

# NEWS FROM BRUSSELS



## Word from Senior Policy Advisor Dr. Theodoros Koutroubas

Dear Friends,

- WHO Europe is proposing steps to help fix the continent's nursing shortage. The increasing interest of WHO Europe for us renders absolutely necessary a close collaboration between it and ENC. The board will soon take initiative towards this direction.
- The EU's cancer plan does not seem to work correctly.
- Women's health is highlighted in two articles in this "News from Brussels". Lets not forget that in this week of the 8th of March.

Do come back with feedback

Warm regards,

Theo

## NEWSLETTER HIGHLIGHTS

**The European Court of Auditors highlights shortcomings in the EU's cancer plan**

- Le Soir, Anne-Sophie Leurquin

**KAS–UNITE parliamentary dialogue with WHO advances women's health and global health cooperation**

- World Health Organisation

**Postpartum mental health policies are shaping up across the EU, but gaps remain**

- EURACTIVE, Anna Gumbau

**Shortages and safety: WHO/Europe proposes eight steps to help fix Europe's nursing crisis**

- Vital Signs, Catherine Feore

# The European Court of Auditors highlights shortcomings in the EU's cancer plan



EUROPEAN  
COURT  
OF AUDITORS

**Launched in 2021 with €4 billion by the European Commission, the European plan to defeat cancer lacks coherence and budget visibility, according to the European Court of Auditors, who warns in a special report published on the 19th of February 2026, that its long-term impact remains uncertain.**

The programme has nevertheless encouraged the adoption or revision of national plans in several member states—four new plans and ten updated strategies—but it suffers from overlaps between projects and from an incomplete monitoring framework. In the absence of clear numerical targets, precise timelines, and harmonised indicators, assessing progress remains difficult.

Significant disparities also persist among the twenty-seven member states, particularly in prevention (such as vaccination against the human papillomavirus) and screening. Auditors also expressed concern about the programme's financial future. In 2024, the EU4Health programme, which contributes to its funding, was cut by around €1 billion—more than 35% of its total budget—weakening its implementation until 2027 and beyond.

## ”One of the worst scourges of our time”

These findings echo concerns expressed the 9th of February by the European Parliament in plenary session. **In a resolution adopted on the occasion of World Cancer Day, MEPs called for the inclusion of a dedicated health programme in the 2028–2034 budget in order to ensure stable and predictable funding for flagship initiatives, including the cancer plan. The resolution also called for a dedicated health programme to prevent the initiative from losing momentum as early as 2028.**

Cancer remains the second leading cause of death in the European Union: more than one million deaths each year and an estimated cost of over €100 billion. “Cancer is undoubtedly one of the worst scourges of our time, since one in two people in the EU will be diagnosed with the disease during their lifetime,” recalls **Klaus-Heiner Lehne**, the member of the Court responsible for the audit. “The European plan to defeat cancer is the EU’s main strategy in the fight against this disease, but without more coherent implementation, clear milestones and certainty regarding its future funding, it will never reach its full potential.”



# Postpartum mental health policies are shaping up across the EU, but gaps remain

**Many women remain undiagnosed and untreated due to stigmas surrounding postpartum depression, with limited awareness and significant gaps in support across health systems, according to the European Commission’s Roadmap for Women’s Rights report.**

Postpartum depression is increasingly recognised across Europe, but the availability and quality of support for women after childbirth continue to vary significantly between member states, raising questions about how awareness is translated into action. While women’s health and mental health have gained political attention in recent years, postpartum depression remains only weakly addressed at the EU level. This comes despite the **European Parliament’s health committee’s preparation of an own-initiative report on a strategy for women’s health**, and the **European Commission publishing a Roadmap for Women’s Rights in March last year, which calls for more gender-sensitive healthcare.**

## **Data gaps and fragmentation.**

In a debate including many sector professionals on the concerned issue, organised by the media Euractive and sponsored by Biogen on December 4th 2025 concerning the policy to be adopted facing this neglected societal concern, gaps were highlighted in how postpartum depression is addressed within treatment and innovation frameworks.

**Clara Benedicto, Head of the Area, Promotion and Prevention from Spain’s Mental Health Commission**, mentioned that Spain’s inclusion of perinatal mental health in its national strategy has enabled funding for early detection, training for healthcare professionals and support for women with severe mental illness, but she also pointed to a core policy limitation.

“We don’t really know the magnitude of what’s happening,” Benedicto said, referring to the lack of comprehensive data on maternal mental health outcomes.

Without robust indicators, she noted, it becomes difficult to assess needs, measure impact or ensure accountability across regions, she added.

While health remains a national competence, speakers noted that the lack of harmonised indicators limits the EU's ability to support evidence-based policymaking or identify best practices across member states.

### **Awareness does not equal access**

While stigma around maternal mental health has begun to decline, several speakers argued that policy responses have not kept pace with lived experience.

Presenting findings from a survey of nearly 10,000 mothers across Europe, **Johanna Schima, vice-president of Make Mothers Matter and head of its European delegation**, noted that “50% of the survey mothers say that they have experience or they experienced some kind of a mental condition,” including depression, anxiety and burnout.

Yet many women continue to rely on informal or community support that falls outside formal healthcare systems. “We need our villages, our villages to hear you, to support you,” Schima said. She argued that policy frameworks remain heavily focused on clinical care, with limited attention to community-based services that could support prevention and early intervention.

Several participants noted that EU and national funding instruments, including social and cohesion funds, rarely prioritise maternal mental health at the community level, despite evidence that such services can reduce pressure on healthcare systems.

### **More than just screening**

From a clinical and research perspective, concerns were raised about policy approaches that focus on detection without ensuring follow-up. “We really need a life course approach,” said **Annick Bogaerts, associate professor of midwifery sciences at KU Leuven**, arguing that pregnancy and the postpartum period should be addressed within a broader continuum of women's health. Bogaerts cautioned that screening initiatives alone are insufficient. “It's not just about administering a questionnaire,” she said, pointing to fragmented care pathways and weak coordination between maternity services, primary care and mental health providers.

She argued that without clear responsibility for follow-up, screening risks becoming a procedural exercise rather than an effective entry point into care, particularly in health systems where referral pathways and workforce capacity remain limited.

### **Treatment and innovation gaps**

“There is a clear unmet medical need,” said **Marina Vasiliou, managing director of Biogen France**, noting that postpartum depression is still largely treated with therapies developed for other forms of depression. “Postpartum depression is treated as any kind of depressive episode with chronic drugs that were developed 30 years ago and that take a long time to act, so they don’t take into consideration these acute periods around birth,” she told the event. Therefore, “postpartum depression has to be recognised to be a specific kind of depression,” she added.

Speakers noted that postpartum depression is often addressed indirectly under broader mental health policies, limiting incentives for targeted research, innovation and reimbursement pathways. For the event participants, this recognition was seen as a necessary first step towards more targeted research, adapted therapies and more consistent access to care across member states.

# KAS–UNITE parliamentary dialogue with WHO advances women’s health and global health cooperation

WHO welcomed a delegation of parliamentarians from Albania, Germany, Georgia, Mexico, Slovakia, South Africa, Sri Lanka, Sweden and Zimbabwe, to its headquarters in Geneva on 20 January 2026 for a high-level dialogue on advancing women’s health, strengthening sexual and reproductive health and rights (SRHR), addressing the growing burden of noncommunicable diseases (NCDs) and the future of global health cooperation.



World Health  
Organization

## Advancing women’s health through integrated approaches

A central theme throughout the dialogue was the need to move beyond fragmented approaches to women’s health. **Dr Alia El-Yassir, WHO Director for Gender, Equity and Diversity**, highlighted that **women’s health outcomes are shaped by gender inequalities, social norms and structural barriers that persist across the life course, requiring coordinated and integrated action across health systems to address these determinants.**

Thirty years after the Beijing Declaration and Platform for Action – a landmark global framework adopted in 1995 to advance gender equality and women’s rights – Dr Anna Coates, WHO Gender Equality Technical Lead, noted that progress on women’s health remains uneven globally. She highlighted the need for health systems that are more gender-responsive and capable of addressing women’s health holistically across the life course.

**Parliamentarians underscored that health is inseparable from broader social and economic policies, calling for stronger links between evidence, legislation and measurable impact at country level.**

## **Sexual and reproductive health and rights across the life course**

The dialogue also focused on SRHR, where parliamentarians expressed strong interest in engaging on issues that directly affect their constituents.

**Dr Pascale Allotey, Director of WHO's Department of Sexual, Reproductive, Maternal, Child, Adolescent Health and Ageing**, outlined WHO's life-course approach to SRHR. She highlighted how health needs evolve from birth to older age and how these are shaped by wider context, including social determinants, humanitarian crises and shifting demographic trends.

Dr Allotey underscored the crucial role of parliamentarians in advancing SRHR and the importance of continued engagement with WHO and the Human Reproduction Programme to support evidence-based policy-making.

## **Cancer: from prevention to quality of life**

The agenda of the delegation's dialogue underscored cancer as a growing priority for women's health and health system sustainability. **Dr Prebo Barango**, Lead for the Cervical Cancer Elimination Initiative, **Dr Meghan Doherty**, consultant for palliative care and **Mr Santiago Milan**, Lead for the WHO Global Platform for Access to Childhood Cancer Medicine, presented the Organization's integrated approach to cancer control, detailing global progress in prevention, screening, access to essential medicines and palliative care, including initiatives targeting cervical, breast and childhood cancers.

The discussion highlighted the need for sustained political commitment and domestic investment to address NCDs. Parliamentarians shared national experiences that illustrated the far-reaching social and economic impacts of cancer on families and caregivers, reinforcing the importance of improving health literacy, reducing stigma and delivering people-centred care.

## Future of global health and multilateralism

The dialogue also addressed the broader state of global multilateralism. **Dr Jeremy Farrar, Assistant Director-General for Health Promotion, Disease Prevention and Care**, outlined how WHO has undertaken significant restructuring and a realignment process to enhance WHO's efficiency, impact and capacity to support countries. He reaffirmed WHO's commitment to more systematic engagement with parliaments, recognizing their pivotal role in shaping health policy, legislation and budgetary decisions.



# Shortages and safety: WHO/Europe proposes eight steps to help fix Europe's nursing crisis

***Unsafe nurse staffing levels are endangering patients and driving burnout, WHO/Europe proposes eight corrective actions to stabilise and strengthen Europe's nursing workforce***

Unsafe nurse staffing is putting patients at risk and accelerating burnout across the WHO European Region, according to a new policy brief from **World Health Organisation Regional Office for Europe (WHO/Europe)** published in february 2026.

Evidence consistently shows that when staffing levels fall below safe thresholds, patient harm increases and nurses face higher levels of stress, injury and mental ill-health. Safe nurse staffing means ensuring the right number and mix of appropriately educated and supported nurses are in place to deliver safe care in a specific workplace or environment.

In 2022, WHO/Europe warned that health workforce shortages were a “ticking time bomb,” projecting a shortfall of nearly one million health workers by 2030. Across several European Union Member States, worsening working conditions and rising mental health pressures are accelerating nurse attrition, with direct consequences for patient safety.

**WHO Regional Director for Europe, Dr Hans Kluge**, stressed that nurses make up more than half (56%) of the health workforce, most of whom are women. Safe nurse staffing, he said, is not an administrative detail but a safety-critical investment in patients and health systems. With the EU already facing a serious nursing shortage, he warned that driving more nurses out of the profession is not an option.

**Director-General for Health at the European Commission, Sandra Gallina**, echoed the urgency. “Nurses,” she said, “are the backbone of health systems yet are among those most affected by workforce shortages, heavy workloads and mental health strain.”

Gallina pointed to EU4Health initiatives, including the Nursing Action project and Joint Action HEROES, alongside Erasmus+, the Recovery and Resilience Facility and Cohesion Policy Funds, as key mechanisms to support the workforce.

**The European Specialist Nurses Organisation (ESNO)** has welcomed the report adding that it opens the door to a broader policy reflection on enabling nurses autonomy and the enabling of nurses to develop through education and mentoring in order to develop advanced nursing roles.

### **Eight priority actions**

The WHO/Europe brief outlines eight interconnected actions to make safe nurse staffing a reality across the Region:

- 1)Recognize nursing as safety-critical: Safe staffing is inseparable from staff well-being and patient safety. Protecting nurses from burnout protects patients.
- 2)Manage system complexity: Staffing is influenced by funding, digital systems, teamwork, evolving care models and increasingly complex patient needs. There is no quick fix.
- 3)Secure broad support for sustainability: Structured engagement with nurses, employers, regulators and unions is essential for lasting reform.
- 4)Build purpose-driven data systems: Reliable, interoperable staffing and workload data should inform decision makers while avoiding unnecessary administrative burdens.
- 5)Monitoring for accountability: Clear standards, proportionate regulation, audits and transparent reporting are needed to uphold safe staffing benchmarks.
- 6)Secure sustained investment: Financing mechanisms and incentives must embed safe staffing as standard practice, rather than leaving it to individual facilities.
- 7)Strengthen education and training: High-quality education and continuous professional development prepare nurses for complex clinical environments and staffing decisions.
- 8)Strengthen nurse leadership: Empowering nurse leaders, supported in their professional autonomy and judgement, is vital to translating evidence into safe staffing decisions at the bedside.

However, with demand for nurses growing as Europe's population ages, interest in nursing careers is simultaneously declining. There are no easy solutions. Furthermore, the European branch of the WHO recognises that the multiplicity of healthcare systems in Europe makes it challenging to implement a coherent solution.