

Securing a strong EU public health dimension in the 2028–2034 MFF

October 2026

Ahead of the forthcoming discussions among EU Ambassadors on the 2028–2034 Multiannual Financial Framework (MFF) and the European Competitiveness Fund (ECF), **EPF wrote to all the Member States' Permanent Representations to the EU in order to reiterate our concerns about the European Commission's proposal to discontinue the standalone EU4Health programme and integrate health within the ECF, alongside other policy areas including biotechnology, agriculture and the bioeconomy.**

From a patient perspective, the removal of a dedicated EU health programme, combined with the absence of a clearly ring-fenced public health component within the ECF, creates a significant risk that public health will be deprioritised or effectively disappear as a distinct EU funding priority for the next seven years.

The COVID-19 pandemic demonstrated the importance of European cooperation and sustained investment in health. Yet the proposed structure risks making health an **“adjustment variable” in future budgetary trade-offs**, particularly when competing with sectors benefiting from greater political or economic prioritisation.

We are equally concerned that a narrow understanding of health competitiveness, focused primarily on innovation, industrial capacity and strategic autonomy, could leave essential public health priorities insufficiently addressed. **Disease prevention, health promotion, health literacy, equitable access to medicines, resilient health systems, and support for health civil society and patient organisations are all essential components of a strong European health policy.**

While fostering health innovation and reducing strategic dependencies on third countries are important objective, **competitiveness cannot substitute for a comprehensive and sustained public health policy**. Innovation only delivers its full value when it reaches patients. Similarly, a competitive European economy ultimately depends on a healthy population and resilient health systems. This is particularly important at a time when Europe faces growing healthcare needs linked to an ageing population, health workforce shortages, persistent inequalities and current and emerging health threats. **Reducing the EU's capacity to act on public health at this moment would run counter to the lessons learned from recent crises and to the challenges ahead.**

Against this background, we respectfully call on all EU Member States in the forthcoming discussions, to support:

- **A strong, standalone EU health programme within the next MFF**, with sufficient and predictable funding to address public health priorities across the healthcare continuum;

- **Should a standalone programme not be retained, robust safeguards for public health within the ECF**, including dedicated funding and explicit public health objectives. A European approach to “health competitiveness” must encompass prevention, access, equity and resilient health systems alongside innovation and industrial policy;
- **Continued structural support for European health civil society and patient organisations**, ensuring that patients can continue to contribute meaningfully to European health policymaking and to the implementation of major EU health initiatives.

The decisions taken in the coming months will determine not only the EU’s capacity to act on public health for the next seven years, but also the values that will underpin its approach to health, including equity, solidarity, universal access to healthcare, and meaningful patient participation. After the lessons of the COVID-19 pandemic, Europe cannot afford to weaken its collective capacity to protect health.

We therefore sincerely hope we can count on **Member States’ support for a strong, clearly identifiable and adequately funded public health dimension in the next MFF**, ensuring that patients and public health remain firmly embedded in the Union’s future priorities.