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Medical Countermeasures Stockpiling:

EU-wide coordination in preparedness for cross-border health threats

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WHITE PAPER

Medical Countermeasures (MCMs) Stockpiling: EU-wide coordination in preparedness for cross-border health threats

Why an EU-wide coordination of medical countermeasures (MCMs) stockpiles is needed

The rapidly shifting geopolitical landscape has significantly changed the understanding about health security threats in the EU. The rise of armed conflicts and impacts of climate change have triggered an expansion of EU-level actions to promote a common understanding about health security threats across the Union. This is reflected in the EU's health preparedness agenda, with the European Commission adopting an EU-level understanding on priority actions and to boost adequate prevention, preparedness and response capacities.

To contribute to this objective, DGs HERA (Health Emergency and Response Authority) and ECHO (Civil Protection and Humanitarian Aid) have led on a number of publications, i.e. the *Preparedness Union*¹, *Medical Countermeasures*², and *Stockpiling*³ strategies. In 2026, DG HERA also conducted a *Health Threat Prioritisation Assessment for Medical Countermeasures* (here referred as 'Threat Assessment document')⁴, which identifies and details priority threats, and serves as technical guidance to EU's MCMs-related efforts to strengthen preparedness and response actions. In all of those publications, MCMs stockpiling is listed as a crucial aspect for better EU preparedness against priority cross-border health threats – particularly, those with potential large health and societal impact. While the strategies set a plan to upscale stockpiling initiatives at EU level (e.g. RescEU programme), the Threat Assessment document provides technical guidance for the development of policies on priority threats⁵.

MCMs stockpiling is pertinent especially for products against known health threats that are needed faster than they can be produced or imported during an outbreak. To this end, an EU-wide coordinated approach and significant additional investments (for both therapeutics and vaccines) at EU and national level are necessary to reach adequate preparedness.

This White Paper has the purpose of sharing EUCOPE's industry expertise on MCMs stockpiling. The industrial operational knowledge may contribute to Member States' strategies, for instance, by sharing enhanced threats projections and details on manufacturing modalities according to different threat scenarios.

¹ [EU Preparedness Union Strategy](#) (2025).

² [Preparing the EU for the next health crisis: A Medical Countermeasures Strategy](#) (2025).

³ [EU Stockpiling Strategy: Boosting the EU's material preparedness for crises](#) (2025).

⁴ [Commission Staff Working Document – Comprehensive 2025 Health Threat Prioritisation Assessment for medical countermeasures](#) (2026).

⁵ [HERA's Threat Assessment](#) singles out four major threat categories: 1) respiratory or contact-based viruses with pandemic potential; 2) vector-borne or animal-reservoir viruses with epidemic potential; 3) armed conflict-related and Chemical, Biological, Radiological and Nuclear (CBRN) threats; and 4) antimicrobial resistance (AMR).

Key considerations for a holistic approach to MCMs stockpiles

In its Threat Assessment document, DG HERA outlines the MCM landscape and the risks associated with its highest-priority health threats. Translating this assessment into effective MCM stockpiling strategies requires considering how industry perspectives may differ depending on the specific threat. As a result, several key elements should be taken into account when prioritising MCM stockpiles. In particular, the nature of the disease or threat plays a central role, raising important questions such as:

- Is the disease burden and lethality strong enough to justify high investments in preparedness?
- Is the disease in question severe enough to require whole population protection?
- What type of preparation is needed against Chemical, Biological, Radiological or Nuclear (CBRN) threats, where reaction must happen as soon as possible?
- Is the disease burden more severe in certain subgroups (e.g. immunocompromised or groups under a certain medical treatment or condition)?
- What proportion of the population is still protected or partially protected by earlier vaccinations?

Health emergencies are rarely confined to a single Member State. Effective cross-border preparedness therefore depends on a holistic alignment of EU-level efforts with equally strong measures at national level. Highly pathogenic diseases, in particular, pose significant risks both within and across borders. For infectious diseases and other highly disruptive threats that spread easily, rapid containment is essential to limit their impact. This requires maintaining minimum stockpiles at local and regional levels, not only to ensure timely treatment but also to prevent further transmission. In the case of chemical attacks, where the window for effective treatment is much shorter, readily available local or regional stockpiles of priority countermeasures are even more critical.

The nature of a disease or threat influences not only its potential impact, but also its rate of spread and the ease of detection. Certain diseases pose greater risks because they spread more widely, easily, and rapidly than others. The incubation period (i.e. the time before symptoms appear and the disease is recognised) is another key factor to consider. Additionally, diseases of natural origin often follow different transmission patterns compared to those resulting from deliberate attacks. In particular, a deliberately released pathogen that is not easily or quickly detectable may spread more widely and remain unnoticed for longer periods.

The type of threat or disease also influences which countermeasures are practical and effective in a given context, such as antivirals, protective equipment, isolation, immediate treatment, and ring vaccination⁶. Ring vaccination may be effective in specific scenarios, but is generally suitable only for certain outbreaks that can be detected early, when infection levels remain limited. Factors such as rapid disease spread, high population density, or significant travel flows may reduce the effectiveness of this approach. In such situations, alternative strategies or countermeasures may be required to effectively reduce morbidity and mortality, either in the general population or among at-risk groups.

A key question is which population groups should be prioritised for protection in the event of an outbreak or a CBRN-related attack. In addition to the general population, a minimum level of protection is required to ensure the continuity of critical infrastructure and essential services. Stockpiling strategies must also account for the need for key medical countermeasures, including

⁶ Ring vaccination can be defined as: “[...] a public health strategy where close contacts of an exposed person, such as family and friends, are vaccinated to prevent disease spread and has potential for controlling other diseases with similar transmission patterns” ([Nature Africa, 2025](#)). It applicable as a targeted immunization campaign to contain an outbreak. It was effective, for example, in the case of Ebola.

vaccines and antivirals, as well as the operational capacity of emergency services and the healthcare sector. Consideration should therefore also be given to public trust and societal stability. This includes safeguarding first responders and other essential personnel necessary for the continuity of government functions. Stockpiles must be sufficient not only to address the actual threat, but also to respond to heightened perceived risks driven by misinformation or disinformation, including through social media or hostile campaigns.

EUCOPE RECOMMENDATIONS

Ensure availability of effective medical countermeasures targeted at specific threats

The choice of medical countermeasures must be based on factors e.g. efficacy and safety of the products in relation to price (taking into account preventive measures as long-term investments for the healthcare system), the added value of securing sufficient supplies, and time it takes to manufacture or import the product or use it in a crisis.

As an example, vaccination can be very effective if done preventively and in targeted campaigns. However, particularly in a crisis that requires immediate action, vaccinating very large groups may take time. Especially in such a situation, other medical countermeasures, such as antivirals and other treatments may be necessary for short term needs and / or in combination with vaccines.

Adequate stockpiles of the right medical countermeasures will prove to be crucial to reach adequate preparedness in very different situations, especially for priority threats.

Additional relevant areas to consider are product shelf life, storage temperature, handling and transport conditions as determined by the marketing authorisation of the product.

In view of increased discussions about how to foster civil-military cooperation in health, it is pertinent to assess MCMs of dual use, and to promote collaboration between the relevant bodies to maximise efficiency in the establishment of such stockpiles.

Assess immediate need versus mid- and long-term need

MCMs stockpiling is most important for products against known priority health threats that are needed more quickly than they can be produced or imported after an incident or during a cross-border outbreak. This approach will ensure:

- A rapid response mechanism;
- The protection of first responders, healthcare practitioners, and patients;
- Mitigation of the spread or impact of a disease or incident in the early stages. When the time to treat is short, such as after a CBRN attack, a local or regional stockpile is needed.

For an outbreak of a natural priority disease, national and EU stockpiles should be both available for immediate and short-term use. For mid-term use, stockpiles of finished or bulk products, and specific contracts with industry (including e.g. framework contracts ensuring minimum supply volumes) are possible options. For example, advanced purchase agreements (APAs) can be considered for MCMs addressing less-known pathogens and products that are close to marketing authorisation. Manufacturing contracts (e.g. EU FAB) are another option to consider. The development of new MCMs is a longer-term option for new diseases, variants of diseases, or in case effective countermeasures are not available.



Choose optimal and safe locations for MCM stockpiles

Practical considerations are central to any MCM stockpiling strategy. Factors such as environmental conditions, proximity to potential deployment areas, and longer-term geopolitical risks influence the optimal location of EU stockpiles. Products should be sufficiently close to enable rapid deployment in an emergency, while remaining adequately protected from external threats. Transport and logistical constraints must also be taken into account, particularly in scenarios where borders may be closed during a large-scale, multi-country incident or pandemic, potentially requiring military support for distribution.

Depending on the nature and level of the threat, as well as broader security considerations, a decentralised approach with multiple, well-distributed locations across the EU may be preferable to a single central stockpile. Such approach may promote, for instance, stockpiles co-located or linked to manufacturing sites, and faster replenishment cycles and improved lifecycle management. In addition, security arrangements must be robust both in normal conditions and during crises, including periods of societal unrest. Where adequate physical protection cannot be guaranteed, the use of undisclosed storage locations may be considered as an alternative.

Establish clear priorities and enable sufficient funding

The available financial resources must be used effectively and efficiently. In addition, sustainable stockpiling policies must be implemented in synergy with policies aimed at reinforcing EU manufacturing capabilities. This will reduce risks of structural dependencies, and improve the EU's ability to respond effectively to future crises.

To this end, an EU-wide agreement on priority threats and the appropriate level of preparedness is essential. This will enable the direction of resources to priority gaps in preparedness. In addition, it will maximise the impact and EU added value of investments by targeting areas where EU-level action is most efficient to address critical threats. Significant additional investments, linking health preparedness with broader industrial policies, are necessary at both EU and Member State levels, to achieve an adequate level of preparedness.

At EU level, since its establishment, DG HERA has played a key role in coordinating actions to enhance EU and Member States' preparedness and response capacities against health security threats. Its key actions included the promotion of an EU-wide understanding on preparedness actions and developing capacities for intelligence gathering. Importantly, HERA has conducted procurements of MCMs, both on behalf of Member States (public procurement) and at EU-level (rescEU funds for MCMs stockpiling). This has contributed to efficiency in coordination of stockpiling actions at EU level.

Considering that HERA's budgetary capacity within the current Multiannual Financial Framework (MFF) has exhausted, it is important that the upcoming MFF reserves sustainable budgetary allowance for its continuation. The European Commission's MFF proposal, with a standalone and increased budget to the Union Civil Protection Mechanism (UCPM) is encouraging, and EUCOPE calls for a significant share of its budget to be dedicated to increasing preparedness and response capacities to health-related crises.

Finally, at Member States level, it is important that defence budgets (including increased GDP spending on defence, for NATO members) also consider actions on civil protection, including health preparedness and stockpiling measures. In this context, it is essential that Member States promote a common agreement on priority threats, which will also contribute to an increased demand predictability, stimulating the development and availability of MCMs in the market, and to an overall increased efficiency of procurement processes.

Annex I

Threat Levels and Possible Stockpiling Scenarios - General Example Spreadsheet

See the graphic for the topics, underlying assumptions, estimates and other information.

Groups and Numbers

Group of people	Number of People	Subgroup	Percentage to Protect	Number of People Subgroup
Government		Key positions	20	0
Critical infrastructure		Key positions	25	0
First responders				
MOD (CBRN, MP and special forces)				
MOD (others)		Core group	10	0
Medical staff				
Research staff (labs)				
Contra-indicated		Absolutely and relatively contra-indicated	100	0

Threat Levels and Scenarios

No Threat

Group of people	Percentage to Protect with Vaccine	Number of People to Protec with Vaccine A
Research staff (labs)		0

Very Low (Potential threat)

Group of people	Percentage to Protect with Vaccine	Number of People to Protec with Vaccine A
Key positions government	10	0
Key positions critical infrastructure	10	0
Core group medical staff	10	0
First responders	10	0
MOD (CBRN, MP and special forces)	25	0
Research staff (labs)	100	0
Contra-indicated	15	0
Total without contra-indicated		0
Total with contra-indicated		0

Low (Probable threat)

Group of people	Percentage to Protect with Vaccine	Number of People to Protec with Vaccine A
Key positions government	10	0
Key positions critical infrastructure	10	0
Core group medical staff	15	0
First responders	15	0
MOD (CBRN, MP and special forces)	25	0
(MOD (other deployable troops)	15	0
Other people in healthcare	15	0
Research staff (labs)	100	0
Contra-indicated	30	0
Total without contra-indicated		0
Total with contra-indicated		0

Medium (Likely threat)

Group of people	Percentage to Protect with Vaccine	Number of People to Protec with Vaccine A
Key positions government	25	0
Key positions critical infrastructure	25	0
Core group medical staff	50	0
First responders	50	0



Threat Levels and Possible Stockpiling Scenarios - General Example

MOD (CBRN, MP and special forces)	50	0
(MOD (other deployable troops)	25	0
Other people in healthcare	25	0
Research staff (labs)	100	0
Contra-indicated	30	0
Total without contra-indicated		0
Total with contra-indicated		0

High (Actual threat)

Group of people	Percentage to Protect with Vaccine	Number of People to Protec with Vaccine A
Key positions government	50	0
Key positions critical infrastructure	50	0
Core group medical staff	50	0
First responders	50	0
MOD (CBRN, MP and special forces)	50	0
MOD (other deployable troops)	50	0
Other people in healthcare	50	0
Research staff (labs)	100	0
Contra-indicated	100	0
Total without contra-indicated		0
Total with contra-indicated		0

Annex II

