelling framework** to support informed, science-based, healthy, and sustainable choices.

We call on the European Commission **to ensure full transparency**, via digital means, on the method and conditions of production of GMOs and NGTs.

We call on the European Commission **to introduce an Animal Welfare Labelling scheme** based on the Five Domains model.

We call on the European Commission **to include sustainability indicators** on food labels to promote climate-friendly consumption.

1.4. Tackling key modifiable behavioral and commercial risk factors

As tobacco remains the greatest avoidable risk factor for cancer mortality globally, we are advocating for the extension of public bans to emerging tobacco products, such as e-cigarettes and heated tobacco products, as well as to vapes in response to growing evidence from the World Health Organisation (WHO) on the severe associated respiratory and cardiovascular risks[7]. We are committed to protect and deter non-smokers – in particular children and young people targeted by the industry – from starting smoking these new products, which are often falsely marketed as less harmful.

Falling under the purview of TFEU Articles 168, 169, 114, 191, to address these risks, the S&D Group calls on the European Commission to urgently propose a revision of the tobacco products, and advertising directives to reflect the novel tobacco and nicotine products on the market, including e-cigarettes, heated tobacco products, and nicotine pouches, and welcomes the recent publication of the update of the EU's Tobacco Taxation Directive. The European Commission should propose clear EU regulatory frameworks with a precautious health approach at the centre of its proposals. A revision of the Tobacco Products Directive and the Taxation Directive should include coordinated European action to restrict illegal trading and online sales of vapes (e- cigarettes). In addition, we urge every Member State to comply with the Council's recommendation on smoke and aerosol free environments aiming at protection from second-hand smoke.

The revision of the tobacco directives should additionally include measures such as:

- Ban advertising, sponsorship and product placement of these products across all social media, including social media platforms and influencer content.
- Ban the sale of flavours for e-cigarettes and non-tobacco flavoured nicotine as well as nicotine pouches, and impose stronger penalties for non-compliance.
- The sale of e-cigarettes, vapes and heated tobacco products online and in retail places should face the same restrictions as traditional tobacco products.

Tackling alcohol-related harm is essential for advancing public health and curbing healthcare costs. Alcohol is a toxic, psychoactive, and dependence-producing substance classified as a

Group 1 carcinogen whose consumption is a risk factor for developing at least seven types of cancer[8]. Beyond cancer, alcohol consumption increases the long-term risk of certain heart conditions and liver disease in addition to dependence, increased risk of accident on the road or numerous effects on mental and physiological functions.

Although the alcohol related policy remains largely in the hands of the Member States, the EU nevertheless has a role to play in facilitating cooperation and coordination between EU countries in the implementation of their national alcohol policies. In 2006, the Commission established a strategy to support EU countries in reducing health, economic and social problems related to alcohol consumption. It priorities included, among others, the protection of young people, children and the unborn child, the reduction of alcohol-related road deaths and injuries, and its negative impact on the workplace. The S&D Group urges the Commission to propose a revised EU strategy on alcohol. This must include a European zero alcohol consumption strategy for minors, and support better information for consumers by making lists of ingredients, nutritional information, as well as responsible drinking information – including through digital labelling[9] – mandatory for all alcoholic beverages. Furthermore, we support a proposal on taxation of alcohol which encourages Member States to pursue the most effective approaches according to their national context.

The European Union is facing increasingly complex patterns of substance use, including a rise in availability of synthetic drugs and cocaine, widespread polydrug use, and the co-occurrence of drug use disorders (DUDs) with mental health conditions. These evolving trends are contributing to rising health and social harms, including a concerning increase in opioid-related deaths. Despite these developments, access to effective prevention, early intervention, treatment, and long-term rehabilitation services remains uneven across Member States. The EUDA 2025 report highlights these dynamics[10]. The European Commission must address addiction in a broader sense – encompassing not only illicit drugs, but also alcohol, tobacco prescription medications such as painkillers and sedatives. A comprehensive and integrated response is needed to reflect the reality of substance use and addiction today.

The S&D Group recognises commercial determinants of health as structural barriers to effective prevention, driven by undue industry influence in sectors such as tobacco, alcohol, and ultra-processed foods. To counter these, we call for strict EU-wide regulations, including bans on health- washing (misleading health claims), robust transparency mechanisms for conflicts of interest, and the application of the precautionary principle, in line with WHO recommendations and the International Association of Mutual Benefit Societies (AIM). We propose banning advertising of junk food and ultra-processed foods in public spaces, on television, and online, and guiding Member States to limit takeaways near schools while promoting access to healthy food options.

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[7] https://www.who.int/news/item/30-05-2025-who-calls-for-urgent-action-to-ban-flavoured-tobacco-and-nicotine- products

[8] No level of alcohol consumption is safe for our health. (2023, January 4). World Health Organization. https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health

[9] European Parliament resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy (2020/2267(INI)), https://www.europarl.europa.eu/doceo/document/TA-9- 2022-0038_EN.html

[10] EUDA- report 2025 European Drug Report 2025: Trends and Developments, https://www.euda.europa.eu/publications/european-drug-report/2025_en

S&D Group key demands:

We call on the European Commission to **urgently propose a revision of the tobacco directives**, namely the Tobacco Products Directive, the Tobacco Advertising Directive, and for an ambitious revision of the Tobacco Taxation Directive.

We call on the European Commission **to revise the EU alcohol strategy including a European zero alcohol consumption strategy of minors.**

We call on the European Commission **to adopt a coordinated, health-centered, and socially responsive EU approach** to reducing drug demand, protecting public health, and promoting recovery and reintegration.

We call for **the commercial determinants of health to be actively tackled by enforcing stricter rules** on advertising, banning misleading health-washing, guaranteeing conflict-of- interest transparency, and applying the precautionary principle to protect public health[11].

1.4. Combatting the non-communicable diseases

According to the WHO, Non-Communicable Diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for 74% of all deaths worldwide [12]. NCDs have five major risk factors: tobacco use, physical inactivity, alcohol consumption, unhealthy diets and air pollution.

In line with TFEU Article 168, 114, 169, and 191, we call on the European Commission and the Member States to act within the framework of their respective competences. The S&D Group proposes the systematic inclusion of targeted EU-wide screening programmes for preventable and high-burden diseases such as cancer (including breast, colorectal, cervical and prostate), cardiovascular diseases (CVD) and diabetes, integrating digital health solutions into primary care for early detection, including remote risk screening tools and AI-supported diagnostics.

An annual EU-level progress review on disease prevention efforts should be carried out to ensure accountability and coordination across Member States. Prevention efforts must be funded through the current EU4Health programme, Horizon Europe and considered as a priority in the next Multiannual Financial Framework to support research, innovation and implementation.

Cardiovascular diseases (CVDs) remain the leading cause of death in the EU, accounting for nearly 40% of all deaths and inflicting a serious burden on patients, families, and healthcare systems[13]. Despite important progress in the prevention and treatment of CVDs, disparities in outcomes between Member States persist notably due to socioeconomic factors and health and environmental risk factors such as occupation, access to quality nutrition, air quality, etc.

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[11] EESC's own-initiative opinion, "Commercial determinants of health", https://www.eesc.europa.eu/en/our- work/opinions-information-reports/opinions/commercial-determinants-health.

[12] World Health Organization: WHO. (2024, December 23). Noncommunicable diseases. https://www.who.int/news- room/fact-sheets/detail/noncommunicable-diseases.

[13] Eurostat (2022), https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Causes_of_death_statistics

Recognising the urgent need for coordinated EU action, the S&D Group is strongly calling on the European Commission to present an EU Cardiovascular Health Strategy covering prevention, improving early detection and screening, ensuring timely and equitable access to high-quality treatment and digital tools for care coordination while also addressing the social, environmental and commercial determinants and risk factors of the cardiovascular diseases. The Strategy should further provide tools and incentives for Member States to adopt national cardiovascular health plans aligned with the EU Cardiovascular strategy and apply common quality indicators across the patient pathway, including equitable access to diagnostics, surgical procedures, and post-acute care.

Cancer continues to be one of the leading causes of death in the EU, placing enormous social, emotional and financial strain on individuals, families and healthcare systems. The S&D Group has welcomed Europe's Beating Cancer Plan (EBCP) as an important tool for a reinforced co-ordination and shared research among Member States to ensure all citizens in the EU can rely on effective access to cancer screening schemes and high-quality treatment and care across the EU. To continue the implementation of the EBCP, the European Commission should launch an annual EBCP implementation review cycle, jointly with Member States, reporting on national cancer strategies, screening progress, inequalities, and cross-border coordination, supported by an EU scorecard and best practices portal. These reports must then be included in the State of Health in the EU Synthesis Reports of the European Semester.

The S&D Group supported the call for more binding actions and recommendations of the Beating Cancer Special Committee (BECA) final report. The S&D Group notably endorsed recommendations, such as: to take stronger EU action to address key risk factors and social determinants of cancer; to extend screening schemes and launch an EU platform of national screening centres; to facilitate access to cross-border health care and clinical trials for cancer patients; to extend the use of joint procurement procedures and manage shortages of cancer medicines; to guarantee the 'Right to be Forgotten' for all European patients; to enhance transparency of prices, use of public funding, clinical trials information; to ensure equal access to innovative cancer drugs and treatments; to secure adequate and sustained long-term funding; to strengthen the Knowledge Centre on Cancer and to reinforce the role of health professionals in cancer care through structured EU training framework for oncology professionals, specialist nurses, radiologists, and psycho-oncologists in order to ensure high-quality, cross-border cancer care and, through support recognition of qualifications across borders to promote workforce mobility within the EU.

Despite progress, survivors remain underserved. The S&D Group therefore calls on the Commission to launch a dedicated EU Survivorship Framework, addressing long-term side effects, psychological support, fertility, and return to work. We also reaffirm our call for stronger legislation to guarantee equal access to quality care, the effective application of the Cross-Border Healthcare Directive, and the swift introduction and implementation of the 'right to be forgotten' across the Union by 2026 and patient-centred secured data portability under the European Health Data Space. The Group also supports the continued development of Cancer Image Europe as a strategic EU infrastructure, ensuring it becomes fully interoperable within the EHDS framework and accessible to researchers, clinicians, and AI developers across Europe.

S&D Group key demands:

We call on the Commission and the Council to **develop targeted EU-wide screening programmes for preventable and high-burden diseases, similar to the screening programme for cancer.**

We call on the European Commission to **present an EU Cardiovascular Health Strategy.**

We call on the European Commission to **launch an annual European Beating Cancer Plan implementation review cycle** and to **propose a structured EU training framework for oncology professionals and support recognition of qualifications across borders.**

We call on the European Commission to **introduce and implement a 'right to be forgotten' for cancer survivors across the Union by 2026.**

1.6. Mental Health Matters: Towards an EU Mental Health Plan

Mental and behavioural conditions are increasingly prevalent today and represent a growing challenge for public health and well-being in today's societies. Multiple individual, social and structural determinants may combine to protect or undermine our mental health. Exposure to unfavourable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality, and social isolation – also increases the risk of experiencing mental health conditions[14]. Unquestionably, good mental health is an essential part of a person's well-being and has an big impact on physical health and quality of health (and vice versa). Certain studies conclude that mental disorders rank among the most substantial causes of disease burden and mortality worldwide [15]. Additionally, in light of rising unmet mental health needs among young people (with nearly 50% reporting unmet care needs across the EU)[16], we call for the inclusion of structured emotional health and well-being checks in schools, universities and first-job settings. Thus, and in line with TFEU Article 168 and the European Pillar of Social Rights, it is imperative that the EU recognises mental health as a great concern for the health and well-being of its citizens and a cross-sectoral topic in Europe, with particular attention devoted to the young people in the digital era.

Mental health and well-being are at the core of the S&D Group's priorities and the Group adopted a position paper in May 2022 in this respect[17]. The S&D Group urges the Commission to put forward a comprehensive and ambitious EU Mental Health Plan, as part of the shift towards preventive healthcare, by notably:

- Setting out clear targets and timelines to reduce inequalities in mental health outcomes;
- Addressing the social determinants of mental ill-health, such as poverty, unemployment, inadequate housing, discrimination, social isolation, and normalised alcohol consumption
- Guaranteeing universal access to quality and affordable mental healthcare in all Member States;
- Mainstreaming mental health in education, employment, youth, digital, and social policies;
- Investing in early prevention, psychosocial support, and deinstitutionalised community-based services;
- Establishing robust statistical data collection, monitoring, and accountability

mechanisms to track progress;

- Introducing emotional and mental health assessments, focusing on modifiable lifestyle and psychosocial risk factors among youth and at-risk groups;
- Recognising the impact of social media and digital technologies in the mental health of young people and addressing the harm;
- Strengthening women and girls' mental health by promoting gender equality;
- Promoting EU-level awareness campaigns on mental health literacy, with specific focus on early signs, stigma reduction, and help-seeking behaviours, especially for youth in underserved and rural regions. Investing in tailored mental health services that are trauma- informed, culturally sensitive, and accessible;
- Supporting the creation of mental health units in schools and universities, including access to trained professionals, through EU funding and cohesion policy instruments;
- Ensuring better territorial cohesion in mental health care by supporting mobile mental health teams and digital mental health solutions in remote or underserved regions; Funding intergenerational and youth-led projects, such as roundtables and peer-to-peer support initiatives, to amplify youth voices in shaping mental health responses;

S&D Group key demand:

We call on the European Commission to **put forward a comprehensive and ambitious EU Mental Health Plan, with a particular focus on youth, accompanied by concrete legislative measures to ensure effective and enforceable implementation across Member States.**

[14] World Health Organization. (2022). World Mental Health Report: Transforming Mental Health for All. Geneva: WHO. https://www.who.int/publications/i/item/9789240049338

[15] Institute for Health Metrics and Evaluation (IHME). (2023). Global Burden of Disease Study 2021 (GBD 2021) Results. Seattle, United States: IHME. https://www.healthdata.org/gbd/2021

[16] Statement by Commissioner Micallef at European Parliament on Silent crisis: the mental health of Europe's youth, 2025 February 12, https://ec.europa.eu/commission/presscorner/detail/en/speech_25_627

[17] Towards a European Mental Health Strategy S&D Group's Position Paper May 2022 https://www.socialistsanddemocrats.eu/sites/default/files/2024-08/sd_groups_position_paper_towards_a_european_mental_health_strategy_en_220506.pdf

1.7. Working and social conditions

We strongly believe in the EU's Vision Zero commitment to preventing work-related deaths. Further coordinated action among the Commission, Member States, and employers is required to prevent occupational diseases and accidents and to move closer to meeting the obligations under TFEU Article 153. This involves the removal of exposure to dangerous substances, most importantly carcinogens, and putting workers' physical and mental health and well-being at the heart of workplace design and organisation.

Occupational cancer remains the biggest cause of workplace deaths in the EU, responsible for 52% of all workplace deaths, and resulting in approximately 100,000 deaths annually. Despite progress, dozens of workplace carcinogens, mutagens, and reprotoxic substances still lack binding exposure limits. The Commission needs to continue updating and expanding the Directive on Carcinogens, Mutagens and Reprotoxic Substances to ensure complete protection.

Meanwhile, the EU has not regulated psychosocial risks in the workplace yet. However, new risks are emerging in the rapidly changing world of work. Digitalisation, platform work, and the green transition create opportunities while exposing workers to growing psychosocial risks, including stress, burnout, anxiety, harassment, and emotional exhaustion. Such risks already cause more fatalities than occupational accidents, with an estimated 11,000 annual deaths from coronary heart disease and suicide related to work.

Women are disproportionately affected[18], especially by long working hours, job insecurity, and harassment at work. The shift towards telework since the COVID-19 pandemic has further undermined work-life separation, generating an always-on culture and amplified risks of loneliness, burnout, and mental and physical pathologies. A clear directive on telework and the right to disconnect is needed to safeguard workers' health.

Simultaneously, the Commission's negligible overhaul of the Display Screen Equipment Directive was insufficient. A comprehensive directive on work-related musculoskeletal disorders, covering hazards caused by repetitive work movements, heavy lifting, vibration, and sitting or standing for long periods, is overdue.

Climate change also poses growing threats to occupational health and safety. Rising temperatures, weather-related disasters, and increased UV and dust exposure raise the risk of workplace injury, heat illness, complications of chronic diseases, and occupation-related skin cancer. Cases of skin cancer, one of the most widespread occupational diseases, are increasing due to climate change, while only a very small proportion of skin tumours that are work-related are recognised as occupational diseases. These challenges disproportionately affect workers in precarious or informal employment. Addressing occupational health equity requires targeted measures for these groups. Moreover, changing climates are moving the geography of biological hazards like ticks and mosquitoes. Shifting the work conditions to respond to the impacts of climate change is important in order to protect workers today and tomorrow.

[18] https://academic.oup.com/eurpub/article/32/4/586/6612135

Moreover, workers must have access to adequate compensation in case of an occupational disease. The outdated recommendation on the European Schedule of Occupational Diseases of 2003 must be modified to include mental ill health, musculoskeletal diseases, asbestos diseases, and skin cancers. The Commission could improve by turning this recommendation into a binding directive setting a minimum list of occupational diseases identified and requirements for their identification and compensation.

In parallel, the healthcare sector itself is under immense strain due to a growing shortage of professionals, with an estimated gap of 1.2 million doctors, nurses, and midwives across EU countries in 2022[19]. This is driven by dual demographic trends: an ageing population increasing the demand for care, and an ageing workforce nearing retirement. More than a third of doctors and a quarter of nurses in the EU are over 55. These shortages are further aggravated by poor working conditions, low wages, and insufficient investment in skills and vocational education and training (VET). Long hours, high workloads, and understaffing contribute to burnout and attrition. To attract and retain health workers, it is essential to ensure decent wages, social protection, continuous training, a healthy work-life balance, and safe working environments. Respect for labour rights, including trade union representation and collective bargaining, must be upheld to strengthen the healthcare workforce and promote social and economic cohesion across the EU.

S&D Group key demands:

We call on the European Commission to propose a **new directive on psychosocial risks and health and well-being at work** to address stress, burnout, harassment, and other mental health- related hazards in the workplace.

We call on the European Commission to introduce **a comprehensive directive on work-related musculoskeletal disorders**.

We call on the European Commission **to revise and expand the Directive on Carcinogens, Mutagens and Reprotoxic Substances** by introducing binding exposure limits for all relevant substances.

We call on the European Commission to **propose a directive on telework and the right to disconnect** to protect workers from the health risks associated with digitalisation and the always- on culture.

We call on the European Commission **to turn the 2003 Recommendation on the European Schedule of Occupational Diseases into a binding directive** establishing a minimum list of recognised occupational diseases and guaranteeing adequate compensation.

We call on the European Commission **to develop specific strategies to address the needs of informal and precarious workers and ensure their inclusion** in occupational health and safety protections.

[19] OECD and the European Commission, Health at a Glance: Europe 2024, https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en.html

2. Towards a Resilient, Equitable and Inclusive European Health Union

The COVID-19 pandemic highlighted the crucial importance of the health sector and its workers, exposing the weaknesses and shortcomings of national healthcare systems as well as the healthcare disparities and inequalities between and within the Member States, in particular in border, outermost, remote and rural regions, including in regions with low population density. It exposed chronic underfunding, understaffing, and a lack of preparedness for health emergencies, with many Member States facing shortages of essential medical supplies and intensive care unit capacity. Vulnerable groups such as immunosuppressed patients, the elderly, chronically ill, and socio- economically disadvantaged were disproportionately impacted, reinforcing the need for more equitable and resilient healthcare systems[20]. Moreover, the crisis underscored the indispensable role of healthcare workers, who faced extreme workloads, exhaustion, and inadequate protection. Precarious contracts, low wages, and limited career prospects – already pressing issues before the pandemic – have contributed to burnout and staff shortages. Ensuring fair working conditions and stronger support for healthcare workers is essential to building sustainable, high-quality health systems across the EU.

Despite the significant national competences of Member States in public health, we, as progressives, have always been at the forefront calling for a European Health Union. Only through closer EU-level cooperation can we effectively respond to cross-border health threats, reduce inequalities, and reinforce the resilience of our healthcare systems. The European Health Union is a vital step in this direction – sustaining our healthcare systems, further enhancing crisis preparedness, strengthening the ECDC and EMA until the possible creation of a real and true European Public Health Agency, and laying the foundation for a more unified, equitable approach to health across the Union[4]. In the same vein, we call on the European Commission to establish a Health Policy Coordination Board or Health in All Policies Task Force to ensure coherence across EU health strategies, reduce fragmentation, and promote shared indicators and evaluations.

In addition, a future European Health Union should prioritise regional cohesion and actively involve local and regional authorities in shaping and implementing healthcare strategies. A bottom- up approach will ensure policies respond to real territorial needs and help close the East-West and urban-rural healthcare gaps across the European Union.

Indeed, a European Health Union – which may imply treaty change to make it real and efficient – should be developed, supported by civil society, and with the right resources and instruments to address the systemic challenges, such as access to quality care, inequalities, healthcare digitalisation and tackling non-communicable and communicable diseases.

[20] Blix I, Birkeland MS, Thoresen S. Worry and mental health in the Covid-19 pandemic: vulnerability factors in the general Norwegian population. BMC Public Health. 2021 May 17;21(1):928. doi: 10.1186/s12889-021-10927-1. PMID: 34001071; PMCID: PMC8127278.

S&D Group key demands:

We call on the European Commission **to strengthen and further develop a comprehensive European Health Union.**

We call on the European Commission **to establish a *Health Policy Coordination Board* or *Health in All Policies Task Force* to ensure coherence across EU health strategies**, reduce fragmentation, and promote shared indicators and evaluations.

2.1. Funding Health Equity

Universal health coverage is a cornerstone of the public healthcare in the EU even though its implementation remains inconsistent. Access to key services still depends too much on geographic location, income, and employment status. A more coordinated and structured EU-level approach is needed to ensure that all citizens, regardless of their background, can benefit from comprehensive, equitable, and high-quality healthcare services. The evolution of healthcare systems towards greater commercialisation, the so-called commodification of universal health, can lead to inequalities in access to care, a prioritisation of profits over patients' needs and a deterioration in the quality of services.

As the S&D Group, we are strongly concerned that health is again being de-prioritised at both EU and national levels, despite the clear lessons of the COVID-19 pandemic. Underfunding in health not only undermines patient care and healthcare system resilience but also social and economic cohesion in our Union. We regret the recent cuts in the EU4Health programme and the current uncertainty over future operating grants to civil society, including patient organisations. These organisations are critical to shaping long-term strategies and addressing areas that the private sector does not. Looking ahead to the next Multiannual Financial Framework, we call for an ambitious, reinforced, and protected EU health budget that keeps public health as its top priority, and continues to support civil society, research, innovation, and policies that deliver real value for patients and society.

The S&D Group recognises intermediary bodies for general interest, health mutuals, associations, social and solidarity economy actors and social partners, as essential partners in ensuring access to health rights, delivering local prevention programmes, and fostering innovation. These entities strengthen democratic resilience and trust in health systems. We call for stable, multi-annual EU funding, including through cohesion policy and operating grants, to support their role in building equitable and resilient health systems.

In addition to the current EU4Health programme, we must ensure that cohesion policy funds, especially the European Social Fund Plus (ESF+) and European Regional Development Fund (ERDF), are actually more effectively mobilised to reduce health inequalities across regions, strengthen health infrastructure in underserved areas, and invest in the healthcare workforce. At the same time, ensuring synergies between Cohesion Policy and other EU funding programmes and instruments is also of paramount importance. In this respect, the Interreg programme can play a crucial role in the development of reliable, equitable care in border regions by enabling resource pooling and experience sharing, for example through sharing of healthcare

infrastructure, the harmonisation of treatment protocols and the coordination of emergency services. The Recovery and Resilience Facility (RRF) also offers a unique opportunity to support long-term investments in health systems, particularly in resilience, crisis preparedness and digital transformation. However, it would be hard to maintain the necessary investment without additional revenues in the next MFF, when the RRF expires in 2026.

To strengthen and achieve universal health coverage, we propose the establishment of a European Health Guarantee, inspired by the Child and Youth Guarantees, to ensure every citizen's right to a core package of quality, accessible, and universal health and care services[21]. This Guarantee should be embedded in the European Health Union project as well as supported by the European Semester with country-specific recommendations to monitor progress and by cohesion and solidarity funds (ESF+, ERDF, Interreg) to address multidimensional inequalities and to significantly reduce poverty.

S&D Group key demands:

We call on the Member States and the European Commission to **ensure universal access to high-quality healthcare,** regardless of income, location, or employment status, **and to establish a European Health Guarantee** inspired by the Child and Youth Guarantee, **to secure every citizen's right to universal, quality, accessible health and care**.

We call on the European Commission and the Council to **protect and increase the EU4Health budget and programme** in the next Multiannual Financial Framework **outside of the European Competitiveness Fund**.

We call on the European Commission and the Council to **better mobilise Cohesion Policy funds** to reduce health inequalities and strengthen healthcare infrastructure.

We call on the European Commission and Member States **to prioritise health investments in disadvantaged communities, including low-income, rural and marginalised groups.**

We call on the European Commission **to integrate intermediary bodies for general interest, mutuals, and SSE actors into the European Health Union framework,** recognising their role as trusted partners in local health delivery, prevention, and innovation, supported by dedicated EU action plans and funding streams.

2.2. A path toward the creation of a European Public Health Agency

The health sector does not benefit from a centralised agency at the European level, such as the European Environment Agency (EEA), to provide objective, reliable, and comparable health statistical data to enable the protection of all Europeans and inform health policy at EU level. The EEA holds relevant data related to environmental health, while the role of the European Centre for Disease Prevention and Control (ECDC) is to identify, assess and report on current and emerging threats to human health from communicable diseases. This fragmentation results in a patchy and incomplete landscape of health data in the EU, which impairs the action of the Union

in public health policy, regarding non-communicable diseases and their prevention.

In the perspective of making exposome a core principle of the EU health policy, the S&D Group calls for the creation of a European Public Health Agency. It would be built on ECDC, not replacing any other existing health agencies. It would aim to centralise the collection and monitoring of statistical health data, provide an overview of public health needs, and inform EU policies in all health-related matters. As a first step, we would support the extension of the ECDC mandate to include the monitoring and surveillance of all health determinants and to strengthen the coordination of related research projects in Member States.

A fruitful cooperation between agencies (EEA, ECDC, ECHA, EFSA and EMA) has been established under the One Health Task Force and should be continued beyond the project end date of 2026.

Properly protecting EU citizens from exposure to harmful substances also means a proper assessment of the hazards and risks of substances and products and a proper management of their risks by the competent agencies. Evaluations of the current frameworks (pesticides, biocides, REACH) and learning from their implementation have revealed a number of gaps and limitations in the methodology used at regulatory level for the risk assessment and management of these substances and products. To bridge these gaps and to stay up to date with the latest science, the EU needs to adapt its regulatory frameworks and build flexibility so it can adapt more quickly to scientific developments. This should also inform a stronger application of the principle of precaution, where the effective application remains very poor despite being enshrined in the Treaties as a key principle of EU law. The EU also needs to adapt the means of each agency to its growing missions in order to smoothly deliver risk assessments and decisions.

S&D Group key demands:

We call on the Commission and the Member States **to open the way to the creation of a European Public Health Agency**

We call on the Commission **to launch a global evaluation of health agencies' methods and procedures and to adapt as necessary the agencies' missions and means**.

[21] EESC calls for European flagship initiative for health and action plan on rare diseases, https://www.eesc.europa.eu/en/news-media/press-releases/eesc-calls-european-flagship-initiative-health-and-action- plan-rare-diseases.; EESC (2022) Ensuring strong European solidarity for rare disease patients, https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/ensuring-strong-european-solidarity- rare-disease-patients

2.3. Health crisis preparedness: building a permanent European Health Response Mechanism

The COVID-19 pandemic brought to light the EU's vulnerability to cross-border health threats, and it identified gaps in coordination, preparedness and response. The current geopolitical turmoil and the EU's security environment form a persistent and growing challenge, not only to security and stability but also to the health and well-being of our citizens. Health systems are increasingly recognised as areas of strategic vulnerability. The healthcare sector is among the most frequent targets of cyberattacks. In 2023 alone, the European Commission recorded over 300 cybersecurity incidents in this sector[22]–more than in any other critical sector across the European Union. For these reasons, healthcare resilience and preparedness must be recognised as essential components of national defence strategies, especially in the face of both hybrid and conventional warfare. We therefore call on the Commission to fully implement its communication on a European action plan on the cybersecurity of hospitals and healthcare providers, especially with the creation of a European Health Chief Information Security Officers Network. We warn the Commission that the issue of financial support for the implementation of the action plan currently remains unaddressed and requires more attention and support[23].

Resilient health systems ensure the continuity of essential services, protect the population, ensure equal access – especially in times of crisis – and support the operational readiness of armed forces. The EU and the Member States must guarantee that healthcare systems remain functional and continue delivering essential services under stress, including during crises. They must ensure medical supply chains are secure, and our societies are prepared to withstand hybrid threats or armed aggression. In an increasing number of scenarios, civilian authorities require military support to respond effectively. Therefore, we must strengthen coordination between civilian and military actors to prepare for large-scale, cross-sectoral crises, including the possibility of armed aggression affecting one or more Member States. Particular emphasis should be placed on integrating health resilience and preparedness into joint planning, training, and crisis management, enabling a coherent and unified approach to health-related security challenges.

Healthcare preparedness is a pre-requisite for the long-term resilience of the health system. The EU therefore needs to massively invest in public health infrastructure, the health workforce and fair access to care for all. Ensuring that everyone has access to health services without experiencing financial hardship – universal health coverage – is a Sustainable Development Goal (SDG) that all EU countries have committed to reach by 2030. The S&D Group calls on Member States to carry out stress tests on their healthcare systems to check their preparedness for the next health crisis. Based on the Commission's parameters, these tests should help Member States to detect the areas where national healthcare systems need improvement, reinforcement and financing. The stress tests should be accompanied by a thorough assessment of the main vulnerabilities of EU health systems based on indicators which measure vulnerability to disasters across social, economic, political and environmental dimensions.

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[22] https://commission.europa.eu/news-and-media/news/bolstering-cybersecurity-healthcare-sector-2025-01-15_en

[23] CCMI/244-EESC-2025, European action plan on the cybersecurity of hospitals and healthcare providers

Based on these stress tests and the vulnerability assessments' findings, the Commission should propose a Directive on minimum standards for quality healthcare, encompassing a set of common indicators listed in a European Healthcare Index, to be developed by the Commission. These indicators could include availability of hospital beds, numbers of doctors/nurses per head, critical care capacities, rate of health expenditure, access and affordability of healthcare for all, including for vulnerable populations, unmet patients' needs, and other factors. As part of the European Semester, minimum standards for quality healthcare would guarantee patient safety, decent working and employment standards for healthcare workers, and European resilience in the face of pandemics and other public health crises.

As part of the response mechanism to crises, the rescEU capacity and resources should be reinforced, including the stockpiling and emergency medical team capacity, and its functioning revised considering the experience of COVID-19. Moreover, the S&D Group calls for a European Health Response Mechanism to ensure the EU is ready to respond immediately, with solidarity and unity, to a health threat. This Mechanism should be expert-led, have its own medical resources, and facilitate the movement of patients and healthcare workers in the most efficient way. We call for these working methods to be formalised into a legislative framework, notably building on some of the provisions enshrined in the Cross Border Healthcare Directive.

We welcome the Commission's strategy for preparedness and response to future health threats, which focuses on more stringent surveillance, early warning, and coordination between Member States. We also welcome the strategy to support medical countermeasures against public health threats, as well as the EU stockpiling strategy. These two strategies emphasise the necessity of improved coordination through joint procurement, public-private and civil-military partnerships, EU-level stockpiles, and information-sharing mechanisms to boost preparedness, ensure equitable access, and strengthen Europe's strategic autonomy in facing future crises.

We further take note of the Commission's review of DG HERA. While we welcome its positive impact since its creation, we would welcome HERA's enhanced collaboration with other EU agencies and Institutions, especially the Health Security Community, and a clearer line of command and more transparency towards the European Parliament.

A critical component of preparedness must be the fight against antimicrobial resistance (AMR), which is an increasing cross-border health security risk with more than 35,000 deaths every year in the EU/EEA[24]. AMR destabilises the effectiveness of medical treatment and increases the likelihood of uncontrollable epidemics. The EU must promote sustainable use of antimicrobials in medicine for humans and animals including through training and education, including in the field of microbiological diagnostics which could positively impact the appropriate use of antibiotics. It must also ensure effective infection prevention and control measures, notably of pharmaceutical waste in the environment and invest in the development of novel antimicrobials, diagnostics and alternatives such as bacteriophage products, to make them accessible and affordable to all Member States. The fight against AMR must be a part of the mandate of the European Health Response Mechanism. At the same time, there is a necessity for the creation of new classes and types of antimicrobial medicinal substances, as many of the existing ones become less effective.

The S&D Group strongly argues that vaccination is one of the greatest achievements of public health. A highly cost-effective intervention that saves millions of lives globally each year, vaccination significantly reduces mortality, morbidity, and functional decline associated with Vaccine-Preventable Diseases (VPDs). Immunisation policies and programmes contribute to the

resilience of health systems and enhance both economic productivity and societal well-being. Vaccination can also play a key role in addressing some of the leading health challenges of the 21st century: antimicrobial resistance, demographic ageing (requiring a greater focus on healthy ageing policies, including adult vaccination), and the need to prepare for future pandemics.

These achievements, and the benefits that vaccination affords, cannot and should not be taken for granted. Declines in vaccine confidence, alongside inadequate data systems in many countries, increase the potential for new disease outbreaks. Climate change poses new threats from infectious diseases previously not found in Europe. These factors underline the need to strengthen immunisation systems and to reinforce the crucial contributions that they make to improving population health, health system sustainability, economic performance, societal fairness, and equity. Expenditure in the area of immunisation should therefore be seen not as a cost, but as an investment with broad value for governments and citizens.

Despite the European Commission Communication and the EU Council Recommendation on strengthened cooperation against vaccine-preventable diseases (VPDs) that led to a range of EU actions (outlined in the Commission's 'implementation roadmap') focusing on strengthening vaccination policies and programmes, there is a decline in vaccination coverage and new disease outbreaks in some EU Member States. We consequently strongly recommend introducing a life course approach to vaccination, a better cooperation at the EU and national levels, a monitoring of the performance of immunisation systems, and sustainable immunisation financing.

S&D Group key demands:

We call on the Commission to **fully implement the European action plan on the cybersecurity of hospitals and healthcare providers**, especially with the creation of a European Health Chief Information Security Officers Network.

We call on the Commission to **reinforce the rescEU capacity and resources** and to extend the scope of the UCPM to include a Health Response Mechanism and to complement it with a legislative proposal if necessary.

We call on the Member States to **carry out stress testing of their healthcare systems and the Commission to propose an EU Directive for Minimum Standards for Quality Healthcare**.

We call on the European Commission and the Member States to **establish an EU framework aiming at promoting the prudent use of antimicrobials and at supporting the research and development of novel antibiotics, diagnostics and alternative treatments like bacteriophage products**.

We call on the Commission **to create a European institute for the research of antimicrobial substances**.

We call on the European Commission to **update the European Vaccination Strategy, notably by including a digital EU child vaccination card, and to implement European Immunisation Agenda 2030**.

[24] EU action on antimicrobial resistance. (2025, May 19). Public Health. https://health.ec.europa.eu/antimicrobial- resistance/eu-action-antimicrobial-resistance_en

2.4. Reinventing EU Pharmaceutical autonomy and security:

The COVID-19 crisis also revealed underlying weaknesses in EU pharmaceutical supply chains, exposing dependence on third countries and ongoing shortages of essential medicines. Nevertheless, continued gaps in access to cost-effective treatment remain and must be addressed to ensure patient care across the Union. Ensuring accessibility to treatments and a fair price for medicines across the EU must be a top priority in future strategies.

The S&D Group welcomed the EU Pharmaceutical Package as an opportunity to build a more balanced and solid system. In this regard, it is essential to come to an agreement on increased transparency around financial support received in relation to R&D activities, R&D spending, and public expenditure. This will help ensure equal access to essential and innovative treatments. In addition, the proposed Critical Medicines Act is a key step to ensure supply chains, boost EU manufacturing, prevent shortages in essential medicines, and become autonomous. However, it falls short on EU stockpiling and financing, areas which the Commission should address.

The S&D Group favours a European-level stockpiling system rather than separated national reserves. A shared EU mechanism would facilitate quick access to critical medicines in the event of an emergency without inducing competition between Member States. To this end, we welcome the Commission's proposal that puts solidarity and efficiency at the forefront of its EU stockpiling strategy. However, preparedness continues to mainly be the responsibility of Member States. National stockpiles play an important role in the EU's preparedness. Member States should therefore continue to secure national stockpiles and emergency reserves to contribute to a coherent level of preparedness across the Union. Redistribution and information sharing between the Member States and the EU should be enhanced for better coordination and prioritisation of the build-up of stockpiles.

S&D Group key demands:

We call on the Commission and Member States **to ensure that the outcome of the negotiations on the pharmaceutical package includes provisions for increased transparency around financial support received in relations to R&D activities**.

We call on the Commission and the Member States **to address the shortcomings on stockpiling and financing** in the proposal for the Critical Medicines Act.

2.5. Research & Innovation, biotechnology in health and rare diseases and European Reference Networks

Fundamental research linked to public health is crucial for the European Union to remain at the forefront of scientific developments and advancements and knowledge on human health. The EU must continue to make these topics a priority through Horizon Europe. This priority must include strong support to human and social sciences, notably those linked to prevention issues. The EU also needs to prioritise genome and exposome research agendas, and strong support for research dedicated to health and environment interactions. The new R&I policy will also have to develop support for public health plans, such as cancer, cardiovascular, mental health, and women's health.

The European Union must reinforce its position as a global leader in biotechnology by investing strategically in high-impact research areas. This includes strengthening research infrastructure across the EU to ensure all Member States can contribute to, and benefit from, cutting-edge advancements. To this end, the EU needs a more coordinated research-funding framework that drives innovation, competitiveness, and strategic autonomy. Small and Medium Enterprises (SMEs), start-ups and scale-ups must have access to funding mechanisms to fuel high-risk and innovative research. Doubling the EU research budget will ensure long-term innovation capacity and should ultimately benefit citizens and patients. In this respect, we reiterate our call for the establishment of a European Medicine Facility (EMF) equipped with budgetary resources and internal capacities for research and development with the aim of building a portfolio of new medicines and related biomedical technologies up to the delivery stage – along the entire chain of research, development, commercialisation and distribution – in partnership with third-party research centres and private companies to address the unmet medical needs, including for example AMR and rare diseases.

The EU needs a harmonised, future-proof intellectual property regime, putting an emphasis on shorter periods to allow generics and biosimilar to enter the market immediately on Day 1, after IP expiry.

Ahead of the Biotechnology Act, the S&D Group calls to acknowledge the EU wide recognition of the strategic role of biotech in pharmaceutical innovation and take into account the importance of real-world evidence in clinical trials. Clinical trials are essential to advancing medical treatments, and it is essential that the EU supports trials that reflect real-world diversity and address the needs of the whole population, including women. Biotechnology, particularly in the health sector, has a vital role to play in addressing unmet medical needs, supporting patients with rare diseases, and driving Europe's health and industrial sovereignty. Advanced therapies, precision diagnostics, and novel treatments developed by biotech companies – many of which are SMEs – offer transformative potential for public health. Innovative start-ups and SMEs in the field of biotechnology and digital health should have access to dedicated funding mechanisms and support.

The S&D Group supports greater coherence between health, research, and industrial policy in the EU. We call to:

- Ensure fair access to biotech-driven innovation by improving coordination between regulators and Health Technology Assessments bodies at EU level.
- Ensure fundamental research on health remains a priority in the next Horizon European Framework Programme.

- Support EU-based bio manufacturing and biotech hubs through targeted investment in skills, infrastructure, and partnerships – ensuring strategic autonomy in the development and production of life-saving therapies.
- Leverage the EU Biotech Act to reduce fragmentation, streamline biotech regulation (e.g., clinical trials and manufacturing guidance), and improve coordination through the European Medicines Agency (EMA).
- Promote the use of real-world data and the European Health Data Space to accelerate safe, patient-centred access to biotech innovations, including advanced diagnostics and personalised treatments. Any use of personal data for research, innovation, policy-making, education, or patient safety must comply with fundamental rights and data protection principles and ensure that the data is pseudonymised or anonymised, and strictly prohibit re-identification.
- The S&D Group supports the Commission and Member States' ambition to recognise biotechnology as a strategic pillar in the Union's health and industrial future.

To maintain Europe's leadership in medical innovation and deliver on the promise of equitable and timely care, the EU must create a supportive ecosystem that fosters biotech development. Using rare diseases, low-prevalence conditions, complex diseases and European Reference Networks (ERNs) as models, the EU can demonstrate its benefit and leadership in creating an EU ecosystem for innovations. Rare diseases, which affect millions of people across the EU, continue to face systemic neglect, often marked by delayed diagnosis and limited treatment options. The S&D Group recognises the crucial role of the European Reference Networks in improving access to care for patients with rare and complex conditions and calls for continuous funding. The S&D Group therefore calls on the Commission and the Member States to provide increased support for the ERNs and the national centres of expertise, promote ERNs better collaboration with national health care systems and to expand their mandate to cover additional areas such as severe burns and organ transplant programmes. Moreover, the S&D Group believes it is necessary to establish a minimum common standard for neonatal screening in the European Union, thereby reducing the impact of rare diseases on people's health and promoting their health and well-being from birth.

Finally, no single country in the EU has the capacity to treat rare, low-prevalence, and complex diseases – including cancer – on its own. No Member State possesses all the necessary resources, whether in terms of specialists, funding, knowledge, or medical infrastructure, to tackle these challenges independently. The only viable solution for treating such diseases is to establish a pan- European system that supports Member States in ensuring timely diagnosis, treatment, and access to essential medications.

We urge the European Commission to present a European Union strategy on rare diseases and an action plan including adequate funding. This will provide a more integrated, systemic and uniform approach for national actions, bridging gaps and addressing remaining unmet needs and inequalities. This plan should address the question of unaffordable treatments due to some pharmaceutical monopolies, investments in European Reference Networks, centralised platforms for genetic testing and biobanks, and a comprehensive approach to improve the patient pathway (including social and medical support). Creating robust, interconnected pan-European ecosystems for rare diseases would reduce healthcare disparities across Europe, improve access to diagnostics and therapies, and stimulate private-sector investment in biotechnology and pharmaceuticals. Ultimately, these investments would position the EU as a global leader in healthcare innovation improving public health outcomes, resilience to future crises, and economic growth through innovation-driven industries.

S&D Group key demands:

We call on the Commission and Member States to **provide increased support for the** European Reference Networks **and national centres of expertise.**

We call on the Commission **to present a comprehensive European Union strategy on rare diseases and an action plan** and **to create a pan-European research, innovation and investment ecosystem for low prevalence, rare diseases, rare cancers and complex diseases through the** European Reference Networks.

We call on the European Commission and Member States **to establish a European Medicine Facility** (EMF) equipped with budgetary resources and internal capacities for research and development with the aim of building a portfolio of new medicines and related biomedical technologies up to the delivery stage **to address the unmet medical needs.**

2.6. European Health Data Space and digital transformation

Digital transformation of healthcare must be inclusive, equitable, and patient-centred. Bridging the digital divide, ensuring fundamental rights, interoperable health systems, and coordinating digital strategies through the European Health Data Space (EHDS) are critical goals. Privacy must be upheld with strong data protection and fully in line with the GDPR. As health data is sensitive, it requires extra protection. Crucially, patient choice in the processing of their health data shall be ensured with the possibility to opt-out. A harmonised right to opt-out applies EU-wide, with Member States required to provide an accessible, understandable mechanism. Opt-out exceptions must be limited to public-interest purposes (policy, statistics, and public research) and must be done by public bodies with safeguards.

The EHDS is a key tool for innovation but we must emphasise transparent and secure use of data. Health data should be used for the common good, while fully respecting the legislative framework on the protection of privacy and personal data. Health data is not a commodity. Europeans must control their data, and any processing, notably secondary uses such as research should prioritise public interest under strict GDPR safeguards.

AI in healthcare must be transparent, fair, and subject to public oversight and human control to avoid misuse. Ensuring digital inclusion for all, including older adults and those with low digital literacy or persons with disabilities or vulnerable populations, is essential. No patient, especially elders or those with limited digital competence, should face discrimination or barriers when engaging with electronic health data tools. With smart investment and ethical governance, the EU can lead in digital health while protecting fundamental rights and the health and well-being of all Europeans based on responsible use of AI with safeguards against discrimination and bias in a secure environment.

In this last respect, there is an urgent and increasing need for an EU-wide ethical framework for digital health, such as an EU Charter of Digital Patients' Rights. As tools like AI-driven diagnostics, mobile health apps and wearables become more embedded in healthcare systems, bias, discrimination and ethical risks, inconsistent safeguards, unclear accountability and patient

mistrust grow more pronounced. We recommend that the European Commission formally acknowledges and addresses these legal and ethical dimensions, particularly in the context of the EHDS, GDPR and AI Act. We call on the Commission to develop a common European framework for the interoperability and security of health data in biotechnology, including the ethical and safe use of artificial intelligence in diagnosis and treatment, thereby ensuring fundamental rights and better integration of digital health systems across the EU. We emphasise the importance of high-quality data and data registration, and request the promotion and use of ORPHAcodes through EU regulation to provide a standardised, open and interoperable system for identifying rare conditions in health systems, databases, and clinical practice.

S&D Group key demands:

We call on the European Commission to ensure an **inclusive and interoperable digital healthcare system, while upholding strong GDPR protections and guaranteeing citizens' control over their health data** and its use for public-interest research.

We call on the European Commission **to propose an EU Charter of Digital Patients' Rights and continue promoting the European digitals rights and principles.**

We call on the European Commission **to present an EU regulation on the use of ORPHAcodes to provide a standardised and interoperable system for identifying rare conditions in health systems, databases, and clinical practice.**

2.7. Inclusive health

2.7.1. Ageing with dignity: Ensuring equitable access to needed care for elderly across the whole EU

The EU's rapidly ageing population calls for urgent investment in integrated, person-centred care for the elderly, especially those living with a chronic illness or nearing end of life. Access to palliative and geriatric care remains highly unequal between and within Member States. In many regions, particularly in rural or low-density areas, care is limited or non-existent.

We call on the European Commission to:

- Propose EU-wide minimum standards for palliative care as part of essential health services.
- Support the creation of a European Network of Excellence for Palliative and Geriatric Care to share knowledge, guidelines and training.
- Co-finance community-based care models and mobile teams, especially in isolated or depopulated areas.
- Fund pilot projects for integrated health and social care for older persons within Cohesion Policy programmes.
- These measures would ensure that ageing in the EU is accompanied by dignity, autonomy and high-quality care, regardless of location or income.

Finally, the S&D Group calls upon the European Commission and Member States to ensure that

older people are duly considered in the EU mental health strategy and broader EU public health policy. The COVID-19 pandemic underlined the vulnerability of older people, particularly those in institutionalised settings, with physical illness and social isolation having devastating effects on their mental health. Ageing must be accompanied with dignity, inclusion, and good quality health and mental health care. To that end, we stress the need for an integrated approach to healthy ageing across the life course, to ensure universal accessibility to mental health services, combat ageism, and address key social determinants such as loneliness and poverty. We call on the European Commission to support policy and investment for elderly community-based care and age-friendly environments.

S&D Group key demands:

We call on the European Commission **to increase overall efforts to improve accessibility of palliative and geriatric care across the EU**.

We call for the **full inclusion of older people in EU mental health and public health strategies.**

2.7.2. Gender Health Gaps: Advancing an Ambitious EU Women's Health Strategy

To be inclusive, the health system should take into account health specificities of women. Women in the EU continue to face far-reaching deep and systemic health inequalities, driven by discriminatory, social, economic, and biological determinants. Gender-specific conditions, including breast and gynaecological cancers, polycystic ovary syndrome, pelvic floor disorders, endometriosis, menopause and migraines, chronic fatigue syndrome, cardiovascular and autoimmune disease in women remain under-researched, underfunded, and misunderstood, contributing to delayed diagnoses and substandard care. The EU must take a rights-based approach to women's health policy, emphasising that sexual and reproductive health and rights are fundamental human rights and must be guaranteed to everyone, without discrimination. In addition to the provision of free, safe and legal abortion care and services, appropriate, objective and evidence-based information as well as effective access to the full range of sexual and reproductive health services is essential. This should include sexuality and relationship education, information and counselling on modern contraception, access to modern and affordable contraceptives, access to antenatal, childbirth and postnatal care, access to psychological support during fertility challenges and pregnancy loss, obstetric and new-born care, and prevention and treatment of HIV and other Sexually Transmitted Infections (STIs).

STIs are on the rise across the European Union, with increasing incidence of chlamydia, gonorrhea and syphilis posing significant public health challenges, particularly among young people and key populations. Tackling this trend requires a comprehensive and inclusive public health approach that recognises the responsibility of all genders in STI prevention, testing, treatment, and education. Gender-sensitive strategies must promote equitable access to sexual health services, challenge stigma, and ensure that both men and women – as well as non-binary and transgender individuals – are fully engaged in reducing transmission and protecting sexual and reproductive health.

Female genital mutilation (FGM) is another specific health challenge with severe and long-lasting consequences that affect women and girls, and we need an effective health policy that integrates strategies for FGM prevention, education and survivor-centred healthcare services, ensuring a multi-sectoral response that includes health professionals and educators. These services should additionally aim at: detecting, preventing and treating sexual and gender-based violence; prevention, detection and treatment for reproductive cancers; and fertility care and treatment.

The S&D Group calls for greater EU investments in women's health, mindful that life stages such as puberty, menopause and the spectrum of reproductive experience – from menstruation to pregnancy, childbirth, and pregnancy loss, including miscarriage – all play very critical roles in influencing health outcomes and women's social and economic well-being. Mental health should be an integral part of women's health strategies with tailored mental health services. Structural barriers such as misdiagnosis, delayed diagnosis, gender-based prejudice and data gaps in clinical research, under-funding of research related to gender-sensitive conditions and treatment still limit women's access to quality care, resulting in life threatening consequences.

Health literacy should be promoted, including specific education on women's health issues, education on navigating health systems, understanding rights, and recognising symptoms often dismissed or misattributed, in order to empower women and girls to make informed decisions.

Furthermore, investing in women's health must include addressing the issue of period poverty, defined as the lack of access to menstrual products, education and safe sanitation facilities. This poses a significant yet overlooked threat to the health, dignity and social participation of women.

We call on the European Commission to come forward with a comprehensive EU Women's Health Strategy that promotes research, closes the gender data gap in medical research, increases gender- sensitive care, and ensures equal access to sexual and reproductive health and rights.

This strategy should:

- Increase funding for research on female-specific conditions and gendered health disparities, promote equal participation of women working in healthcare and research, and ensure the gender perspective is considered in health and clinical research, with dedicated budgets in the next MFF and the EU Global Health Strategy.
- Adhere to identifiably balanced statistical data in all EU-funded health research and innovation programmes, to improve clinical outcomes and counteract long-standing gender bias.
- Launch an EU-wide initiative to close the gender gap in cardiovascular care to address misdiagnosed or dismissed women's symptoms, marking a clear need for targeted awareness campaigns, gender-sensitive training for clinicians, and access to tailored screening.
- Address cancer inequalities in women by investing in early detection and access to personalised treatment, especially for breast, ovarian, and cervical cancer.
- Incorporate a rights based approach to women's health, emphasising that sexual and reproductive health and rights are fundamental human rights and to ensure that reproductive technologies are not driven by commercial interests at the expense of women's health, dignity, and bodily autonomy.

- Guarantee quality, free and timely access to high-quality sexual and reproductive health and rights services, including for legal, safe, universal, accessible and affordable abortion, access to informed family planning, contraception, fertility care, and universal maternal health care, by harmonising access standards across the EU.
- Implement gender-sensitive training programmes for healthcare professionals in order to combat discrimination, gender biases, and ensure proper handling of cases of gender-based violence.
- Ensure that digital health solutions, including AI-based diagnostics and personalised medicine tools, are designed and evaluated through a gender lens, addressing gender data gaps, discrimination, algorithmic bias, and unequal access to digital tools that risk deepening existing health inequalities for women.
- Implement monitoring, accountability, and evaluation mechanisms. Indicators and benchmarks should be established to measure progress in closing gender gaps in health outcomes, access, and quality of care across Member States.
- Include patient-centred approaches that prioritise women's voices and lived experiences to help ensure health systems are responsive, equitable, trusted and foresee women's involvement in the design, implementation, and evaluation of health policies and services.

S&D Group key demand:

We call on the European Commission **to come forward with a comprehensive EU Women's Health Strategy and an action plan.**

2.7.3. Specific approach of specific populations/groups with prevention as a priority (LGBTQI+ communities, migrants and refugees)

The COVID-19 pandemic demonstrated how workers with a migrant background are crucial to the running of our public services, such as hospitals and care homes. It is key that the societies that receive newcomers are able and equipped to welcome them. Under the Reception Conditions Directive, Member States are obliged to ensure that refugees and migrants seeking protection receive the necessary quality health care and medical assistance, including at least emergency care, essential treatment of illnesses – including of serious mental disorders – and sexual and reproductive health care.

Health policies towards migrants and refugees – which also contribute to effective integration and social inclusion – are important for creating stable and welcoming communities for the future. The EU must build on best practices and actively engage with migrants themselves to develop the most effective approaches for promoting social cohesion.

The S&D Group continues to push for EU funds to be available locally for communities to fund integration projects – including health related projects – most notably in the Asylum, Migration and Integration Fund, where the EU secured the direct financing of regional, local and municipal authorities.

The S&D Group calls on the European Commission and Member States to emphasise the health of the LGBTQI+ community in their respective policies. Increased attention and action should clearly be devoted to areas such as equal access to healthcare for the LGBTQI+ community, HIV/AIDS, tuberculosis, hepatitis C, and mental health patients. The S&D Group is committed to fighting against all discrimination, and notes that the LGBTQI+ community is often the target of attacks, stigma and discrimination that negatively affect LGBTQI+ people's mental health, leading to risk of suicidal behaviour, self-harm or depression. We therefore call on the European Commission to take on board these aspects when presenting a Mental Health Strategy.

HIV/AIDS remains a prominent issue affecting the health of EU citizens, with the ECDC's latest surveillance data (2023) reporting a significant rise in HIV diagnoses in 26 EU Member States. Ending the HIV/AIDS epidemic is a critical part of the UN Sustainable Development Goal (SDG) 3.3. Despite this, EU/EEA Member States are lagging behind in meeting the UNAIDS' 95-95-95 targets for HIV testing, treatment, and viral suppression. As we enter the final five years before the SDGs deadline, we call on the Commission to set out clear actions to strengthen efforts to end the epidemic, namely by prioritising HIV/AIDS in the public health and equality agenda, through the development and implementation of an HIV/AIDS EU Action Plan.

In addition, the European Union must take a leading role in the global fight against HIV-related stigma and discrimination. By joining the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination – which provides a vital platform for coordinated action, policy alignment, and sharing best practices to address the structural barriers that fuel exclusion and injustice – the EU would reaffirm its commitment to human rights, health equity, and the dignity of all people living with or affected by HIV.

S&D Group key demands:

We call on all Member States **to ensure that healthcare for those seeking international protection is a reality.**

We insist that **the next MFF must expand the possibility for direct funding to regional, local and municipal authorities to cover integration projects and local health services for migrants**.

We urge the European Commission and Member States **to emphasise equal access to healthcare for the LGBTQI+ community,** with specific attention to HIV/AIDS, tuberculosis, hepatitis C and mental health, and to systematically address stigma, discrimination, and violence.

We call on the European Commission and the Council **to come forward with a strategy tackling loneliness** as a key determinant of both physical and mental health**, encouraging Member States to implement community-based 'social prescribing' schemes, investing in intergenerational social infrastructure and address isolation**.

2.7.4. Strengthening support for vulnerable patient groups

The right to health cannot be fully realised if vulnerable populations continue to face barriers to care. Children with developmental disabilities, persons with physical, sensory or intellectual disabilities, individuals with mental health conditions, and patients living with rare and genetic diseases or conditions often experience fragmented, inaccessible, or inadequate health services. Most of these people need some form of continuous supportive care throughout their lives, but are too often seen as 'not belonging' to regular health systems as their conditions cannot be cured and most do not need acute but 'only' supportive care. The approach to their support has often been relegated to other public sectors – such as social services or educational systems – and/or solely to their family and caretakers.

We urge the European Commission and the Member States to:

- Mainstream targeted measures for these groups within all EU health policies, including prevention, diagnosis, treatment, rehabilitation and social inclusion.
- Expand EU funding for specialised services, early diagnosis programmes, and community-based care models, particularly in underserved regions.
- Promote Member State exchange of good practices, professional training and research collaboration to improve the quality and accessibility of healthcare for these populations.
- Ensure that health infrastructure, digital tools and health information are accessible to all, in line with the principles of universal design.

These steps are vital to achieving inclusive, rights-based health systems that leave no one behind.

S&D Group key demand:

We call on the European Commission **to prepare a comprehensive strategy for increasing accessibility of (supportive) care for especially vulnerable patients in all Member States.**

3. A Stronger EU Role in Global Health Governance

The COVID-19 crisis also exposed vulnerabilities in global preparedness, with fragmented coordination at the WHO, overreliance on specific third countries, and insufficient surveillance systems.

Global health threats are becoming more complex and interlinked. The rise in zoonotic diseases – such as avian influenza, Ebola, and Mpox – demonstrate how environmental and animal health issues can quickly become global public health crises[1]. The Pandemic Agreement signed by the

[1] World Health Organisation, One Health Fact Sheet, June 2024, https://www.who.int/health-topics/one-health#tab=tab_1

WHO in April 2025 is a historic move towards strengthening global health security, and the EU must remain a leading force in ensuring its effective implementation.

AMR driven by overuse of antibiotics in both human and animal health poses another serious and growing challenge. Climate change, biodiversity loss and environmental degradation further exacerbate these risks, increasing the spread of infectious diseases and intensifying food and water insecurity.

In this context, the EU should strongly promote and strengthen strategic collaboration among progressive countries that share common values, especially in areas such as research and development, data exchange, education, preparedness for future medical crises, and the establishment of globalised standards for clinical trials and health technologies. Enhanced cooperation with trustworthy partners is vital to reduce dependency on other countries.

Furthermore, the recently launched initiative **Europe for Science** should be fast-tracked. This flagship programme aims to enable EU universities and research institutions to play a leading role in attracting and retaining global talent in the fields of science, research, and innovation. By positioning the EU as a centre for scientific excellence rooted in democratic values and open collaboration, this initiative will not only bolster the EU's strategic autonomy but also contribute to the global public good and the EU's credibility as a champion of global health.

The SDG 3 on health remains critical for the realisation of the whole Agenda 2030. While progress has been made in expanding immunisation and combatting infectious diseases, many developing countries continue to face: access to health and serious health inequities; under-resourced and weak health systems; growing burdens from non-communicable diseases; and climate-related health threats. Significant gaps also remain in health financing, and trained personnel. The COVID-19 pandemic reversed key health outcomes, exposing vulnerabilities in global health governance and service delivery. According to the WHO, at least half of the world's population still lacks full coverage of essential health services.

In that respect, the EU Global Health Strategy and Global Gateway offer a critical framework for strengthening health systems, promoting universal health coverage and supporting pandemic preparedness and increased vaccination coverage. Its effective implementation can accelerate progress toward SDG 3 goals.

The Global Gateway strategy has the potential of contributing to a number of SDGs – including SDG 3 – and reducing health inequalities around the world. Notably, through its flagship projects, it presents opportunities to improve global preparedness for health threats by supporting the development of prevention, preparation and response capacities and the local production of medicines and vaccines – particularly in countries in the Global South. However, its effectiveness depends on improving transparency and establishing clearer mechanisms for monitoring and evaluating its impact. We urge the EU Institutions to implement the Global Gateway strategy in line with the SDGs, with the establishment of transparent and robust mechanisms for evaluating its impact, and with a view to improving global preparedness against health threats by supporting development response capacities, especially in countries in the Global South.

The S&D Group deplores the US withdrawal from the WHO and the cuts in US global health aid which disrupted key HIV/AIDS, maternal health, and emergency response initiatives. As a consequence, the EU should reinforce its role by:

- Increasing its political and financial support to multilateral organisations such as the WHO, GAVI, and CEPI to ensure equitable access to vaccines, diagnostics, and treatments globally.
- Embedding health as a core pillar of its foreign and development policy, including in trade and cooperation agreements.
- Supporting the creation of a Global Health Data Framework, aligned with fundamental rights and democratic values, to enhance preparedness and early response to future cross-border health threats.

The EU must strengthen its role in global health governance, particularly in supporting the UN High-Level Meeting on Non-Communicable Diseases (NCDs) and aligning the EU actions with SDG 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030. The Global Gateway strategy should reinforce coherence and solidarity by sharing best practices and reducing global health inequalities, taking into account civil society.

S&D Group key demands:

We call on the Commission and Member States **to effectively implement the EU Global Health Strategy** through investing in primary health care and ensuring financial protection to achieve the Universal Health Coverage in line with SDG 3.

We call on the Commission and Member States to **implement the Global Gateway strategy in line with the SDGs,** with the establishment of **transparent and robust mechanisms for evaluating its impact in terms of reduction of poverty and inequalities.**

We call on the Commission and Member States **to significantly increase humanitarian funding in the next multiannual financial framework** (MFF) and its provision of **high-quality humanitarian health assistance.**

We call on the Commission and Member States **to increase their political and financial support to multilateral organisations**, such as WHO, GAVI, and CEPI, **to ensure equitable access to vaccines, diagnostics, and treatments globally.**