



CARE SUMMIT 2025

Collaborative Action for Reframing Europe's health

Policy Roadmap

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Executive summary

The European Health Union (EHU) has strengthened Europe's capacity to respond to crises, yet health remains too often treated as a sectoral concern rather than as a strategic foundation for Europe's competitiveness, security, and social cohesion. As the European Union (EU) enters a new political mandate and prepares the next Multiannual Financial Framework (MFF), there is a decisive opportunity to embed health more coherently within Europe's economic, digital, environmental, and security agendas. Health system resilience is not only a social objective; it is a strategic investment in Europe's stability, productivity, and global positioning.

The CARE Summit convened policymakers, system leaders, academia, civil society, and cross-sector actors to reposition health as a cross-cutting enabler of resilience and innovation. Through structured plenaries and workshops, participants examined how health intersects with crisis preparedness, environmental sustainability, digital transformation, and workforce policy, and identified operational reforms required to strengthen governance, coordination, and implementation across Member States.

This Policy Roadmap translates the Summit's dialogue into a structured framework organised around three interlinked policy tracks:

- ✦ Crisis preparedness and cross-border cooperation
- ✦ One Health integration
- ✦ Leveraging the European Health Data Space (EHDS)

These tracks address structural gaps that limit Europe's resilience: uneven preparedness and cross-border coordination; fragmented implementation of One Health across human, animal, and environmental domains; and limited interoperability and strategic use of health data for timely decision-making. The Roadmap proposes governance reforms, workforce investments, interoperability mechanisms, and citizen-engagement models designed to strengthen adaptability, institutional learning, and coordinated action at EU, national, and regional levels.

Under crisis preparedness, the Roadmap calls for embedding adaptability into emergency governance, institutionalising after-action learning, strengthening interoperable data systems, and developing a diverse and strategically trained health and care workforce capable of responding to compound and cross-border threats.

Under One Health, it proposes systematic integration of human, animal, and environmental health through education reform, strengthened professional roles, coordinated innovation mechanisms, and measurable community-centred engagement models that translate policy ambition into operational practice.

Under the EHDS, it prioritises robust national governance structures, phased and controlled implementation, harmonised coding and interoperability standards, and transparent trust-building measures to ensure secure, effective, and equitable data use across Member States.

By aligning crisis preparedness, One Health, and digital transformation within a coherent strategic architecture, this Roadmap positions health as a core driver of Europe's resilience and competitiveness. It provides EU Institutions, Member States, and regional authorities with actionable pathways to move from dialogue to implementation and to ensure that health becomes a structural pillar of Europe's social, economic, and security policies in the decade ahead.

Introduction

The European Health Union has significantly strengthened Europe's capacity to prepare for and respond to health crises. However, health is still too often addressed as a standalone policy area, rather than as a strategic priority that underpins Europe's competitiveness, resilience, sustainability, and social cohesion. As the European Union enters a new political mandate and prepares the next Multiannual Financial Framework, there is a critical opportunity to position health not only as a social policy domain, but as a core pillar of Europe's security, economic stability, and strategic autonomy.

Recent crises, including the COVID-19 pandemic, geopolitical instability, climate-related disasters, and accelerating digital transformation, have demonstrated that health systems fragility has immediate economic, social, and security consequences.

The CARE Summit, hosted in Brussels in December 2025 by the European Health Management Association (EHMA), was a two-day, high-level policy forum designed to position health at the centre of Europe's future and to contribute to shaping strategic priorities for the forthcoming mandate. The Summit brought together policymakers from EU Institutions and Member States, representatives from health systems, academia, and civil society, and leaders from sectors including defence, environment, energy, industry, digital health, and health data. This diversity reflected a foundational premise of the Summit: health outcomes are not determined solely within health systems but are shaped by policies and practices across interconnected domains, including environmental governance, digital infrastructure, industrial strategy, civil protection, and workforce policy.

Recognising this complexity, the Summit discussions converged around three interlinked policy pillars that reflect both current European priorities and structural levers for reform: strengthening crisis preparedness and cross-border cooperation, advancing the One Health approach, and leveraging the European Health Data Space. These pillars were selected not only for their thematic relevance, but because they offer concrete entry points to embed health more coherently across EU policy frameworks and governance levels.

This Policy Roadmap translates the Summit's multi-sectoral dialogue into a structured set of strategic recommendations addressed to EU Institutions, Member States, and regional authorities. It moves beyond thematic discussion to identify governance reforms, workforce investments, interoperability mechanisms, and citizen-engagement models required to operationalise a more resilient European Health Union. By aligning crisis preparedness, One Health integration, and digital transformation within a coherent policy architecture, the roadmap positions health as a strategic enabler of Europe's competitiveness, security, and social cohesion in the decade ahead.

From dialogue to action: the policy roadmap

The CARE Summit challenged the traditional view of health as an isolated topic and instead promoted health as a catalyst for innovation, solidarity, and resilience across the Union. Discussions focused on how health investments contribute to broader EU priorities, from economic recovery and digital transformation to environmental sustainability and public trust. The resulting Policy Roadmap translates the Summit's insights into a structured set of integrated policy directions. It provides EU Institutions and Member States with a coordinated framework co-developed by experts and practitioners, designed to support evidence-informed decision-making and practical implementation at both policy and community level. By aligning these reforms within a single strategic architecture, the roadmap moves beyond dialogue to support sustained implementation and measurable progress in Europe's health security and resilience.



Track 'Crisis preparedness and cross border collaboration'

With emerging infectious diseases and extreme weather events, the EU faces a dynamic landscape of health threats that can overwhelm national health systems, causing significant social and economic losses. Effective crisis preparedness is therefore essential, requiring both the EU and its Member States to anticipate risks, detect emerging threats early, and respond swiftly before a crisis escalates¹. These health threats can arise from a wide range of sources, including geopolitical tensions, conflicts, wars, cybersecurity risks, and natural hazards. Often intersecting, these threats have the potential to trigger cross-border health crises that disrupt societies, economies, and public trust. The COVID-19 pandemic demonstrated how fragile health systems can struggle under pressure, disrupt essential services, and aggravate inequalities.

Resilient, inclusive health measures that are coordinated at all levels, both within and between Member States, are needed to prevent future crises and respond effectively to them. Strong collaboration and preparedness are key to safeguarding people, maintaining societal stability, and reinforcing trust in public health systems². To strengthen the EU's capacity to anticipate and respond to such threats, the European Commission has introduced the EU Preparedness Union Strategy. This strategy aims to enhance crisis readiness across both civilian and military domains, ensuring a rapid and effective response when needed. It also seeks to foster a culture of resilience by engaging all levels of society, although current preparedness levels remain below the level required for an optimal response³.

Despite these efforts, significant gaps remain in ensuring consistent levels of preparedness and seamless cross-border coordination across the Union. Variations in capacity, interoperability challenges, and limited integration of lessons learnt continue to hinder a fully aligned European response. The CARE Summit workshop on crisis preparedness and cross-border collaboration was designed to address these shortcomings by providing a structured space for stakeholders to identify practical constraints, exchange concrete experiences, and formulate actionable recommendations to strengthen coordinated crisis readiness across Member States.

¹ [Prevention, preparedness and response planning for health crises – Public Health](#)

² [Commission Communication introducing the Union prevention, preparedness and response plan for health crises – Public Health](#)

³ [Preparedness – European Commission](#)



Track 'One Health approach'

One Health is defined as an “integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems”⁴. It recognises that the health of humans, domestic and wild animals, plants, and the environment are deeply interconnected. This interconnected perspective is essential to prevent global threats arising from these links, such as zoonotic diseases driven by the movement of people, animals, and animal products through globalisation, as well as antimicrobial resistance (AMR), which ranks among the top three global health threats⁵.

To avoid outbreaks, controlling the spread of bacteria, and improving human, animal, and environmental health, alongside food safety, requires a collaborative One Health approach. This entails coordinated efforts across multiple sectors and disciplines at national, regional, and international levels. In line with this, the European Commission has deployed policies across a range of areas, including AMR and zoonoses control, animal welfare, climate and health, and the prevention, detection, and rapid response to future health emergencies⁶.

While the One Health approach is increasingly reflected in EU policy frameworks, its implementation remains uneven across sectors and governance levels. Coordination between human, animal, and environmental health actors is not yet systematically embedded in decision-making structures, therefore, stronger integration of surveillance systems, data sharing, and joint risk assessment is still needed. The CARE Summit workshop on One Health responded to these challenges by convening cross-sector stakeholders to identify operational barriers, exchange practical experiences, and develop actionable recommendations to strengthen integrated and sustainable implementation of One Health across the Union. By bringing together actors from public health, veterinary medicine, environmental sciences, food safety, and policymaking, the workshop fostered a shared understanding of how human, animal, and ecosystem health risks intersect in practice.

⁴ [Overview – Public Health – European Commission](#)

⁵ [EU Action on Antimicrobial Resistance – Public Health – European Commission](#)

⁶ [Overview – Public Health – European Commission](#)

Track 'Leveraging the European Health Data Space'

The European Health Data Space is a cornerstone of the European Health Union, creating a common data space for the health sector. It provides a unified framework for the use and exchange of electronic health data, giving individuals access to and control over their personal health information while enabling the secure and trustworthy reuse of health data for research and regulatory purposes. The EHDS also establishes harmonised legal and technical standards for electronic health record (EHR) systems, promoting interoperability across the EU⁷. In March 2025, the regulation came into force, marking the start of the transition and implementation phase⁸.

This process remains open-ended, leaving room for questions, uncertainties, and careful risk assessment. Member States vary in their readiness to establish the necessary governance bodies, technical infrastructures and cross-border data sharing mechanisms, and many health systems continue to face challenges with interoperability, stakeholder engagement, and trust in data use. Uncertainty also persists around how different sectors, including clinical care, research and public health, can effectively use the EHDS to protect privacy while maximising societal benefits.

The CARE Summit workshop on the European Health Data Space provided a timely space to address these implementation challenges by bringing together regional, national and EU-level actors to share real-world examples of interoperable data use, discuss barriers to adoption, and co-develop insights into how the EHDS can be operationalised to support policy, innovation and practice across diverse health systems. By focusing on participatory exchange and concrete case studies, the workshop helped illuminate practical pathways forward and informed actionable recommendations for advancing EHDS implementation across the European Union.

⁷ [European Health Data Space Regulation \(EHDS\) – Public Health](#)

⁸ [European Health Data Space Regulation \(EHDS\) – Public Health](#)



Recommendations

In response to evolving health risks, increasing cross-border interdependencies, accelerating digital transformation, and persistent structural challenges across European health systems, participants at the CARE Summit identified strategic priority areas requiring coordinated action at EU and Member State level. The following recommendations set out structured policy pathways to strengthen crisis preparedness and resilience, advance the One Health approach, and effectively leverage the EHDS to support sustainable, integrated, and digitally enabled health governance.



Crisis preparedness and cross-border cooperation

Embedding adaptability in health emergency preparedness

Preparedness for health emergencies must be realigned to embed adaptability as a core governance principle. Static, uniform planning frameworks are insufficient to manage complex and interconnected hazards, such as floods triggering landslides, heatwaves, earthquakes, mass casualty events, and epidemics. Health emergency plans should therefore be anchored to regional contexts, continuously updated, and tested through practical exercises to ensure that health and care systems remain resilient, responsive, and capable of maintaining continuity of essential services under diverse and evolving conditions.

Member States, in coordination with regional and local authorities, should ensure that preparedness plans are formally tailored to local realities, with clearly defined coordination and leadership structures, context-specific risk scenarios, and mechanisms to mobilise volunteers and lay responders to maintain continuity of care during service disruptions. Preparedness should function as a continuous and institutionalised process rather than a static compliance exercise. Key implementation measures include:

- ✦ Conducting region-specific risk and vulnerability assessments that reflect compound and cascading hazards.
- ✦ Establishing interoperable emergency and continuity-of-care protocols with clearly defined coordination and leadership roles.
- ✦ Organising regular local and regional simulation exercises to test operational readiness.
- ✦ Implementing mandatory after-action reviews following crises and formally linking findings to plan revisions.
- ✦ Institutionalising adaptive learning through standardised training programmes, digital knowledge repositories, and procedures that retain operational knowledge despite staff turnover.
- ✦ Strengthening EU-level guidance, funding instruments, and structured peer-learning platforms to support systematic exchange of lessons learnt across Member States.

Embedding adaptability will enable the health and care workforce to sustain essential skills during complex emergencies and strengthen coordination between regions and institutions. It also institutionalises learning, transforming crisis management from static procedures into a resilient, responsive and forward-looking health security system.



Enhance data interoperability to improve disaster and health preparedness

A major operational challenge in disaster and health management is the fragmentation of data across sectors, which limits the ability of health systems and policymakers to anticipate risks, plan interventions, and maintain continuity of care. Member States, in collaboration with regional and local authorities, civil protection agencies, and municipalities, should integrate health, emergency, and economic registries into a unified system for vulnerability mapping, risk assessment, and early-warning. This system should combine standardised data formats, harmonised coding systems, and secure cross-sector data-sharing protocols. Integrated dashboards and analytic tools should provide real-time situational awareness for decision-makers and the health and care workforce, supporting rapid, coordinated responses during complex emergencies.

To ensure effective implementation, interoperability must go beyond technical alignment. Governance structures should formalise coordination between health and disaster management authorities, assign dedicated roles at national and regional levels, and institutionalise continuous learning to retain operational knowledge. Staff at all levels should receive training on the technical use of integrated systems and on interpreting data for operational decision-making to link insights to response actions.

Interoperability can also be leveraged proactively by linking national strategies with proven good practices, conducting regular vulnerability mapping, and developing early-warning frameworks to prevent service surges and strengthen crisis readiness. Structured policy dialogues ensure that insights reach the right decision-makers and maintain political relevance. By highlighting tangible benefits, such as reduced service disruptions and more efficient resource use, these dialogues help secure sustained engagement and create the 'golden window' for timely action. Additionally, operationalising data interoperability in this way, Member States create a coordinated, data-driven framework that enables proactive crisis management, strengthens the capabilities of the health and care workforce, and ensures continuity of essential services during complex emergencies.



Foster a diverse skill mix among health and care professionals for crisis preparedness

Effective crisis preparedness requires health and care professionals to possess a broad and complementary set of skills that enable rapid, adaptive responses across a range of emergencies. Member States, together with regional and local health authorities and training institutions, should implement mandatory, recurring trainings that combine technical, operational, and decision-making competencies. Training programmes should include context-specific simulations, such as environmental disasters, mass casualty incidents, chemical or transport accidents, and pandemic scenarios, to enable professionals to build expertise in areas that match both their individual strengths and the collective needs of the workforce.

Actions should include mapping competencies across the health and care workforce, tracking participation, identifying gaps, and adjusting team composition to ensure full coverage of critical skills during real emergencies. Training should integrate lessons from interoperable data systems and vulnerability mapping, linking workforce preparedness directly to proactive crisis management and enhanced situational awareness. Digital and blended learning platforms, including virtual reality or scenario-based simulations, can increase accessibility, standardisation, and scalability across regions, while accreditation frameworks ensure recognition and incentivise engagement.

At EU level, guidance, good-practice frameworks, and cross-border exchanges can support harmonised competency standards, facilitate knowledge transfer, and foster collaboration between Member States. By embedding diverse skill development into workforce planning, Member States can build health and care professionals who anticipate risks, make informed decisions under uncertainty, and drive adaptive responses across sectors, turning the health and care workforce into a strategic asset for resilient crisis management.



The One Health approach

Strengthen One Health education and workforce capacity

A functional One Health approach depends on a health and care workforce equipped with the knowledge, skills, and time to address the interconnected challenges of human, animal, and environmental health. While international frameworks from the World Health Organization⁹, the Food and Agriculture Organization of the United Nations¹⁰, and the World Organisation for Animal Health¹¹ provide guidance, EU Member States face persistent barriers, including workforce shortages, limited protected training time, insufficient climate and AMR education, and lack of formal recognition for expanded professional roles.

To address these challenges, Member States, in coordination with national Ministries of Health, education authorities, professional associations, and academic institutions should focus on implementing three complementary actions. First, medical, nursing, pharmacy, veterinary, public health, and allied health curricula should embed mandatory One Health competencies, such as AMR prevention, climate health literacy, and interprofessional collaboration, aligned with the European Qualification Framework¹². Second, existing professionals should access flexible, accredited continuing professional education, supported by EU-level guidance and funding from the European Commission (DG SANTE, DG EMPL), and complemented by digital learning platforms, mentorship schemes, and legally protected training time to ensure participation without increased workload pressure. Lastly, advanced practice nurses and other frontline professionals should have formally defined roles and responsibilities in community-based AMR stewardship, vaccination promotion, patient adherence counselling, and climate-health interventions, supported by professional regulations and institutional frameworks to ensure consistent and accountable implementation at the local level.

Within five to ten years, these measures are expected to produce visible, measurable outcomes: consistent integration of One Health competencies across health education; higher participation in continuing professional development; improved antibiotic prescribing and patient adherence; strengthened preventive capacity at the community level; and higher retention and engagement of skilled professionals. By embedding education reform, continuing professional development, and professional role expansion, EU Member States can ensure that One Health principles are operationalised in practice, creating a workforce capable of delivering preventive, integrated, and sustainable healthcare.

⁹ [One health](#)

¹⁰ [One Health Joint Plan of Action](#)

¹¹ [One Health – WOA – World Organisation for Animal Health](#)

¹² [The European Qualifications Framework \(EQF\) | Europass](#)



Establish an EU One Health innovation hub for research, policy, and good practice

To implement a One Health approach consistently across the EU, fragmented initiatives must be replaced by a coordinated framework that links research, policy development, financing instruments, and practical implementation. Workshop discussions highlighted persistent fragmentation between sectors, weak interprofessional collaboration, political resistance at national level, and a lack of clear evidence on what works in greening health, care, and social systems. Participants also stressed that successful pilot initiatives often fail to scale due to underfunding, insufficient evaluation, and limited knowledge transfer between Member States.

To address these challenges, the EU should establish a dedicated One Health Innovation Hub at the European level to coordinate ongoing projects, conduct targeted research, and systematically import and adapt proven international approaches. This hub should provide structured platforms for good-practices exchange, collaborative research, and knowledge dissemination across Member States, involving key actors, such as the European Commission (DG SANTE, DG RTD), EU Agencies (ECDC, EMA), Ministries of Health, research institutions, professional associations, and civil society stakeholders.

The Hub should systematically identify, evaluate, and compare existing One Health and green health initiatives within the EU and determine measurable social, economic, and sustainability outcomes. Demonstrating clear impact is essential to overcome political hesitancy and secure sustained financing for One Health initiatives. It should therefore develop common evaluation indicators and replication toolkits that enable Member States to adapt and scale proven models. Second, the Hub should strengthen interoperability and governance alignment by creating structured channels for cross-sector collaboration between health, environmental, and social actors. This includes facilitating joint research calls, supporting integrated policy pilots, and promoting shared data frameworks to reduce institutional barriers. By bringing together stakeholders around a common operational paradigm, the Hub would help transition health and social systems toward greener and more agile models.

The third implementation function includes maintaining a momentum by supporting agile innovation in outreach and implementation. This includes coordinating health and care professional networks, particularly nurses and advanced practice professionals active in AMR prevention, engaging technology partners, and promoting practical solutions that improve adherence, prevention, and resource efficiency. Rather than duplicating existing structures, the Hub would act as an enabling ecosystem that connects ongoing projects, fills research gaps, and amplifies successful initiatives.

Expected outcomes include faster uptake of validated One Health approaches across Member States, stronger evidence-informed policymaking, improved cross-sector governance, and scalable models for sustainable healthcare transformation. By institutionalising knowledge exchange, impact evaluation, and coordinated innovation, the EU can move from fragmented experimentation to structured system change while ensuring that One Health becomes an operational driver of resilient, resource-efficient, and community-responsive health systems.



Build community-centred knowledge ecosystems with measurable impact

Active citizen engagement is essential for the success of One Health, positioning people as central actors in health, environmental, and social interventions. While EU-level structures support coordination and research, local communities often lack accessible platforms and guidance to participate in One Health initiatives. Limited public awareness, fragmented knowledge sharing, and underfunded community programs hinder meaningful citizen involvement and the adoption of sustainable practices.

To address these challenges, Member States, in collaboration with local authorities, schools, healthcare institutions, civil society organisations, and community leaders, should develop citizen-focused, participatory platforms that enable people to learn, share, and act together on One Health issues. Concrete actions include:

- ✦ Health and climate literacy campaigns targeting diverse populations using digital tools, community workshops, and local events to raise awareness of One Health principles and AMR prevention.
- ✦ Participatory decision-making mechanisms, such as citizen advisory panels, co-design workshops, and community forums, to involve citizens in shaping local health and environmental initiatives.
- ✦ Knowledge-sharing networks that connect citizens with healthcare professionals, policymakers, and civil society organisations, fostering mutual learning and action.
- ✦ Evaluation and feedback systems to track participation, impact, and lessons learnt, ensuring programs adapt to community needs and effectively scale.

EU-level actors (DG SANTE, DG ENV, ECDC) and international networks can provide guidance, technical support, and funding, but implementation is locally driven, empowering communities to act. Empowered and informed citizens actively participating in One Health initiatives will drive stronger adoption of sustainable practices at local and regional levels, generate measurable health, social, and environmental benefits, and create momentum for cross-sector collaboration. By focusing on people, these community-led knowledge ecosystems complement EU-level structures, providing a bottom-up foundation for a resilient, integrated One Health approach.



Leveraging the European Health Data Space

Establish national governance and transformation capacity for EHDS implementation

The effective implementation of the EHDS depends not only on technological infrastructure, but on the establishment of robust governance frameworks to harmonise fragmented national datasets into a coherent and interoperable system. Member States vary widely in digital maturity, and familiarity with forthcoming EHDS requirements among hospital IT teams and clinicians. Without clear coordination mechanisms, high-quality secondary use of health data will remain limited, and disparities between regions may widen.

To address these challenges, Member States should designate a National EHDS Transformation Centre within an existing digital-health authority under the Ministry of Health. The Centre's role would not be to replace hospital infrastructures, but to create a transformation layer that converts national datasets into EHDS-compliant formats. Implementation should begin with a national mapping exercise identifying coding systems, data formats, and regional disparities in digital maturity. To do that, the first technical priority of the centre would be harmonising coding by using the International Classification of Diseases (ICD-11). ICD-11 is maintained by the WHO and enables the systematic recording, analysis, comparison, and interpretation of mortality and morbidity data across countries, regions, and time periods, while ensuring semantic interoperability and reusability of health information for purposes beyond statistics, including clinical decision support, resource allocation, reimbursement, and policy development¹³. The Transformation Centre should establish national mapping libraries to convert domestic coding systems into ICD-11 using structured crosswalk tables, pilot-tested in selected institutions and maintained centrally, ensuring controlled, interoperable implementation without disrupting existing workflows.

Clear governance arrangements should define roles and responsibilities using a RACI model, a framework that specifies who is Responsible for tasks; Accountable for decisions and oversight; Consulted during implementation; and Informed of progress. Successful EHDS implementation will require coordinated action among technology developers, hospital IT teams, clinicians, patient groups, regional authorities, and national digital-health bodies, supported by dedicated staff time, ongoing collaboration, robust data-governance structures, and stable funding to ensure sustainable interoperability. This will allow Member States to implement EHDS requirements in a controlled, predictable manner while safeguarding existing national workflows.

¹³ International Classification of Diseases (ICD)



Strengthen transparency and trust in the EHDS

Low public trust, limited understanding of consent processes, and uncertainty about the safeguards in the EHDS reduce willingness to share health data and represent a significant barrier to effective implementation. Successful roll-out therefore depends on building public trust and providing clear, easily accessible information on how health data is collected, used and protected. Member States should build trust through strong governance, transparent communication and visible safeguards.

National digital-health authorities, in coordination with regional health authorities, should implement a multi-channel communication programme that combines:

- ✦ A public EHDS information portal explaining in plain language what data is collected, how it is protected, who can access it, and for what purposes.
- ✦ Interactive dashboards showing aggregated, non-identifiable examples of how data supports research, system planning, and service improvement.
- ✦ Demonstrations using synthetic datasets and privacy-preserving computation tools to show how secondary data use occurs safely without exposing personal information.
- ✦ Standardised consent explanation templates for hospitals and primary-care providers to ensure consistent messaging at the point of care.

Communication materials should highlight tangible public benefits, such as faster diagnostics, improved continuity of care, and better resource allocation while clearly outlining opt-out rights and safeguards. Healthcare professionals should also receive training to confidently explain EHDS implementation, consent mechanisms, and data protections during routine patient interactions, as trust is often built at the point of care.

To reinforce public confidence, authorities should make trust-building measurable and visible. This includes conducting regular surveys to assess citizen understanding and confidence, publishing annual transparency reports that detail data-access requests, approvals, refusals, and oversight actions, and clearly communicating how complaints or concerns can be submitted and addressed. By making governance and accountability transparent, Member States can strengthen engagement, reduce uncertainty, and support the long-term sustainability of the EHDS.



Testing and phased implementation of the EHDS

Premature rollout of new systems can compromise data integrity, interoperability, and cybersecurity, while inconsistencies in transformation protocols may create gaps across Member States, limiting cross-border functionality.

Ministries of Health and digital authorities should lead a structured phased implementation strategy, beginning with pilot testing at selected hospitals, regional health authorities, or digital hubs to evaluate interoperability, performance, data completeness, and security. Regional authorities should coordinate the expansion of the rollout to additional sites, ensuring lessons from pilots are applied to workflows and protocols.

Hospitals, clinics, and IT teams at the local level should execute testing, validate data transformation, and report issues through structured feedback loops, while data stewards and clinical coders ensure adherence to coding standards and maintain data quality. EU-level governance bodies should provide guidance, coordinate cross-border standards, and facilitate peer learning between Member States to ensure consistent integration. This approach should include standardised validation procedures, hands-on training for frontline IT staff, mechanisms for monitoring and resolving issues, and secure testing environments using sandboxes and privacy-preserving methods. Dedicated resources, such as staff time, testing infrastructure, training modules, and coordination platforms, are essential to support each phase.

By implementing these measures, Member States will achieve stable system integration, maintain data integrity and cybersecurity, improve interoperability across jurisdictions, and create a robust foundation for full-scale EHDS adoption, enabling reliable cross-border analytics, research, and evidence-informed health system planning.



Conclusion

The CARE Summit demonstrated that closing Europe’s persistent health gaps requires both systemic coordination and active multi-level engagement. Participants identified key shortcomings, including uneven crisis preparedness, fragmented One Health implementation, limited citizen participation, and uneven readiness for the European Health Data Space, and explored practical, cross-sector strategies to address them.

The resulting Policy Roadmap moves beyond analysis to actionable guidance: it outlines how adaptive crisis planning, integrated One Health education and governance, community-centred knowledge ecosystems, and interoperable health data systems can be implemented in practice. The CARE Summit underscores that achieving a resilient, inclusive, and sustainable European Health Union requires connecting EU-level policies with local action, fostering collaboration across sectors, and empowering citizens as active contributors to health outcomes. By translating dialogue into concrete initiatives, the roadmap provides a blueprint for transforming shared insight into coordinated, measurable action, ensuring that health becomes a strategic priority across Europe’s social, environmental, and economic policies.





CARE SUMMIT 2025

