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To:	Ms Thérèse BLANCHET, Secretary-General of the Council of the European Union

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Delegations will find attached document COM(2026) 197 final.

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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN  
PARLIAMENT AND THE COUNCIL**

**Reinforcing global health resilience amidst geopolitical change**

## **Introduction**

Over the last quarter-century, health outcomes have improved significantly in most countries. Global life expectancy has increased by more than five years; the child mortality rate has halved and maternal mortality fell by around 40% between 2000 and 2023 <sup>(1)</sup>. This progress has been driven by economic growth, innovation and sustained global health financing. It has been the result of political leadership, of the work to consolidate national health strategies and institutions, and of the rise of influential and effective global health institutions. **The progress has been substantial, but in recent years it has slowed and remains insufficient to meet global targets <sup>(2)</sup>**, and persistent gender inequalities in health outcomes remain.

**Health is increasingly instrumentalised in the pursuit of geopolitical and geoeconomic interests.** Global health governance is shifting away from multilateral cooperation and humanitarian principles towards **at times overtly transactional bilateral approaches**. This challenges the provision of global public goods for health, a need that transcends national borders and requires global-level dialogue, coordination and predictable financing. Health is increasingly strategic for industrial and security policies. Societies also face a **rise in health-related disinformation, misinformation and Foreign Information Manipulation and Interference (FIMI)** that go against scientific evidence, erode public trust in science and undermine evidence-based public health measures.

At the same time, **global health financing is fragmented and declining sharply** in real terms. Development assistance for health fell by 21% between 2024 and 2025, from approximately EUR 45.8 to EUR 36.1 billion, with further declines projected through 2030 <sup>(3)</sup>. This situation exposes gaps in health systems worldwide, particularly in low-income countries and fragile contexts <sup>(4)</sup>. Long-standing calls to create a more efficient health architecture at national, regional and global levels are increasingly gaining momentum. This includes a model that empowers communities, boosts self-resilience, enhances country ownership and promotes greater financial and policy responsibility (**health sovereignty**), while supporting effective multilateral cooperation and humanitarian assistance.

From a public health perspective, the **frequency and intensity of disease outbreaks** are increasing globally. This trend is driven by changing epidemiological patterns, climate change, environmental degradation, biodiversity loss and pollution, antimicrobial resistance, food insecurity or insufficient access to clean water and sanitation and clean and affordable energy. As health threats transcend borders, shortcomings in health systems in one part of the world heighten risks to the well-being and lives of people in the EU and across the entire world, particularly the most vulnerable. The risk is also that essential health services, critical to preventing avoidable mortality and morbidity, are disrupted. Ultimately, all this undermines sustainable development, the prosperity of our societies today and the well-being of our future generations.

**It is therefore crucial to close the emerging gaps in global health resilience <sup>(5)</sup>.** The EU remains committed to continue contributing to stability and collective action on global health.

This Communication sets out the EU's vision on how to work with countries worldwide to tackle the above challenges together with EU Member States, multilateral institutions, civil society and partners. **It sets out proven solutions from the EU healthcare model, while**

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<sup>(1)</sup> WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, 2025.

<sup>(2)</sup> Such as the health-related targets of the Sustainable Development Goals.

<sup>(3)</sup> IHME, 2025.

<sup>(4)</sup> OECD, 2026.

<sup>(5)</sup> Health systems resilience is understood as the ability of systems, communities and institutions to prevent, prepare for, absorb, and adapt to a wide variety of shocks and stressors, while ensuring the continued provision of quality essential health services (WHO, 2024).

**maintaining strong multilateral engagement. Coordinated and impactful EU action**, with the support of EU delegations and other partners such as the European financial institutions and national development agencies, will continue in support of health priorities of partner countries in areas of mutual interest and in full respect of international rules, humanitarian principles, intellectual property and the principle of voluntary technology transfer on mutually agreed terms, while promoting the provision of global public goods for health. Partnerships are inherently reciprocal and bring opportunities to collectively learn from partners' experiences, exchange on research, adopt innovative approaches and strengthen global health resilience and the EU's own health resilience. These partnerships also contribute to advancing the EU's strategic autonomy, competitiveness and economic security in line with several key policies such as the EU Competitiveness Compass <sup>(6)</sup>. They benefit from a strengthened industrial base in the EU and provide opportunities for the EU private sector, while supporting partners to develop resilient, sustainable and inclusive health systems. A vibrant, competitive and innovative EU health industry is a core pillar of EU and global health resilience.

This Communication builds on a range of established policies and initiatives. The **European Health Union** aims to better protect the health of EU citizens, prevent and manage future health crises, and improve the resilience of EU health systems. The EU has put in place a comprehensive framework to tackle infectious diseases prone to causing epidemics and pandemics, as well as additional health threats. Complementing this, the **Preparedness Union Strategy** <sup>(7)</sup> strengthens the EU's capacity to anticipate, prevent, detect, and respond to cross-border health threats, fostering a more coordinated and resilient approach to crisis preparedness. The **EU Global Health Strategy** <sup>(8)</sup> sets out a comprehensive vision for the EU's role in global health, anchored in universal health coverage, equity, strengthening health systems and global health security, and promoting a One Health approach, which recognises the intrinsic connection between human health, animal health and healthy resilient nature. Complementing this framework, the **Global Gateway** is the EU's strategic external investment policy. It enables the practical delivery of this vision by mobilising high-standard, sustainable investments in health in partner countries. The EU is also actively involved in the negotiation of the Pandemic Agreement.

The initiative puts forward **five key priority areas** and **nine flagship initiatives** that **focus EU action on the areas where it can add most value, all to start between 2026 and 2027** <sup>(9)</sup>.

## **1. Contribute to a more effective and less fragmented global health architecture**

The global health initiatives launched around the turn of the millennium have been crucial in tackling HIV/AIDS, tuberculosis, malaria and other communicable diseases. Nevertheless, the architecture that delivered past gains now requires substantial reform to remain effective and fit for purpose. Today's global health architecture is marked by shortfalls and fragmentation, including in some instances drifts from core mandates, overlaps and insufficient coordination among health actors, both across and within regions. Moreover, disease-specific fragmentation sometimes impedes the efforts to strengthen and integrate national health systems.

Global cooperation is indispensable to protect the health of everyone across the world. It is urgent to seize the momentum for reform to increase efficiency and to gradually transition to the goal of **country health sovereignty**. The Commission will fully **support and participate**

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<sup>(6)</sup> [COM\(2025\) 30 final](#)

<sup>(7)</sup> [JOIN\(2025\) 130 final](#)

<sup>(8)</sup> [EU Global Health Strategy: Better Health for All in a Changing World - Public Health](#). The first implementation report of the strategy was published on 10 July 2025: [Report on the implementation of the EU Global Health Strategy - Public Health](#).

<sup>(9)</sup> Corresponding work programmes are still to be adopted.

in the World Health Organization (WHO) hosted process <sup>(10)</sup>, to facilitate convergence on the transformation of the global health architecture.

The Commission will **promote a global health architecture that strengthens national ownership** and supports partner countries in their goal to reach **health sovereignty**. The Commission will support reforms that **prioritise the most at-risk and affected populations**, directing resources to contexts where the impact will be greatest. Reforms must ensure global health architecture adheres to commonly agreed humanitarian standards and should systematically address gender-related barriers to health.

#### **The EU values-based approach to global health**

**EU global health action is guided by fundamental values** of equality, non-discrimination and the right of all people to exercise their human rights and fundamental freedoms. Our human rights-based approach ensures equal access to health services for all – including young people, older people, girls and women, people with disabilities and LGBTIQ+ people. It protects people in disadvantaged and vulnerable situations, for example by ensuring they have access to sexual and reproductive health and rights <sup>(11)</sup> and mental health and psychosocial support.

In a rapidly evolving geopolitical context, **the EU continues to be a reliable and predictable partner**. The reform must support **multilateralism**, having **at its centre the WHO** focused on its **core normative, standard-setting, global health security, and coordination and convening mandates**, while fostering the role of regional institutions as appropriate.

All actors must work in a coordinated manner. They must aim to eliminate duplication and increase transparency and accountability **to foster a more streamlined and less fragmented global health architecture** that is effective, equitable and sustainable. A strong and well-coordinated presence of the EU and its Member States on the governing boards of the main **global health initiatives**, namely The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance and The Pandemic Fund, is essential to ensure that these initiatives complement each other and play their full role in helping countries transition towards full health sovereignty. Disease-specific initiatives, the Global Fund and Gavi in particular, should continue to play a critical role in expanding equitable access to quality, affordable products, and contributing to diversify supply chains. These should help shape demand in a manner that supports global health resilience, while ensuring fair, predictable and sustainable market conditions, including for European and emerging manufacturers. At the same time, it is essential that the Pandemic Fund continues to play its role to address key gaps in pandemic prevention, preparedness and response.

➤ ***Flagship initiative 1. Enhance coordination within the EU on global health***

***Building on the Team Europe approach <sup>(12)</sup> and to underscore the impact of global health action by the EU and its Member States, the Commission will further step up coordination with and between EU Member States prior to replenishments of international initiatives and key financing milestones. It will further refine mapping of EU and Member States global health investment and actions and update this on a***

<sup>(10)</sup> As agreed at the 158th session of the WHO Executive Board and complementing current UN80 Initiative discussions.

<sup>(11)</sup> The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context.

<sup>(12)</sup> [JOIN\(2024\) 25 final](#)

*regular and comprehensive basis to improve coherence, transparency and accountability, and facilitate synergies and complementarity amongst donors.*

## **2. Support resilient country-led health systems**

Country-led health systems that deliver accessible and quality essential services and protect people's health are the backbone of global health resilience. Ensuring the continuity of integrated **primary healthcare services** – including maternal and infant health and sexual and reproductive health services – is critical to prevent avoidable morbidity and mortality and maintain resilient systems during crises and shocks. This requires gender-responsive primary healthcare and health systems capable of addressing key public health challenges such as vaccine-preventable diseases, malnutrition, sexually transmitted infections, mental health and non-communicable diseases. Digitalisation and innovation are key enablers of health sovereignty, allowing countries to improve fair access and deliver more effective, interoperable, scalable and cost-efficient health services, empowering patients, including through data systems, telemedicine and AI-supported tools, where they are safe and trustworthy. Health policies must factor in root causes of ill-health such as poverty and social inequalities, and environmental causes, through an integrated One Health approach.

Strengthening health systems is particularly crucial in **fragile contexts** and in more advanced systems when faced with **massive health crises**, such as large-scale epidemics or pandemics. **Vulnerable populations** and **humanitarian settings** deserve particular attention. Global displacement and food insecurity, climate change and extreme natural hazards, lack of clean and affordable energy, violence and conflict, social inequalities and recurrent epidemic outbreaks have further reduced the capacities of already **constrained national health systems** in many fragile, conflict- and crisis-affected countries worldwide. This results in a reduced availability of essential primary healthcare services, and limited progress towards **universal health coverage**.

**Health sovereignty** requires sufficient and efficient domestic health funding. **Out-of-pocket payments** are the primary source of financing in 30 low-income countries<sup>(13)</sup>, pushing millions of people into poverty. Moreover, **external aid** provides an estimated 30-45% of total health spending in some economies<sup>(14)</sup>. Dependency on external funding in the long-term risks undermining country ownership and the ability of individual countries to guarantee health outcomes. Especially in the current context of declining official development assistance, a more efficient and effective fragility approach should encompass the coordinated cooperation between humanitarian aid, development aid and national capacities. Robust public financial management, economic policies that support long-term growth and solid domestic institutions are indispensable to improve health outcomes and ensure sustainable long-term health financing. Ultimately, change can only be driven by countries themselves, through accountability, dignified care, accessibility and national ownership, complemented by international support at global and regional level, including through the G7 and G20.

### **The EU experience in health systems resilience**

The EU can draw on the experience of its Member States in building inclusive and resilient health systems. EU Member States have a diverse range of health systems. They face different challenges and levels of resources. Yet they all share a strong commitment to universal health coverage, to delivering both primary healthcare and more advanced healthcare services. They

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<sup>(13)</sup> WHO, 2024.

<sup>(14)</sup> IHME, Our World in Data.

also rely on vibrant research and innovation, regulatory certainty, cross-country collaboration and a strong health industry and business sector.

Complementary to this, the EU has a unique capacity to act as an advanced regional integration framework. The EU has adopted models for preventing and combating major **non-communicable diseases**, but also **rare, low prevalence and complex diseases** <sup>(15)</sup>.

The EU has proposed and developed strong regulatory frameworks to improve access to pharmaceuticals and medical devices, strengthen the security of supply and tackle public health challenges such as antimicrobial resistance, notably through initiatives such as the **Pharmaceutical Strategy for Europe** <sup>(16)</sup>, the proposed **Critical Medicines Act** <sup>(17)</sup>, and the Council recommendation on stepping up EU actions to **combat antimicrobial resistance in a One Health approach** <sup>(18)</sup>, encouraging the prudent use of anti-microbials with concrete targets to reduce antimicrobial use, stronger national action plans, better surveillance, and enhanced awareness.

The **European Health Data Space** will harness the power of **digitalisation**, empowers patients to better control and share their health data, and improves healthcare delivery. It enables the secure and trustworthy reuse of health data for research, innovation, and policymaking. EU frameworks emphasise **openness, ethical use, and shared standards**, ensuring that digital transformation benefits all stakeholders in a fair and equitable way.

In addition, robust **social protection systems** prove crucial in cushioning the socio-economic impact of shocks.

Supporting collectively health systems towards a more effective, resilient and accessible model, across all their fundamental building blocks <sup>(19)</sup>, has been a core priority of the EU Global Health Strategy and will remain a cornerstone of EU action on global health.

Overall, the EU with its Member States and European financial institutions, in a Team Europe approach, **are among the leading donors to global health**. For example, the EU and its Member States together contribute the highest share of funding contributor to the WHO <sup>(20)</sup>.

Between 2021-2025, the Commission committed around EUR 6 billion in official development assistance for global health. Approximately half of the contributions have been directed towards regional institutions and countries, while the other half at global level <sup>(21)</sup>. This contribution is complemented by additional EU funding streams supporting global health objectives across research, innovation, and investment instruments.

At **regional level**, the Commission has fostered partnerships with key regional institutions such as the Africa Centres for Disease Control and Prevention, the African Medicines Agency, the Pan American Health Organization and the Caribbean Public Health Agency, promoting the

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<sup>(15)</sup> These include the prevention of non-communicable diseases (Healthier Together – EU Non-Communicable Diseases Initiative, fighting cancer (Europe’s Beating Cancer Plan), tackling mental health challenges (Comprehensive Approach to Mental Health), addressing cardiovascular disease (EU cardiovascular health plan: the Safe Hearts Plan), enabling cross-border networks (European Reference Networks, ERNs) or dealing with health-related issues linked to climate change (EU Strategy on Adaptation to Climate Change).

<sup>(16)</sup> [COM\(2020\) 761 final](#)

<sup>(17)</sup> [COM\(2025\) 102 final](#)

<sup>(18)</sup> [ST/9581/2023/INIT](#)

<sup>(19)</sup> Service delivery, health workforce, health information systems, access to key medicines, financing, and leadership/governance.

<sup>(20)</sup> The direct contribution was over USD 1.7 billion to the 2024-2025 WHO budget – 22% of the total and more than twice larger than the next largest contributors.

<sup>(21)</sup> During 2021-2025, the EU has directly supported 49 countries with health-related actions across different regions, including Sub-Saharan Africa (Benin, Burkina Faso, Burundi, Central African Republic, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Somalia, South Africa, South Sudan, Sudan, Uganda, Zambia and Zimbabwe), North Africa (Egypt, Libya, Morocco and Tunisia), the Middle East (Jordan, Lebanon, Syria and the West Bank and Gaza Strip), Eastern Europe, the Neighbourhood and the Western Balkans (Armenia, Azerbaijan, Bosnia and Herzegovina, Moldova, North Macedonia, Serbia, Türkiye and Ukraine), Central and South Asia (Afghanistan, Lao People’s Democratic Republic and Uzbekistan), Latin America (Costa Rica, El Salvador and Mexico), and the Caribbean (Barbados, Cuba and Guyana).

cross-sharing of expertise and information in the area of health systems strengthening. The Commission will step up this **collaboration in areas of mutual interest**, recognising the key role these regional institutions play in supporting countries, and building on the expertise of EU agencies such as the European Medicines Agency, the European Centre for Disease Prevention and Control and the European Food Safety Authority, as appropriate and while fulfilling their mandate in the EU.

Particular attention will be paid to Ukraine and the **EU neighbourhood**, building on the extensive work done to help partners prepare for accession. Joint efforts, continued investments and reforms are vital to meet the EU's public health standards and protect EU citizens in a larger Union. Therefore, the Commission is supporting candidate countries on their path to accession by providing expertise and technical assistance to ensure alignment with the EU public health acquis and effective implementation on all fronts. For example, the Commission through WHO is supporting the recovery and transformation of the health system in Ukraine. This involves establishing national authorities, laboratories, databases, ensuring necessary staffing, and providing comprehensive training, among other critical components. The EU provides funding to deliver further tangible support in areas of health security, management of communicable diseases, tackling antimicrobial resistance as well as training of experts from authorities. Furthermore, as part of the gradual integration process, participation as observers in the European Medicines Agency working groups and the European Centre for Disease Prevention and Control disease networks builds capacity in the area of health and strengthens technical expertise. Also, access to the Early Warning and Response System for serious cross-border threats to health can be granted to candidate countries, once they comply with EU data protections rules, to ensure that high quality and safety health standards are in place on day one of enlargement.

Through the Antimicrobial Resistance Multi-Partner Trust Fund, the EU, together with several Member States support low- and middle-income countries as they implement national action plans to combat anti-microbial resistance and strengthen its surveillance in a One Health approach.

Under the **Global Gateway strategy**, the Global Gateway Investment Hub and the roll-out of innovative financial instruments, such as guarantees (e.g. the Human Development Accelerator) and blended finance, the Commission will seek to encourage mutually beneficial investments by the European private sector in global health.

➤ ***Flagship initiative 2. Support partner countries' transition to health sovereignty by providing sustainable financing and sharing expertise***

***Building on existing EU support, the Commission will work with partner countries in accelerating their transition to health sovereignty and achieving universal health coverage, addressing gender gaps in access, affordability and quality of care, with a major focus on primary healthcare and in line with the One Health approach. Beyond disease-specific approaches, the Commission will propose an integrated offer that can include: a) support to the design of robust health policies and comprehensive strategies, b) enhanced domestic resource mobilisation and public financing management to free fiscal space for health and social protection policies, c) innovative financial instruments that respond to public sectors' needs, while supporting the uptake of relevant EU private sector solutions based on voluntary and mutually agreed terms, including in digital health, under Global Gateway. EU delegations will play a central role in implementation, ensuring coordination with EU Member States, alignment with countries' priorities and effective coordinated delivery.***

*Cooperation will be fostered between EU agencies and regional agencies, where relevant and respecting the EU agencies' mandates within the EU, in the neighbourhood and between EU networks and public health institutes in partner countries and regions, to share the breadth of EU experience in tackling public health challenges. The EU will pay particular attention to Ukraine and partners in our neighbourhood and seek new partnerships with like-minded regions.*

### **3. Reinforce prevention, preparedness and response to global health threats and crises**

The world faces major global health threats and the spread of infectious diseases, with influenza and respiratory diseases remaining a major source of concern. In view of current geopolitical shifts, global **health networks** are increasingly hindered by gaps in basic clinical and epidemiological surveillance systems, insufficient laboratory and treatment capacities and gaps in the availability of medical countermeasures and emergency health workforce readiness. This requires integrated action at **global, regional and country** levels to feed into and support effective global networks and help close gaps in expertise, resources and information sharing. In this context, due attention should be given to the countries and regional organisations that border the EU's outermost regions.

At the same time, **modern technologies**, like sequencing, or AI-supported intelligence systems, can be further developed and deployed to fill gaps and provide more **real time surveillance**, and **faster identification of threats and responses**. Furthermore, wastewater and environmental surveillance capabilities should be strengthened as they are capable of detecting pathogen signals ahead of clinical reporting systems.

**Speed** is decisive in outbreak response <sup>(22)</sup>. Early warning systems must include trusted local networks. The 2024 mpox outbreak on the African continent demonstrated how coordinated action can accelerate the development, authorisation, and deployment of medical expertise and countermeasures. But it also exposed gaps in threat detection that must be closed if we are to contain future outbreaks. **Pathogen-agnostic platforms**, embedded within routine surveillance systems, offer a promising path forward. By building surge readiness into everyday infrastructure, countries can be better positioned to respond swiftly when the next threat emerges.

**Surveillance data, including pathogen data**, should feed promptly into globally accessible systems, thereby enabling rapid development of medical countermeasures, in the spirit of global responsibility and solidarity, building on multilateral and international achievements. The roles played by the WHO and by the Pandemic Fund in this regard are fundamental.

**Global health resilience** requires health services that can **prevent, prepare for and respond to shocks**, while maintaining their capacity to deliver essential healthcare to populations. This requires sustained investment in prevention, preparedness, and response capacities, especially in lower and middle-income countries, which are often most at risk of global health threats such as pandemics.

Effective pandemic response also depends on the **availability of and access to medical countermeasures**, including for most at-risk populations, including groups facing gender-related barriers. At the international level, the EU has fostered partnerships on medical countermeasures with the Africa Centres for Disease Control and Prevention, the Pan American

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<sup>(22)</sup> Principles such as the 7:1:7 model (7 days to detect a suspected disease outbreak; 1 day to notify relevant public health authorities; 7 days to complete early response actions) are used to convey the urgency in times of crisis.

Health Organization, Canada, Japan and the Republic of Korea. Looking forward, the Commission will also seek to strengthen collaboration in the field of medical countermeasures with other relevant regional bodies, such as the Association of Southeast Asian Nations.

### **The EU's health security framework**

The EU's health security framework, which was reinforced in the aftermath of COVID-19, is a **strong basis for our cooperation with partners and our contribution to global health security**. It is based on a strengthened regulation covering prevention, preparedness and response to serious cross-border health threats <sup>(23)</sup>. Under this Regulation, the Union prevention, preparedness and response plan <sup>(24)</sup> describes effective governance and coordination mechanisms within the EU, its agencies, bodies and Member States, as well as with international organisations such as the WHO and other international partners, which are crucial for ensuring effective readiness and response to serious cross-border threats to health. Furthermore, the EU Health Emergency Regulation <sup>(25)</sup> creates an emergency framework for securing crisis-relevant medical countermeasures during a public health emergency at Union level.

In addition, the new framework foresees greater roles for the European Centre for Disease Prevention and Control and the European Medicines Agency. In 2021, a dedicated Commission Health Emergency Preparedness and Response Authority was established with a focus on medical countermeasures. On this specific aspect, the Medical Countermeasures strategy <sup>(26)</sup> provides that the Commission will continue to team up with international partners, thereby enhancing synergies and alignment between EU and global initiatives for the development of medical countermeasures. This framework also ensures increased international cooperation on health threat intelligence, ensuring data feeds into global surveillance systems. It strongly relies on EU Member States, neighbourhood and EEA countries' capacity to feed into regional and global levels.

Regulation (EU) 2022/2371 is relevant to EEA countries and they are fully implementing it. In addition, an agreement on health security has been signed with Switzerland. Negotiations with EEA EFTA states on an international agreement to associate Iceland, Liechtenstein and Norway to the Union's health emergency measures in the area of medical countermeasures are ongoing to further strengthen global health resilience.

Under the **Union Civil Protection Mechanism**, the Commission facilitates rapid coordination of mutual assistance to deploy medical teams, equipment and emergency assistance when countries face major health emergencies. Complementing this mechanism, **rescEU** provides a centrally managed European reserve of critical capacities (such as medical stockpiles, field hospitals, and medical evacuation assets) to provide swift support when national resources are overwhelmed. The Commission also responds to humanitarian emergencies by mobilising funding or delivering life-saving medical supplies, logistics and assistance and expertise through ReliefEU.

### ➤ ***Flagship initiative 3. Strengthen global networks for enhanced detection, preparedness and response***

<sup>(23)</sup> [Regulation \(EU\) 2022/2371 on serious cross-border threats to health](#)

<sup>(24)</sup> [COM\(2025\) 745 final](#)

<sup>(25)</sup> [Council Regulation \(EU\) 2022/2372 on a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level](#)

<sup>(26)</sup> [COM\(2025\) 529 final](#)

*The Commission will help detect epidemic and pandemic threats earlier, by strengthening global surveillance and laboratory networks. In particular, cooperation with the WHO and other global and regional partners will foster additional sources of epidemic intelligence including through environmental surveillance<sup>(27)</sup>. In addition, the European Centre for Disease Prevention and Control will step up training for surveillance and laboratory experts, including through collaboration with EU Reference Laboratories. Finally, the Commission will support better surveillance and laboratory infrastructures in low and priority middle-income countries through the Pandemic Fund and dedicated support action with WHO or other relevant global and regional partners, avoiding duplication and parallel networks.*

*The Commission will expand cooperation of the European Centre for Disease Prevention and Control with national and regional centres for disease control to facilitate the flow of information on pathogens and with the WHO's Global Outbreak Alert and Response Network to support rapid international interventions.*

*Finally, the Commission will help strengthen prevention by carrying out more effective vaccination campaigns and preparedness in the EU and in neighbouring regions.*

➤ **Flagship initiative 4. Strengthen response capacity through the availability of medical countermeasures**

*Therapeutics: the Commission will support the establishment of the Global Therapeutics Development Coalition and set up the EU Therapeutics Hub, which will address the chronically underdeveloped pipeline of therapeutics. Alongside this, the Commission will mobilise innovative financial instruments to provide support for the development of new therapeutics, in particular of broad-spectrum nature.*

*Vaccines: to operationalise the ambition of a safe and effective vaccine within 100 days of a pandemic declaration for all priority viral families and unknown pathogens (Disease X scenarios<sup>(28)</sup>), the Commission will step up its commitment to the Coalition for Epidemic Preparedness Innovations and ensure continued investment in the European Vaccines Hub to support new vaccines.*

*Diagnostics: the Commission will support the establishment of an EU diagnostics Hub, which will promote the development and market deployment of novel diagnostics tests and technologies that can be easily repurposed and/or scaled-up when a pandemic hits. By leveraging existing and new technologies for testing, the Commission expects to contribute to a wider and more equitable access to diagnostics in general and, in particular, by vulnerable or minority populations, in collaboration with other existing initiatives.*

➤ **Flagship initiative 5. Support a global health and resilience tracker**

*The global health and resilience tracker aims to ensure a consistent approach is taken to routinely track global health expenditure and complement ongoing efforts to strengthen national funding data to ensure more coherent and effective financing.*

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<sup>(27)</sup> Examples include the Epidemic intelligence from open source initiative (EIOS), the International pathogen surveillance network (IPSN), the Pathogen genomic initiative (PGI) and the Global consortium for wastewater and environmental surveillance for public health (Glowacon).

<sup>(28)</sup> Unknown pathogen that has not yet emerged but could cause a significant threat to public health.

*The tracker will be developed in collaboration with the OECD, the WHO and the World Bank.*

*The tracker will initially focus on pandemic preparedness, prevention and response by mapping the domestic spending of partners and the international support they receive in this area, to avoid duplication and increase the transparency, accountability, and effectiveness of global health security financing. Where data allow, the tracker will promote the use of sex-disaggregated and, where relevant, gender-sensitive expenditure and results indicators. Additional areas of global health expenditure should progressively be added to cover broader global health priorities.*

#### **4. Diversify global supply chains and support development and manufacturing of key health products in partner countries, based on mutual interests**

Cooperation with the EU industry has been part and parcel of the EU offer for global health partnerships, with EU investments promoting mutual interests adding to EU capacity and expanding the manufacturing base for complementary health products, leading to more diversified and secure global health supply chains. It is therefore essential that the EU maintains and further strengthens a solid pharmaceutical industrial base in support of EU strategic autonomy and competitiveness and as an important contribution to global manufacturing capacity.

Disruptions in global supply chains can affect the strategic autonomy of both the EU and our partner countries. These disruptions are becoming more frequent and more severe, driven by a growing number of global shocks, such as pandemics and geopolitical tensions. Their impact exposes shared vulnerabilities and interdependencies<sup>(29)</sup>. At the same time, the global supplier base for key health products, such as vaccines, active pharmaceutical ingredients and antibiotics, where concentrated in a limited number of manufacturers, sites and geographies, increases exposure to external shocks and supply bottlenecks.

Therefore, **diversified and well-integrated global supply chains help build health resilience against shocks and geopolitical uncertainty**, operating within **open, rules-based international trade and partnership frameworks** that ensure no region is structurally excluded from access to the means of its own health security.

Likewise, EU companies can draw benefits from easier access to new, expanding and rules-based markets supportive of legal certainty and innovation, through partnerships with local businesses and authorities, underpinned, where appropriate, by voluntary technology transfers on mutually agreed terms and targeted investment. This can offer EU companies a complementary route to the market than exports alone. This is especially the case for products designed to tackle persistent, unmet or poorly met health needs, including cancer, sexual and reproductive health, malaria, HIV, tuberculosis, as well as epidemic potential diseases such as respiratory viruses, mpox or vector-borne fevers.

#### **The EU manufacturing and innovation model**

Regulatory maturity promotes prompt **access to quality-assured medicines and vaccines**, robust pharmacovigilance, emergency authorisation procedures, and **predictable market conditions** for sustainable manufacturing. Rules to increase the security of supply and access

<sup>(29)</sup> For example, Africa imports 99% of its vaccines and 70-90% of its medicines (WHO, 2024), while in Latin America local production was estimated at around 15% of COVID-19 vaccine supply (PATH, 2024).

to pharmaceuticals, critical medicines, and medical devices <sup>(30)</sup> can offer useful elements for partners' health system resilience.

The EU brings regulatory certainty as well as strong pharmaceutical systems and manufacturing capacity. The EU draws on expertise from the **European Medicines Agency**, responsible for the scientific evaluation, supervision, and safety monitoring of medicines, which can share expertise with counterparts in other regions of the world.

The EU also fosters research and innovation through a wealth of initiatives, including the **European & Developing Countries Clinical Trials Partnership (EDCTP)** <sup>(31)</sup>, which spends up to EUR 910 million from Horizon Europe leveraging at least the same amount from European, African, and international partners to support clinical research to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against poverty-related and emerging infectious diseases, with a focus on sub-Saharan Africa. It funds multi-country clinical trials and implementation research, while strengthening national research capacity, ethical review, and regulatory systems, in strong partnership with African institutions.

Responding to the call by African leaders, in May 2021 the EU launched the **Team Europe Initiative on manufacturing and access to vaccines, medicines and health technologies in Africa**, known as **MAV+** <sup>(32)</sup>. To date, MAV+ has invested around EUR 2 billion notably in South Africa, Senegal, Ghana, Nigeria, Rwanda and Egypt, and has partnered at continental level with the Africa Centres for Disease Control and Prevention, the African Medicines Agency and the African Union Development Agency – Partnership for Africa's Development, as well as with WHO. The MAV+ framework addresses supply, demand and the enabling environment in a complementary way <sup>(33)</sup>.

The Commission will step up efforts to diversify global supply chains and strengthen manufacturing capacities for key health products and support security of supply in areas of mutual interest for the EU and its partner countries, while ensuring the continued competitiveness of the EU industry. This can include key vulnerabilities in supply chains (such as specific vaccines, antibiotics, active pharmaceutical ingredients and other key health products, for which access for populations in need should be enhanced, like maternal and reproductive health commodities) where concentration of production and limited geographic diversification or other bottlenecks, such as fragmented demand, create systemic risks.

➤ ***Flagship initiative 6. Advance EU support for global supply chains diversification and the development and manufacturing of key health products based on mutual interest***

***The Commission will accelerate the deployment of EU investment tools such as guarantees (e.g. the Human Development Accelerator <sup>(34)</sup>) or blending grants and loans and will seek to advance cooperation with the financial sector and philanthropic organisations, and with the private sector, based on mutual interests to support joint investments by EU and local companies in partner countries.***

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<sup>(30)</sup> Through e.g. pharmaceutical reform, the revision of medical devices' rules and the proposed Critical Medicines Act.

<sup>(31)</sup> [https://www.global-health-edctp3.europa.eu/index\\_en](https://www.global-health-edctp3.europa.eu/index_en)

<sup>(32)</sup> [https://international-partnerships.ec.europa.eu/policies/team-europe-initiatives/team-europe-initiative-manufacturing-and-access-vaccines-medicines-and-health-technologies-africa\\_en](https://international-partnerships.ec.europa.eu/policies/team-europe-initiatives/team-europe-initiative-manufacturing-and-access-vaccines-medicines-and-health-technologies-africa_en)

<sup>(33)</sup> The MAV+ framework covers six key workstreams: (i) industrial development and supply chains, including private sector engagement; (ii) market shaping, demand consolidation and trade facilitation; (iii) regulatory strengthening; (iv) voluntary technology transfer on mutually agreed terms and in respect of intellectual property; (v) access to finance; and (vi) research, higher education and skills development

<sup>(34)</sup> [Accelerating Human Development - International Partnerships](#)

*To ensure the effectiveness and sustainability of these investments, the Commission will continue to strengthen the enabling environment for industrial development, including through support to research, gender-responsive skills and workforce development, innovation and barrier-free markets. Where relevant, the Commission will mobilise its network of EU academic institutions and public-private partnerships. It will also continue to mobilise the European Medicines Agency and the network of EU National Regulatory Authorities to support collaborative regulatory pathways.*

➤ **Flagship initiative 7. Promote a global partnership for knowledge exchange on medical countermeasures and surge capacity**

*To strengthen demand, the Commission aims to step up its collaboration with partner regions, global health initiatives and international financing institutions on procurement frameworks and advance purchase commitments to justify sustained investment by diversified manufacturers. Joint and pooled procurement should be explored for this purpose <sup>(35)</sup>, while reinforcing partnerships built on mutual benefits. Looking forward, the Commission will also seek new partnerships with like-minded regions. Together with the WHO, the Commission will increase its cooperation to agree on common principles with regional procurement partners in Africa, Latin America, Asia and the Middle East.*

*Building on the success of EU FAB <sup>(36)</sup>, the Commission will share its know-how on surge capacity production with international partners, who can then adapt it to their own contexts.*

➤ **Flagship initiative 8: Support clinical research networks for end-to-end clinical development of health products**

*The Commission intends to expand its support to end-to-end clinical research and multinational clinical trials, with robust safeguards for data protection <sup>(37)</sup>, through dedicated networks based on the experience of the Global Health EDCTP3 clinical trial partnership with Africa.*

**5. Strengthen societal resilience by fostering trust in science and countering disinformation, misinformation and FIMI**

Tackling common health challenges means enabling researchers and professionals worldwide to collaborate seamlessly: ensuring that knowledge knows no borders is what drives **scientific progress and solutions** to some of the world's most pressing issues including on public health. In that respect, **open databases** have democratised access to knowledge, increased research visibility, and facilitated interdisciplinary collaboration and are key to develop artificial intelligence tools and medicines and medical technologies.

The growing spread of **health disinformation and misinformation <sup>(38)</sup> and FIMI** poses significant challenges to health research and global health resilience, as it erodes trust in public health authorities, science and medicine, and hampers people's ability to make informed decisions. During major health crises, there is a **higher risk of health disinformation, misinformation and FIMI**. Malicious actors disseminating misinterpreted or false healthcare

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<sup>(35)</sup> The Joint Procurement Agreement to procure medical countermeasures has been signed by 39 countries, including all enlargement countries, Norway, Iceland and Liechtenstein.

<sup>(36)</sup> [https://health.ec.europa.eu/latest-updates/new-pandemic-preparedness-facilities-inaugurated-under-heras-eufab-network-2025-02-03\\_en](https://health.ec.europa.eu/latest-updates/new-pandemic-preparedness-facilities-inaugurated-under-heras-eufab-network-2025-02-03_en)

<sup>(37)</sup> [https://www.edpb.europa.eu/news/news/2026/edpb-brings-clarity-data-processing-scientific-research-speeds-finalisation\\_en](https://www.edpb.europa.eu/news/news/2026/edpb-brings-clarity-data-processing-scientific-research-speeds-finalisation_en)

<sup>(38)</sup> See definitions of misinformation and disinformation in European Democracy Action Plan communication: [COM\(2020\) 790 final](#)

information during the COVID-19 pandemic gave a stark example of science being weaponised, with serious consequences such as vaccine hesitancy or public resistance to necessary public health measures (e.g. mask use and social distancing). This undermines the effectiveness of public health risk communication, community engagement and other measures. It also weakens the ability to prevent, prepare and respond to health emergencies worldwide. FIMI reported during the pandemic also included the promotion and organisation of physical threats and intimidation of researchers and practitioners involved in the response. In addition to directly obstructing public health measures, this had a chilling and polarising effect more generally <sup>(39)</sup>.

Countering FIMI, disinformation and misinformation in the domain of health requires greater monitoring, prompt community engagement, pro-active and factual information, tailored to the specific culture and context. The growing use of artificial intelligence tools in the health space makes digital and media literacy and accessible digital tools essential, enabling individuals to critically assess online content and understand how it is generated and targeted. To ensure effective public health communication, authorities should work in cooperation with health professionals, local communities and stakeholders, including trusted intermediaries such as professional networks, community leaders and faith-based organisations. In this context, EU delegations are instrumental to mobilise Team Europe on the ground and support authorities in partner countries.

In parallel, the **fight against counterfeit and substandard medicines** needs to be stepped up, drawing on the EU experience and expertise in the sector and leveraging opportunities offered by new technologies. Addressing the risks posed by such products is essential to ensure high global standards and in order to address specific threats such as the growth of antimicrobial resistance.

### **The EU approach to ensure trust in science and counter health disinformation, misinformation and FIMI**

Public trust in scientific research is a necessary precondition for the acceptance and uptake of scientific and technological innovations that can increase public health and boost individual and social wellbeing. The EU offers top-tier research and education opportunities, with a steadfast commitment to academic freedom, diversity and inclusion, as the **Choose Europe** initiative emphasises. The Erasmus+ programme, through its international dimension aligned with Global Gateway priorities, builds resilience against disinformation in partner countries by strengthening health-related education systems. EU-supported global health research, including peer reviews, meets the highest scientific standards and is in line with **the new WHO Guidance for Best Practices for Clinical Trials** <sup>(40)</sup>.

The Commission is currently working to develop and provide guidance to EU Member States on preventing, detecting, and responding to misinformation and disinformation in the area of medical countermeasures. The **Digital Services Act** provides a safe, predictable and trustworthy online environment in the EU, and its associated Code of Conduct on Disinformation sets out a comprehensive range of commitments and measures to address the phenomenon of online disinformation, including in the field of public health. The **European Digital Media Observatory** monitors the spread of health disinformation and misinformation and FIMI in the EU, including in the health domain. The EU supports the vital work of **fact-checking organisations** (for example, the European Network of Fact-Checkers has started its operations). Actions announced under the **European Democracy Shield**

<sup>(39)</sup> [JOIN\(2020\) 8 final](#)

<sup>(40)</sup> <https://www.who.int/news/item/25-09-2025-core-funders-of-medical-research-commit-to-strengthening-clinical-trials-worldwide>

contribute to safeguarding the integrity of the information space by helping build societal resilience against health disinformation and misinformation and FIMI.

The **EU FIMI toolbox**, which provides a set of possible EU responses to FIMI activities, can also be mobilised to support EU delegations' efforts to counter and debunk manipulative narratives, as was the case during the 2024 mpox outbreak on the African continent.

➤ ***Flagship initiative 9: Ensure global access to key health science, genome, and biodata repositories and strengthen international cooperation***

*Countering misinformation necessitates also access to robust scientific data. The Commission will ensure open access to repositories and key databases on science, genome and biodata hosted in the EU that are critical to research and development of medicines and medical technologies <sup>(41)</sup>.*

*The Commission, with the support of EU delegations, will seek to strengthen cooperation with partner countries both on regulatory and scientific aspects, building on a repository of best practices on responsible research and innovation and science communication.*

## **Conclusions**

The EU remains unwavering in its determination to be a principled, reliable and forward-looking global health partner in a rapidly evolving geopolitical context. Building on our unique strengths, the EU brings a proven, inclusive and rights-based health model that delivers universal health coverage and equitable access to healthcare, combined with world-class research, innovation, regulatory capacity and industrial strength. This is supported by the EU's unique experience as a regional integration project, supporting partnerships within and across regions and its strong support to multilateral engagement.

The Commission invites the other EU institutions and Member States to unite under a reinforced Team Europe approach to further our goal to boost both global health resilience, in partnership with countries, regions and multilateral institutions, and our own resilience, competitiveness and economic security. Together, we must bridge the gap between humanitarian response and long-term resilience, strengthen local and regional health systems, and deliver measurable impact – because our collective security depends on the health of all people. *No one is protected until everyone is.*

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<sup>(41)</sup> In particular, the Commission intends to provide adequate financing to GENCODE, UniProt, Europe PMC.