hope
European Hospital and Healthcare Federation

Newsletter

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The monthly HOPE Newsletter is designed first of all for HOPE Liaison officers. It covers a wide range of issues related mostly to EU institutions that are relevant to hospitals and healthcare services. It is up to Liaison officers to redistribute articles to their colleagues and members.

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HOPE (and co-organised) conferences and events

WEBINAR: What Shapes Digital Health Adoption on 19 November 2026 (Online)

Cancer Screening and Prevention: Open Day on 26 November 2026 in Liege (Belgium)

International Conference on Integrated Care on 10-12 May 2027 in Tallinn (Estonia)

HOPE Agora 2027 on 28-30 May 2027 in Rome (Italy)

HOPE Projects

DIOPTRA is a 4-year Horizon Europe project, aiming to revolutionise Colorectal Cancer (CRC) screening via a holistic, personalised, and accessible method for early detection. Its mission is to use new technologies for CRC risk assessment, screening, and progression while incorporating lifestyle and environmental factors to develop a unified protocol for primary CRC screening using network modelling and Artificial Intelligence-based Decision Support System. You can follow DIOPTRA's latest development by **subscribing to its newsletter**! Visit **DIOPTRA website** and follow DIOPTRA on **Twitter** and **LinkedIn**.

EYP (Empowering Young Patients) is a two-year project funded by the EU's Citizens, Equality, Rights, and Values Programme (CERV). The project kicked off in January 2025, HOPE is part of a consortium of five, alongside Italian institutions piloting best practices in children's inclusion and participation in hospitals. Partners will analyse needs, promote stakeholder engagement, pilot participatory processes for children undergoing long-term care in and beyond hospital settings, make policy recommendations, and communication findings at national and EU levels.

Be sure to the project on **Instagram**, **Facebook**, and **LinkedIn**, we have plenty to share!

Update

As part of **Empowering Young Patient** (EYP), an EU-funded piloting project working to foster young patients' right to participate in their care and in their communities while undergoing long-

term treatment in hospital, HOPE would like to invite you to the Final Event on 9 December 2026 in Rome from 14h00 - 17h00.

📍 Libera: Via Stamira, 5, Rome
🌐 Language: Italian

Programme:

- Presentation of the EYP project and its European dimension.
- The humanization of care: creative laboratories carried out in the hospital, and testimonies of those who lived them.
- From schools to the hospital: the path of co-design of rights leading to the Charter of Rights of children and adolescents in the hospital.
- Questions and dialogue.

The afternoon will close with a performance by Sarafine one of the artists who took part in the project.

Reserve your spot for free **here**.

EUCTAI (European Cybersecurity and Threat Intelligence through AI-driven Generation, Analysis and Exchange) is a Digital Europe Programme proposal targeting the structural vulnerabilities of Europe's cyber defence architecture: fragmented, manual-process-dependent Security Operations Centres (SOCs); absence of a sovereign, AI-powered Cyber Threat Intelligence (CTI) ecosystem; and the acute exposure of the healthcare sector, which recorded 309 significant cyber incidents in 2023 alone and faces projected ransomware costs of €250 billion annually by 2031.

The project (DIGITAL-ECCC-2025-DEPLOY-CYBER-09-CYBERAI) delivers a three-pillar framework: (1) an AI-driven SOCaaS platform providing scalable, modular cybersecurity services — including UEBA, predictive threat detection, and GenAI-assisted SOAR — to Cyber Hubs, CSIRTs, National Cybersecurity Centres, and NIS2-regulated healthcare entities; (2) a Sovereign EU CTI network enabling privacy-preserving, federated intelligence sharing via STIX/TAXII/MISP standards, with direct interoperability bridges to the ENSOC and ATHENA Cross-Border Cyber Hub platforms; and (3) a Trust and Compliance assurance suite embedding MLSecOps, Explainable AI (XAI), Human-in-the-Loop controls, and AI Act / CRA / GDPR conformity assessment across all AI components.

Five measurable objectives underpin the framework, targeting ≥30% improvement in threat detection accuracy, ≥30% reduction in Mean Time to Respond, ≥10 CTI feeds ingested, participation of ≥8 organisations from ≥3 Member States in the federated ecosystem, and 100% AI Act compliance coverage. Validation is planned across three operational pilots in real hospital infrastructures and Cyber Hub environments, supplemented by an open pilot

engaging ≥10 external organisations from ≥4 Member States. EUCTAI's strategic differentiator is its deliberate integration of AI trustworthiness, regulatory compliance, and operational sovereignty, positioning it as a replicable reference architecture for Europe's collective cyber resilience.

FLASH is a 4-year project funded by Horizon Europe, which kicked off in 2023. FLASH undertakes a comprehensive analysis of healthcare financing mechanisms in Europe and aims to provide evidence for the ability of current financing mechanisms and contracts to address challenges and to study solutions. The project brings together 16 partners from 9 European countries. HOPE will contribute mainly to dissemination and policy-related tasks.

Read more and discover **FLASH website** and follow us on **@EUFlashproject** and **LinkedIn**!

HOPE is associated partner in **HealthIntelAct**, a research initiative funded by Horizon Europe through the Marie Skłodowska-Curie Actions - Doctoral Networks.

At the heart of HealthIntelAct are 17 fellows pursuing PhD trajectories, each working on groundbreaking research projects focused on critical challenges within three key areas: People, Planet, and Prosperity. These interdisciplinary projects, spanning multiple countries and sectors, aim to develop actionable solutions for inclusive, sustainable, and resilient health systems.

GOV4CARE (Building sustainable, climate-resilient European healthcare systems through evidence-informed governance) aims to strengthen healthcare system (HCS) governance in Europe by enabling evidence-informed decisions on environmental sustainability and climate resilience. It identifies, prioritises, adapts and scales effective strategies in real-world HCSs, incl. mitigation, preparedness and adaptation across HC delivery, infrastructure, procurement and population-level responses.

The project provides an integrated performance framework, comparative evidence and practical decision-support tools, following a pathway from measurement data to comparative analysis, implementation research, and forward-looking modelling and policy translation. GOV4CARE accelerates the transition to low-carbon, climate-resilient HCSs by embedding performance intelligence into governance, planning and investment decisions at national and regional levels, and translating this into organisational practice. This enables routine use for prioritisation, resource allocation and long-term transformation.

The project (HORIZON-HLTH-2026-01-ENVHLTH-04) covers 31 European countries, focusing on national and regional levels while linking to organisational and community-level implementation. Key features include a strong foundation, use of implementation and behavioural science, continuous co-design process with policymakers, and a pan-European scope and international dimension.

GOV4CARE supports the broader transition by equipping the HC sector with tools to act effectively within its sphere of influence, while supporting cross-sectoral policy integration and highlighting co-benefits. Its impacts are expected to be catalytic, amplifying and complementing wider European and global efforts towards climate neutrality, environmental sustainability, and population health resilience. The consortium is a multidisciplinary partnership of leading academic institutions, public health agencies, policymakers, and HC implementers, ensuring a continuous pathway from evidence generation to policy uptake and system transformation.

HEALTH-ER is a two-year (June 2026 - May 2028) research project funded by the EU's Digital Europe Programme overseen by the ECCC and coordinated by Greece-based global cybersecurity provider Obrela. The project is developing and testing AI-based cybersecurity tools and services, including a Security Operations Centre-as-a-Service (SOCaaS), preparedness support, and tailored training. The cybersecurity framework will be piloted and validated at hospitals across Europe. The proposed elements cover all four pillars underpinning the European Commission's Action Plan on the Cybersecurity of Hospitals and Healthcare Providers released in January 2025: (1) Prevent, (2) Detect, (3) Respond and Recover, and (4) Deter. The project runs either as a complete SOCaaS or as a complementary layer over pre-existing tools, so smaller providers get access to capabilities that were previously the preserve of large university hospitals.

HEALTH-ER is one of seven projects under the ECCC Healthcare Cybersecurity Cluster, together running pilots in 14 EU countries and feeding a shared agenda on threat intelligence, playbooks, medical devices, training and compliance.

HOPE is one of the 12 partners comprising the consortium, leading WP6 on Dissemination, Communications, and Exploitation, while also coordinating tasks related to the EU-wide piloting phase and policy influence.

Stay informed via HEALTH-ER's **LinkedIn account** and **website**!

Update

A comprehensive mapping of hospitals' and healthcare providers' service needs was undertaken by Work Package 2 ("Requirements elicitation, mapping, and architecture specification"), which included an online survey distributed across Europe by HOPE and other consortium partners, detailed questionnaires filled in by the hospitals acting as pilot sites, a literature review, and standards mapping.

Meanwhile, as leader of Work Package 6 ("Communication, Dissemination, Exploitation and Standardisation Activities"), HOPE has been hosting weekly WP meetings since September to launch the project's communication channels and gather background information from the consortium partners for the communication and dissemination part of the deliverable HOPE is the lead beneficiary of, due by the end of November.

It is already possible to sign up for the HEALTH-ER newsletter via **this web page** (see bottom of page), the first edition of which is planned for release in the New Year.



healthRiskADAPT is a 4-year (2024-2028) Horizon Europe Project aims to address health risks associated with climate change, such as heat waves, air pollution, wildfire emissions, and pollen. Its objective is to develop and implement a comprehensive health risk assessment system that will empower local and regional authorities to make informed decisions in strategic planning, management, and daily operational mitigation of health challenges related to climate change.

Update

On 14 and 15 October 2026, the healthRiskADAPT Consortium meeting took place in Bern, Switzerland. Bern is one of the project's pilot sites together with Oslo, Lyon and Naples. This

meeting was the occasion to discuss the advancements of the project, and the alignment of some tasks as the pilots are officially kicking off. Started in November 2024, the project will end in October 2028.



KEEPCARING is a 4-year Horizon Europe project coordinated by Amsterdam UMC, which kicked off in July 2024. It comprises 20 partners from academic and non-academic areas across 11 European countries, including the European Union of Medical Specialists (UEMS) and European Federation of Nurses Associations (EFN).

The project aims to (re-)build wellbeing and resilience of the healthcare workforce in EU hospitals' surgical pathways. Partners will work to promote onboarding and retention by researching factors and signals of job stress and implementing mitigating solutions, including multi-faceted non-digital, digital, and AI-supported tools to prevent burnout.

For up-to-date information, regularly check the KEEPCARING **website** (including **subscription information** for the project Newsletter) and **LinkedIn account**!

Update

The latest KEEPCARING **podcast episode entitled "Caring for those who care: building a healthier hospital workforce in the digital age"** is now available on Spotify and via the

project website. This recording, made by HOPE, provides insights into the project's efforts to mitigate the mental health challenges experienced by hospitals and healthcare providers across Europe in the face of ongoing transformations in the sector, including the digital realm. A key message of the podcast episode is that digital tools including AI-based solutions must be designed with healthcare professionals' everyday needs and workflows in mind rather than adding another layer of complexity to their already heavy workload. That is exactly why the co-creation approach adopted by KEEPCARING is so important, with the future CMP (Change Management Platform) offering an array of tools to individuals and teams to reduce work-related stress and burnout.

In parallel, a **YouTube interview** on the new opportunities for professional learning, surgical safety and departmental learning afforded by operating room Black Box technology has been posted. This draws on the experience of KEEPCARING partners Rigshospitalet (Copenhagen) whose surgical team members underline that technology implementation must be accompanied by efforts to create trust, psychological safety and implement a non-punitive learning culture are essential to making it work. By enabling healthcare teams to review real interactions and reflect on their practices, the OR Black Box offers valuable opportunities to strengthen teamwork, support professional development and foster safer working environments.

LUCIA
LUng Cancer-related risk factors and their Impact Assessment

LUCIA (LUng Cancer-related risk factors and their Impact Assessment) is a 4-year project funded by Horizon Europe. The project focuses on the risks associated with developing Lung Cancer and its subtypes, as well as the methods best suited for prompt diagnoses.

You can follow the project activities on **LinkedIn**, **Twitter** and **Instagram** or by subscribing to **LUCIA newsletter**!

Update

On 27 and 28 October, the LUCIA Consortium met in Madrid for a final in-person meeting. The project is coming to an end in December, and the final preparations are well underway. Several partners took the opportunity to present the LUCIA Project at the ESMO Conference, which was held in the previous days.

MosAIcSOC (Modular Operational Security with AI-powered Intelligence and Collaboration for Security Operations Centres) is a Horizon Europe-funded project.

Cyberattacks are increasingly growing in scale, speed, and impact, posing significant risks to Europe's critical infrastructures. Security Operation Centers (SOCs) are on the front lines of defence but face numerous challenges, including a huge Current Security Operations Centres (SOCs) and cybersecurity solutions remain fragmented, costly, and often limited to large organisations with extensive in-house expertise. Many small and medium-sized critical operators, such as regional hospitals or local utilities, lack the resources to deploy and maintain advanced monitoring and response capabilities.

Traditional SOC models also struggle to handle the heterogeneity of modern digital environments, which span IT, OT, IoT, and cloud domains, and to align with cross-sectoral regulations on privacy, safety, and data governance. There is a pressing need for a new kind of SOC, modular, intelligent, and trustworthy, able to adapt across multiple sectors while maintaining domain-specific awareness.

MosAIcSOC aims to resolve these challenges by delivering an AI-powered, modular SOC framework enhanced with digital twins, explainable AI, resilience-by-design, and privacy-preserving collaboration, enabling faster detection, safer responses, and stronger operational cooperation. MosAIcSOC is a next-generation framework for building advanced SOCs that combines Artificial Intelligence, Digital Twins, and modular tools to strengthen operational cybersecurity. The framework is designed for SOC operators and NIS2 entities, while also opening the ecosystem to a wider community of trusted contributors through a secure SOC App Store.

At its core, MosAIcSOC provides a stable architecture that encompasses common SOC functions, including data collection, detection, investigation, response, and situational awareness. These functions follow the natural workflow of a SOC and are expressed through a unified data model, ensuring that the framework can be applied consistently across different sectors.

Update

The pre-kick-off meeting took place on 8 and 9 October 2026 in Brussels for partners' introduction. The two days were devoted as well to presentations of the project overview and specifically the work packages fitting with the vision of a new generation of modular, AI-empowered SOCs that can adapt across sectors and scales, replacing rigid siloed SOCs

HOPE is leader of the work package "Pilot preparation, execution and evaluation of MosAIcSOC. The pilot 1 is titled "adaptative SOC deployment and cyber-resilience validation in healthcare and assisted-living services." The second one is "Federated SOC-to-CERT collaboration for cross-border healthcare resilience." The third one is "Digital-Twin based cyber-resilience for connected medical devices."



SOTEU 2026: Health policy dimension

European Commission President Ursula von der Leyen delivered her 2026 State of the European Union (SOTEU) address this year on 16 September 2026 in Strasbourg. She shared the key priorities and policy initiatives for the year to come, referring to some health policy issues.

Early on in her speech, she emphasised that “our future prosperity and security will greatly depend on how we manage the tipping points of our time: climate change and AI.” She referred to the “more than 35 000 additional deaths during the heatwaves. Care homes and hospitals dangerously overheated. And all of this is a mere preview.”

On climate change, she stressed that we need both mitigation and adaptation, emphasising that “we need to step up dramatically on preparedness.” “This is why we will also soon present a European Heatwave Plan. We need better early warning systems and better health preparedness. We need urban adaptation and cooling. And we need to support the most vulnerable.” She referred to wildfires that are getting more intense, more frequent and more spread out. She emphasised that “we need to think bigger. And learn faster.” She explained that the Commission has “asked some of Europe's most senior firefighters and emergency responders to lead the work… (and) look at all aspects of preparedness and prevention… (and) make proposals…”

On AI, she emphasised that “AI is fast becoming a foundational layer for our economy and security.” And that “we want to make the most of AI to improve our society, our quality of life and our productivity.” She underlined that “AI has the potential to benefit humanity – if we get it right. … (balancing) possibilities and risks.” Even if Europe had not been at the forefront of developing this frontier technology, she argued that we can still “be the ones who draw the greatest value from it. The key is creating the value that AI has not yet delivered. … On the factory floor. On the hospital ward. …This is where the real value is hidden. And it is where Europe has big advantages. We have world-class industries that sit on the highest-quality data. These data are a precious European treasure. They are what can power tailor-made industrial AI models.” She illustrated this on a concrete example: breast cancer screening. Using mammography, which can reduce mortality by around 30–40 % among women, “… early detection is of the essence. This is where AI can step in.” AI could help doctors to “make the best diagnostic or treatment choice”. She also qualified that “… AI needs to empower our doctors. Not to replace them.”

She included health among the “five of the highest-value sectors in which industrial AI has the biggest potential and we have the data”, alongside with transport, agri-food, advanced manufacturing, and defence and space, adding that the Commission “will announce game-changing initiatives across these sectors” in November.

The European Health Data Space (EHDS) is the basis for the data mentioned in the SOTEU, the data that the EU already has. For instance, AI can forecast disease outbreaks by analysing diverse datasets, contribute to diagnosis of rare diseases, support projects on genomics, etc.

Referring to next year’s celebration of the 10th anniversary of the European Pillar of Social Rights, she reiterated: “We will invest in our regions, so everyone has the ‘right to stay’. We will launch a European Care Deal to address the challenges linked to our demographic changes.” She added that “… staying in the region is not a privilege. Care is not a privilege. Housing is not a privilege. They are rights. And we have to give them to our Europeans.”

She also referred indirectly to mental health when she recalled that “democracy is about giving people the power to choose the society they want to live in”, and that today, “much of this power has been taken out of the hands of parents.” She explained that young Europeans now spend four to six hours per day on screens, being “pulled ever deeper into feeds designed to keep them scrolling. … a great capture of our children … depriving children of their childhood.” Leading to “… loss of sleep, anxiety, even self-harm.” She explained that the Commission had convened a Special Panel of experts and elaborated the EU KIDS ACT that would be unveiled the next day, proposing clear age limits for social media, using a gradual and differentiated approach, recognising that “each age has its own sensitivities”. She emphasised the need to “roll back” the power of big tech, adding that “we do not have to accept addictive features.” Noting that “it is not only minors who are at risk”, and that “addictive design is harming everyone”, she underlined the “need (for) a wider framework, the Digital Fairness Act” that would be proposed in autumn.

Simplification

In his annual report on simplification, on 7 October 2026, Olivér Várhelyi emphasized the implementation of existing legislation.

The Health Commissioner submitted his annual report on simplification, a new feature of the second von der Leyen mandate, to the Member States. He reiterated the merits of his "health package," presented in late 2025. He noted that work on revising the tobacco directives is underway but stops short of providing a specific deadline, even though they are expected by the end of 2026.

At this stage, simplification efforts within DG SANTE are primarily being driven by the implementation of recently adopted legislation. The European executive has already begun preparing for the evaluation of the Health Technology Assessment (HTA) Regulation, which must be completed before mid-January 2028. Emphasis is also being placed on the upcoming

implementation of the regulation on critical medicines and the new pharmaceutical legislation (NPL). Finally, he highlighted the work being done to implement the European Health Data Space.

ESPCO (Employment and Social policy)

During the Employment, Social Policy, Health and Consumer Affairs Council (Employment and social policy) on 19 October 2026 the Council adopted several decisions.

EU ministers discussed how best to ensure that the upcoming Quality Jobs Act proposed by the Commission addresses the needs of both workers and employers in a rapidly changing world of work. In particular, ministers shared their expectations for the act on the basis of five key dimensions that formed part of the Commission's initial consultations with the social partners: algorithmic management and use of AI in the workplace; health and safety at work; the right to disconnect and telework; workers' rights in subcontracting chains; and the digital and green transitions.

- 'The Quality Jobs Act: Social Europe at the Workplace' (**presidency steering note**)
- Quality Jobs Roadmap (**Commission communication**)
- **Watch** the public session

The Council approved conclusions on equality as a driver for economic growth and competitiveness in the EU. The conclusions make the economic case for equality policy, arguing that discrimination is not merely unjust, but also wastes human potential and damages the economy. They are organised into sections focusing on gender equality, LGBTI equality, disability, anti-racism and Roma inclusion, and age discrimination and ageism.

Equality and competitiveness are not competing priorities – they go hand in hand. A labour market that welcomes people from all backgrounds is one that can draw on a wider range of skills, experiences and perspectives. By tackling discrimination and promoting inclusion, we can create more opportunities for our people while strengthening Europe's economic performance.

- Council conclusions on equality as a driver for economic growth and competitiveness in the EU (**text of the conclusions**)
- **Council calls for greater equality** to boost EU competitiveness
- Non-discrimination (**background information**)
- **Watch** the public session

Ministers discussed the most significant social and economic benefits of progress on equality and non-discrimination in the member states in recent years. They also identified actions to prioritise over the next five years in order to advance equality in the EU and deliver measurable results.

- Delivering Equality in the European Union: Our Values in Practice (**presidency steering note**)
- Equality in the EU (**background information**)
- **Watch** the public session

In the context of the annual European Semester cycle, the Council endorsed key messages from the Employment Committee (EMCO) and the Social Protection Committee (SPC). The messages set out the main findings of the committees' annual reports on the economic and social situations in the EU and relevant policy developments in member states.

- Key employment challenges: **key messages** from the Employment Committee based on the Annual Employment Performance Report and the Employment Performance Monitor
- Key social challenges: **key messages** from the Social Protection Committee based on the Review of the Social Protection Performance Monitor
- How the European Semester works (**background information**)
- **Watch** the public session

They also approved a recommendation on fighting housing exclusion, including homelessness. The recommendation calls for a person-centred, housing-led approach to combatting social exclusion that includes strengthening tools to identify and support people at risk of homelessness, simplifying access to social services and boosting the supply of affordable and social housing.

The revision of directive 2004/37/EC on carcinogens, mutagens and reprotoxic substances at work (sixth batch) was adopted as an 'A' item.

- Council greenlights measures to protect workers from exposure to hazardous substances (**Council press release**)
- **Watch** the press conference

Lobbyists in Brussels

Alzheimer

With the European Parliament's ongoing work on an INI report on the EU's neurological health strategy, there is growing attention on conditions such as Alzheimer's and dementia.

The company "The Parliament" organised with EFPIA on 7 October 2026 a breakfast event '**Alzheimer's in Europe: Turning innovation into patient access**' at the European

Parliament in Brussels. It was hosted by Nina Carberry MEP and closed by Stine Bosse MEP and Aurelijus Veryga MEP.

Schizophrenia

The pharmaceutical company Teva organised, “From Crisis Management to Inclusion: Driving National Policy Change in Schizophrenia” on 7 October 2026 in the European Parliament in Brussels.

Among the speakers were: Aurelijus Veryga MEP, Member of the European Parliament’s Intergroup on Mental Health; Åsa Konradsson-Geuken, President of EUFAMI; Matthew Paris Board member, GAMIAN-Europe; and José Manuel Olivares Diez, Director of Healthcare Services, Vigo Health Area, SERGAS, Spain.

Cancer care event

“Media Partnership - Global Dialogues 2026. Rethinking Cancer Care, Together: A Person-Centred Approach” was organised by All.Can (fully financed by pharma) on 13 October 2026.

Cancer care

Best Practices for National Implementation of Europe’s Beating Cancer Plan was organised online on 13 October 2026 by the EFPIA Oncology Platform (EOP) and Lung Cancer Europe.

It is the first webinar in the EOP three-part series on National Cancer Control Plans (NCCPs) and cancer policy implementation in Europe, focusing on “Screening & Early Detection.” Speakers included representatives from the EFPIA Oncology Platform, Lung Cancer Europe, the European Observatory on Health Systems and Policies, and SOLACE.

Respiratory Immunization

On 14 October 2026 the European Parliament welcomed “#EURespiDay 2026: Healthy populations, resilient systems, stronger economies: The case for EU leadership on respiratory immunisation.”

Hosted by Member of the European Parliament (MEP) Aurelijus Veryga (European Conservatives & Reformists, Lithuania), speakers included Colin Russell, Professor of Applied Evolutionary Biology, co-chair of the Steering Group; Melanie Carr, European Medicines Agency (EMA); Gábor Belák, Directorate-General for Health & Food Safety, European Commission; Tomas Lapinskas, President of the Lithuanian Society of Cardiology; MEP Dolors Montserrat (European People's Party, Spain).

MFF

On 15 October 2026 at the European Parliament Info Hub EuroHealthNet and JA PreventNCD organised a high-level policy discussion on the future of health promotion, disease prevention and health equity in the EU's next long-term budget.

The event discussed concrete ways to keep prevention and health promotion visible and adequately funded in the EU's next Multiannual Financial Framework (MFF).

The stakes are significant: under the current Commission proposal, health investment would be spread across broader instruments, including the European Competitiveness Fund, National and Regional Partnership Plans and Horizon Europe, without a dedicated health programme or reserved share for prevention. This creates a risk that health promotion and disease prevention could be deprioritised over the next seven-year budget cycle.

The discussion builds on the JA PreventNCD Policy Statement, "**Investing in Health – Securing EU funding for health promotion and NCD prevention in the next Multiannual Financial Framework**."

Medical Devices

European Council

Deputy ambassadors examined the simplification of rules applicable to medical devices during the 14 October 2026 meeting of Coreper I.

In a scoping note, the Irish presidency asked delegations to endorse its approach, which seeks to strike a balance between simplification and necessary safeguards, while also providing "additional support" for SMEs. The Irish approach seems to have garnered broad consensus. Issues that remain sensitive include the extent of the simplification, as well as how the rules will interact with the Artificial Intelligence Act and cybersecurity legislation. At the request of several member states, the Irish presidency has, in its latest compromise proposal, removed "the reductions proposed by the Commission regarding the fees that [SMEs] must pay to notified bodies," the note states. As an alternative form of support for SMEs, a proposal has reportedly been made to offer preferential treatment in terms of simplification to those established within the EU. The Irish presidency aims to reach a "general approach" during the meeting of the Council of Health Ministers (EPSCO) on 8 December 2026.

Health Technology Assessment

HTACG Meeting (16 September 2026)

The 23rd meeting of the Member State Coordination Group on HTA (HTACG) took place on 16 September 2026.

The meeting was chaired by Roisín Adams (National Centre for Pharmacoeconomics, Ireland), and co-chaired by Niklas Hedberg (Dental and Pharmaceuticals Benefits Agency, Sweden) and Marco Marchetti (National Agency for Regional Healthcare Services, Italy).

The Chair and co-Chairs of the JCA Subgroup attended the meeting. The agenda of the 23rd meeting and the summary minutes of the 22nd meeting of the HTACG on 19 August 2026 were approved. Concerning the Joint Clinical Assessment of medical devices, the HTACG adopted the second recommendation for the selection of medical devices and in vitro diagnostic medical devices for joint clinical assessment. The HTACG recommended for selection two medical devices. All the health technology developers with medical devices and in vitro medical devices in scope of the second recommendation will be informed whether their device was recommended or not. The information on the final selection will be made public once the Commission decision is adopted and the devices are certified.

Concerning the Joint Clinical Assessment of medicinal products, the HTACG discontinued one joint clinical assessment after the Commission informed that the dossier from the health technology developer failed to meet the requirements laid down in Article 9(2), (3) and (4) of the HTA Regulation. Further information will be made available on the JCA tracker in the Europa HTA webpage.

HTA: Medical devices

The Commission has adopted on 2 October 2026 its first decision to select two medical devices for joint clinical assessment under the EU Health Technology Assessment (HTA) Regulation.

The two devices are both addressing cardiovascular disease. One of the selected devices is the SAPIEN M3 Transcatheter Mitral Valve Replacement System, manufactured by Edwards Lifesciences LLC. The assessor and co-assessor for this joint clinical assessment are from the Dutch National Health Care Institute (ZIN) and the Norwegian Medical Products Agency (DMP), respectively.

The other device is the Highlife Trans-septal Mitral Valve Replacement System, manufactured by Highlife SAS. The assessor and a co-assessor for this joint clinical assessment are from the French National Authority for Health (HAS) and the Agency for Health Technology Assessment and Tariff System, Poland (AOTMiT).

The Commission Decision follows the recommendation by the Member State Coordination Group on Health Technology Assessment at its 22 June meeting. Currently, there are 15 Joint clinical assessments ongoing for medicinal products with 4 published JCA reports. Today marks the beginning of joint work on medical devices under the HTA regulation. Joint Clinical Assessments allow EU Member States to work together to assess the clinical benefits of new medicines and certain medical devices compared to existing health technologies. Patients and clinical experts are systematically consulted during this process. The outcome is a joint clinical assessment report and summary report. These reports will be used by Member States in their national decision-making procedures. The selection of medical devices for joint clinical assessments is expected to occur on a quarterly basis.

- Commission **implementing decision** on the selection of medical devices for joint clinical assessment.
- Joint **clinical assessments** for medical devices and in vitro diagnostic medical devices.
- New **JCA tracker** table for medical devices.

HTACG: 22 October 2026

The 24th meeting of the Member State Coordination Group on Health Technology Assessment (HTACG) set up by Regulation (EU) 2021/2282 was held on 22 October 2026.

The HTACG and the Commission exchanged views on the implementation of the national reporting provisions under the HTA Regulation. The Commission presented a draft questions & answers document and a national reporting tool. Member States welcomed these while underlining the importance of keeping the implementation practical and proportionate.

The HTACG discussed the ongoing work on joint clinical assessments, in particular the capacity of assessors and co-assessors until the end of the year and the application of JCA timelines to extensions and exceptional cases, such as *daraxonrasib*.

The HTACG also reflected on the current use and scope of factual accuracy check comments by health technology developers. The importance of factual accuracy checking was underlined, and it was agreed that the HTACG would continue to monitor the information being submitted in order to maintain the scientific, objective goal of the factual accuracy check.

Finally, the HTACG also discussed how to expedite the requests for the commercially confidential in order to speed up publication of joint clinical assessment reports. The importance of timely publication was reiterated to facilitate the smooth implementation at national level.

The HTACG discussed learnings from the first and second medical device and in vitro diagnostic medical devices recommendations for joint clinical assessment in 2026. The next

hybrid meeting of the HTACG will likely take place on 4 February 2027. Additional virtual meetings may be added as needed before this date.

Pharmaceuticals

Pharmaceutical legislation

Following the agreement with the European Parliament in December 2025, the Council has formally adopted on 26 September 2026 the 'pharma package', a new set of rules that will increase patients' access to medicine and make the EU's pharmaceutical sector fairer and more competitive.

The package represents a far-reaching reform of the EU's pharmaceutical legislation and will help ensure fair access to safe, effective and affordable medicines across the EU. It also seeks to boost the competitiveness of the pharmaceutical industry by cutting regulatory burdens and strengthening security of supply to prevent and manage shortages.

Companies placing a new medicine on the market will benefit from an eight-year data protection period, meaning they have exclusive rights to data from pre-clinical tests and clinical trials. They will also receive one year of market protection (the exclusive right to sell a product without immediate competition from generic medicines or biosimilars), which may be extended by an additional year for innovative medicines that satisfy at least two criteria in one of the following ways:

- comparative clinical trials *and* early application in the EU;
- comparative clinical trials *and* clinical trials in more than one member state;
- where comparative clinical trials are not possible, clinical trials in more than one member state *and* early application in the EU.

A second year of market protection can also be granted for products that fulfil an unmet medical need. The total combined period of protection allocated to a new medicinal product cannot exceed eleven years (or twelve years if a transferable exclusivity voucher is also used).

To ensure the availability of key medicines, EU countries will have the power to require pharmaceutical companies to supply medicines benefiting from regulatory protection in sufficient quantities to meet patient needs. Safeguards have been introduced to ensure that this supply obligation is used to meet the needs of patients as opposed to facilitating 'parallel trade' (i.e., cheaper exports to other member states).

The pharma package includes the « Bolar exemption » an intellectual property exemption allowing manufacturers to take the necessary steps (such as studies or trials) to ensure that

generic versions of a medicine can be made available on day one after the intellectual property rights have expired. The scope of this provision will include the submission of applications for procurement tenders.

The pharma package introduces a new transferable exclusivity voucher incentivising pharmaceutical companies to help combat antimicrobial resistance by developing priority antibiotics. This voucher will grant companies one additional year of market protection for a pharmaceutical product of their choice. The voucher will be subject to a 'blockbuster clause', which limits the potential impact on national healthcare budgets by stipulating that the transferable voucher cannot be used on products with annual gross sales of more than €490 million in the preceding four years.

Under the new rules, orphan medicinal products that are developed to treat rare conditions will receive nine years of market exclusivity. So-called 'breakthrough' orphan medicines may be granted an additional two years of market exclusivity, bringing the total up to eleven years. An orphan medicine will be considered 'breakthrough' if:

- no medicinal product has thus far been authorised in the EU to treat the relevant orphan condition;
- the medicine leads to a clinically relevant reduction in sickness or mortality rates resulting from that condition.

The regulation and directive that make up the pharma package now need to be adopted formally by the European Parliament. According to a provisional agenda published online on 22 October 2026, the vote on the directive and the regulation that make up the new pharmaceutical legislation will take place during the plenary session on 25 November 2026. A ceremony is expected to be held alongside the session for the formal signing of the texts by the co-legislators, likely during that same plenary session. Once signed, the texts will be sent to the Publications Office of the Official Journal; their actual publication may take several weeks. They will then enter into force.

- Pharma package (**regulation**)
- Pharma package (**directive**)

The directive and the regulation represent only the tip of the iceberg, the European Commission warned Rainer Becker, Director for Medical Products at the Commission's DG SANTE, during a discussion at the European Health Forum in Gastein on 1 October 2026.

"It is the implementation work that counts," as DG SANTE works on "more than 100 implementing actions." This includes guidelines, specifically those regarding transferable exclusivity vouchers (TEVs), which are "being drafted as we speak," since this is "one of the provisions that will enter into force quickly," Becker noted. As for the controversial Article 56a of the directive, which became Article 59 in the final text, the Commission will meet with Member States next month to discuss it.

Critical medicines

According to a provisional agenda published online on 22 October 2026, Members of the European Parliament (MEPs) will vote during the plenary session on 25 November 2026 to conclude the first reading of the regulation on critical medicines. In practical terms, this means endorsing the informal agreement reached during trilogue negotiations, following a vote by the Committee on Health in July. This vote will then allow the Council to follow suit.

Pharmaceutical legislation stakeholder survey

HOPE was invited on 14 October 2026 to participate in a stakeholder survey conducted as part of a study supporting the implementation of the revised legislation on medical products, under specific contract No. HADEA/2025/SC/038. The study was commissioned by the European Commission's Directorate-General for Health and Food Safety (DG SANTE), through the European Health and Digital Executive Agency (HaDEA). Please see the endorsement letter in attachment for further details.

Following the recent political agreement on the reform of the EU pharmaceutical legislation, the European Commission has commissioned Technopolis Group and IQVIA to develop a framework of key performance indicators (KPIs) that will support the future monitoring of the performance and implementation of the new legislation. Through this survey, they seek feedback from relevant stakeholders on the proposed monitoring framework, including its overall structure and the relevance of the proposed indicators.

EPSCO Health

The “most-favoured-nation” clause takes centre stage in debates among European health ministers. "We have observed a gap of approximately six months between the market launch of new products in the United States and in the European Union," explained Olivér Várhelyi, the Commissioner for Health, upon arriving at the informal meeting of health ministers (EPSCO) on 1 October 2026.

Member States had requested a study on the impact of the US “most-favoured-nation” (MFN) policy, which was subsequently published in August 2026. The Commissioner noted that there had been no significant decline in the number of product launches. Swedish Health Minister Jakob Forssmed remarked that “six months is a significant delay.” He called for swift action to boost the Union's competitiveness through strong incentive mechanisms, such as the Supplementary Protection Certificate (SPC).

At a press conference, Olivér Várhelyi advocated for extending the SPC, a measure proposed under the biotechnology regulation, specifically to help small and medium-sized enterprises secure funding. Finally, the health ministers were invited to discuss competitiveness during the

working lunch. They were asked how the Union could reduce market fragmentation and how the Commission could assist them in preparing for market uncertainty.

New medicines

The webinar '**Promoting affordable access to new medicines: a State of Health in the EU webinar**' took place on 22 September 2026.

Access to medicines is under pressure across the EU, as rising prices for new therapies and growing demand test the limits of public budgets. Between 2020 and 2025, Member States implemented wide-ranging reforms to expand coverage, reduce out-of-pocket costs, and sustain innovation.

Early evidence shows progress on affordability and efficiency, with national efforts increasingly aligned with EU-level reforms. However, gaps in financial protection, regulatory complexities, and funding constraints remain.

- 'Promoting affordable access to new medicines: a State of Health in the EU **webinar**'

Biosimilars

The **webinar** 'How can countries harness the potential of biosimilar medicines?' took place on 6 October 2026.

Biosimilar medicines, like generics, offer safe and effective treatments for patients at lower prices for health systems. This is important because originator biological medicines made or derived from a biological source (living cells or organisms) can be very expensive.

Setting the right price, good procurement practices, developing reimbursement mechanisms, and shaping demand in the health system are all key to realizing the potential of biosimilar medicines, and there is substantial potential for cross-country learning.

Speakers included Sabine Vogler, WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Austria (Keynote), Kati Sarnola, Social Insurance Institution, Finland, Jaime Espin, Andalusian School of Public Health, Spain, Bernard Duggan, Health Service Executive, Ireland.

Falsified medicines

The issue of falsified medicines was debated during the European Parliament's plenary session on 5 October 2026. In response to online advertisements for falsified medicines, MEPs are calling for better enforcement of the Digital Services Act (DSA).

While a directive on falsified medicines was adopted in 2011, it aims only to “prevent [such] medicines from entering the legal supply chain,” noted Health Commissioner Olivér Várhelyi. However, “the illegal online trade operates outside this system,” lamented Tomislav Sokol (EPP), particularly through online promotional campaigns. “Across Europe, more than 350,000 advertisements for potentially dangerous dietary supplements have been spotted on Facebook alone,” stated Nicolás González Casares (S&D).

Consequently, co-legislators are turning their attention to the Digital Services Act (DSA). "We should link medicines oversight much more closely to the implementation of the DSA and to capacity-building for the relevant institutions," argued Aurelijus Veryga (ECR). "We need binding timeframes for content removal" as well as "a common European system for verifying legitimate online pharmacies," added Veronika Cifrová Ostrihoňová (Renew). Juan Fernando López Aguilar (S&D) called for greater ‘political will’ to “tackle the business model of major online platforms.”

Biotech act: European Parliament - SANT

Shadow rapporteurs of SANT Committee met on 29 September 2026 to discuss the Biotech Act as they search for compromise amendments on controversial issues like patent extensions. They have been meeting for weeks to comb through the legislation line by line and cut through some 3,000 proposed amendments.

The meeting brings together industry representatives, experts and European Commission officials for panels on supplementary protection certificates, clinical trial regulations and financing. But some MEPs are not happy that the roundtables are being offered in lieu of an independent study.

Although one official previously told us that the EPRS had considered commissioning an external assessment; however, no one had signed off on a tender due to the timeframe and complexity. Catch up on the full story here.

Civil society groups have criticized the organizers for not including their voices on the panel. “Sidelining civil society, who would be most affected by the new SPC rules, has left us perplexed,” said Ancel·la Santos Quintano, head of one health at BEUC. “Consumer organisations are happy to engage in the discussions about fairer alternatives to measures that risk delaying the arrival of cheaper medicines on the market, instead of playing gooseberry.”

Biotech act: European Parliament - ENVI

The Environment Committee has adopted its opinion on the biotechnology regulation without addressing intellectual property on 1 October 2026.

For Socialists and Democrats (S&D) rapporteur Nicolás González Casares, Parliament's position is clear: any extension of the Supplementary Protection Certificate (SPC) that is not contingent upon genuine investment in Europe and easier access for European citizens will not be adopted by this Parliament, he asserted, reaffirming his desire to scrap the measure.

In contrast, the opinion from the Legal Affairs Committee (JURI) adopted on 7 September 2026 and negotiated by S&D rapporteur Tiemo Wölken does provide for a twelve-month SPC extension in exchange for concessions to biosimilar manufacturers. Ultimately, the ENVI Committee was unable to rule on this matter. Almost all amendments tabled regarding the SPC (Article 27) were deemed inadmissible by the secretariat because they fell outside the committee's remit. Only one amendment – addressing animal health rather than human health – was put to a vote.

Parliamentary negotiations are eliciting mixed reactions. The European Patients' Forum (EPF) declared that it is "particularly concerned" about the section of the biotechnology regulation concerning clinical trials: "We have learned that the rapporteurs wish to further reduce the authorization period for clinical trials." The European Commission had already proposed lowering it to 75 days, down from the current 106. Shortening it even further, "without a prior impact assessment and without having evaluated the actual capacity of Member States to meet the originally proposed deadlines, is premature and raises serious questions," the association stated. The EPF also criticizes the lack of measures to harmonize informed patient consent – a sign, it argues, that the Parliament has failed to consult with patient organizations.

Conversely, Vlad Olteanu, Director of Healthcare Public Affairs at EuropaBio, sees "no worrying signs at this stage," he told the press on 12 October 2026. The progress made satisfies the biotechnology industry lobby, which supports the Commission's proposal while remaining open to an even shorter authorization period. Within the Council, a compromise proposal from the Irish presidency regarding this aspect were debated on 20 and 21 October 2026.

Cross-border threats

Health security at the World Health Summit

At the World Health Summit, the European Commission's Directorate-General for Health and Food Safety (DG SANTE) co-costed a Global Health Lab on 11 October 2026, together with the EU medical military staff of the European External Action Service.

Sandra Gallina, SANTE Director-General led the World Health Summit delegation, speaking at several sessions under the theme 'From Crisis to Resilience: Innovating for Health'.

In line with the **Global Health Resilience Initiative**, she reiterated the EU's strong commitment and leadership in global health based on the EU's health policy model, expertise and partnerships. This requires country-led resilient health systems, global surveillance, preparedness and response networks as well as a reformed global health architecture. Moreover, given the fast-moving geopolitical situation, DG SANTE called for a true 'One Health-security' framework that bridges civilian and defense systems.

You can follow the different sessions of the World Health Summit live on the dedicated **YouTube channel**.

Agreement between WHO and INTERPOL

In October 2026, the WHO and INTERPOL signed a cooperation agreement aimed at tackling some of the most pressing threats at the intersection of public health and security. The agreement establishes a framework to combine INTERPOL's law enforcement expertise with WHO's public health leadership for joint action to prevent, detect and respond to risks that endanger lives worldwide.

The agreement focuses on strengthening collaboration in exceptional situations that require coordinated health and security action, including incidents involving the suspected misuse of chemical or radioactive materials and unusual biological events, whether naturally occurring, accidental or deliberate.

The organizations will also coordinate efforts around major international events and mass gatherings, helping countries better prepare for, and respond to, potential health threats in high-visibility settings.

Civil protection mechanism: adoption of the positions in Parliament committees

On 1 October 2026, the Environment, Climate and Food Safety (ENVI) and Public Health (SANT) committees adopted their position on the next iteration of the EU civil protection mechanism. In addition to actions for better monitoring and anticipation of crises and a strengthened joint EU response, the new programme would help fight serious cross-border health threats, for instance through the stockpiling of medical countermeasures and the development of early warning and surveillance systems. MEPs want to extend the scope of EU support to cross-border cooperation between specialised care centres, cross-border medical teams, medical surge capacity and patient transfers between member states in overload situations. The position was approved by 61 votes to 9 with 9 abstentions and will be put to a vote in an upcoming plenary session.

Link.

Promotion, prevention and care

➢ Antimicrobial resistance (AMR)

JAMRAI2 makes economic case to EU policymakers

On 15 October 2026, the **JAMRAI2 Joint Action** brought together the AMR stakeholder community at an event hosted by MEP Tiemo Wölken (S&D, Germany), co-chair of the cross-party MEP Interest Group on AMR, to highlight the economic risks and call for stronger political commitment and investment. AMR is estimated to cost around €11.7 billion annually through additional healthcare expenditure and lost productivity.

Moderated by Marie-Cécile Ploy, the discussion explored whether AMR is adequately reflected in EU macroeconomic risk assessments and economic governance frameworks, and how stronger partnerships can help translate scientific and economic evidence into concrete political action.

MEP Wölken argued for a shift away from treating resistance as a future threat and towards recognising the need to invest in Europe's health, resilience and economic future. Michele Cecchini (Organisation for Economic Co-operation and Development - OECD), highlighted the economic and societal returns of investing in prevention, preparedness and control. Tackling AMR could save healthcare systems in EU/EEA countries approximately €4.8 billion per year, underlining the potential benefits of stronger action.

The session highlighted the role of the JAMRAI 2, through which Member States work together to strengthen political commitment and turn AMR policies into concrete action. The other speakers were Anthony McDonnell (Center for Global Development) who examined the macroeconomic implications of AMR across One Health sectors, stressing that the true costs likely remain underestimated, and Milka Sokolović (European Public Health Alliance) who emphasised the importance of civil society engagement and strategic partnerships in translating economic evidence into political action.

➢ Cardiovascular

Cardiovascular health checks

On 28 September 2026 the Commission launched the EU Screening Week with new recommendations on cardiovascular health checks.

Ahead of World Heart Day and to mark the launch of the first-ever EU Screening Week, the European Commission adopted a proposal for a Council Recommendation on cardiovascular

health checks. It aims to safeguard the health of European citizens by improving early detection and screening and, ultimately, reducing premature deaths from cardiovascular diseases.

Cardiovascular diseases are the EU's number one killer, claiming 1.7 million lives every year. They have a significant impact on health systems and cost the EU economy more than €282 billion annually. However, 80% of cardiovascular diseases can be prevented by tackling risk factors such as high blood pressure, cholesterol, high blood sugar and obesity. The Safe Hearts Plan, presented in December 2025, aims to reduce premature cardiovascular deaths by 25% by 2035, including by tackling these risk factors. Today's proposal is a significant step towards achieving that goal.

Health checks can save and transform lives by identifying cardiovascular risks and diseases early, enabling people to receive the right advice and treatment at the right time. Today's recommendation will support Member States in designing and implementing cardiovascular health checks at national level. It will also help tackle health inequalities across the EU by proposing these checks be accessible for all and addressing the needs of high-risk and vulnerable groups, in particular.

The Commission also calls on Member States to consider how to best support citizens who are at increased risk for cardiovascular diseases, including through personalised prevention and appropriate vaccination advice. The recommendation highlights how the latest health innovations, including data-driven and AI-based tools, can offer further opportunities to reinforce risk assessments and checks, so long as they are used responsibly and with proper human oversight.

In addition, the Commission has highlighted the role of health literacy in empowering citizens to take control of their health and understand the value of regular cardiovascular health checks. Member States are encouraged to raise awareness and promote their widespread uptake. The importance of ensuring equitable access through targeted campaigns and screening programmes in community settings, and by means of mobile screening units, is also recognised.

Cardiovascular health - Public Health - European Commission.

Cardiovascular and cancer prevention

On 13 October 2026 the Permanent Representation of the Slovak Republic to the EU, organised a workshop “Public Health Challenges in the EU: Insights for Impact – Advancing Cardiovascular and Cancer Prevention.”

The workshop brought together policymakers, EU institutions’ representatives, public health experts and academics for a focused, data-based discussion on strengthening public health approaches to non-communicable diseases, namely cardiovascular diseases and cancer. The

debate wanted to explore effective and sustainable approaches to health determinants, as well as practical ways to protect vulnerable groups, especially young people.

Speakers included Michal Stofko, Deputy Minister of Health of the Slovak Republic; Christina-Maria Kravvari, Secretary General for Public Health, Ministry of Health of the Hellenic Republic; Monika Benova, Member of the European Parliament, SANT Committee; Veronika Cifrova Ostrihonova, Member of the European Parliament, SANT Committee, Ondrej Krutilek, Member of the European Parliament, SANT Committee; Prof. Andrzej Fal, Polish Society of Public Health, Warsaw; Prof. Francesco Moscone, Professor at Brunel University of London, Ca' Foscari University of Venice; Prof. Francesco Fedele, Professor Emeritus of Cardiology, Sapienza University of Rome, President of National Institute for Cardiovascular Researches; Andrej Rudanov, Head of Advisory Board, European Life Science & Knowledge Institute, Vilnius.

➢ Other non-communicable diseases

Prevention

A **webinar** 'Stepping up prevention of non-communicable diseases in Europe: a State of Health in the EU webinar' was organised on 15 September 2026.

Primary care is the first point of contact for patients, but it is under mounting pressure across the EU from ageing populations, chronic disease and workforce shortages. Only one in five doctors in the EU are general practitioners, while over a third of adults report long-standing health issues, leaving many needs unmet.

In response, countries are reforming how they attract and retain staff, expanding the roles of nurses and pharmacists, and scaling community-based models of care. So, how can countries attract and retain the primary care workforce they need? How can policy makers build integrated models that work? And how do we ensure primary care becomes a resilient backbone for health systems? Join us to find out!

Speakers were Juliane Winkelmann, European Observatory on Health Systems and Policies; Gaetan Lafortune, OECD; Loukianos Gatzoulis, DG SANTE, European Commission.

Link.

Rare diseases: EURORDIS Blueprint

On 15 October 2026, EURORDIS-Rare Diseases Europe launched the **European Blueprint for Rare Diseases**, setting out the rare disease community's proposals for the structure, priorities and delivery of a future EU Action Plan on Rare Diseases. he proposed Plan would connect existing initiatives, close remaining gaps and strengthen delivery across Europe.

Rare diseases: Booklet translation

On 27 October 2026, the Directorate-General for Health and Food Safety published the ERN Success Stories booklet is in ET, GA, HR, LT, LV, MT, SL, further expanding access to the experiences and achievements of the European Reference Networks. These new language versions can be consulted alongside the existing editions in Bulgarian, Czech, Danish, Dutch, English, Finnish, French, German, Greek, Hungarian, Italian, Polish, Portuguese, Romanian, Slovak, Spanish, and Swedish.

Link.

➢ Health Promotion

Racism and health

The UN Human Rights and its Representation Office to the European Union (ROEU) and the European Public Health Alliance (EPHA), through its DisQo Stakeholder Network on Anti-Discrimination and Health Equity organised two events in October 2026.

The 4th annual Seminar on Racism and Health which this year zoomed into gender-based violence in the health sector took place on 8 October 2026.

- **Racism and Health (4th edition), Gender-Based Violence, Discrimination and Women's Health**.

On 9 October 2026 a consultation on Sports, Ageing and Racial Discrimination - Implications for the Right to Health explored how racial discrimination affects participation in sport across the life course, with a particular focus on:

- The experiences of racialized older persons in sport in the EU and their implications for the right to health;
- The systemic barriers and challenges within sport that hinder the participation of racialized older persons in the EU; and
- The relevance and impact of intergenerational experiences of discrimination and inclusion in sport.

The consultation will also contribute to developing recommendations on how EU initiatives on anti-racism, sport and healthy ageing-including the 2027 European Week of Sport-can better address the intersection of ageism and racial discrimination, and its impact on the enjoyment of human rights by racialized older persons. It will also feed into the 2027 High Commissioner for Human Rights report on sport and racism.

Social policy

Social security coordination

The Council has adopted on 28 September 2026 a **regulation** that revises the rules on the coordination of national social security systems at EU level.

The regulation updates the existing EU legislation on social security coordination by making it clearer, fairer and easier to enforce. The revised rules will strengthen fair labour mobility and, as a result, people who move to another EU country to live or work will find it easier to exercise the rights to which they are entitled to.

The revision focuses on five key areas: unemployment benefits, long-term care benefits, access to welfare benefits for economically inactive persons, family benefits and applicable legislation for posted workers and persons working in two or more member states.

The regulation will enter into force on the first day of the month following the date of its publication in the Official Journal of the European Union.

Human resources

➢ Health workforce

Physiotherapists

On 15 September 2026 the European Commission adopted a delegated Directive C(2026) 6196 supplementing Directive 2005/36/EC of the European Parliament and of the Council by establishing a common training framework for physiotherapists.

The Commission considers that demand for physiotherapy services is rising due to ageing populations, chronic disease and rehabilitation needs. A common training framework built on existing similarities in how participating countries regulate, educate and train professionals would allow automatic cross-border recognition of qualifications. This will simplify processes, reduce administrative burdens, reduce barriers to free movement, make recognition procedures more transparent, and safeguard a consistent standard of competence.

Link.

➢ Safety at work

Healthy Workplaces Campaigns

EU-OSHA launched its Healthy Workplaces Campaign 2026 - 2028, “Together for Mental Health at Work,” in Brussels on 13 October 2026, under the patronage of and in the presence of Executive Vice-President Roxana Mînzatu, Commissioner for Social Rights and Skills, Quality Jobs and Preparedness, European Commission.

This high-level European event brought together senior representatives from the European institutions, governments, the European Parliament and social partners, alongside leading experts and workplace stakeholders. Together, they explored how political leadership, social dialogue and effective organisational action can drive progress on mental health and the prevention of psychosocial risks at work.

The event featured a high-level political panel, an expert keynote on what works, and the official reveal of the new campaign and its priorities, tools and resources. Participants also discovered how organisations can become Official Campaign Partners and contribute to a Europe-wide movement for healthier, safer and more inclusive workplaces.

More information about **the event here**.

Protection of workers from exposure to hazardous substances: Council greenlight

On 19 October 2026, the Council has adopted a set of revised rules aimed at strengthening the protection of workers from exposure to hazardous substances that could cause illnesses such as cancer or asthma.

The sixth revision of the carcinogens, mutagens and reprotoxic substances directive (CMRD) update the EU’s health and safety legislation to ensure it is fully in line with the latest scientific developments, in particular by:

- setting occupational exposure limit values (OELs) for cobalt and its inorganic compounds, polycyclic aromatic hydrocarbons, 1,4-dioxane, and isoprene;
- adding welding fumes to the list of substances, mixtures and processes set out in Annex I of the directive.

The directive will enter into force upon its publication in the Official Journal of the European Union. Member states will be required to transpose the revised rules into national law within 2 years of its entry into force.

Link.

➢ Workforce

Skills portability

On 15 September 2026, the European Commission proposed a Skills Portability Act, a regulation designed to make qualifications digital, comparable, and easier to recognise across borders. It forms part of the Fair Labour Mobility Package and must still be adopted by the European Parliament and the Council before any of its measures can take effect.

The new and recent qualifications will be issued digitally in the **EU Digital Identity Wallet**, standardised, verifiable in real time and linked to a European qualification level. There will be one European digital entry point, available in all EU languages, will apply the same rules, requirements and deadlines across the EU, making professional recognition clearer, faster and easier.

Recognition will take no more than 11 weeks, with deadlines for each step of the process. It will take up to 5 weeks, with clear deadlines for administrations. A Europass comparison tool will make qualifications easier to compare, and digital qualification attestations will be free.

Link.

Digital

➢ Cybersecurity

11th eHealth Security Conference

On 7 October 2026, as a member of the HEALTH-ER project and the Commission's Health Cybersecurity Advisory Board, HOPE attended the annual **eHealth Security Conference** in Nicosia, Cyprus. Organised by ENISA, the European Cybersecurity Agency, and opened by the Cypriot Deputy Commissioner of Communications, this year's edition provided a comprehensive overview of European and national cybersecurity initiatives, including a valuable update on the status and 'next steps' of the implementation of the **European Action Plan on the Cybersecurity of Hospitals and Healthcare Providers**.

ENISA Cybersecurity Officer Maria Papaphilippou outlined the healthcare-specific work undertaken by ENISA, of which the September 2025 release of the "Cyber Hygiene in the Healthcare Sector" **booklet** represented a milestone, followed by the **publication** of procurement guidelines for the cybersecurity of hospitals and healthcare providers in July 2026. Other Action Plan-related initiatives currently underway include the finalisation of the

regulatory mapping tool and of a maturity self-assessment tool for entities supporting benchmarking and showing progress over time (both web-based). In addition, two awareness campaigns will be kicked off.

ENISA actions will continue in 2027 and 2028, inter alia including the release of incident playbooks, the expansion of Europol's 'No More Ransom' campaign to the healthcare sector, the setting up of an EU-wide early warning system, and a KEV (Known Exploited Vulnerabilities) catalogue for healthcare. These and other actions will be supported by additional awareness campaigns.

The first campaign is designed to empower healthcare professionals and all members of the healthcare community, emphasising and recalling the most crucial cyber hygiene messages. The question of how to measure impact will be discussed at ENISA's November awareness-raising conference in Stockholm, Sweden.

Luca Gattobigio, Programme Officer at the European Cybersecurity Competence Centre (ECCC) provided an introduction to the Health Cybersecurity Cluster funded under the Digital Europe Programme (of which HEALTH-ER is a part), among other things highlighting the focus on ready-to-use, practical solutions that will be piloted across Europe and the open-source nature of most outcomes. The Cluster will soon by formally launched.

Other key insights resulting from the conference:

- Healthcare cybersecurity is not an IT issue, but it affects patient safety, operational continuity and trust – all actors must cooperate to ensure health services are secure;
- There is a distinct AI cybersecurity gap: securing systems is key for trustworthy AI, especially since AI is increasingly being ‘pushed’ on people by manufacturers and employers, and a life-cycle assessment approach is needed;
- There is still a scientific evidence gap regarding the patient health impact of cybersecurity measures;
- Medical devices are a particularly complex and volatile area, with complex supply chains, lack of major standards on cyber harmonisation, and subject to ambiguous legal language (excluded from scope of Cyber Resilience Act);
- Nordic countries’ collaboration in remote patient monitoring (“hospitals at home”) is strong, with a shared Nordic library established for secure adoption of tools at scale and an “assess once, reuse” model adopted.

Sitra event highlights new healthcare cybersecurity gaps

HOPE attended the "Cyber Resilient Healthcare" **event** organised by Sitra (the Finnish Innovation Fund) and the Nordic Cyber for Healthcare Forum held on 21 October 2026. This event featured a keynote presentation by ethical hacker Ken Munro (founder and partner, Pen Test Partners) as well as a roundtable discussion moderated by Denise Anderson (President and CEO, Health-ISAC) and with contributions by Juuso Järviniemi (Policy Officer,

Cybersecurity & Digital Privacy Policy, DG CONNECT, European Commission), Moritz Esdar (Policy Advisor, Cybersecurity, Interoperability and Data Compatibility, German Federal Ministry of Health), and medical doctor Ulf Sigurdsen (Department Director E-health, South-Eastern Norway Regional Health Authority).

SITRA's Markus Kalliola provided an opening speech highlighting the fund's mission and evolving work around health data, with its special role as coordinator of the **TEHDAS2 Joint Action** supporting the EHDS. Kalliola underlined the EU's current focus, characterised by increased policy efforts to accelerate innovation, simplify rules and pathways, and secure systems for enhanced resilience and technological autonomy. Crucially, he noted that cybersecurity was no longer regarded a niche topic in the context of the Digital Omnibus and revision of the Medical Devices Regulations, and the implementation of the AI Act and EHDS moving ahead.

Mr Munro's presentation underlined the constantly evolving and growing cybersecurity threat landscape for hospitals and healthcare providers, which is not only shaped by the proliferation of connected, AI-assisted medical devices and other potentially hackable healthcare tools (e.g., insulin pumps), but importantly also by the increasingly thin boundary between IT and non-IT products. This includes many technologies commonly situated in the consumer sphere but commonly present in hospitals (e.g., cleaning robots, smart kitchen appliances connected to the Cloud in third countries, Wifi / Bluetooth-enabled technologies brought to the hospital by patients or visitors) which can be manipulated or put in motion by malevolent actors to capture and steal sensitive health data under certain circumstances. Munro therefore noted the importance of ensuring taking stock of all connected assets present in healthcare environments, including along the supply chain, and to make sure that connections available to external visitors are sufficiently secured.

The key messages of the ensuing discussion included the following:

- Practical tools for hospitals are currently under development resulting from the European Action Plan on the Cybersecurity of Hospitals and Healthcare Providers;
- National initiatives are underway in German and Norwegian government authorities currently investing heavily in protecting the sector and raising the cyber maturity of hospitals and healthcare providers;
- Adopting a cross-disciplinary approach will be necessary to consider possible cybersecurity gaps and loopholes; and
- The compliance landscape is complex, and additional capacity needs to be built to navigate the different rules (NIS2, AI Act, EHDS, Cyber Resilience Act, Cyber Solidarity Act, etc.).

➢ Artificial Intelligence (AI)

FEAM-EASAC Report on AI in European Healthcare

HOPE spoke at the launch event of the “AI in European Healthcare: Policy Recommendations for Optimising Added Value and Safe, Ethical and Inclusive Adoption” **report** released jointly by the Federation of European Academies of Medicine (FEAM) and the European Academies Science Advisory Council (EASAC) on 30 September 2026.

The report, one of the most comprehensive released to date, has been drafted to support policymakers at a crucial time when European digital health rules are moving from conception to implementation (EHDS, AI Act, etc.). It provides an overview of the opportunities and challenges involved in integrating AI into clinical practice. This includes some valuable evidence and insights into complex questions around safety, ethics, governance and equity that call for careful and coordinated policy responses. Broadly aligned with HOPE's policy stance on AI in healthcare, its goal is to ensure that it is developed and deployed in ways that add value and are safe, ethical, and inclusive.

Moderated by André Knottnerus, EASAC Co-Chair of the report, HOPE contributed its perspective during session 2 entitled "Implementation, trust and equity", inter alia highlighting that safe AI adoption in healthcare depends not only on regulation and technology, but also on factors such as organisational readiness, workforce capacity, procurement, workflow integration, building trust and the ability of healthcare providers to monitor systems in practice. The other contributors to the event included a representative of the European Patients' Forum (EPF) and various members of the Working Group in charge of drafting the joint report.

HOPE is engaged in follow-up discussions with FEAM-EASAC regarding AI implementation barriers, cybersecurity, and other topics of joint concern.

AI Act request channel for national fundamental rights authorities

On 20 October 2026, the European Commission informed about the establishment of a new channel that enables national authorities/bodies for EU fundamental rights to submit requests for information and documents when the AI Office acts as the market surveillance authority for AI systems.

Under Article 77 AI Act, national fundamental rights authorities, including for non-discrimination, can request access to information and documents created or maintained under the Act from national market surveillance authorities/bodies. Access is granted where it is necessary for those authorities/bodies to fulfil their mandates within the limits of their jurisdiction.

Such requests can be submitted to the AI Office, when it acts as market surveillance authority for AI systems under its exclusive competence. These are defined in Article 75(1) of the AI Act as:

- AI systems based on a general-purpose AI (GPAI) model, if the model and the system are developed by the same provider or same business group (with some exceptions)
- AI systems that constitute or are integrated into a designated very large online platform or very large online search engine

Requests concerning AI systems outside the scope of the AI Office should be addressed to the competent national market surveillance authority/body. The AI Office will examine requests in accordance with the conditions set out in Article 77 and, if necessary, request the information or documentation from the AI system provider.

First harmonised standard supporting AI Act

On 19 October 2026, the European Commission has published the reference to the **first harmonised standard supporting the implementation of the AI Act** in the Official Journal of the European Union. Its publication marks an important milestone in implementing the AI Act, ahead of the application of requirements for high-risk AI systems, with further harmonised standards expected to follow.

The standard, EN 18286:2026 - Artificial intelligence - Quality management system for EU AI Act regulatory purposes, developed by CEN and CENELEC, provides a clear legal pathway for providers of high-risk AI systems to comply with the quality management system requirements under article 17 of the AI Act. Its publication through Commission Implementing Decision (EU) 2026/2274 means that providers implementing this standard will benefit from a presumption of conformity.

EN 18286 translates the requirements into an operational quality management system (QMS). It is mapped to Article 17 of the AI Act, built around the AI system lifecycle – rather than the organisation – and designed to be layered on top of existing international standards (e.g., ISO/IEC 42001, ISO 9001) or a sectoral QMS (e.g. ISO 13485) – rather than replace them.

EN 18286 explicitly allows providers in regulated sectors to integrate management systems, rather than run separate ones. Organisations without ISO/IEC 42001 that plan to place or put into service high-risk AI systems in the EU market can use EN 18286 to expand an existing QMS or build one that fulfils the requirements of article 17 requirements.

➢ European Health Data Space (EHDS)

Establishment of EHDS forum and stakeholder community

On behalf of its membership and drawing on its experience gained as a long-time participant in the former eHealth Stakeholder Group, HOPE will be applying to the European Commission's call to establish the new **EHDS Stakeholder Forum**. The Forum, which is expected to have around 80 members and will be formally launched in 2027, will bring together stakeholder representatives across five categories (citizens, patients and consumers; healthcare providers and health ecosystems; industry and standards development organisations; research and academia; and public entities, incl. EU and international organisations) to support the exchange of views and experience on the implementation of the EHDS. This will include discussion to:

- provide input and recommendations on EHDS implementation, including data access, data quality, interoperability, usability and artificial intelligence
- exchange knowledge, implementation experience and good practices
- identify emerging issues and priorities
- contribute stakeholder views on the development and uptake of the EHDS.

It will also facilitate exchanges between EHDS governance bodies and the wider stakeholder community.

In parallel, other organisations and individuals working with health data across Europe are invited to join the **EHDS Stakeholder Community** on the Commission's EU Health Policy Platform. The Community will be open to a much wider group of stakeholders – individual HOPE members are welcome to join - and offers an opportunity to stay informed about relevant activities, access resources, exchange with peers and contribute to discussions on the implementation of the EHDS. More information about the Community and how to join is available **here**.

➢ Digital health

WHO trust-building self-assessment tool

A new **trust-building self-assessment tool** guiding countries on how to turn trust into tangible action has been published by WHO and the University of Zurich. The document provides background information and relevant literature to support an understanding of trust and how it can be fostered through policy work, a key objective of the **WHO Global Strategy on Digital Health 2020–2027**.

Since trust is fundamental yet often considered to be a vague and abstract concept, the tool offers step-by-step guidance for assessing how trust-building principles can be integrated into health data policies during internal policy review processes.

Research conducted by the University of Zurich between 2023 and 2024 found that policy professionals widely recognize the importance of trust, particularly when it comes to sensitive health data, but face challenges due to a lack of concrete guidance on fostering this trust. The European Commission also views trust as a key enabler of the European Health Data Space.

The self-assessment tool can be adapted to different governance systems and policy contexts. Ideally, it should be used in a participatory way, bringing together policy professionals and ministry staff to identify areas for improvement and follow up on gaps. It does not produce a score or certification but is designed to support constructive reflection, discussion and policy refinement.

Environment and climate

ETS: changes regarding the market stability reserve

On 21 October 2026, the Parliament and the Council reached an agreement on the Commission's proposal to amend the market stability reserve (MSR) for the European Emissions Trading System (ETS) – a mechanism that absorbs the surplus of emission allowances to support carbon price stability.

The co-legislators decided to keep the invalidation mechanism – against the proposal to stop it immediately from the Commission – but to raise its threshold from 400 to 700 million allowances. This is said to maintain a sufficiently large buffer to absorb supply and demand imbalances, while avoiding the excessive build-up of allowances in the reserve that could occur under the Commission's proposal.

Co-legislators also agreed that an annual decrease the threshold for the invalidation of excess ETS allowances in the MSR should be considered in the ongoing revision of the EU ETS, to ensure a consistent overall approach. The informal agreement must now be formally endorsed by both Parliament and Council. The amended regulation will enter into force three days after publication in the EU Official Journal and apply immediately.

3rd Conference on Indoor Air Quality to take place on 30 October 2026 in Rome (Italy)

The third installment of the European cycle of conferences on indoor air quality launched by the Geneva Health Forum in 2023, took place on 30 October 2026 in Rome, Italy.

The conference focused on the role of healthcare facilities in primary health prevention through training, staff selection, behavioural practices, building management, design and maintenance, the management of biological and chemical risks, and good operational practices.

To learn more, **click here**.

Wastewater: European Producer Responsibility still in the crosshairs

The European Commission stated during the Environment Council of 12 October 2026 that everything will be clarified in the first semester of 2027. About a dozen ministers were concerned about the legal uncertainty surrounding the measure – pending the ruling of the Court of Justice of the EU. The European Commission stated that it had “accelerated work on key implementing acts to clarify the exemption” and that the expert group on the topic will meet by the end of 2026. The topic of the Extended Producer Responsibility (EPR) is still pending its assessment and its possible annulment.

In addition, the French Île-de-France Water Authority (SEDIF) filed an action for failure to act with the Court of Justice of the European Union (CJEU) on 14 October 2026, as reported by ENDS Europe. As required by the Treaty on the EU, the agency – which announced its action in late June – first gave the Commission two months to rectify the situation. The Commission was “invited to propose an amendment to Annex III” of the Wastewater Directive to “include plant protection products” in the list of substances covered by the extended producer responsibility (EPR). SEDIF deplores the Commission’s decision to limit this future EPR to cosmetics and pharmaceuticals “even though aquatic environments are severely affected by pesticide residues.” In the absence of a response from the Commission, SEDIF acted by filing its lawsuit with the EU Court of Justice. This adds to the two lawsuits already present on the EPR on wastewater.

Heat-health action plans overlook Europe's most important health system resource: the health and care workforce

The European Observatory on Health Systems and Policies published in October 2026 a policy comment on heat-health action plans with a focus on the lack of mention of the health and care workforce. The abstract is below:

> “Europe is warming at more than twice the global average, and heatwaves increasingly coincide with extreme wildfires, rainfall, floods and storms, creating growing health

security risks while intensifying an ongoing health and care workforce crisis. Governments across the European Region have scaled-up action to establish heat-health action plans, supported by comprehensive WHO guidance. However, health and care workers remain largely absent from these strategies, which continue to place their focus on protecting populations rather than the workforce responsible for delivering care. Workforce measures are fragmented, poorly coordinated and rarely linked to broader health security and resilience agendas. This policy commentary argues that health and care workers should be recognised within heat-health action plans as both a vulnerable population and critical group for health security infrastructure. Drawing on policy documents, published literature, WHO guidance, and expert insights, we identify key policy gaps and argue for a dedicated HCWF strategy and integrated trans sectoral governance that recognises workforce resilience as a prerequisite for health system resilience."

Link.

Open Letter to the European Commission: Protect Health Professionals in a Changing Climate

The European Federation of Nurses (EFN) and HealthCare Without Harm gathered signatures from more than 160 healthcare professionals in an open letter given to the Commission on 13 October 2026. They are calling for measures to protect the staff, patients and communities from changing climates.

Building on the "Handle the Heat" campaign, they highlight the lack of a common strategy on climate and health and stress that the European Integrated Framework on Climate Resilience presents an opportunity to advance on the topic.

The signatories emphasise the working conditions of healthcare workers during heat waves and call for a risk assessment of all buildings, as well as an investment strategy to address these risks. They highlight the need for psychological support, equipment, access to water, training on health risks associated with heat waves, and European coordination to address staff shortages.

Link to the open letter.

Survey: How prepared are Europe's hospitals for heatwaves, floods and other extreme weather events?

The European Climate and Health Observatory has launched two Europe-wide surveys to better understand how the impacts of extreme weather are experienced by educational and healthcare facilities, and the adaptation measures they have already taken or are planning.

The healthcare survey targets especially hospitals. The target respondents: hospital managers and directors; sustainability managers; facility and infrastructure managers; health, safety and emergency preparedness managers; and people in other healthcare facility management roles. **Survey link**.

Both surveys are available in all European languages and open until **13 November 2026.** The findings will be published on the Observatory portal in 2027 in aggregated form; no results will be presented for individual facilities.

EU Framework for Climate Resilience

On 27 October 2026, the European Commission presented the Communication on the EU Framework for Climate Resilience. The goal of this framework is to strengthen Europe‘s ability to anticipate, prepare for, and manage climate risks.

According to the Commission press release, the Framework proposes a systemic change: to embed climate resilience across all major policy areas, both domestic and international. It provides support to local and regional authorities to adapt through pilot projects and advisory services.

National planning obligations are simplified by the introduction of one single national strategic plan. The Commission will immediately begin the implementation of the framework. It will be followed by a European Heatwave Plan, a Climate Insurance Alliance and a European Water Initiative. The Commission will also launch the PreparEU Advisory Group on disaster preparedness and an initiative to identify European 100 most climate vulnerable territories. The Commission will also propose an EU strategic plan on climate resilience in 2028.

Link.

Financing

New Pricing

ASCERTAIN final Conference took place on 21 October 2026 in Brussels.

ASCERTAIN (Affordability and Sustainability improvements through new pricing, Cost-Effectiveness and ReimbursemenT models to Appraise INnovative health technologies) is an EU funded project focused on improving the affordability and accessibility of innovative health technologies by developing a policy support tool: **ASCERTAIN Policy Support Tool** . EHA is

a consortium partner in the project, which aligns with our advocacy priority to promote affordable and equitable access to innovative therapies in haematology.

The conference had been designed as a highly interactive day, bringing together different perspectives on access, affordability, pricing, reimbursement and HTA for innovative health technologies. Alongside presentations and stakeholder panels, you will have several opportunities to actively participate throughout the day, including Policy Support Tool demonstrations, one-on-one interactions with ASCERTAIN experts, interactive workshops and networking opportunities.

You can at this link **access the conference slides**.

EU Programmes

Biotech research

A new report **Strategic sector, generic funding** published in September 2026 analyses ten years of Horizon grants to biotech firms, linked to their later finances and patents.

A few things stood out:

- Biotech firms look a lot like software firms on paper, but they develop like heavy industry, on far longer timelines and with much heavier capital needs.
- Horizon's grants suit a short path from research to revenue. Biotech's path is much longer, so the early boost often fades before the next scientific or regulatory milestone.
- Health and non-health biotech are funded very differently, and the early-stage, science-heavy end of non-health biotech is where the funding runs thinnest.

EU4Health

Member States gave their green light to the European Commission for the EU4Health 2026 work programme on 14 October 2026.

After twice rejecting the 2026 work programme for EU4Health, Member States gave their approval to the Commission’s third proposal on October 14. According to our information, the text passed with two votes against and three abstentions. The Commission promises a “swift” adoption of the work programme, which will "unlock more than €680 million," including funding for health organizations.

With this budget, the Commission will financially support EU health priorities across five main strands:

- Crisis preparedness
- Health promotion and disease prevention
- Health systems and healthcare workforce
- Digital health
- Non-communicable diseases

The programme provides funding to national authorities, health organisations, NGOs and other bodies through grants and public procurement, contributing to a healthier Europe.

The European Patients' Forum (EPF) noted that the reintroduction of operating grants "represents an important step forward," even if the amount remains 'very limited'. The organization also criticized the adoption timeline: "For the second year in a row, the Commission only presented its initial draft for a vote in July – and then placed considerable pressure on Member States to accept an unsatisfactory compromise a few months later, citing the financial risks associated with further delays."

The Commission published on 19 October 2026 the **2026 EU4Health Work Programme** and its implementation will begin shortly.

MFF: European Parliament

Political groups confirmed their support to the text of the provisional agreement reached on 21 October 2026 by the Members of the European Parliament (MEPs) negotiating the European Competitiveness Fund.

The MEPs have increased the amount allocated to the European Competitiveness Fund to €264.35 billion (in current prices), whereas the European Commission had proposed €234 billion. The agreement earmarks €10.05 billion for health-related objectives, a move requested by both the sector and the Committee on Public Health. Biotechnology will have a dedicated budget of €2 billion.

The overall €22.6 billion figure that the Commission had proposed for the "health, biotechnology, agriculture, and bioeconomy" component is thus explicitly broken down across these sectors.

Regarding European preference, the agreement leaves it to the Commission to determine, on a case-by-case basis, the price-premium threshold beyond which it is considered reasonable to favour 'made in Europe' projects when awarding funds. Finally, concerning the criteria for allocating European funding, an approach based on excellence prevails, with the option to consider first-time applicants or regional factors in the event of a tie between proposals. A vote in the Committee on Industry is scheduled for 10 November 2026.

World Health Organization

Global Health Estimates

The World Health Organization (WHO) released in October 2026 the latest Global Health Estimates (GHE), which provide the latest available data on causes of death and disease burden worldwide. The estimates cover health trends across countries and regions from 2000 to 2023, including trends in life expectancy, mortality and morbidity, and burden of diseases.

Global life expectancy rebounded to 73.3 years in 2023, close to pre-pandemic levels, but healthy life expectancy remains below 2019. Noncommunicable diseases now account for 74% of global deaths, up from 58% in 2000, while dementia deaths have tripled, and anxiety- and depression-related health loss has risen sharply since the pandemic.

In 2023, the 10 leading causes of death accounted for 33 million of the 61 million deaths worldwide. Noncommunicable diseases represented 8 of the 10 leading causes.

Deaths were concentrated in two major health areas: cardiovascular diseases, including ischaemic heart disease and stroke; and respiratory conditions, including chronic obstructive pulmonary disease and lower respiratory infections.

GHE data can be accessed, analysed and used through a variety of different channels and mediums, including an interactive visual summary of global and regional data; data visualization in the Global Health Observatory filtered by country, year, age and sex; key trends by country income group; and downloadable files of the complete data sets. Visit the Global Health Estimates webpage for more information.

- **Global Health Observatory**
- **Global Health Estimates**

Mental health

Ahead of World Mental Health Day, the World Health Organization (WHO) has released on 9 October 2026 a new **guide** to support countries in shifting away from institutionalized mental health care models focused on long-term stays in psychiatric hospitals towards person-centred care in the community that respect people's rights and choices.

Known as deinstitutionalization (DI), this process involves helping people who have spent long periods (six months or more) in psychiatric hospitals to return and live in their communities, with the care, support and opportunities they need to lead fulfilling lives.

The new guide sets out practical actions for psychiatric hospital leaders to implement DI. It focuses on reducing psychiatric hospital admissions and long stays, changing institutional

practices to better protect people’s rights, and helping people leave hospital and return to community life with the support they need. It also makes clear that DI cannot be achieved by hospitals alone.



New Paper: “Constructing effectiveness as a general legal principle of public healthcare systems: comparative insights from France, Germany, and England”

By DOMENICI, I., *et al.* 2026 | *Health Economics, Policy and Law* 21(2): 137-155.

https://doi.org/10.1017/S1744133126100371

In public healthcare systems, effectiveness is a central requirement for determining which services should be offered and reimbursed. Yet, due to its technical nature and to the need for specification through specialised bodies, the nature of this principle remains underexplored.

This article bridges the gap by conducting a comparative analysis of effectiveness’ operation in three distinct healthcare systems: Germany, France, and England. The authors argue that effectiveness can be recognised as a foundational legal principle governing reimbursement decision, revealing a substantive and a formal dimension. Substantively, effectiveness requires a consideration of an intervention’s ability to bring about a clinical benefit, accounting both for its desired outcomes and its risks.

The applied evidentiary standard calls for a careful scrutiny of the available scientific evidence, as well as the state of medical knowledge. The exceptions to this standard are extremely limited and do not undermine the validity of the wider principle.

Formally, the article emphasises the central role that administrative authorities conducting Health Technology Assessment (HTA) play, with delegated decisions ranging from the definition of the applicable evidentiary standards to the issuing of binding guidelines. It is argued that mechanisms must be put in place to ensure these bodies’ expertise, independence, and transparency.

New Paper: “Mapping European mental health policies: a scoping review and policy recommendations”

By DRAKOS, K., et al. 2026 | *Health Policy* 172: 105698

https://doi.org/10.1016/j.healthpol.2026.105698

The rising burden of mental health problems requires effective, comprehensive, and evidence-informed policymaking. Despite their importance, mental health policies often remain poorly implemented.

This review aimed to map European mental health policies, identify patterns in the types of policy instruments used (e.g., legislation, guidelines, funding mechanisms, initiatives), assess which stages of the policy cycle are most addressed, and examine the role of stakeholders in shaping policy effectiveness.

This scoping review narratively synthesised data from peer-reviewed research and transnational policy documents on mental health interventions across health, education, employment, and social equity. Policy recommendations were derived from identified gaps and best practices. 3084 articles retrieved from databases and 197 documents from grey literature, 102 reports and 101 studies were obtained. These were released from 2009 to 2025, with gradual increase in the last ten years. The main themes covered were healthy workplace (17.8%), mental health services (15.8%), and child and adolescent health (10.9%). The synthesis also highlights the types of instruments employed: guidelines and recommendations (54.5%), initiatives (21.8%), legislation (17.8%), and funding mechanisms (5.9%). Stakeholder engagement was accounted for in 46.6% of studies, with multi-level participation strongest in community-based initiatives and weakest in legislative processes. Additionally, many studies reported policies in evaluation (54.5%), formulation (42.6%), or implementation phase (19.8%), with smaller contributions to agenda setting (4.0%).

Aligning policies with evidence-based recommendations, strategically selecting policy instruments, addressing policy cycle gaps, and enhancing stakeholder engagement can improve implementation and outcomes of mental health policies in the European region.



WEBINAR: What Shapes Digital Health Adoption on 19 November 2026 (Online)

Save the date for the **#EUHPP Live Webinar, co-organised with HOPE and the FLASH project,** which will take place online on 19 November 2026 from 11h00 to 12h30 CET. Digital health tools are now widely available, but not everyone uses them or benefits from them equally. This webinar presents three studies from different EU countries that examine what happens once digital health tools become available.

Drawing on evidence from Catalonia, the first study shows how uptake and patient experience of digital primary care vary across population groups. The second study conducted in Poland further highlights the need to address access barriers to these technologies and explores the role of perceived time saving as a driver of their use. Finally, a third study focuses on Italy and uses available data to help determine policy priorities.

Participants will become familiar with new empirical evidence and the barriers behind unequal use and will gain practical insights for designing more equitable digital health policies. **Click on the link in this document to participate**!

Cancer Screening and Prevention: Open Day on 26 November 2026 in Liege (Belgium)

On 26 November 2026 Cluster projects under the HORIZON-MISS-2021-CANCER-02 call organise an event “Cancer Screening and Prevention: From research and scientific evidence to game changing innovation in the clinical practice” to present the outcomes and perspectives of the Prevention and Early Detection (including Screening). Taking place in Liege (Belgium) the Open Day aims at presenting the work developed and results achieved within six RIA projects funded under the HORIZON-MISS-2021-CANCER-02 call of the EU, spanning across different areas of cancer research focusing on Prevention and Early Detection. The projects were brought together in the framework of the Prevention and Early Detection (including Screening) Cluster that was launched by EU/HaDEA.

As all cluster projects are close to completion, this Open Day aims to elucidate their key findings, experiences, and impact, setting the stage for discussion on innovative achievements, future perspectives, and challenges towards the transformation of scientific evidence into healthcare innovation in everyday clinical practice in oncology.

This Open Day presents an opportunity for EU stakeholders in the cancer field to engage with the collective achievements and innovations of the Cancer Mission Cluster, discuss scientific, clinical, and policy impact, and contribute to shaping the future of cancer research and clinical practice across Europe and beyond. The six projects that collaborated in the Cluster are: DIOPTRA, LUCIA, MAMMOSCREEN, ONCOSCREEN, PANCAID and SANGUINE.

International Conference on Integrated Care on 10-12 May 2027 in Tallinn (Estonia)

The International Conference on Integrated Care: "**From Integration to Impact**" will take place in Tallinn on 10-12 May 2027. **The call for abstracts is now open.** Key dates include:

- Call opens: Monday, 14 September 2026
- Submission deadline: Sunday, 1 November 2026
- Conference: 10–12 May 2027 | Tallinn, Estonia

Its overarching theme is "From Integration to Impact - Delivering better outcomes through data, coordination and population health. The three-day conference will bring together leaders, researchers, clinicians, managers, community representatives, patients and caregivers engaged in the design and delivery of integrated health and care. Attendees will come from across Estonia and around the world. The event is happening in partnership with the *International Journal of Integrated Care* (IJIC) and the Ministry of Social Affairs of Estonia.

HOPE Agora 2027 on 28-30 May 2027 in Rome (Italy)

The HOPE Agora 2027 will take place in Rome (Italy) from 28 to 30 May 2027 around the topic of 'Digital transformation in healthcare'.

The HOPE Exchange Programme started in 1981. It now consists of a 4-week training period intended for managers and other professionals (whatever their background is) with managerial responsibilities. They must be working in hospitals and healthcare facilities and be proficient in the language(s) accepted by the host country. The HOPE Exchange Programme is neither a medical nor a technical programme. It is a multi-professional programme.

Since 1992, the Exchange Programme culminates with the HOPE Agora. This closing conference is considered an integral part of the HOPE Exchange Programme giving the participants the possibility to show and to discuss their observations and conclusions. Every year, as a part of the HOPE Agora, the participants of the HOPE Exchange programme as a group give a presentation of their experiences.

In line with the 2027 topic 'Digital transformation in healthcare' participants will be invited to identify up-to-three good practices.