



News from Brussels

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New EP committees to work on health, security and defence, democracy, housing

Just before the Christmas – New Year’s Eve break, the European Parliament has approved changes put forward by its Conference of Presidents, establishing two new standing and two special committees.



The existing subcommittees on Security and Defence and on Public Health have been transformed into fully-fledged committees. In 2025, there will also be two new special committees: one on the so-called “Democracy Shield” initiative included in the Commission’s 2024-2029 political guidelines, and another to deal with the EU’s current housing crisis. The changes were put forward by President Metsola and the leaders of Parliament’s political groups to address Europe’s current challenges as well as Parliament’s own priorities, while taking into account citizen concerns and the results of the European elections.

MEPs voted in Strasbourg on the proposals laying down the responsibilities and size of all four committees, and the 12-month term of office of the two special ones:

- **Standing committees on Security and Defence and on Public Health, each comprising 43 members - 448 votes for, 161 against, 40 abstentions;**
- Special committee on the European Democracy Shield, comprising 33 members - 441 votes for, 178 against, 34 abstentions;
- Special committee on the Housing Crisis in the European Union, comprising 33 members - 480 votes for, 148 against, 20 abstentions;

The membership of the two standing and two special committees (which should reflect Parliament’s composition) will be determined by each political group and non-attached MEPs. The composition of the committees will then be announced during the 20-23 January 2025 plenary session. The subcommittees on Security and Defence and on Public Health will cease to exist on the first day of the January plenary session and all four committees will be formally set up on the same day. The Chairs and Vice-Chairs of each committee will be elected at their respective constitutive meetings.

Changes to the list and responsibilities of standing committees (Annex VI of Parliament’s Rules of Procedure), as well as the establishment of special committees, require a decision of the

Conference of Presidents and a plenary vote. Special committees, created to address specific issues, can sit for up to 12 months - unless their term is extended by a vote in Parliament. The responsibilities of the new standing committees will be complementary to the adapted mandates of the committees on Foreign Affairs (AFET) and the Environment, Public Health and Food Safety (ENVI), which have been the “parent” committees of the pre-existing subcommittees. Accordingly, the ENVI committee will also be renamed “Committee on the Environment, Climate and Food Safety.”

Slovak health system on life support after parliament threatens physicians with prison

Slovakia's leading medical trade union and health ministry were locked in a fierce contract negotiation, which has led to physicians being threatened with prison if they resign and fail to provide health services.

A new 'extraordinary event' mechanism could freeze the physicians' notice period, adding more fuel to the fire. The Slovak government approved a bill amendment on Sunday forcing physicians to work when their resignations come into effect on 1 January, under the threat of a prison sentence. On Wednesday 18th December



evening, the parliament approved the change during the final parliamentary vote before the holiday recess.

The proposal was well-received by the ministers present at the government meeting, while healthcare workers and opposition parties heavily criticised the action. "We call on President Peter Pellegrini not to sign the hostage law that sends physicians to prison for a year. The President must send a clear signal that Slovakia will be a country where problems are solved systematically, not by criminalising healthcare personnel," Branislav Gröhling, head of the opposition Freedom and Solidarity, said on Thursday.

The amendment to the Civil Protection of the Population Act introduces the definition of 'an extraordinary event—critical unavailability of inpatient healthcare'. It establishes the obligation for healthcare workers to provide medical care during an extraordinary event, effectively freezing their notice period for the duration of the measure.

"Despite all negotiations and specific outcomes, representatives of LOZ (medical trade union) continue to insist on proceeding with their resignations. Since this possibility remains real, it is my duty as the Health Minister and the duty of the government to ensure that, even in the event of unfavourable developments, Slovak patients will receive the necessary medical care after 1 January," Health Minister Kamil Šaško said on Sunday.

The unions have asked President Pellegrini not to sign the amendment and are considering challenging the measure in the Constitutional Court. The conflict escalated to the point where the union representatives refused to attend meetings with the Minister.

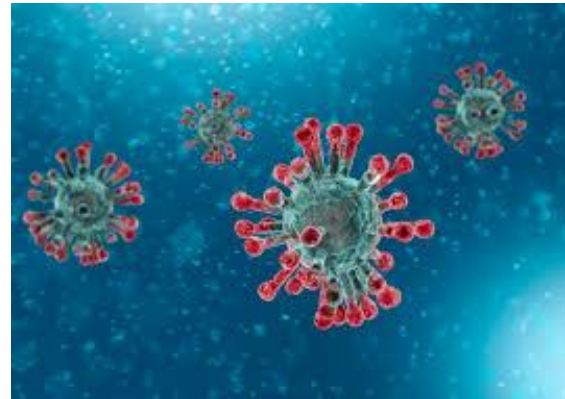
The government can declare a state of emergency to mandate physicians' work under the threat of penalties. This situation has precedent from 2011 when the Radičová government implemented the measure to ensure continuity in healthcare provision amid physicians' resignations. In 2011, physicians bypassed the measure by writing sick leave notes to one another, avoiding work and punishment until the situation was resolved a few days later.

Saving in extremis the Slovak health system from collapse, the government and physicians' union settled on a series of compromises, ranging from significant pay rises to a promise to hold-off further strikes until the end of February 2025 while the other issues are still being negotiated.

After three years of negotiations, are hopes for a global pandemic treaty dead?

Negotiators looking to avert another COVID-style crisis have yet to make progress on two key sticking points for a global pandemic treaty which has a May 2025 deadline.

There will be no global pandemic treaty this year, after countries again failed to agree on a mandate to better prepare for and cooperate during a health crisis like COVID-19. Delegates and civil society groups say the draft treaty has been substantially watered down over three years of talks, with limited progress made during the most recent round of negotiations, which ended this month.



That leaves an ever-shrinking chance that the treaty will be finalised by the May 2025 deadline. In 2020, then-president of the European Council Charles Michel was among the first to propose the treaty to address problems that surfaced during the COVID-19 pandemic.

It would implement new measures with the goal of curbing inequalities between the global north and global south during the next crisis, for example by ensuring access to vaccines.

“A pandemic knows no borders, so international collaboration is a must,” Jaume Vidal, a senior policy advisor on European projects at Health Action International, had told Euronews Health.

But “it’s really difficult to find a consensus” because “pharmaceutical companies have an agenda, developing countries have a set of priorities, developed countries have their own goals,” he said. More than 190 countries are involved in the talks, facilitated by an **Intergovernmental Negotiating Body** (INB) organised by the World Health Organization (WHO).

The treaty was initially supposed to be complete by May 2024, but the deadline was bumped back a year after negotiators failed to finalise a draft. In the latest round of talks, countries failed to break a stalemate on two key sticking points: **pandemic prevention efforts, and a pathogen access and benefits sharing (PABS) system where countries would share information about emerging disease threats and in turn get access to vaccines and drugs.**

Europeans have been pushing for prevention initiatives, which would oblige countries in the global south to shore up their disease surveillance, early warning systems, infection control, and other pandemic preparedness programmes. The Africa group has been skittish about these financial commitments. The Africa group also wants priority access to vaccines, medicines, or other tools that are developed using the information it shares on pathogens that could become

pandemic threats. That has been a problem for wealthy countries with strong pharmaceutical sectors. These are the same disagreements that have held up negotiations for the past half-year, but with the May 2025 deadline looming, the gridlock is becoming more contentious.

Civil society groups say that lower-income countries are now being pressured to accept a deal that would move the PABS measures to an annex, meaning they would be worked out later on after the treaty is signed – and leaving them with little leverage to negotiate on the prevention clauses.

“Developing countries are hesitant; one, because they don't have resources to implement such obligations [on prevention], and two, because the EU and other rich countries are not flexible in other matters,” Piotr Kolczynski, Oxfam International’s EU health policy and advocacy advisor, speaking to Euronews Health.

However, a negotiator from an EU country said that the INB is also pushing the European group to make concessions in order to get a deal done as quickly as possible, which will likely depend on informal talks in early 2025 alongside the 10 planned days of formal negotiations.

“It will really be on [the INB’s] shoulders,” the negotiator said, because the 10 days of formal talks “will not provide sufficient time to sort this out”.

A spokesperson for the European Commission declined to comment on the closed-door negotiations. The re-election of Donald Trump in the US throws additional uncertainty on the future of the treaty, given Trump’s wariness toward the WHO. His new administration could walk away from the deal, stall talks, or push to further water down commitments.

It’s also unclear whether EU and national leaders are as committed to international solidarity as they were during the pandemic, which could stymie efforts to push a strong treaty through the finish line.

“The longer we spend on it, the less likely it is that it will succeed, and also that there will be something left that is worth fighting for and that is worth signing,” the negotiator from an EU country said.

“The political momentum has been declining from the start to get this treaty done.”

ENC Warmly Invites you to The Final Conference of the EU-Funded Project Telenursing

As you remember, ENC is currently an active partner of the European project [TeleNursing \(www.telenursing.eu\)](http://www.telenursing.eu). Through this project, ENC and the other partners aim to **develop a digital transformation plan to enhance the digital skills and the competence development of health professionals at the front line of healthcare services provision.**



In that context, we would like to remind you **that you are kindly invited to the final Conference of this project, scheduled to be held in the premises of the Club de la Fondation Universitaire in Brussels on January 22nd, from 9:00 AM CET to 2:00 PM CET. Academics, professionals, organisations, and decision-makers will be invited to discuss the conclusions of our project and the future of our professions.**

To be added to the list of attendees, kindly please register at the link below.

In addition, we would like to remind you that, in the context of this project, we are offering to five nurses registered in your regulatory body the opportunity to participate in our free of charge training. Through digital courses, we aim to provide them with the necessary digital skills and competences to empower them to use digital tools to enhance their activity and reach patients otherwise, untreated. To access the training program, no need to undergo a complex registration process: you just need to provide us with their names and email address.